Semi Annual Social Monitoring Report (2H 2020)

Project Number: SRI 51107 -002
ADB Loan and Grant Numbers – SRI 3727 and SRI – 0618
Reporting Period: 1 July to 30 December 2020

Sri Lanka: Health System Enhancement Project (HSEP)

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

GOVERNMENT OF SRI LANKA

MINISTRY OF HEALTH

SEMI ANNUAL SOCIAL

MONITORING REPORT (2 H 2020)

December 2020

HEALTH SYSTEM ENHANCEMENT PROJECT

ADB Loan and Grant Numbers – SRI - 3727 and SRI – 0618

Project Management Unit
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ABBREVIATIONS

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

1. EXECUTIVE SUMMARY

I. This Semi-Annual Social Safeguards Monitoring Report for the Health System Enhancement Project (HSEP) of Sri Lanka covers the period from July to December 2020. The results of the Due Diligence Reports (Social Safeguard) prepared for the proposed project concluded that, as per ADB Safeguard Policy Statement, the project is categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. The areas of development within the four provinces (Central, North Central, Uva and Sabaragamuwa provinces) were selected based on identification of critical gaps with a geographic targeting to ensure coverage of lagging regions. It has been found that no additional land is required for the project. The land identified for locating all facilities are belong to respective institution without acquiring private lands. Therefore, no either resettlement impacts or temporary disruption of livelihood of any household or group of community in the project area during design and construction periods. Hence, it can be concluded that the project activities conducted during the reporting period does not have any Involuntary resettlement issues.

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

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

2. BACKGROUND OF THE REPORT AND PROJECT DESCRIPTION

2.1 **Objective of the report**

4. This Semi-Annual Social Safeguards Monitoring Report for the Health System Enhancement Project of Sri Lanka covers the period from July to December 2020. The objective of the report is to provide an overview of the progress made in the implementation of the Social Safeguard activities during this reporting period. It provides information on social safeguards activities related DDRs, GAP implementation and social as well as safeguards issues raised during the design and construction periods, as needed as well as social impact mitigation measures adopted. It describes the project's performance in dealing with community consultation and stakeholders' participation and grievances received and redressed. Lessons learned and the recommendations for the implementation of safeguards component of the project during the next reporting period are summarized at the end of the report.

2.2 **Project Description**

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

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

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

8. Projects and programs financed by ADB need to comply with ADB's safeguard policies as detailed in the Safeguards Policy Statement (SPS) of 2009. Therefore, sub-projects and components eligible for funding under this project will be required to satisfy the ADB's safeguard policies, in addition to conformity with environmental legislation of the Government of Sri Lanka.

3. PROJECT OBJECTIVE AND EXPECTED OUTCOMES

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

Project outputs:

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

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

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

Output 2. Health and Surveillance Capacity strengthened

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

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

project management support

4. INSTITUTIONAL FRAMEWORK FOR PROJECT PLANNING AND IMPLEMENTATION

11. National steering committee has been set up for policy level guidance for the project and to deal with ADB. Ministry of Health is the project executing agency and it has established Project Management Unit with adequate and experienced staff to persons to facilitate and direct the project implementation in 4 provinces. Project Implementation Units (PIUs) have been established in each province for project planning and implementation. The PIU is directed by Project Coordination Committee headed by Chief Secretary of each provincial Council (Figure 1 and 2) .

The Project Executing agency has hired a group of individual consultants to provide professional support for the PMU. Sub-project design preparation and construction supervision are carried out by a separate consultancy team hired.

Figure 1: Project Management Structure

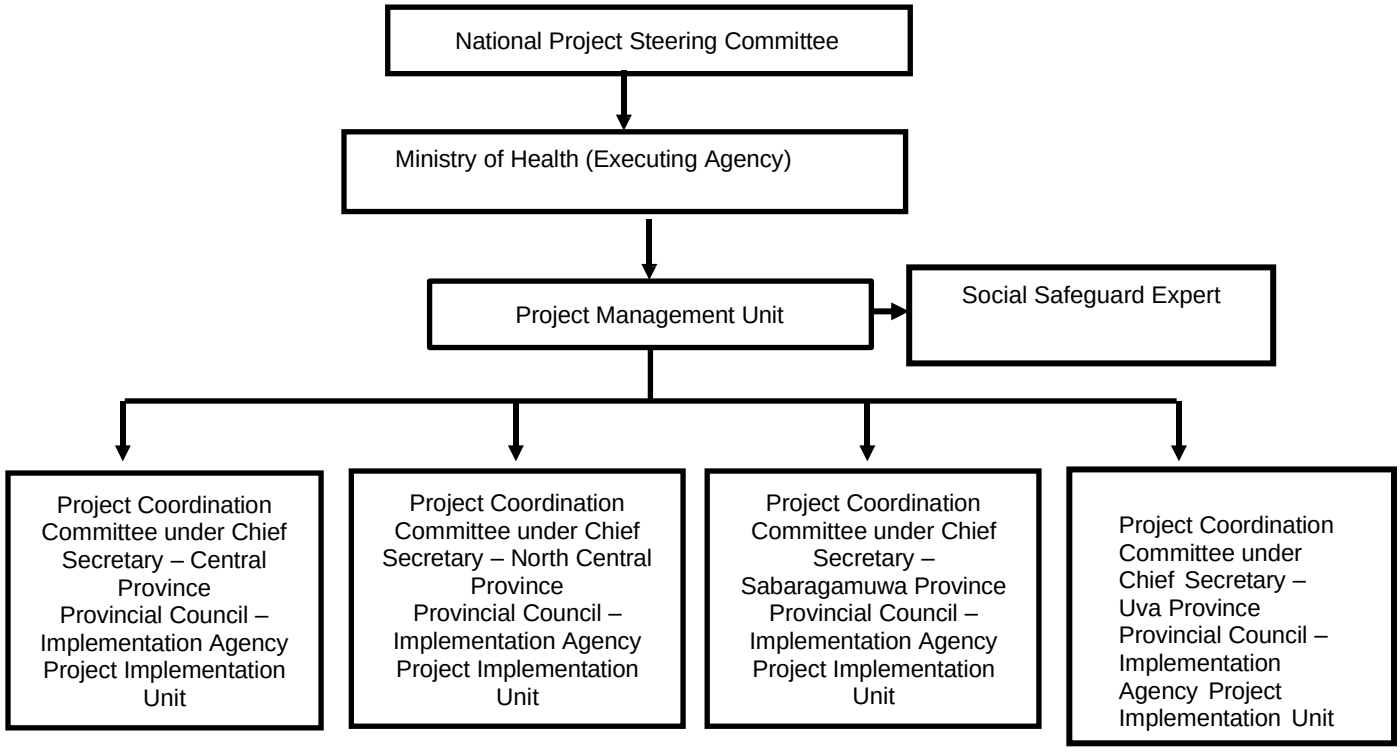
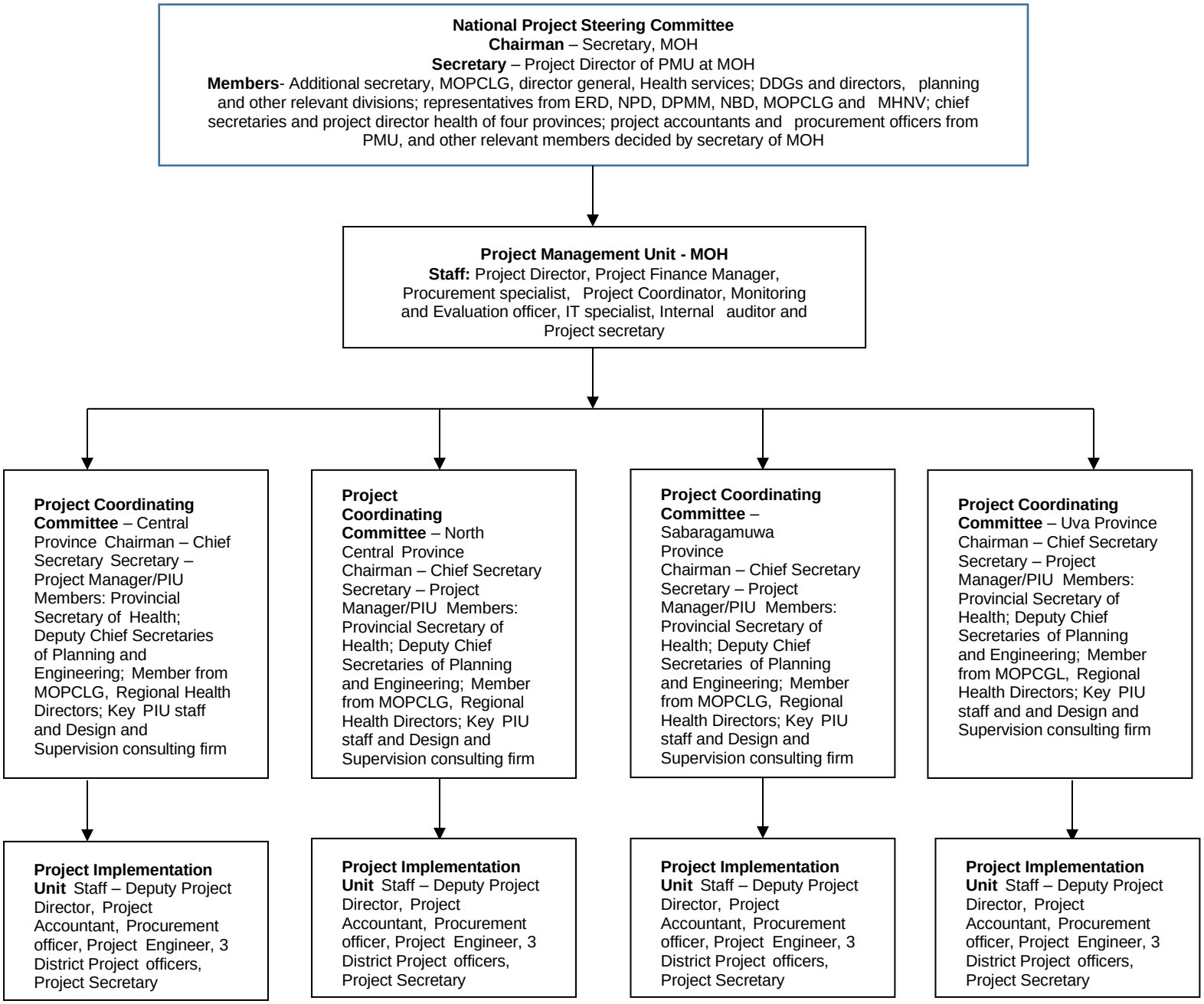


