Environmental Monitoring Report

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Loan: SRI 3727
Period: January – June 2020

SRI: Health System Enhancement Project

-July 2020

Prepared by Project Management Unit of Health System Enhancement Project for the Asian Development Bank.

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CURRENCY EQUIVALENTS

(as of 15 June 2020)
Currency Unit = Sri Lanka Rupees (SLR)
SLR 1.00 = US $ 0.0054
US $1.00 = SLR 186.22

ABBREVIATIONS

ADB	–	Asian Development Bank
CEA	–	Central Environmental Authority
DH	–	district hospital
DS	–	Divisional Secretary
EA	–	executing agency
EHS	–	environment, health & safety
EMP	–	environmental management plan
EMoP	–	environmental monitoring plan
EPL	–	environmental protection license
GN	–	g*rama niladhari*
GoSL	–	Government of Sri Lanka
GRM	–	grievance redress mechanism
H&SP	–	health and safety plan
HCF	–	healthcare facility
HCW	–	health care waste
HCWM	–	health care waste management
HSEP	–	Health System Enhancement Project
IEE	–	initial environmental examination
MOHIMS	–	Ministry of Health and Indigenous Medical Services
NEA	–	National Environmental Act
O&M	–	operation and maintenance
PD	–	project director
PDHS	–	provincial director of health services
PIU	–	project implementation unit
PMCU	–	primary medical care units
PMU	–	project management unit
PPE	–	personal protective equipment
PS	–	*Pradeshiya Sabha*
SKS	–	*saukya karya sahayaka*
SPS	–	Safeguard Policy Statement
SWL	–	scheduled waste license

WEIGHTS AND MEASURES

km	–	kilometre
km^2	–	square kilometre
m^2	–	square meter
mm	–	millimetre

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1. INTRODUCTION

1.1 OVERALL PROJECT DESCRIPTION AND OBJECTIVES

1. Strengthening primary healthcare (PHC)—both primary curative care and preventive health services—in Sri Lanka needs priority attention to tackle the rising costs of health care as well as to improve primary health services to lagging populations to meet the emerging public health challenges. The current health system under-invests in primary care, and limited government funds largely cater to higher-level hospitals. The underinvestment at the primary care level has led to inadequate facilities and generally poor utilization of primary care level institutions and increased burden on higher-level health care facilities. As hospital care is costly, overuse of hospital services also creates inefficiency in the use of government health expenditures.

2. Given this background, the government has begun reforms to rationalize health care utilization with increased focus and orientation towards PHC to meet the emerging challenges in the health sector. The actual reform model is still evolving, and there is a need for external assistance to further inform and help operationalize PHC reform initiatives.

3. The Health System Enhancement Project (HSEP) will be the first ADB-financed health operation in Sri Lanka after a gap of 20 years. This reentry project will be for $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 will be delivered through a project investment modality and is expected to be effective from 1 December 2018 and will complete on 30 November 2023.

4. The proposed project will improve efficiency, equity, and responsiveness of the primary health care (PHC) system based on the concept of providing universal access and continuum of care to quality essential health services.

5. The project pursues an equity perspective in planning and delivering essential primary health services. It expects to inform further 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).

6. The project is targeting all nine districts in four provinces of Central, North Central, Sabaragamuwa, and Uva with a particular focus on the geographically, socially, and economically-deprived populations.

7. The proposed Health Sector Enhancement Project (HSEP), financed by the ADB, will support some of the reforms by renovating and expanding physical infrastructure in about 30% (135) of the primary medical care facilities (especially for better outpatient's care), equipping for a better point of care services and introducing more efficient disease surveillance and patient information management. Selection of facilities for improvement under the project has been based on several agreed vulnerability criteria and mapping. The investment is aligned with the government's priorities identified in the Public Investment Program (2017–2020), as well as with the Health Master Plan's National Strategic Framework for Development of Health Services (2016–2025). The project is also in line with the ADB Sri Lanka Country Partnership Strategy (2018–2022) and reinforces ADB's inclusive growth agenda in the midterm review of strategy 2020.

Objectives of the Project

8. The objective of the project is to improve services offered by the primary medical care facilities that include primary health care units (PMCUs), divisional hospitals (DHs) and field health centres. To support the project objectives, selected primary medical care facilities and field health centres in the four provinces will be upgraded with the following broad guidelines.

a. Improving services of the outpatients' department by expanding the patient waiting areas to accommodate higher numbers and adding more consultation rooms, dressing rooms, examination rooms and staff/patient restrooms

b. Upgrading/renovating drug stores and dispensary

c. Constructing/renovating laboratories, dental units, and ETUs

1.2 DESCRIPTION OF SUB-PROJECTS

1.2.1 Expected outcomes of the Project

9. The expected project impact is to ensure a healthier nation by supporting a more responsive and comprehensive primary health care system in Sri Lanka. The project outcome is to improve efficiency, equity, and responsiveness of the health system.

a. Output 1: Primary Health Care enhanced in Central, North Central, Sabaragamuwa, and Uva provinces

Table 1.1: Number of hospitals included in the project

Type of hospital	Central	Uva	North Central	Sabaragamuwa	Total
DHA	2	1	0	5	8
DHB	8	9	4	2	23
DHC	18	10	7	8	43
PMCU	17	10	19	15	61
TOTAL	**45**	**30**	**30**	**30**	**135**

b. Output 2: Health information and disease surveillance capacity strengthened

c. Output3: Policy development, capacity building, and project management supported

Under this sub-output, the project intends to renovate and refurbish at least one field health centre per medical officer of health area (132 medical officers of health areas in the four provinces). The designs and renovations will also be based on the MOHIMS approved physical space norm for PHCs. There are 127 field health centres identified for this project, which are listed in EARF.

1.2.2 Program Locations

18. The program will be implemented in four lagging provinces in the country through the Ministry of Health and Indigenous Medical Services (MOHIMS) and Directorates of Health Services at the provincial and district levels. The provinces are Central, North Central,

Sabaragamuwa, and Uva, and include nine districts in all. The program will focus on improving service delivery in the most vulnerable areas. Therefore, the Health Sector Enhancement Project (HSEP) implementation will be rolled out in areas prioritized according to a vulnerability index that has been developed using selected criteria.

1.2.3 Scope of Civil Work

20. Civil works under the program will be focused mainly on expanding facilities within the Out-Patient's Department (OPD) in Primary Medical Care Units (PMCUs) and Divisional Hospitals, 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 restrooms 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.

1.3 ENVIRONMENTAL CATEGORY OF THE SUB-PROJECTS

1.3.1 Environmental category as per ADB Safeguard Policy Statement, 2009

21. According to the EARF prepared for the project, the HSEP has been categorized as a 'Category B' project under the ADB Environmental Safeguard project categorization (ADB SPS, 2009). Accordingly, an Initial Environmental Examination (IEE) has been carried out by the Project Proponent in July 2018. In the IEE report, applicable laws/legislation and policy framework have been reviewed, and environmental mitigation measures have been recommended for implementation during construction and operation stages of the project and its associated facilities.

22. As the HSEP is categorized as an Environmental Category B, the project will establish an environmental safeguard process commensurate with the level of anticipated impacts and policy requirements of a category B to ensure that it is environmentally sound and are designed to operate in compliance with applicable regulatory requirements.