Figure 2: Project Management Committees and their Composition



5. SCOPE AND PRESENT PROGRESS OF CIVIL WORKS

12. Civil work under the program have focused mainly on expanding facilities within the Outpatient's Department (OPD) in Primary Medical Care Units (PMCUs) and Divisional Hospitals, if necessary, typically adding between 1,000 to 2,000 sq. feet to the existing building footprint within the same premises depending on the institution's requirements. Upgrades to OPDs will typically include new consultation rooms, dressing rooms, and expanding patient waiting areas, addition/renovation of emergency treatment units (ETU), laboratories, dispensary, drug stores, staff rest rooms and toilets. Some work could also include minor renovations such as tiling of floors and walls, electrical re-wiring and lighting, plumbing and repair to toilets and septic systems, fixing ceilings and roofing, new furniture, lighting, fixtures and other fittings.

13. Rehabilitation work of substantial number of sub-projects under round 1 have not been completed during this period (July to December 2020) as agreed and this was mainly due to issues of Covid 19 impacted on construction works in the sites. Some issues for delays included variations of the cost due to some design changes. The subprojects identified in round 2 are in the process of Design preparation. The data on construction progress of the round 1 and round 2 sub-projects including details of social safeguard related issues if any caused for the delays are shown in table 1 and table 2. .

Table 1. Progress of construction and social issues if any in sub projects under round 1

Province	**No of sub-projects completed**	**No of sub-projects not completed**	**Social issues if any**
Central Province	None	14	No
Sabaragamuwe	3	7	No
Uva	3	7	No
North Central Province	2	7	No

Table 2 - Progress of Design preparation on round 2 sub-projects

Province	**No of sub-projects design completed**	**No of sub-projects not design completed**	**Social issues if any on land acquisition and any other issues concerned to stakeholders**
Central Province	14 All sub-projects	-	No
Sabaragamuwe	10 All sub-projects	-	No
Uva	9 in stage 1 round 2 completed	11 under stage 2 round 2 under completion	No
North Central Province	9 All completed		No

6. SCOPE OF IMPACTS AND IMPACTS OBSERVED DURING REPORTED PERIOD

14. 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).

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

16. It has been found that no additional land is required for the project. It is confirmed that there is no any land acquisition or structural damages or livelihood disturbances due to the implementation of this project. It is also confirmed that there is no presence of Indigenous people in this project area. Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project have been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period in 2020.

17. The Social safeguard expert of the project visited some sub-projects mentioned below that are being improved in Uva and NCP and found no negative impacts due to construction. Neighboring communities of each subproject are also satisfied of the ongoing improvements to their hospitals that are beneficial to them. They did not have any complaints regarding construction work. The details of the studies conducted in sub-projects visited in August and September 2020 are discussed in table 3.

Table 3 – locations of sub projects visited in August and September 2020

Health center	**Province**	**District**	**DS division**	**GN division**
Haldummulla Divisional hospital	Uva	Badulla	Haldummulla	Watagamuwa
Koslanda Divisional hospital			Haldummulla	Koslanda
Wewegama Divisional hospital			Uva Paranagama	Dimbula
Tittagonewa Primary Medical Care Institute	North central	Anuradhapura	Kebithigollewa	31 Thittagonewa wewa
Horowpathana Divisional hospital			Horowpathana	128 Horowpathana
Konwewa Primary Medical Care Institute			Kahatagasdigiliya	216 Konwewa
Galenbindunuwewa Divisional hospital			Galenbindunuwewa	Galenbindunuwewa

Negampaha Divisional hospital			Galnewa	Kalamedawachchiya

7. COMPENSATION AND REHABILITATION

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

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

8. PROJECT DISCLOSURE, PUBLIC PARTICIPATION AND CONSULTATION

20. Due Diligence Reports (Social Safeguards) were prepared for each sub project and approved by ADB. The DDR confirmed that each sub projects fall under "Category C" for both involuntary resettlement and indigenous people safeguards (IR and IP) . During the reporting period (July – December 2020) there has been no resettlement impacts and impacts to Indigenous people (annex 1- Reports sent by M&E officers of each province) .

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

22. Consistent with National Involuntary Resettlement Policy (NIRP) and ADB's Safeguard Policy Statement (2009) (SPS), meaningful consultations were organized. The project hired a social safeguard expert in July 2020. He was able to visit two provinces, NCP and Uva in August and September 2020. He was able make the PIU staff, Design preparation and construction supervisory consultants and Medical Doctors of some hospitals aware of the role of social safe guard component of the project during planning and construction stage (the report he prepared based on his visits is attached as annex 2). He participated a progress review meeting held by PMU in September 2020 and used it as opportunity to provide social safe guard aspects of the project to the key actors of the project including Deputy Project Directors in each province.

9. IMPLEMENTATION OF GENDER ACTION PLAN

23. The project has been classified effective gender mainstreaming (EGM) as the p r o j e c t outputs are designed to advance both women's and men's access to health services and infrastructure which in turn would contribute to mainstreaming gender equality. Some interventions include gender

responsive construction features (separate toilets, private examination and changing rooms); gender responsive and inclusive essential service package; sex-disaggregated data in health information systems; and trainings for medical officers and PHC staff on gender sensitivity, gender related policies, and intervention.

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

25. The Gender Specialist has been appointed to implement GAP.

10. GRIEVANCE REDRESS MECHANISM (GRM)

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

27. An effective ADB approved project-specific three tier Grievance Redress Mechanism (GRM) is in place for timely and sensible hearings and facilitate solutions. The key staff of PMU and the PIUs in each province is well aware of the Grievance redress mechanism to be followed. The Grievance Redress Mechanism of the Project is also disclosed on project website www.hsep.lk. The list of grievances recorded and attended is provided regularly in the quarterly progress reports. There were no grievances at time of the reporting.

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

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

PIU. There has been one grievance related issue received by the Grievance redress committees of PMU and PIU of Sabaragamuwe Province requesting to change the location of Uyanwatta PMHCU in first quarter of the 2020 and this issue has been resolved during July to December 2020. It was reported that no complaints or grievances were received from any subprojects during July to December 2020. However, it is an essential requirement for the contractors to maintain grievance register book at their subproject offices.

11. IMPLEMENTATION OF FUNCTIONS OF PMCUs

30. The PMU and PIUs have taken necessary actions to continue all health services to the public without any interruption to PMCUs functions during the project period. Nevertheless, some disturbances to the existing functions in OPD areas were observed during the visits of social safeguard expert to some sub-projects during August and September 2020. These disturbances were experienced by both hospital staff and the patients visiting for treatments. The hospital staffs have made alternative arrangements to optimize the use of available area within the hospital premises to minimize these disturbances to the users of the available spaces in the hospital. However, these temporary disturbances are tolerated by the users and the hospital staff due to the expected benefits from the sub-projects being implemented.

12. INSTITUTIONAL ARRANGEMENTS AND TRAINING

31. PMU and PIU are responsible to monitor implementation of social safeguard requirements (SSR) under the project. ADB has provided general training for PMU and PIUs staff implementation of social safeguard requirements. A Social Safeguard specialist was appointed in July 2020. Another expert on gender was also appointed in October 2020 for implementation and monitoring of SSR and GAP providing more guidelines and training for project staff. The formal training program planned to be conducted got delayed due to prevailing Covid 19 and therefore, it will be held during January and February of 2021 covering all 4 PIUs and also PMU. Specific guidance will be provided for PIU, Contractors , Construction Supervisors and key staff of hospitals in each sub-project for objective monitoring for their adhering to social safe guard procedures during construction process.

13. COMPLY WITH STANDARD ADB SAFEGUARDS IN RE/CONSTRUCTION

32. Outreach to contractor and laborers:

a. Awareness programs and pre bid meeting have been conducted by PMU and PIU with support of consultancies to address avoid and or minimize public nuisance, minimize public inconvenience and disruption to mobility and access. These awareness sessions were carried out covering first six month period of 2020 for facilitating the sub-projects planned under round 1. Similar training will be conducted for relevant actors of the project for implementation of round 2 sub-projects that have been designed for implementation in near future. The training conducted during first six months of 2020 covered following areas

and the same areas will be covered in the proposed training programs and also the future training will also be focused on the lessons learned from the project activities so far implemented.

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

c. Awareness and implementation of occupational health and safety guidelines and practices, for example, use of hard hats and protective gear. Under the supervision of consultants and M&E officers regularly visit and monitor construction safeguard and Environment safeguard. During the field visits in August and September 2020 the Social safeguard expert found workers in construction sites (2 in Badulla and 5 in NCP visited) follow typical construction related safety measures and also additional health measures recommended to prevent from Covid 19.

d. All measures have been documented.
M&E officer in all PIUs are the responsible officer for the monitoring and documentation of safeguard. Compliance with national laws pertaining to labor, building standards and environment have been monitored by PIUs. All bid documents include clauses for requisite adherence.

e. Child labor: the SPS employs a zero-tolerance policy for child labor, as such, it is imperative that all sub-contractors (formal and informal) comply with this edict. Sri Lankan labor law supports this caveat.

f. Fair wages for men and women:
The sub project offices will maintain worker registers (formal and contract staff). All possible efforts will be made to ensure that remuneration will be based on accepted market rates across all groups of employees/ labors. Several worker attendance registers maintained by contractors in CP are attached as Annex 3.

14. MEASURES TAKEN FOR THE CONTAINMENT OF COVID -19 SPREADING THE PROJECT SITES

33. According guidelines provided by ADB, PMU has been conducted special awareness programs for monitor construction sites and workers. Special monitoring formats developed and monitoring has been conducted by PIUs. All PIUs have taken responsibilities for make sure contractors precaution action related to Covid 19.

Summary of the recording and monitoring the procedures adopted by the contractors during 2020 to ensure health and safety to prevent spreading of COVID-19 is mentioned below. Similar monitoring program with relevant actions will be carried out in future with regard to measures to be taken for mitigating covid related possible implications. Further, lessons learned during 2020 will be effectively used for planning and implementation of an enhanced program. The procedures adopted by contractors in managing COVID 19 related issues are shown in table 4.

Table 4 – Procedures followed by contractors in managing COVID 19 related issues

Procedures adopted by the contractors	Action taken
1. What activities were considered when reopening the sites? a. Reopening of sites and mobilizing the workers b. Awareness creation, routine, and regular health/ hygienic practices c. Emergency preparedness	a. Clean the site before the work commenced. Face masks provided, maintain register for workers and instruct to maintain social distance and sanitization. Instructed to bring meals from home and to eat without sharing. b. Provide posters included safety measures. Aware and conduct regular site meetings. Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted. c. Site supervisor with senior worker appointed as in charge of inform relevant medical authorities in cause of emergency.
2.What precautions have been taken so that workers are not at a risk to expose/infect the virus Note: workers at a site near a hospital are more vulnerable to be infected	Strictly advised to be apart from entering the ward or visiting near patients and had no issues as all are well aware after the curfew period.
3.List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease	Conduct personal surveillance of workers and strictly maintained a social distancing working area,

4. List out the measures adopted at site to record the health condition of workers upon reporting to work and their where about and specific activities they had got involved during the lock down period.	At the briefing time Supervisors have been inquired about the health of the family members whether they had fever, cough what so ever and checked the temperature- maintained. Record book has been maintained to record down if any changes felt or told
List out the measures that would be adopted to monitor the health condition of the worker force. Note that workers/ staff with following conditions should not be allowed to the site. a. Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath b. Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days c. Those who are quarantined for COVID-19 d. If sick person reports for work, he/she is sent back home immediately	a. Not reported and supervisor has been not allowed even to the morning briefing b. Not reported c. Not reported d. Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials
6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site	Visitors have been restricted (Register Book) to enter the sites. Boards have been displayed including visitors cannot enter, if they need to come in, they have to contact the supervisor over the phone and if the supervisor is satisfied, he or she can enter with same precautions.
7. Include measures taken to provide required PPE to workers, measures taken to enforce them to wear them at site and measures used to dispose the used items such as face masks	Workers must dump the face mask to the separated dust bin in front of the work supervisor that he had placed it at the right bin to dispose.

7. Include measures taken to provide required PPE to workers, measures taken to enforce them to wear them at site and measures used to dispose the used items such as face masks	Workers must dump the face mask to the separated dust bin in front of the work supervisor that he had placed it at the right bin to dispose.
8. List out the routine and regular measures that would be adopted at sites to maintain the health, hygiene and safety of the workforce including office staff (including social distancing where possible)	Social distancing at work, having meal and accommodation advised.
9. List on how awareness programmers shall be conducted for the workforce on spread and containment of COVID 19. On good health and hygienic practices and for workers who return home the precautionary measures they should be taking. Consider in maintaining physical distance when conducting awareness programmers and meetings.	Site supervisor remind preventive measures in every site meeting
10. Provide information on how accommodations, kitchens, meal rooms, labor billets shall be improved to restrain any possibility of contamination	Accommodations are temporarily closed at the sites and most of the workers travel from their home. Temporary accommodations have been re arranged under supervision of site supervisor
11. Include procedures that would be adopted in case an infected persons/ suspected case is found at site	Proposed procedures - Inform PDHS and to the PIU to take immediate action to send the effected person to quarantine and to set others to be in self quarantine till the PCR test are done repeatedly to ensure that they are totally cured.

12. Has the Contractor or site supervisor consulted the Medical Officer of the healthcare facility (of the sub-project) before reopening, and what were the opinion/advice obtained? Contact the medical officer and record his/her opinion on site organization and health & safety plans to prevent COVID-19, and safeguard general health of the workers.	No formal discussions with Medical Officers or other related officers, sites are opened according to the general information made to the general public and the other institutions. None of the 38 sites in 4 provinces is at the identified risk area of “Covid 19”.