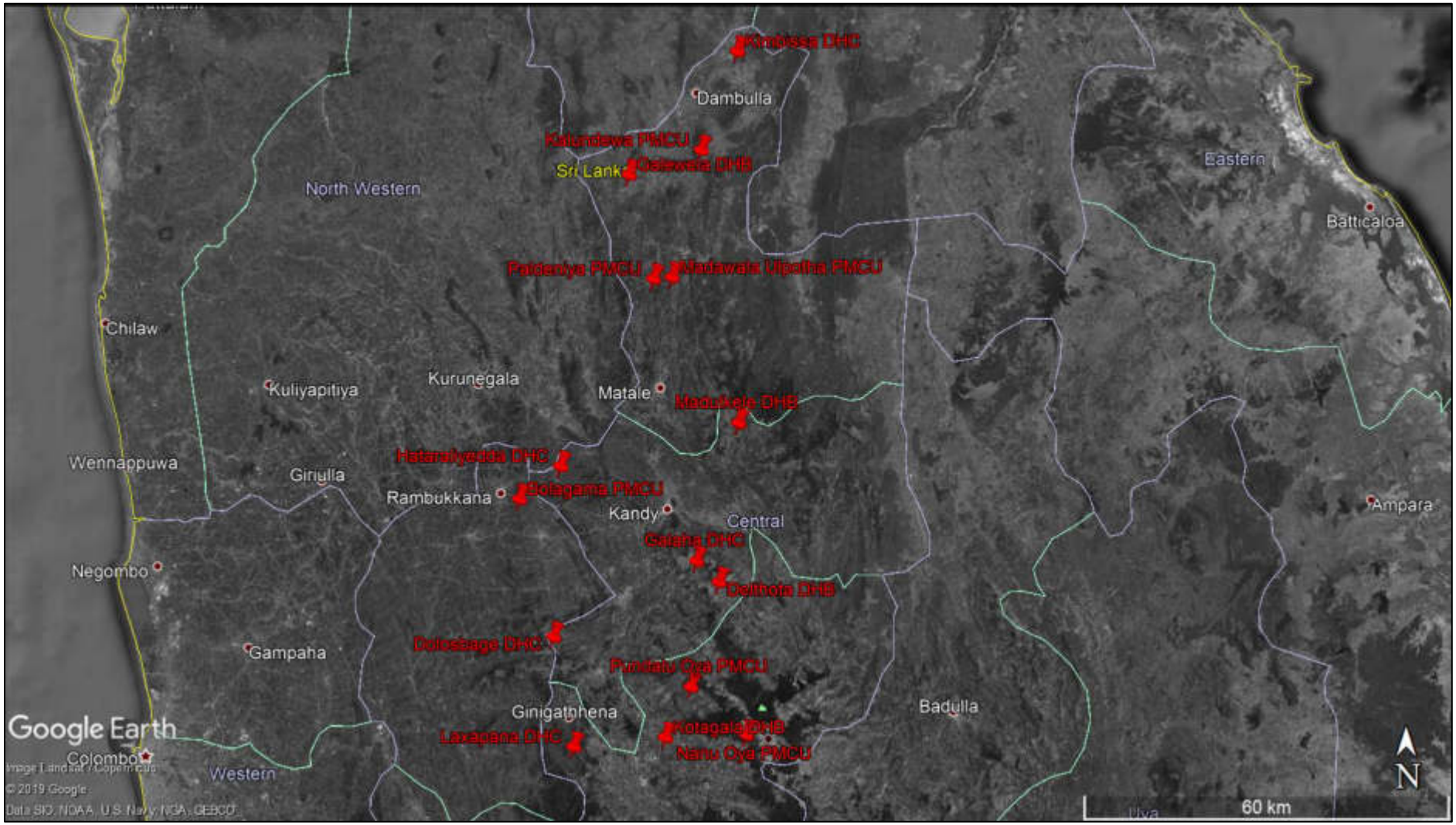

Figure 1a. Sites in the Central Province (Site locations are shown in Red)

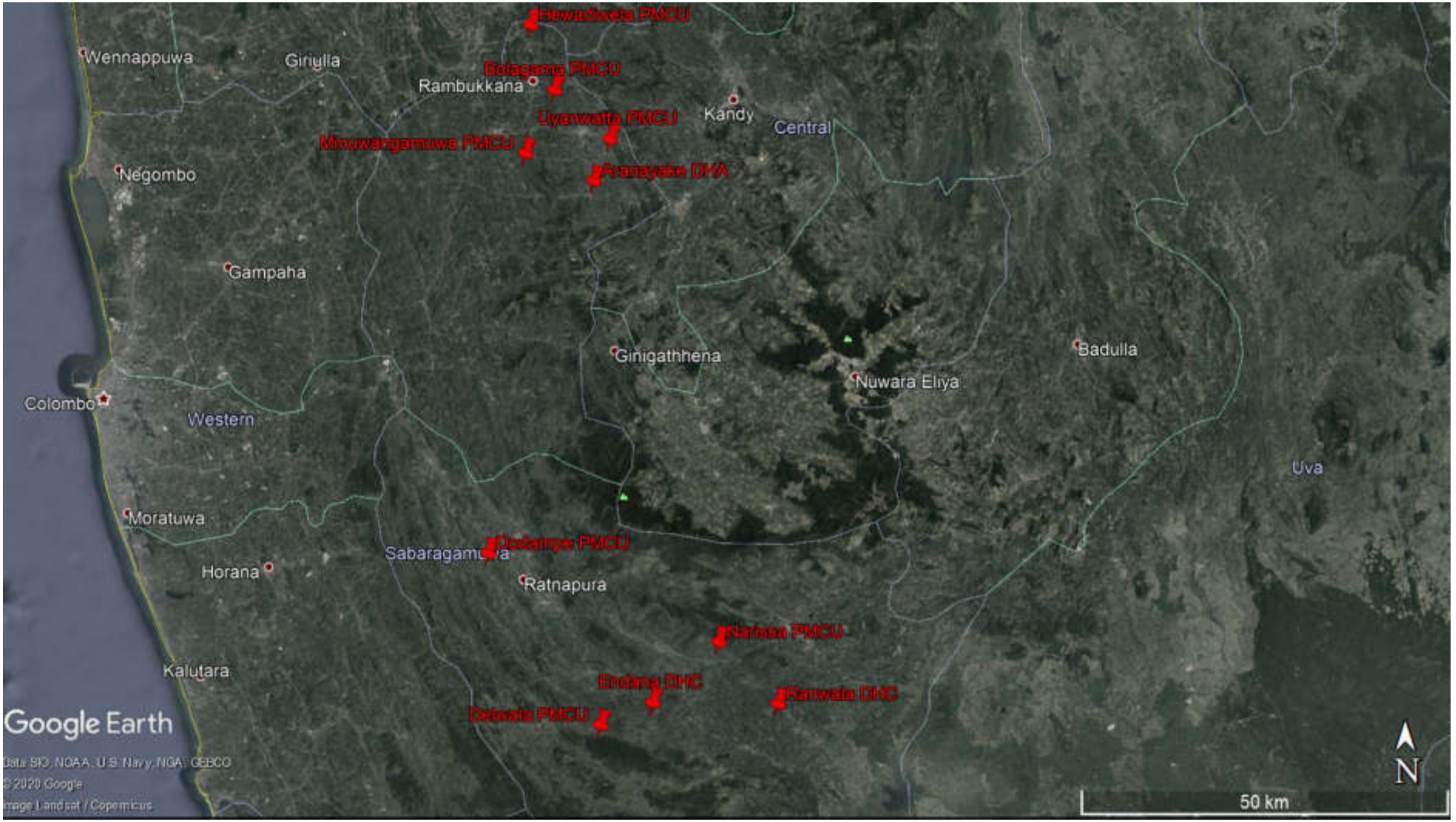

Figure 1b. Sites in the Sabaragamuwa Province (Site locations are shown in Red)