The ADB social safeguard related covenants to be followed in implementing of sub-projects are summarized in table 5

Table 5 - Social Safeguard Covenant

COVENANTS - AS PER LEGAL AGREEMENTS

No.	Shed	Para No.	Description	Remarks/Issues
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 Any location which requires land acquisition and involuntary resettlement is not considered under the project to build facilities. 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
Loan 3727	4	7	Safeguards – Related Provisions in Bidding Documents and Works Contracts	Complying

			The Borrower through the Project Executing Agency shall ensure that all bidding documents and contracts for Works contain provisions that require contractors to: (a) comply with the measures and requirements relevant to the contractor set forth in the respective IEE and EMP (to the extent they concern impacts on affected people during construction), and any corrective or preventative actions set out in a Safeguards Monitoring Report;	Safeguard monitoring carried out and GRCs established IEE and EMP are attached to the civil works bid documents for implementation by constrictors
Loan 3727	4	7	(b) make available a budget for all such environmental and social measures; and	Complying
Loan 3727	4	7	(c) provide the Borrower with a written notice of any unanticipated environmental, resettlement or indigenous peoples risks or impacts that arise during construction, implementation or operation of the Project that were not considered in the respective IEE or EMP.	Complying EMP is being implemented by contractors and monitored by PMU and PIUs. No resettlement or IP impact is found during the construction in 2H 2020
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;	2020 reports will be submitted with before 31 January 2021
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,	Complying Contractor responsible for Laws and regulations for labor standard

			among other things: (a) comply with the Borrower's applicable labor law and regulations and incorporate applicable workplace occupational safety norms; (b) do not use child labor; (c) do not discriminate workers in respect of employment and occupation; (d) do not use forced labor; (e) allow freedom of association and effectively recognize the right to collective bargaining; and (f) disseminate, or engage appropriate service providers to disseminate, information on the risks of sexually transmitted diseases, including HIV/AIDS, to the employees of contractors engaged under the Project and to members of the local communities surrounding the Project area, particularly women.	HIV/AIDS awareness programs will be conducted by PIU within first quarter 2021.
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 has been recruited for implementation and monitoring of GAP.

15. CONCLUSION AND RECOMMENDATIONS

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

35. Therefore, the findings of this Social Safeguard Monitoring Report confirm the finding of DDR, as per ADB Safeguard Policy Statement, the project have been categorized as 'C' for both Involuntary Resettlement and Indigenous Peoples. There is no permanent or temporary disruption of livelihood of any household or group of community in the project area during construction period in 2020. Therefore, the report not found significant reasons for changing categorizing of the project.

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

16. ACTIVITIES PLANNED UNDER SOCIAL SAFEGUARD COMPONENT OF THE PROJECT

36. The social safeguard expert will plan and implement 3 main activities in the year 2021 within the time inputs allocated under his consultancy assignment. The details of 4 main activities are included in table 6.

Table 6 – Details of the activities planned in 2021

Activity	Details	Time plan
Social safe guard awareness program	Formal training session will be conducted in each province with the participation of PIU relevant staff, Key actors of contractors, Representatives of Design preparation and construction supervisory staff, Medical doctors of sub-projects under round 2	From 3rd week of January 2021 to first week of March 2021(intermittent inputs)
Preparation of DDR for subprojects under round 2	Each subproject will be studied to prepare DDR	February to April 2021
Sample studies/case studies with subprojects already completed in each province under round 1	This study will focus on lessons to be learned on social safe guard and other social impacts for replication in other subprojects within HSEP and else where	March to May 2021
Preparation of ADB and	Quarterly, bi-annual and	At the time of requirement

client required reports	annual reports and final report on the HSEP	

Annex 1- Information provided by M&E officers in each PIU

Province: Central Province

Social Issues emerged in hospitals/health care centers under round 1 (Progress from July 2020 to December 2020)

District	Name of hospital	Construction Completed or not	Social issues emerged- Yes/no	If yes type of issues
Kandy	DH Htaraliyadda	Ongoing	No	Not relevant
	DH Galaha	Complete	No	Not relevant
	DH Delthota	Ongoing	No	Not relevant
	DH Dolosbage	Ongoing	Yes (suitability of land)	Due to unsuitability of the land identified for new building structure the decision has been taken to look for new scope for proposed intervention in this hospital
	DH Madulkale	Ongoing	No	Not relevant
Nuwaraeliya	PMCU Nanuoya	Ongoing	No	Not relevant
	PMCU Pundluoya	Substantially completed	No	Not relevant
	DH Kotagala	Ongoing	No	Not relevant
	DH Laxapana	Substantially completed	No	Not relevant
Matale	PMCU Kalundewa	Procurement Process	No	Not relevant
	DH Sigiriya		No	Not relevant
	DH Galewela		No	Not relevant
	PMCU Paldeniya		No	Not relevant
	PMCU Madawalaulpotha		No	Not relevant

Social Issues emerged in hospitals/health care centers under round 2 (Progress from July 2020 to December 2020)

District	Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
Kandy	DH Hasalaka	Procurement Process	No	Not relevant
	DH Morayaya		No	Not relevant
	DH Kolongoda		No	Not relevant
	DH Kurunduwatta		No	Not relevant
	DH Ambagahapalessa		No	Not relevant

Matale	DH Madipola	Procurement Process	No	Not relevant
	DH Nalanda		No	Not relevant
	DH Laliambe		No	Not relevant
	PMCU Elkaduwa		No	Not relevant
	PMCU Gurubabila		No	Not relevant
Nuwaraeliya	DH Agarapatana	Procurement Process	No	Not relevant
	DH Gonapitiya		No	Not relevant
	DH Hanguranketha		No	Not relevant
	DH Mandaramnuwara		No	Not relevant

Province: Sabaragamuwa

Social Issues emerged in hospitals/health care centers under round 1 (Progress from July 2020 to December 2020)

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
Hewadiwela	Completed	No	Not relevant
Bolagama	Completed	No	Not relevant
Aranayaka	Not Completed	No	Not relevant
Minuwangamuwa	Not Completed	No	Not relevant
Uyanwatta	Not Completed	Yes	Request of a Farmer organization(CBO) to change the location of PMHCU, This issue has been solved with social negotiation of CBO in 2H 2020
Dodampe	Not Completed	No	Not relevant
Endana	Completed	No	Not relevant
Narissa	Not Completed	No	Not relevant
Ranwala	Not Completed	No	Not relevant
Delwala	Not Completed	No	Not relevant

Social Issues emerged in hospitals/health care centers under round 2 (Progress from July 2020 to December 2020)

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
Pothdenikanda	Completed	No	Not relevant
Hinguralakanda	Completed	No	Not relevant
Basnagala	Completed	No	Not relevant
Karandupana	Completed	No	Not relevant
Uyanwatta	Completed	No	Not relevant
Galpaya	Completed	No	Not relevant
Rajawaka	Completed	No	Not relevant
Belihuloya	Completed	No	Not relevant
Pelmadulla	Completed	No	Not relevant

Kuruwita	Completed	No	Not relevant

PIU: Uva

During the Reporting Period (July –December 2020) , the following are the details of complaints received and complaints redressed.