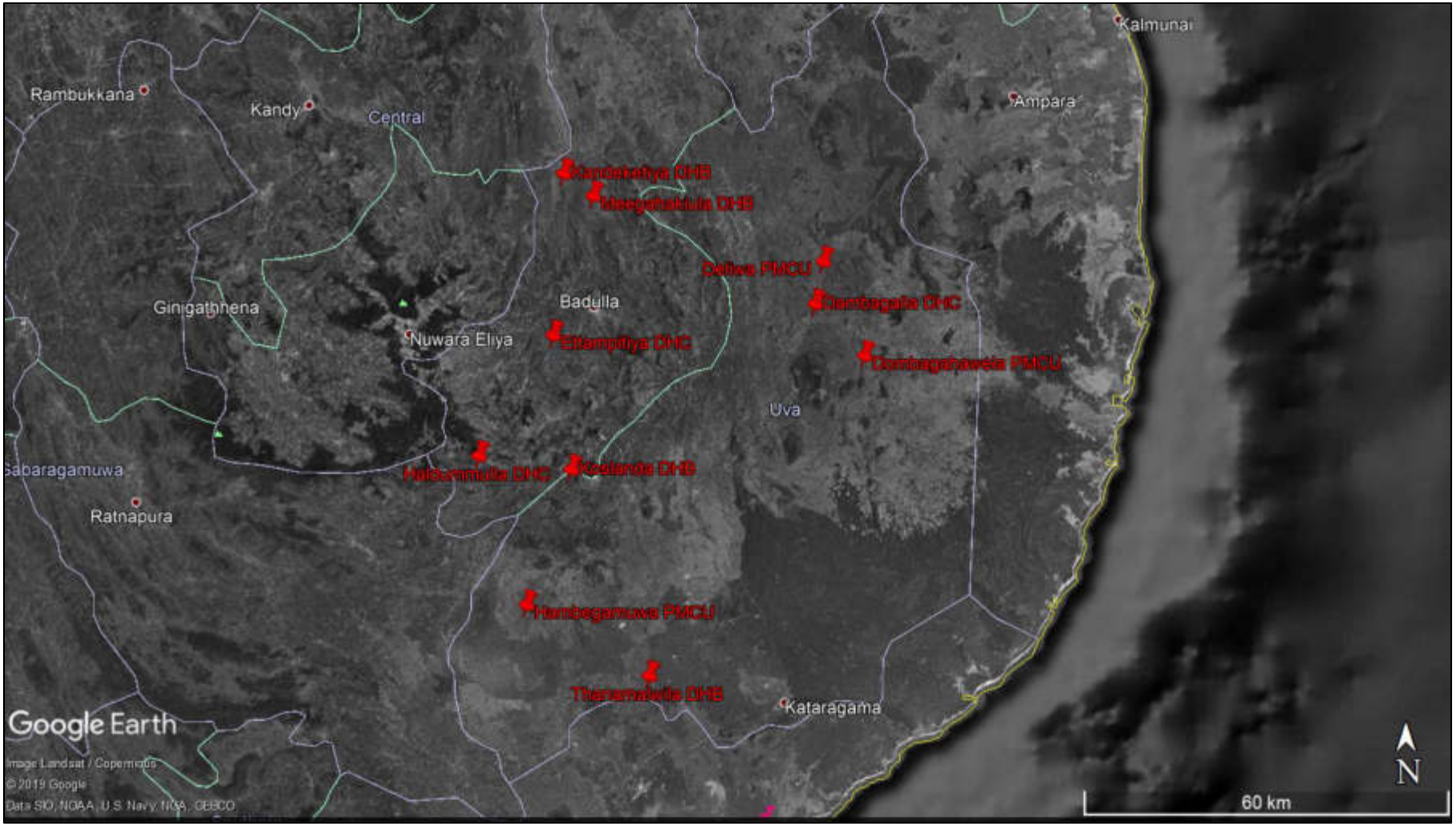

Figure 1c. Sites in the Uva Province (Site locations are shown in Red)

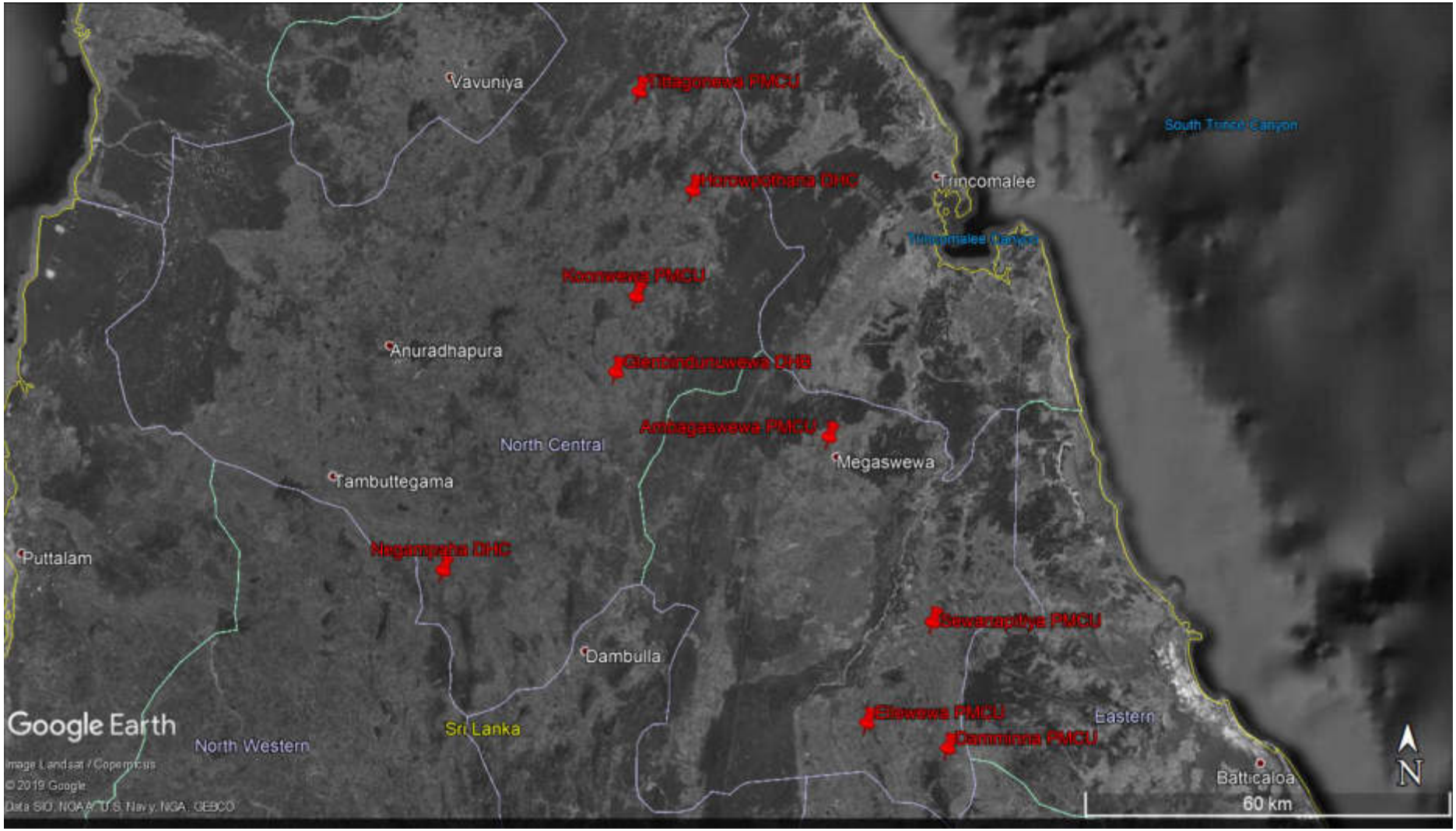

Figure 1d. Sites in the North Central Province (Site locations are shown in Red)

1.3.2 Environmental category of each subproject as per national laws and regulations

23. The provision for EIA is contained in Part IV C of the NEA, which requires the submission of an IEE or EIA report in respect of specific prescribed projects. These are specified in Gazette Extraordinary No 772/22 dated 24 June 1993, No. 1104/22 dated 27 October 1999 and No. 1108/12 dated 05 November 1999 include the following:

(i) For Prescribed Projects as defined in NEA (1980, 1988, 1993, 2000): PART I: 31 Projects and Undertakings if located wholly or partly outside the coastal zone (Infrastructure + Large Scale Development Projects); PART II: Projects in PART I and 20 Industries; PART III: if located wholly or partly within an Environmental Sensitive Area (Note: none of the components of the proposed project falls under any of these categories)

(ii) Projects that fall within sensitive areas as defined in the National Environmental (Procedure for approval of projects) Regulations, No.1 of 1993.

24. The sub-projects that are included under HSEP will not require an IEE or EIA as the project areas do not fall under the any of the sensitive areas as defined by Regulations, No.1 of 1993, as cited above.

1.3.3 Monitoring requirement

25. A comprehensive Environmental Management Plan (EMP), and Environmental Monitoring Plan (EMoP) have been provided in the IEE Report developed for the project in July 2018, and the need for subsequent environmental monitoring has been identified. As such the project is in the process of establishing an environmental monitoring process commensurate with the level of anticipated impacts and policy requirements of a category B to ensure that it is environmentally sound and are designed to operate in compliance with applicable regulatory requirements.

1.3.4 The objective of this Report

26. The Environmental Specialist of the PMU has now been mobilized and commenced the work in mid-November 2019 on monitoring of implementing the EMP and the EMoP by the Project Implementation Units (PIUs) and Contractors of the sub-projects of HSEP. The Environmental Specialist first met the officials of the PMU and collected the documents prepared, which described the EMP and the EMoP for the project. Subsequently, he visited the project areas in November & December 2019. During the current monitoring period, he visited the sites in Central Province and Uva Province in January and February 2020. Due to the COVID-19 pandemic situation that was prevalent in Sri Lanka in March, April and May, the monitoring field visits were not possible. However, the Environmental Specialist of the PMU has been able to obtain monitoring reports for all the four provinces as monthly reports and quarterly reports from the Engineers and Technical Officers of the DSC appoint for each province/district. These reports have been submitted through the Project Engineer of the PIU of each province. This report is, therefore, a synthesis of these reports submitted by the Engineers of the DSC and the monitoring reports that have been made during the months of January and February 2020 by the Environmental Specialist.

27. In addition to summarizing and reporting on the status of environmental monitoring, this report expects to summarize the response of each contractor in preparing the sites (when the sites were reopened after a temporary closure due to the pandemic) to cope with new

challenges posed by the COVID-19 pandemic (See Annex 4 for the description of each contractor/site).

28. This report serves as the Semi-Annual Report (covering the period of 1 January 2020 to 30 June 2020) of the monitoring of the implementation of the EMP and EMoP. Chapters 1–5 of the report is mainly about the project readiness and compliance of project interventions with local (environmental) regulations, and Chapter 6 describes the implementation of the EMP and the EMoP. This report also describes the process of implementation of a regular process for environmental reporting by the PIUs, Contractors and the Design & Supervision Consultants. The subsequent ones will mainly focus on the implementation of the EMP and the EMoP. However, any compliance requirements that arise during construction stage will be included when and where they are pertinent.

1.4 DETAILS OF SITE PERSONNEL AND/OR CONSULTANTS RESPONSIBLE FOR ENVIRONMENTAL MONITORING

Table 1.2: Persons responsible for Environmental Monitoring

Name	Designation/Office	Email Address	Contact Number
1. PMU			
Dr. Anil Dissanayke	Project Director	hseppd@gmail.com	077 759 1613
Dr. Sisira Liyanage	Deputy Project Director	dpdhsep@gmail.com	077 759 1613
Mr. Asantha Subasingha	M & E Officer[1]	hsep.me@gmail.com	071 628 7216
Dr. Eng. Jagath Manatunge	Environmental Specialist	manatunge@gmail.com	071 804 5546
2. PIUs			
Central Province			
Dr. Arjuna Thilakarathna	Deputy Project Director	dpd.piucp@gmail.com	071 442 7094
Eng. Mrs. Hemali Alagiyawanna	Project Engineer	eng.piucp@gmail.com	071 335 0258
Mr. Upul Wijerathna	M & E Officer	mande.piucp@gmail.com	077 614 8748
Uva Province			
Dr. Mrs. J.C.M. Tennekoon	Deputy Project Director	dpduvapiu@gmail.com	071 447 9509
Eng. D.M.J.C.B. Jayawardhana	Project Engineer	eng.piuuva@gmail.com	071 747 9501
Mr. W.A. Saman Bandara	M & E Officer	meo.piuuva@gmail.com	071 86 99396
North Central Province			
Dr. W M Palitha Bandara	Deputy Project Director	dpd.piuncp@gmail.com	071483 4912
Eng. K.A.D.C. Sampath	Project Engineer	pe.hsep.ncp@gmail.com	071 537 4840
Mr. S.M. Haleem	M & E Officer	me.hsep.ncp@gmail.com	077 5045100
Sabaragamuwa Province			
Dr. Kapila B.Kannangara	Deputy Project Director	dpd.hsep.piusab@gmail.com	077 727 2870
Eng. G. Ransith Perera	Project Engineer	eng.hsep.piusab@gmail.com	071 411 4414
Mrs. K.D.Kusum Kumaranayaka	M & E Officer	m&e.hsep.piusab@gmail.com	071 327 0195

[1] M & E Officer: Monitoring & Evaluation Officer

29. The roles and responsibilities of the Environmental Specialist of the PMU are as follows:

- Assist PMU/PIUs in implementation of the project's Environmental Assessment and Review Framework (EARF) during the construction and operation of health facilities by providing the overall policy and technical direction for environmental safeguards management

- Co-ordinate closely with Deputy Project Directors in the PIUs in planning and managing environmental safeguards and provide necessary technical assistance to facilitate the implementation, management and monitoring of environmental safeguards
- Review and endorse environmental screening reports prepared by the PIU
- Visit and monitor the construction works of the 45 Primary Health Care Institutions (Works Round 1 which IEE already prepared)
- Visit all civil works sites (90 round two sites and the 127 FHCs and other sites) and prepare IEEs as per the guidelines provided in the EARF
- Obtain concurrence from the ADB for IEEs and publicly disclose the documents as per the EARF
- Ensure that EMPs are included in the design, and condition on compliance with EMP is included in the bidding documents as well as the contractor's agreement
- Develop, organize and deliver environmental training programs and workshops for the staff of the PIUs who will serve as safeguards focal points on data collection and screening, contractors and field supervision staff and other implementing agency officials (responsible for the supervision of maintenance works), as needed, on safeguard requirements during construction
- Provide support to the Health Care Waste Management (HCWM) consultant for preparation of HCWM plans for all health care facilities supported under the project, including the provision of necessary technical, logistical and follow- up support
- Obtain clearances from local environmental/other regulatory authorities, where applicable
- Prepare bi-annual monitoring reports to the ADB on the overall environmental performance of the project
- Hold regular review meetings with the environmental focal points of the PIUs and visit project sites to assess environmental planning requirements and to monitor implementation of the EMP by contractors
- Support in the establishment and finalization of the grievance reporting pathways
- Coordinate the process of providing environment-related solutions as a member of the relevant committee of the grievance redress mechanism (GRM) of the project.