(i) Details of Complaints Received during the reporting Period

Serial No.	Sub-project (HCF)	Summary of Grievances	Name and address of the complainant	Date of Receipt	Register Number
01	Construction/Renovation of OPD Building at DH Meegahakiula	No complaints received	Not relevant	Not relevant	Not relevant
02	Construction/Renovation of OPD Building at DH Ettampitiya	No complaints received	Not relevant	Not relevant	Not relevant
03	Construction/Renovation of OPD Building at DH Haldummulla	No complaints received	Not relevant	Not relevant	Not relevant
04	Construction/Renovation of OPD Building at DH Kandaketiya	No complaints received	Not relevant	Not relevant	Not relevant
05	Construction/Renovation of OPD Building at DH Koslanda	No complaints received	Not relevant	Not relevant	Not relevant
06	Construction/Renovation of OPD Building at PMCU Dombagahawela	No complaints received	Not relevant	Not relevant	Not relevant
07	Construction/Renovation of OPD Building at PMCU DaliWa	No complaints received	Not relevant	Not relevant	Not relevant
08	Construction/Renovation of OPD Building at DH Dambagalla	No complaints received	Not relevant	Not relevant	Not relevant
09	Construction/Renovation of OPD Building at DH Thanamalwila	No complaints received	Not relevant	Not relevant	Not relevant
10	Construction/Renovation of OPD Building at PMCU Hambegamuwa	No complaints received	Not relevant	Not relevant	Not relevant

(ii) Details of Meetings (GRC and other meetings) held to solve the Grievances:

Serial	Date and	Details of Participants	Outcome of meetings

No.	Venue of the Meeting		
		Grievances meetings were not conducted because there were no complaints received	Not relevant

(iii) Details of Grievances addressed fully during the reporting Period, including those which have been carried forward from previous quarter[1]

Serial No.	Details of the Grievances	Date Received	Date Redressed completely
	No complaints received in this quarter or in previous quarter	Not relevant	Not relevant

[1] Provide details of any grievances not addressed fully during the previous quarter, but addressed fully during this reporting period

Report Prepared by: W.A. Saman Bandara, M&E Officer, PIU - Uva

Province North Central Province

Social Issues emerged in hospitals/health care centers under round 1 (Progress from July 2020 to December 2020)

Name of hospital	Construction Completed or not	Social issues emerged-Yes/no	If yes type of issues
W06-LOT-A-Ellawewa	Not Completed	No	Not relevant
W06-LOT-B-Sevanapitiya	Stage01 Completed/Stage 02 in progress	No	Not relevant
W06-LOT-C-Damminna	Not Completed	No	Not relevant
W06-LOT-D-Ambagaswewa	Completed	No	Not relevant
W07-LOT-A-Horowpathana	Not Completed	No	Not relevant
W07-LOT-B-Galenbindunuwa	Completed	No	Not relevant
W07-LOT-C-Negampaha	Not Completed	No	Not relevant
W07-LOT-D-	Not Completed	No	Not relevant

Konwewa			
W07-LOT-E-Tittagonawa	Not Completed	No	Not relevant

Social Issues emerged in hospitals/health care centers under round 2 (Progress from July 2020 to December 2020)

Name of hospital	Design Completed or not	Social issues emerged on the land to be used for the project -Yes/no	If yes type of issues
Sinhapura	Completed	No	Not relevant
Madagama	Completed	No	Not relevant
Parakrama Samudraya	Completed	No	Not relevant
Wijepura	Completed	No	Not relevant
Ethakada	Completed	No	Not relevant
Katiyawa	Completed	No	Not relevant
Labunoruwa	Completed	No	Not relevant
Andiyagala	Completed	No	Not relevant
Mahasenpura	Completed	No	Not relevant

Annex 2- the report prepared by Social safeguard expert based on his visits to Uva and North Central Provinces

1. Progress of Social Safeguard aspects

1.1 Introduction

37. The social safeguard specialist was recruited in August 2020 for the project. Therefore, he initiated his field visits to study project funded intervention areas from mid of August 2020. The following health centers being improved under the round one candidate sub projects were visited during August and September 2020. The details of the health centers studied during this period are mentioned below:

Health center	Province	District	DS division	GN division
Haldummulla Divisional Hospital	Uva	Badulla	Haldummulla	Watagamuwa
Koslanda Divisional Hospital			Haldummulla	Koslanda
Wewegama Divisional Hospital			Uva Paranagama	Dimbula
Tittagonewa Primary Medical Care Institute			Kebithigollewa	31 Thittagonewa wewa
Horowpathana			Horowpathana	128 Horowpathana

Divisional Hospital	North central	Anuradhapura		
Konwewa Primary Medical Care Institute			Kahatagasdigiliya	216 Konwewa
Galenbindunuwewa Divisional Hospital			Galenbindunuwewa	Galenbindunuwewa
Negampaha Divisional Hospital			Galnewa	Kalamedawachchiya

38. Proposal to improve Wewagama district hospital in Badulla has not yet been materialized mainly because of risk involved in natural disaster with the buildings of existing hospitals. Therefore, social safeguard expert studied this hospital as a case for further investigations by other experts of the project together with NBRO to make final decision.

1.1.1 Methodology used in data collection for social assessment in the studied 8 subprojects

39. The social safeguard expert interviewed 3 different stakeholders during the study of each subproject. These informants include:

- Hospital staff including medical doctors, nurses and minor staff
- Patients waiting for outdoor treatment
- Community members living in the immediate vicinity of subproject land

1.1.2 The purpose of case studies on seven subprojects under round one

40. The improvement works of these seven hospitals are nearing completion. The construction work was to b completed within 365 days according to the original targets given for the contractors, but some delays have occurred due to various reasons. These reasons may have been reported by the construction supervisory consultant of the project. The social safeguard expert attempted at learning lessons from these seven case studies to be replicated in similar projects coming under the round 2 candidate subprojects. These lessons will also be useful to suggest mitigatory measures if required to address negative implications of the subprojects to be implemented under round one projects.

2. Social Safeguard (Use of safety measures)

41. All the seven projects are being implemented in the land available within the premises of existing hospitals. Every hospital studied had adequate land space for implementation of rehabilitation and modernizations hospitals, any of these subprojects did trigger involuntary resettlement impacts such as acquisition of additional land, evacuation of households and their livelihood related infrastructure and displacement of people from their economic activities (Annex 1)

2.1 Construction induced impacts observed

42. There were no any verbal or written complains made by local communities and other stakeholders living in the vicinity of subproject studied. Their interpretation was construction activities of these

subprojects were confined to the hospital premises and therefore, dust, noises and other vibration related problems were not felt by them. They also have not experienced any traffic related difficulties due to use of roads to transport construction materials to the work sites. This is due to less intensive construction work involved in the subprojects.
During removal of walls and roofs for refurbishment there had been some difficulties experienced by hospital staff and also patients during construction period. The minor staff of the hospitals under the guidance of medical doctors used to observe dust related difficulties and requested construction crew to minimize it using water with high frequency.
43. The common problem although it was not directly relevant to social safeguard issues complained by all the stakeholders was delay in completion of subprojects within the given period of time in the contracts. Since this problem in sub projects of NCP was critical, the Deputy Project Director in the province has initiated vigorous monitoring process to motivate contractors to complete the remaining work in hospitals within short period of time. The initial meeting on this monitoring process was held on 07.08.2020. This meeting was used to make time targets for the contractors to complete the work. The reasons for delay may be included in the report of construction supervisory team of the project.

2.2 Implementation of Grievance Redress mechanism and establishment of Grievance Redress Committees (GRC)

44. As described above under section 4.2, the subproject activities did not create involuntary resettlement issues. Therefore, the communities or other local level stakeholders have not faced with issues to be complained against the project. The only common issue experienced by hospital staff was continuous delay in project completion and also some minor issues related to quality of civil work. These issues were taken up by Provincial Project Implementation Units (PIUs).
However the PMU of the project established grievance redress committee with the membership of relevant stakeholder agencies in august 2020. The social safeguard expert has also been nominated as one of the members in this committee. This committee will function at every province in PIU. The grievances relate to subprojects planned to implement in future under round 2 and even round 1 can be referred to this committee.

2.3. Initial social assessments conducted in 8 hospitals studied

45. The social safeguard expert used the opportunity of his visits to 8 sub-projects to prepare an initial social assessment on each hospital being improved. A comprehensive report prepared based on the 8 case studies is shown in Annex 2 of this report. A summary of the 8 case studies is described below in this section.

2.4.1 Socio economic background of the subproject implementing area

46. Population of catchment area of the hospitals: The area under DS division is considered as catchment area of each hospital visited. These hospitals are located close to the small townships in DS divisions. The beneficiary populations of these hospitals are mainly rural and depending on agriculture related activities. Poverty can be observed as significant feature of the beneficiary

communities. The basic data related to socio economic context of candidate hospitals studied is shown below.