1.5 DESCRIPTION OF SUBPROJECTS AND STATUS OF IMPLEMENTATION (PRELIMINARY, DETAILED DESIGN, ON-GOING CONSTRUCTION, COMPLETED, AND/OR O&M STAGE)

Table 1.3: Progress of sub-projects

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
	Central Province					
Kandy	Madulkele DHB	Construction progress has been slow due to a few variations, few adjustments of drawing to be done. No progress of work since the last visit.	Designs are yet to finalized.	25%	25%	2020.11.20 (with 3 months extension)
	Galaha DHC	Construction in progress. Substructure and superstructure work completed. Roof construction over. Finishing work to be done.		30%	70%	2020.09.20 (with 3 months extension)
	Deltota DHB	Construction in progress. Brickwork is completed and plastering work in progress. Roof to be constructed.		30%	55%	2020.07.20 (with 3 months extension)
	Dolosbage DHC	Construction not in progress. Bulk excavation for site preparation is completed. No progress of work since the last visit.	Designs are yet to finalized.	30%	30%	2020.11.20 (with 3 months extension)
	Hataraliyadda DHC	Construction is in progress with few variations		30%	45%	2020.09.20 (with 3 months extension)

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
Matale	Kimbissa DHC	Detailed designs completed	Under bidding	Revision of estimate for re-bidding in progress, and contract will be awarded in due course (expected to finalize in April 2020, however, there was a delay due to COVID-19 pandemic)		
	Kalundawa PMCU	Detailed designs completed				
	Madawalaupatha PMCU	Detailed designs completed				
	Galewela DHB	Detailed designs completed	Under bidding			
	Paldeniya PMCU	Detailed designs completed				
Nuwara Eliya	Nanuoya PMCU	Demolition of the existing building completed. Foundation construction is in progress		10%	30%	2020.11.19 (with extension)
	Pundaluoya PMCU	Construction in progress. The brickwork of the existing building completed. Fabrication and erection of roof trusses are in progress		30%	35%	2020.09.19 (with extension)
	Laxapana DHC	Construction in progress. Column concreting up to slab level completed. Formwork for the slab is in progress.		25%	52%	2020.09.19 (with extension)
	Kotagala DHB	Gazetted as an archaeological heritage site. Approval of the Archeological Department has been given on the condition that no existing buildings will be demolished or altered. The work to be commenced soon.		25%	25%	2020.09.19 (with extension)
	Uva Province					
Badulla	Meegahakiula DHB	Construction of septic tank, external plasterwork, and roof construction in progress.		35%	70%	06/08/2020 (with extension)

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
	Koslanda DHB	Ground floor brickwork, roof beam construction and slab construction for the water tank are in progress.	Contract awarded 20th December 2019, handing over is scheduled on 7th January 2020	-	38%	01/12/2020
	Haldumulla DHC	The first floor completed; Roof beam concreting, ground floor internal plaster and water tank column and slab work are in progress.		-	57%	01/12/2020
	Kandeketiya DHB	Concreting of the ground floor is complete. Brickwork from the first floor to roof level is in progress.		-	35%	01/12/2020
	Etampitiya DHC	Sub-structure completed. Retaining wall construction in progress.		-	25%	06/12/2020
Monaragala	Dombagahawela PMCU	Roof truss fabrication work and external plastering work are in progress. Brickwork has been completed. Demolition work remaining.		25%	58%	07/09/2020
	Deliwa PMCU	Roof truss fabrication work and external plastering work are in progress. Brickwork has been completed. Demolition work remaining		25%	52%	07/09/2020
	Thanamalwila DHB	Foundation completed. Basement works (Column footings and foundation work) completed. Plastering work and roof construction are in progress.		25%	60%	07/09/2020
	Dambagalla DHC	Construction at roof level. Roof Trusses ongoing. Tie beam concreting in progress.		20%	45%	07/11/2020

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
	Hambegamuwa PMCU	Brickwork and roof beam work is in progress.	The contract was awarded on 20th December 2019 Contract awarding is scheduled on 7th January 2020	-	35%	01/12/2020
North Central Province						
Anuradhapura	Horowpathana DHC	The roof construction is in progress. The site premises should be kept tidy and free of areas where water stagnation is possible. Parts of the demolished sections to be renovated.		10%	10%	15.08.2020
	Galenbindunuwewa DHB	Construction is almost complete. Roof construction is complete. Wastewater pipes are being constructed.		65%	65%	01.09.2020
	Koonwewa PMCU	First-floor structural work and brickwork are almost complete. Roof construction is in progress.	Commencement has been delayed due to non-receipt of construction drawing from provincial Engineering Department; construction started mid-January 2020		30%	15.08.2020
	Negampaha DHC	Sub-structure is complete. Brickwork is in progress.			30%	15.08.2020
	Tittagonewa PMCU	Sub-and super-structure construction is over. Roof construction and plastering work are in progress.			30%	28.08.2020

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
Polonnaruwa	Ellewewa PMCU	Brick wall construction in progress. No progress during the last 2–3 months		35%	35%	15.07.2020
	Sevanapitiya PMCU	Site clearing works completed. Footings and foundation construction is in progress.	NOL from ADB to award contract was received. The contract was awarded 29th January 2020		15%	-
	Damminna PMCU	Brickworks of the construction part is in progress. Plastering and Roof work in progress. No progress during the last 2–3 months		40%	40%	15.07.2020
	Ambagaswewa PMCU	Construction in progress. Plastering works, Roof work, Electrical wiring is on-going. No progress during the last 2–3 months		55%	80%	15.07.2020
Sabaragamuwa Province						
Ratnapura	Endana DHC	Construction near completion for the new works. Renovation of the existing section is in progress.		65%	90%	20.08.2020
	Dodampe PMCU	Finishing work in progress. Titling work on the first floor completed and progressing in the ground floor.		65%	75%	30.09.2020
	Delwala PMCU	Demolition work completed.	Evaluation process completed	-	5%	03.03.2021
	Ranwala DHC	Site clearing completed. Footing and		-	10%	03.03.2021

District	Name of hospital	Status of Implementation (Preliminary Design/Detailed Design/On-going Construction/Completed/O&M) (as of December 31, 2019)	Contract Status (specify if under bidding or contract awarded)	% Physical Progress		Expected Completion
				At the end of previous period December 31, 2019	As of June 15, 2020	
		column construction in progress.	and PCC approved to re-bid the 03 projects			
	Narissa PMCU	Sub-structure and retaining wall construction are completed. Column and wall construction in progress.		-	15%	03.03.2021
Kegalla	Hewadivela PMCU	Construction near completion. Tiling work and finishing work in progress.		65%	90%	21.08.2020
	Minuwangamuwa PMCU	Roof work and finishing in progress		45%	75%	21.08.2020
	Uyanwatta PMCU	The access road had to be improved by the community which was finished by 25th December 2019. Designs will be changed according to available land -		-		-
	Aranayaka DHA	Roof completed, brickwork and finishing work in progress		50%	75%	21.08.2020
	Bolagama PMCU	Construction work near completion. Finishing work, electrical, and plumbing work are in progress. Septic tanks are being constructed.		65%	90%	15.08.2020

1.6 OVERALL PROJECT AND SUB-PROJECT PROGRESS AND STATUS

30. A summary of the progress of each sub-project is given in Table 1.3.

1.7 APPROACH AND METHODOLOGY FOR ENVIRONMENTAL MONITORING OF THE PROJECT

31. Implementation and monitoring of environmental impacts, so far, has been observed satisfactory. During the last few months (before the incidence of COVID-19 pandemic), the Environmental Specialist of the HSEP attached to the PMU had devised a method for reporting/recording of environmental monitoring by the PIUs and contractors regularly. Such establishment of procedures was needed for regular monitoring and recording of proper implementation of the EMP and monitoring as per the EMoP, which also had to be standardized. These formats were reported in the previous Semi-Annual Environmental Monitoring Report, and sample formats for such reporting/recording are given in Annex 1a, 1b and 1c. These forms have been circulated among the PIUs.

32. As described in the IEE, planning, implementation and supervision of environmental safeguards will take place at three levels:

(i) PMU – The overall responsibility of ensuring compliance with the EMP and monitoring plan will be borne by the main PMU. It will be supported by an Environmental Specialist who will ensure that the EMP is finalized (based on final layouts and designs) and included in the bid documents, provide awareness and training to the PIU and contractor, monitor EMP implementation, co-ordinate with the respective PIUs, attend to grievances and prepare monitoring reports as required.

(ii) PIUs – The responsibility of day-to-day planning, implementation, and supervision of environmental safeguards specific to sub-projects will be borne by the PIUs. An engineer will be appointed as the focal point for coordinating with the environmental specialist of the PMU on monitoring and reporting. Specific formats for monitoring and reporting will be prepared by the environmental specialist and shared with the PIUs.

(iii) Contractor – Implementation of EMPs will largely be the contractor's responsibility (apart from those provisions relating to technical designs and other specified tasks indicated in the EMPs). For this, the contractor will nominate a site engineer as the focal person who will be directly responsible for ensuring compliance with the EMP during construction.

323 These forms have been received by the Environmental Specialist through each PIU regularly. The Engineers and Technical Officers of the DSC attached to each Province together with the Project Engineers attached to each PIU were instrumental in providing feedback on establishing the provisions of the EMP and carrying out environmental monitoring activities as outlines in the EMoP.

34. Implementation of the environmental management tasks and environmental monitoring tasks also have been carried out by the Environmental Specialist. However, time limitations (especially curfew and lock-down conditions that prevailed throughout the country due to COVID-19 pandemic) have debarred him from visiting all the sub-projects.

35. The following is the methodology has been adopted in collecting and collating environmental monitoring information:

- The Environmental Specialist has provided inputs and guidance to the PMU and PIU staff on requirements of Environmental Monitoring and has developed site inspection report formats /checklists to ensure compliance (See Annex 1a, 1b and 1c for sample forms)
- At the design stage, all statutory clearances and procedures required for environmental safeguards are identified, and the PIU is responsible for obtaining them. In contrast, the Design & Supervision Consultants is expected to identify such statutory/regulatory requirements.
- At the construction stage, a regular inspection is carried out by the PIU (through the Project Engineer and Design & Supervision Consultants) to ensure that the environmental safeguard measures are adopted and followed. Corrective measures if necessary, will be highlighted and the contractor will be guided/advised as to what remedial actions are required. Further, Contractors will be required to fill up the environmental compliance checklist that will be provided and submit them back to the PIU (Project Engineer at the PIU) regularly.
- Environmental Specialist of the PMU will oversee the monitoring process in all provinces, and all site inspection reports prepared at the provincial level will be reviewed.

36. The following methodology has been adopted in preparing this report:

- The Environmental Specialist has visited all the PIUs and had detailed discussions with the Project Engineers.
- Joint site visits have been made by the Environmental Specialist to some sub-projects to observe the implementation of the EMP and the EMoP at each site, and relevant observations have been recorded. Visiting all the sub-projects were not practical due to closure of the sites during COVID-19 pandemic.
- The Contractor's representatives have been instructed whenever there are any shortfalls in the proper implementation of the EMP/EMoP, and corrective actions were suggested.
- The MOH in each hospital/PMCU has been consulted to get independent feedback on the activities of the contractor.
- The observations have been recorded to comply with the ADB reporting standards.

37. The above sequence of activities includes reviewing the monitoring reports and records provided regularly by the PIUs, the Contractors and the Design & Supervision Consultants

2 COMPLIANCE STATUS WITH NATIONAL/STATE/LOCAL STATUTORY ENVIRONMENTAL REQUIREMENTS

Table 2.1: Compliance with National Statutory Environmental Requirements

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
Central Province						
Kandy	Madulkele DHB	Tree cutting permit	Not applicable			
		Street line certificate	Pending information			
		Building permit	Pending information			
		Permit for disposal of debris	Pending information			
		Other (Specify)				
	Galaha DHC	Tree cutting permit	Not applicable			
		Street line certificate	Not applicable			
		Building permit	Pending information			
		Permit for disposal of debris	Not applicable			
		Other (Specify)				
	Deltota DHB	Tree cutting permit	Not applicable			
		Street line certificate	Not applicable			
		Building permit	Not applicable			
		Permit for disposal of debris	Not applicable			
		Other (Specify)				
	Dolosbage DHC	Tree cutting permit	Not applicable			
		Street line certificate	Not applicable			
		Building permit	Pending information			
		Permit for disposal of	Not applicable			

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		debris				
		Other (Specify)				
	Hataraliyadda DHC	Tree cutting permit	Not applicable			
		Street line certificate	Not applicable			
		Building permit				
		Permit for disposal of debris	Pending information			
		Other (Specify)				
Matale	Kimbissa DHC	Tree cutting permit	Pending			
		Street line certificate				
		Building permit	Pending			
		Permit for disposal of debris				
		Other (Specify)				
	Kalundawa PMCU	Tree cutting permit	Pending			
		Street line certificate				
		Building permit	Pending			
		Permit for disposal of debris				
		Other (Specify)				
	Madawalaupatha PMCU	Tree cutting permit				
		Street line certificate				
		Building permit	N/A			
		Permit for disposal of debris				
		Other (Specify)				
	Galewela DHB	Tree cutting permit				
		Street line certificate				

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		Building permit	N/A			
		Permit for disposal of debris				
		Other (Specify)				
	Paldeniya PMCU	Tree cutting permit	Pending			
		Street line certificate				
		Building permit	Pending			
		Permit for disposal of debris				
		Other (Specify)				
Nuwara Eliya	Nanuoya PMCU	Tree cutting permit	Not applicable			
		Street line certificate	Pending information			
		Building permit	Pending information			
		Permit for disposal of debris	Requested to Pradeshiya Sabha			
		Other (Specify)				
	Pundaluoya PMCU	Tree cutting permit	Not applicable			
		Street line certificate	Not Applicable			
		Building permit	Pending information			
		Permit for disposal of debris	Not applicable			
		Other (Specify)				
	Laxapana DHC	Tree cutting permit	Not applicable			
		Street line certificate	Pending information			
		Building permit	Pending information			
		Permit for disposal of debris				
		Other (Specify)				

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
	Kotagala DHB	Tree cutting permit	Not applicable			
		Street line certificate	Not applicable			
		Building permit	Approval from Archeological Dept., which has been obtained.			
		Permit for disposal of debris	Not Applicable			
		Other (Specify)				
North Central Province						
Anuradhapura	Horowpathana DHC	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Galenbindunuwewa DHB	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
	Koonwewa PMCU	Tree cutting permit	Obtained	No validity periods. Only for approved trees.	-	Handover to the timber corporation.
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Negampaha DHC	Tree cutting permit	yes	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Tittagonewa PMCU	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
Polonnaruwa	Ellewewa PMCU	Tree cutting permit	N/A	-	-	-

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Sevanapitiya PMCU	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Damminna PMCU	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of debris	N/A	-	-	-
		Other (Specify)	-	-	-	-
	Ambagaswewa PMCU	Tree cutting permit	N/A	-	-	-
		Street line certificate	Not obtained	-	Request for approval	-
		Building permit	Not obtained	-	Request for approval	-
		Permit for disposal of	N/A	-	-	-

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		debris				
		Other (Specify)	-	-	-	-
Uva Province						
Badulla	Meegahakiula DHB	Tree cutting permit	Obtained			Contractor to cut down two trees for the construction of access road, which will be done towards the end of July/early August
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Koslanda DHB	Tree cutting permit	N/A			
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Haldumulla DHC	Tree cutting permit	N/A			
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Kandeketiya DHB	Tree cutting permit	N/A			One tree needs to be cut towards the latter