Basic socio economic data

Hospital	Beneficiary Population	Main livelihood activity	Poverty headcount ratio	Population below poverty (in thousands)
Haldummulla Divisional Hospital	37,558	Vegetable farming, retailers, sellers of vegetables and laborers in vegetable agriculture	11.61	4276
Koslanda Divisional Hospital	37,558	Laborers in tea plantation and nearby townships, small scale vegetable growers	11.61	4276
Wewegama Divisional Hospital	77,998	Plantation laborers and small scale tea growers	9.01	6868
Tittagonewa Primary Medical Care Institute	22,325	Chena farmers, paddy growers under small tanks and rain fed condition	10.20	2167
Horowpathana Divisional Hospital	36,990	Farmers, government servants mainly in Arm forces and laborers Horowpathana town	10.01	3536
Konwewa Primary Medical Care Institute	40,339	Farmers under small tank systems, public servants and farmers in Huruluwewa agricultural scheme	8.97	3457
Galenbindunuwewa Divisional Hospital	46,992	Farmers in Huruluwewa agricultural scheme, public servants and laborers in Galenbindunuwewa town	6.6	2997
Negampaha Divisional Hospital	34,756	Farmers under small tank systems and agricultural laborers	6.5	2215

Source: census and statics Department 2012 / 13

2.4.2 Existing facilities in the hospitals visited: The Social safeguard expert documented the existing facilities of the hospitals being improved under the project. The details of main facilities available in hospitals are shown below:

Facilities	Hospitals							
	Haldummulla Divisional hospital - Badulla	Koslanda Divisional hospital - Badulla	Wewegama Divisional hospital - Badulla	Tittagonewa Primary Medical Care Institute - Anuradhapura	Horowpathana Divisional hospital - Anuradhapura	Konwewa Primary Medical Care Institute - Anuradhapura	Galenbindunuwewa Divisional hospital -- Anuradhapura	Negampaha Divisional hospital - Anuradhapura
OPD	Available but dilapidated	Available but dilapidated	Presently OPD is functioning in the doctor's quarters	Presently OPD functioning in small room.	Available	Functioning in the dilapidated building	Available	Functioning in the dilapidated building
Wards	4 Nos	6 Nos	Neglected due to risk of land slides	Not available	4 Nos	Not available	4 Nos	3 Nos. in bad condition
Other Buildings	Physically in bad condition	Seriously dilapidated	Neglected due to risk of land slides	Not available	Moderately in good condition	Not available	Moderately in good condition	In Physically bad condition
Staff accommodation facilities	Available only for DMO	Available only for doctors	Neglected due to risk of land slides	Not available	Available only for doctors	Not available	Available only for doctors	1 building only for medical doctor, but it is in very bad condition
Kitchen	Seriously dilapid	Seriously dilapi	Neglected due to	Not available	Moderately good	Not available	Moderately good	Very bad conditio

	ated	dated	risk of land slides					n
Various other facilities	Dilapidated sanitary system, disturbed drinking water facility	Dilapidated sanitary system, dilapidated mortuary	Neglected due to risk of land slides	Not available	Moderately good	Not available	Moderately good	Limited and available facilities are in bad condition

2.4.3 Visiting populations for services: Significant number of persons visits for outdoor treatment in each hospital. Primary hospitals are confined only to treat for outdoor patients. The data obtained from hospitals staff on number of patients visit for treatment is shown below:

Hospitals	**Outdoor patients**	**Indoor patients**
Haldummulla Divisional Hospital	About 200 per day	Four wards with 50 beds – about 15 per day.
Koslanda Divisional Hospital	About 200 to 250 per day	Six wards with 62 beds – about 15 per day
Wewegama Divisional Hospital	Presently OPD is neglected but limited number of patients are treated in doctor quarters	Presently neglected due to risk of land slide
Tittagonewa Primary Medical Care Institute	About 150 per day	No facilities for indoor patients
Horowpathana Divisional Hospital	About 300 patient per day	Four wards, about 20 patients per day
Konwewa Primary Medical Care Institute	About 100 patients per day	No facilities for indoor patients
Galenbindunuwewa Divisional Hospital	About 300 patient per day	Four wards, about 20 patients per day
Negampaha Divisional Hospital	About 100 patient per day	Three wards 10 to 15 patients per day

2.4.4 Present constrains for effective service delivery:

47. Inadequate space for OPD and its related facilities was the main constraint observed. The medical staff interviewed mentioned several critical constraints existing in each hospital. These constraints are interpreted as hurdles for effective service delivery of these hospitals. The constraints mentioned by medical staff in each hospital are summarized below:

Hospitals	Present constrains for effect service delivery
Haldummulla Divisional Hospital	Outdoor patients are treated in different temporary locations, no adequate lack of space for conducting clinics (this problems is due to rehabilitation of OPD under the ADB funded project) , inadequacy of drinking water facilities, dilapidated sanitary system for indoor patients and lack of toilets for outdoor patients, dilapidated kitchen, non availability of proper solid water disposal arrangement
Koslanda Divisional Hospital	Non availability of resting facilities for staff, dilapidated maternity ward, dilapidated minor operation theater, dilapidated kitchen and mortuary, lack of sanitary facilities and deteriorated wiring system in all the buildings
Wewegama Divisional Hospital	All the services of the hospital are presently abandoned due to risk notice given by the NBRO and provincial Ministry of Health. Due to interest of medical officer about 10 to 15 outdoor patients per day are treated in her residential quarters
Tittagonewa Primary Medical Care Institute	The entire building used for treatment is under rehabilitation and modernizations. Limited numbers of outdoor patients are being treated in a small building available in the hospital premises.
Horowpathana Divisional Hospital	Dilapidated buildings with no rehabilitation for long period of time, lack of space for proper treatments. Inadequate number of toilets and existing toilets are in poor condition. Ineffective water supply facility
Konwewa Primary Medical Care Institute	Non availability of drinking water facility. Building used for outdoor patients' treatment is presently rehabilitated and therefore, only limited patients are treated in another building space available. No toilet facilities for outdoor patients. There is no transport facility to transfer any outdoor patient to nearby district hospital if needed.
Galenbindunuwewa Divisional Hospital	Dilapidated water supply system, poor quality sanitary system, lack of space for conducting clinics, lack of facilities in emergency treatment unit. Inadequate human resources (Doctors and nurses)
Negampaha Divisional Hospital	All the buildings are dilapidated, no drinking water facilities and doctor quarters is seriously dilapidated, non-availability of facility to store drugs. Dilapidated mortuary and also extremely poor quality sanitary system.

2.4.5 **Descriptions of the ADB funded development intervention**

Nature of interventions: ADB funded development project, Health Sector Enhancement Project (HSEP) has been designed to improve significant number of rural hospitals needing urgent assistance to address some of their immediate needs to sustain their existing services with some possible enhancement. In this context, limited investment has been made for improvements to address their several prioritized needs. The types of interventions being carried out in the 7 hospitals studied are described below:

Hospitals	Nature of intervention
Haldummulla Divisional Hospital	Construction of new two story building, improvement to the floor of male ward, construction of water tank

Koslanda Divisional Hospital	Construction of new two story building,
Wewegama Divisional Hospital	There is no designed project yet due to risk of landslides in the existing hospital buildings
Tittagonewa Primary Medical Care Institute	Construction of one story new building
Horowpathana Divisional Hospital	Construction of two stories new building
Konwewa Primary Medical Care Institute	Construction of one story new building
Galenbindunuwewa Divisional Hospital	Construction of one story new building
Negampaha Divisional Hospital	Construction of one story new building

2.4.6 Purpose of intervention:

The main purpose of intervention was to enhance the present level of services in these hospitals through provision of improved infrastructure facilities. The service units those will be established in the new buildings improved under the project are summarized below:

Hospitals	**Purpose of intervention**
Haldummulla Divisional Hospital	The new building will be used to establish treatment unit for communicable diseases, OPD Unit, minor surgery unit, laboratory, office of medical doctor, office of nurses, Vaccination room, dressing room, dental surgery unit, and administrative section
Koslanda Divisional Hospital	The new building will be used to establish treatment unit for communicable diseases, OPD unit, minor surgery unit, laboratory, office of medical doctor, office of nurses, Vaccination room, dressing room, dental surgery unit, and administrative section, rest room for staff, document storage, separate room for TB Treatment, dispensary
Wewegama Divisional Hospital	There is no project yet designed.
Tittagonewa Primary Medical Care Institute	OPD unit, laboratory, dressing room, sections for clinic, office for medical unit, office for nurses and dispensary
Horowpathana Divisional Hospital	OPD unit, minor surgery unit, laboratory, resting room for medical doctors, nurses and other staff, injection room, dressing room, document storage,
Konwewa Primary Medical Care Institute	OPD unit, ETU unit, laboratory, dressing room, sections for clinic, office for medical unit, office for nurses and dispensary, resting room for medical doctors, nurses and other staff, sanitary latrine
Galenbindunuwewa Divisional Hospital	It is expected to allocate the entire new building for outdoor treatment including clinics.
Negampaha Divisional Hospital	OPD unit, ETU unit, laboratory, dressing room, ECG room, , document room sections for clinic, office for medical unit, office for

	nurses and dispensary, resting room for medical doctors, nurses and other staff, sanitary latrine

2.4.7 **Remaining essential needs even after completion of subproject interventions:**

Some of the felt needs have not been considered for improvement mainly because of limitations of funding for each hospital according to the hospital staff interviewed. However, the needs remain unattended in the hospitals are critical. They will contribute as supplementary inputs for reaching desired performance levels of the hospitals as expected by the project. These needs are not major construction activities but improvements to them will contribute significantly to enhance the services of the hospitals. The needs unattended even after implementation of sub-projects are summarized in the table below:

Hospitals	Remaining needs
Haldummulla Divisional Hospital	Dilapidated kitchen. Extremely poor sanitary system. Arrangement for effective solid waste disposal system.
Koslanda Divisional Hospital	Dilapidated kitchen and mortuary. Extremely poor maternity ward
Wewegama Divisional Hospital	This project has not yet been materialized due to some problems related to natural disasters
Tittagonewa Primary Medical Care Institute	This subproject can be defined as comprehensive rehabilitation of primary hospital (during Civil war in North east this hospital functioned as rural hospital with indoor treatment facilities but the building with wards are now neglected and became ruins) Non availability of drinking water facilities, transport facilities to transfer critical patients for nearby hospital will remain even after this comprehensive rehabilitation project.
Horowpathana Divisional Hospital	Most of the existing problems will get addressed by the ongoing project. Nevertheless, the hospital staff mentioned some remaining problems such as Non availability of proper drug stores, non availability of proper delivery room. Improved sanitary facilities, lack of residential facilities for medical staff. Garage to park vehicles, improved dental surgery unit, improved mortuary and laboratory facilities.
Konwewa Primary Medical Care Institute	Most of the existing issues in this primary hospital will resolve but problems such as drinking water, transport facilities to transport critical patients to nearby hospital and sanitary facilities will remain.
Galenbindunuwewa Divisional Hospital	Most of the existing space related problems will get solved by the new project.
Negampaha Divisional Hospital	All the existing buildings in the hospital are dilapidated. Drinking water problem and the problem with residential facilities for medical staff will remain.

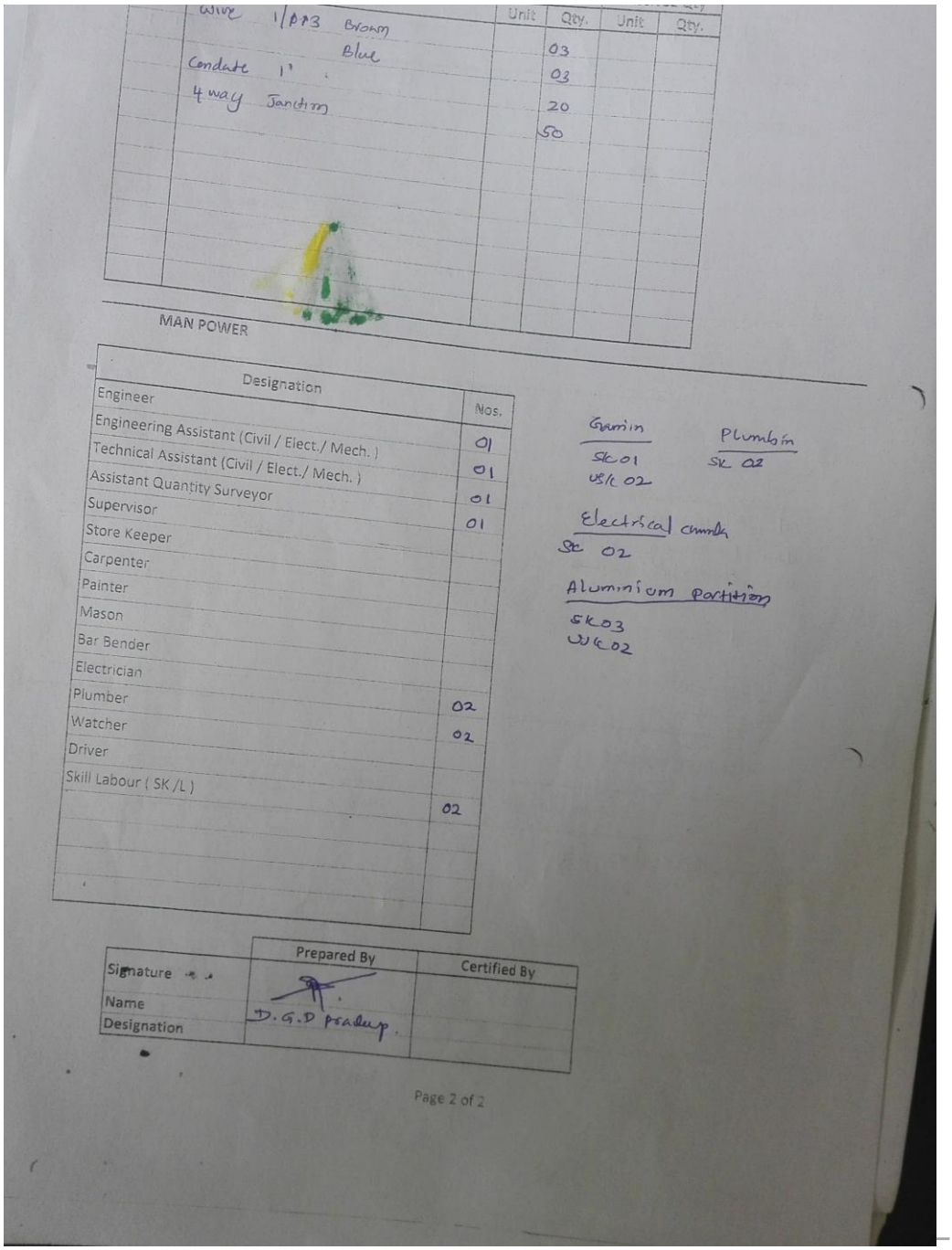
2.5 Conclusions and Recommendations

The improvements to each hospital under the project will address significant number of felt needs of the hospitals. This is much specific to primary healthcare hospitals, because the new buildings constructed for primary healthcare hospitals will be adequate to accommodate almost all the services presently delivering into the new building.

Drinking water and sanitary toilets facilities are much poor in 7 hospitals studied. Except Haldummulla district hospital in Badulla district in which drinking water improvement is a component of the subproject in all other hospitals there are no plans in the subprojects to intervene to improve drinking water or sanitary systems. Similar to these two essential needs dilapidated kitchens, mortuaries and wiring systems will also remain even after implementation of ongoing subprojects. The staff of beneficiary hospitals are of the view that all possible components within the budget limits of the project have been accommodated therefore, additional work even though they are essential may not be possible to include in the subproject designs.

In this context, provincial ministry of health may explore its possibility to address most essential needs of the candidate hospitals to bring them to a satisfactory level of performance in their services. Meeting with most essential needs unattended by the sub-projects will provide supplementary inputs to the ADB project beneficiary hospitals to enhance their performance up to expected levels.