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
						part of the construction. no need for a permit
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Etampitiya DHC	Tree cutting permit	Obtained			Two trees have already been cut by STC (as reported in the previous report)
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
Monaragala	Dombagahawela PMCU	Tree cutting permit	Obtained			Two trees have already been cut by STC (as reported in the previous report)
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Deliwa PMCU	Tree cutting permit	Obtained			Two trees have already been cut by STC (as reported in the previous report)

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Thanamalwila DHB	Tree cutting permit	Obtained			Two trees have already been cut by STC (during the previous reporting period)
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Dambagalla DHC	Tree cutting permit	Obtained			Two trees have already been cut by STC (during the previous reporting period)
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit				No objection letters have been obtained from the DS/PS
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Hambegamuwa PMCU	Tree cutting permit	Applied for permit			Four trees have already been cut by STC (during this

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
						reporting period)
		Street line certificate	No objection letters have been obtained from the DS/PS			
		Building permit	No objection letters have been obtained from the DS/PS			
		Permit for disposal of debris	N/A			
		Other (Specify)				
Sabaragamuwa Province						
Ratnapura	Endana DHC	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			> 25 ft from Road Center
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Dodampe PMCU	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			> 25 ft from Road Center
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Delwala PMCU	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			> 25 ft from Road Center
		Building permit	Not obtained		Request for	

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
					approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Ranwala DHC	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Narissa PMCU	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			> 25 ft from Road Center
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
Kegalla	Hewadivela PMCU	Tree cutting permit	No permits needed; Only branches were cut			
		Street line certificate	Not obtained			
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Minuwangamuwa PMCU	Tree cutting permit	Permit obtained from GS/DS			One Jak tree has been felled by STC (during the previous

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
						reporting period)
		Street line certificate				
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other: NBRO	Recommendations requested			No response from NBRO so far
	Uyanwatta PMCU	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				
	Bolagama PMCU	Tree cutting permit	No permits required			3 Coconut trees have been felled (during the previous reporting period)
		Street line certificate	Not obtained			
		Building permit	Not obtained		Request for approval	
		Permit for disposal of soil	N/A			
		Other: Transport of soil	Permit obtained from GS			
		Other: NBRO	Recommendations requested			No response from NBRO so far
	Aranayaka DHA	Tree cutting permit	No permits needed			
		Street line certificate	Not obtained			

District	Name of hospital	Statutory Requirements	Status of Compliance (Obtained/Not obtained/)	Validity if obtained	Action Required	Specific Conditions of Clearance, Consent/Permit to Establish
		Building permit	Not obtained		Request for approval	
		Permit for disposal of debris	N/A			
		Other (Specify)				

3 COMPLIANCE STATUS WITH ENVIRONMENTAL LOAN COVENANTS

Table 3.1: Compliance with Loan Covenants

No. (List schedule and paragraph number of Loan Agreement)	Covenant	Status of Compliance	Action Required
Schedule 4 – Safeguards Environment (Paragraph 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 (b) the Borrower through the Project Executing Agency has incorporated the relevant provisions from the relevant EMP onto the Works contract.	It has been verified that none of the subprojects needs the approval of the Central Environmental Authority, as the activities proposed under the project do not fall into the categories of Prescribed Projects, as defined by the NEA. The Executing Agency has incorporated the provisions of the EMP into the Work contract of each subproject.	No further action is needed. Regular monitoring of the proper implementation of the provisions of the EMP is needed, together with regular environmental monitoring.
Schedule 4 – Safeguards: Environment (Paragraph 4)	The Borrower through the Project Executing Agency 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 the environment, health, and safety. (b) the environmental safeguards. (c) the EARF, and (d) all measures and requirements outlined in the IEE, the relevant EMP and any corrective or preventative actions set forth in a Safeguards Monitoring Report.	All the laws and regulation are being complied with; environmental safeguards as outlined in the IEE and the EMP are complied with. Any corrective and/or corrective actions have been complied with. All other conditions will be complied with.	Regular monitoring of compliance with environmental safeguard issues in all subprojects is needed.
Schedule 4:	The Borrower through the Project Executing Agency shall ensure that	No indigenous peoples or	No action is needed for any

Safeguards: Involuntary Resettlement and Indigenous Peoples (Paragraph 5)	the Project does not have any indigenous peoples or involuntary settlement impacts all within the meaning of ADB's Safeguard Policy Statement (2009). In the event that the Project complies with the applicable laws and regulations of the Borrower and with ADB's Safeguard Policy Statement.	involuntary settlement impacts in all the sub-projects.	sub-project.
Schedule 4: Safeguards: Human and Financial Resources to Implement Safeguard Requirements (Paragraph 6)	The Borrower shall make available or cause the Project Executing Agency to make available necessary budgetary and human resources to implement the respective EMP fully.	The Project has appointed an Environmental Specialist attached to the PMU to look after effective implementation of the EMP. The four Project Engineers attached to PIUs regularly monitor the implementation of the EMP.	Proper procedures are in place. Reporting procedures are being regularly updated for effective communication.
Schedule 4: Safeguards: Safeguards - Related Provisions in Bidding Documents and Works Contracts (Paragraph 7)	The Borrower through the Project Executing Agency shall ensure that all the 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 any IEE and EMP, (to the extent they concern impacts on affected people during construction), and any corrective or preventive actions set forth in the Safeguard Monitoring Report. b) make available a budget for all environmental and social measures; and c) provide the Borrower with 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.	The Bidding Documents have relevant clauses. The Contractors have the binding obligation to comply with the conditions and measures set forth in the EMP and required budgets have been made available. All other conditions will be complied with.	Regular monitoring of the effectiveness of implementing the EMP is needed. Environmental Monitoring procedures are being inspected regularly.
Schedule 4: Safeguards Safeguard	The Borrower through the Project Executing Agency shall do the following:	Semi-annual	Strict adherence

Monitoring and Reporting (Paragraph 8)	a) Submit Semi-annual Safeguards Monitoring Reports to ADB and disclose relevant information from such reports to affected persons promptly upon submission. b) If any unanticipated environmental and /or social risks arise during construction, implementation or operation of the Project that was not considered in the respective IEE or EMP, promptly inform ADB of the occurrence of such risks or impacts, with a detailed description of the event and proposed corrective action plan; and 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.	Safeguard Monitoring Reports will be submitted to the ADB, and such reports will be made available to all the stakeholders. Any unanticipated environmental and /or social risks arise, and any actual or potential breach of compliance with the measures and requirements set forth in the respective EMP will be promptly reported.	to the provisions given in Paragraph 8 will be given the highest consideration.
Schedule 4: Safeguards Prohibited List of Investments (Paragraph 9)	The Borrower through the Project Executing Agency shall ensure that no proceeds of Laon or Grant are used to finance any activity included in the list of prohibited investment activities provided in Appendix 5 of SPS.	No funds have been made available to finance prohibited investment activities as outlined in Appendix 5 of the SPS.	No further action is needed.
Schedule 4: Safeguards Labor Standards, Health and Safety (Paragraph 10)	The Borrower through the Project Executing Agency shall ensure that the core labor standards and Borrower's applicable laws 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 laws 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.	Applicable labor laws and regulations and applicable workplace occupational safety norms will be incorporated and complied with. No child labor and forced labor will be used. Other conditions will be complied with.	Regular monitoring is needed to ensure proper implementation of the conditions set forth in Paragraph 10.

	(e) allow freedom of association and effectively recognize the right to collective bargaining; and (f) disseminate of engaging 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,		

4 COMPLIANCE STATUS WITH THE ENVIRONMENTAL MANAGEMENT PLAN

4.1 IMPLEMENTATION OF THE EMP AND EMOP

38. The contractors are not required to submit site-specific EMP/construction EMPs. The methodology to be adopted for monitoring each sub-project for implementation are given below.