Annex 3- Scanned copies of worker attendant registers in CP



		Unit	Qty.	Unit	Qty.
	Wire 1/0.73 Brown		03		
	Blue		03		
	Condate 1"		20		
	4 way Junction		50		

MAN POWER

Designation	Nos.
Engineer	01
Engineering Assistant (Civil / Elect./ Mech.)	01
Technical Assistant (Civil / Elect./ Mech.)	01
Assistant Quantity Surveyor	01
Supervisor	
Store Keeper	
Carpenter	
Painter	
Mason	
Bar Bender	
Electrician	02
Plumber	02
Watcher	
Driver	02
Skill Labour (SK /L)	

Gramin
SK 01
US/L 02

Plumbing
SK 02

Electrical comm
SK 02

Aluminium partition
SK 03
US/L 02

	Prepared By	Certified By
Signature		
Name	D. G. D pradeep	
Designation		

Page 2 of 2

CENTRAL ENGINEERING SERVICES (PVT) LIMITED

DAILY RECORDS SHEET

My No.CESL/COE(CP)/ST/D- 12
Issue No. :01
Issued Date : 15.03.2016

Central Province

Project : Galaha Hospital site

Job Code : BD 0604

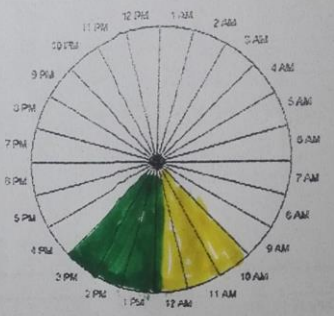
Date :

WHEATHRT RECORD

Work Starting Time ..... 7.30 .....

Work Finishing Time .....

Sunny	White	
Cloudy	Yellow	
Light Shower	Blue	
Rain	Red	
Heavy Rain	Green	



SUN
MON ✓
TUE
WED
THU
FRI
SAT

WORK DONE

No.	Description	Unit	Quantity
	Water tank preparation GI mesh & Ladder.		
	Site Clearing.		

MACHINERY/ VEHICALE

No.	Type of Machine / Vehicle	Machine / Vehicle No.	In	Out	Hrs.

MATERIAL

No.	Material	Usage Qty		Received Qty	
		Unit	Qty.	Unit	Qty.
01	Diesal	L.	120		

MAN POWER

Designation	Nos.
Engineer	01
Engineering Assistant (Civil / Elect./ Mech.)	01
Technical Assistant (Civil / Elect./ Mech.)	01
Assistant Quantity Surveyor	01
Supervisor	01
Store Keeper	01
Carpenter	
Painter	
Mason	01
Bar Bender	
Electrician	
Plumber	
Watcher	01
Driver	01
Skill Labour (SK /L)	02
Unskill Labour (Un Sk / L)	02
Machine Operater.	01

Carrier
SK 02
UL 02
Oper. 01

8.00 – 17.00
8.00 – 17.00.

	Prepared By	Certified By
Signature		
Name	D.M.D Pradeep.	RDC TO
Designation		

BD 392.

ENGINEERING SERVICES CELL
Central Province

CENTRAL ENGINEERING SERVICES (PVT) LIMITED

DAILY RECORDS SHEET

My No.CESL/COE(CP)/ST/D- 12
Issue No. :01
Issued Date : 15.03.2016

Project : Delthota Hospital Site

Job Code : BD 0606

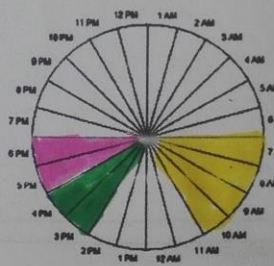
Date : 2020.07.18

WHEATHRT RECORD

Work Starting Time 6.30 am

Work Finishing Time 20.30 am

Sunny	White	
Cloudy	Yellow	
Light Shower	Blue	
Rain	Red	
Heavy Rain	Green	



SUN ✓
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WORK DONE

No.	Description	Unit	Quantity
01	Slab Breaking 16.0" x 9'10" 15'9" x 3'2"		
02	Bath room & others		

MACHINERY/ VEHICALE

No.	Type of Machine / Vehicle	Machine / Vehicle No.	In	Out	Hrs.
	Compressor,	CG LDS	9103.2	9110.2	8.2 (6.30 - 20.30)
	Lorry 1 cute Tipper		8.00	17.00	7 2 lol.

CONTROLLED COPY
COE OFFICE - CESL

ENGINEERING SERVICES (CESL)
Central Province

CENTRAL ENGINEERING SERVICES (PVT) LIMITED

DAILY RECORDS SHEET

My No.CESL/COE(CP)/ST/D- 12
Issue No. :01
Issued Date : 15.03.2016

Project : Delthota Hospital site

Job Code : BD 0606

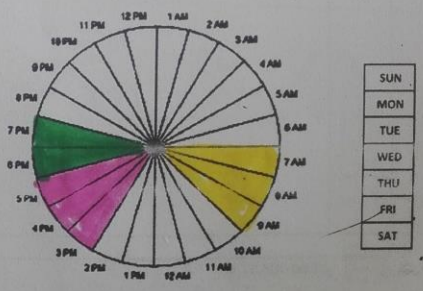
Date : 2020.07.17

WHEATHRT RECORD

Work Starting Time 7.30 am

Work Finishing Time 2.0 Co

Sunny	White	
Cloudy	Yellow	
Light Shower	Blue	
Rain	Red	
Heavy Rain	Green	



WORK DONE

No.	Description	Unit	Quantity
01.	Slab Breaking 2/31.4 x 2.4" 44.0 x 2.5"		
02.	Removing R/F & Debris Other		
03.	Door and Jamb removal		
04	Bath room sink		

MACHINERY/ VEHICALE

No.	Type of Machine / Vehicle	Machine / Vehicle No.	In	Out	Hrs.
	Compressor (PDS 90)	[illegible] 90	01023.7	01032.0	8.3 (7.50 - 20.00)
	Lorry 48 [illegible] 1 cuft Tipper		10.45	17.00	

CONTROLLED COPY
COE OFFICE - CESL

MATERIAL

No.	Material	Usage Qty		Received Qty	
		Unit	Qty.	Unit	Qty.
01	Diesel	L.	20		

MAN POWER

Gazetted

SK 02
USK 03

Designation	Nos.
Engineer	01
Engineering Assistant (Civil / Elect./ Mech.)	01
Technical Assistant (Civil / Elect./ Mech.)	01
Assistant Quantity Surveyor	01
Supervisor	01
Store Keeper	01
Carpenter	
Painter	
Mason	4
Bar Bender	
Electrician	
Plumber	
Watcher	01
Driver	01
Skill Labour (SK /L)	02
Unskill Labour (Un Sk / L)	03
Machine Operator	01

8.00 - 19.00
8.00 - 16.00

	Prepared By	Certified By
Signature		
Name	D.A.D Mangu	R.D.C
Designation		FO

BD 392.

Issued Date : 15.03.2016

DAILY RECORDS SHEET

Central Province

Project : Galaha Hospital site

Job Code : BD 0604

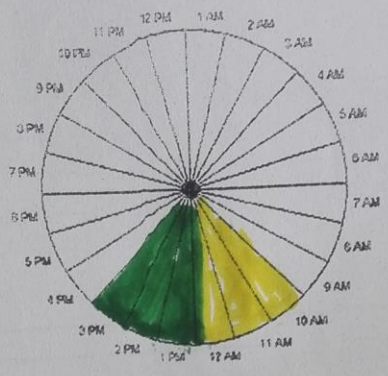
Date :

WHEATHRT RECORD

Work Starting Time ..... 7.30 .....

Work Finishing Time .....

Sunny	White	
Cloudy	Yellow	
Light Shower	Blue	
Rain	Red	
Heavy Rain	Green	



SUN
MON ✓
TUE
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THU
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SAT

WORK DONE

No.	Description	Unit	Quantity
	Water tank preparation GI mesh & Ladder.		
	site clearing.		
	paint Gril		

MACHINERY/ VEHICALE

No.	Type of Machine / Vehicle	Machine / Vehicle No.	In	Out	Hrs.
	Grinder		800		
	Barcutter		8.30		