Table 4.1: Implementation Status of the EMP

Project	Design Status (Preliminary Design Stage/Detailed Design Completed)	Final IEE based on Detailed Design				Site-specific EMP (or Construction EMP) approved by Project Director?
		Not yet due (detailed design not yet completed)	Submitted to ADB (Provide Date of Submission)	Disclosed on the project website (Provide Link)	Final IEE provided to Contractor/s	
All sub-projects	Detailed Design Completed	-	Submitted to ADB in July 2018	Disclosed on project website[1]	Yes, for the projects already awarded	Site-specific EMPs or Construction EMPs are not needed.

[1] https://www.hsep.lk/images/Downloads/Publications/Initial_Environmental_Examination.pdf

Table 4.2: The role/s of Safeguards Teams including the schedule of on-site verification of reports to be submitted by consultants and contractors

Person/Safeguard Team	Forms to be submitted	To whom the forms to be submitted	Frequency	Reference
1 Contractor	Weekly Environmental Monitoring Form	Project Engineer - PIU	Weekly	Form in Sinhala
2 Environmental Specialist	Environmental Monitoring Form & Implementation of the EMP	PMU and DPD of the PIU	At each site visit (quarterly)	Annex 1a for sample report
3 Project Engineer/ M&E Officer of the PIU and any other Officer of the PIU appointed by the DPD of the PIU	Environmental Monitoring Form & Implementation of the EMP	DPD of the PIU Environmental Specialist	Regularly (at least monthly)at each site visit	Annex 1a and 1b for sample reports
4 Design and Supervision Consultant/Project Engineer PIU	Environmental Monitoring Form & Detailed Implementation of the EMP	Project Engineer – PIU Environmental Specialist	Regularly (at least quarterly)	
5				

Name/s and contact details of contractor/s' nodal person/s for environmental safeguards.

39. Contractors' nodal persons for environmental safeguards are supposed to be the site supervisors. Some of the sites have not been appropriately recommenced after closure due to COVID-19. A complete list of persons from the contractor's side will be reported and further updated in the next semi-annual monitoring report. Recording the implementation and monitoring of environmental safeguards have not been reported in this report as complete information is not available at the time

Supporting documents, including signed monthly environmental site inspection reports prepared by the PIU, DS consultants and/or contractors.

40. All the contracts which have commenced to date are simple small value buildings and have no significant environmental impacts. In compliance with the provisions of the IEE, Environmental Management Plans and Monitoring Plans have been prepared for each subproject. They are monitored by the PMU and PIU on a regular basis, as explained in earlier sections.

41. The environmental monitoring system has been gradually implemented; however, unexpected occurrences related to COVID-19 prevented proper system will be implemented before the end of the first quarter of 2020. The environmental monitoring forms have been received for both quarter 1 and 2 for most of the sites, however, the monitoring has not been adequately implemented in some of the sites, notably in the Central Province. The main reason for not receiving regular feedback from the Central Province is the delays and institutional setbacks of the DSC. However, such delays will eventually be sorted out in the near future.

42. The forms as indicated in Table 4.2 have been submitted by the PIUs and the DSC, and the observations have been summarized in this Semi-annual Environmental Monitoring Report. These forms have not been attached, as the number of forms is many, and covers 36 sites in total. It is expected that the implementation of the monitoring system and mechanism will further be strengthened towards the third quarter of 2020.

43. The summary of environmental monitoring activities and effectiveness of implementing the EMP is given in Table 4.3.

Table 4.3: Summary of Environmental Monitoring Activities (for the Reporting Period ending 30 June 2020)

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
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	Some trees have been felled/already felled Tree replanting has been done in all the sites in Uva Province. At least ten trees have been planted at each site irrespective of trees cut before construction. This is to compensate 16 trees that were cut: Meegahakiula – 2 trees were cut Kandeketiya – 1 tree was cut Etampitiya – 2 trees were cut Dombagahawela - 2 trees were cut Deliwa - 2 trees were cut Thanamalwila - 2 trees were cut Dambagalla - 1 tree was cut Hambegamuwa - 4 trees were cut Altogether 102 trees were planted to compensate 16 trees that were cut. Where appliable, permissions have been obtained to cut trees. Timber (with commercial value) has been disposed of	The three provinces other than Uva have yet to submit their plans for replanting of trees. As some of the sites are nearing completion, tree replanting has to be carried out soon. The list of trees and re-planting schedules will be submitted in the next Monitoring Report. In some of the sites where the civil works have started recently (e.g., Ranwala, Narissa, Delwala, Sevanaitiya), remaining timber and debris have to be removed from sites and disposed of appropriately.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				through State Timber Corporation. Some timber and debris have to be removed from some of the sites. Most of the sites where timber debris was observed (reported in the previous report) have been removed.	
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	It is expected that the DSC propose slope protection and erosion control measures in consultation with the Project Engineer of each PIU.	As reported in the previous report, some of the sites need additional designs for slope protection – for which progress of work has been stalled due to delays in the designs: e.g., Dolosbage and Madulkele. Some slope protective measures have been adopted at some of the sites Meegahakiula, Kandekeitya, Minuwangamuwa, Narissa, Bolagama, Madulkele, Laxapana, Pundalu Oya Spoil, debris, and topsoil have not been removed from
	Adherence to EMP		Once a week	Most of the sites are now progressing beyond the construction of super-structure. Only a few sites have started during the reporting period (Narissa, Delwala, Ranwala, Sevenapitiya). All other sites where the civil works have commenced during 2019, have satisfactorily implemented the following: • Removal of topsoil and vegetation has been satisfactorily in all of the sites where civil works commenced in 2019. Removal of spoil, debris and topsoil is needed in sites where the civil works have started recently.	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				Topsoil and debris need proper disposal in some sites. • Soil conservation measures for debris and topsoil is satisfactory in all the sites. • There have been no major issues reported due to ground preparation. Still, the site progress has stalled in Madulkele and Dolosbage sites due to issues related to slope protection. • The collapse of soils banks and/or slope failures have not been noticed for most of the sites (Slopes are unstable in Dolosbage and Madulkele). Although there is a steep slope in front of the proposed building in Narissa, it is stable. • Increased erosion has not been observed. Continuous monitoring is needed, especially in most of the sites in Uva, Sabaragamuawa and Central Provinces). • Increased dust in the air for prolonged periods have not been observed. Dust prevention measures are	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., Sevanapitiya, Narissa, Pundalu Oya, Hataraliyedda, Dombagahawela The contractors have been given instructions as to how debris and topsoil to be disposed of and to record how (and where) the debris has been disposed of for all sites. Precautions have to be taken to prevent the collapse of soil banks and slopes in sites such as Narissa, Hataraliyedda, Dolosbage, Meegahakiula, Minuwangamuwa, Bolagama, Madulkele, Laxapana, Pundalu

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				satisfactory. No complaints have been received so far. • Disturbances to drainage paths have been observed in most of the sites. Proper construction and/or rehabilitation of drainage canals/paths should be ensured prior to handing over after construction work is completed.	Oya. Temporary disturbances to drainage have been observed in most of the sites. This has to be monitored closely, and especially prior to the approval of the handing over by the contractor. e.g., Laxapana, Hataraliyedda, Pundalu Oya.
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	<u>Details of dust barriers</u> Construction during the reporting period in most of the sites is continuing from the previous monitoring period. The dust/noise barriers constructed in those sites are effective in controlling pollution. New sites that were started recently (Hataraliyedda, Nanu Oya, Ranwala, Delwala and Narissa) also have followed the instructions of the DSC and the Project Engineer of the PIU. Where there are such barriers, the materials used to construct the barriers are	There are many sites where the construction is near completion, and there is no need of noise and dust barriers (e.g., all the four sites in Kegalla District: Bolagama, Aranayake, Hewadiwela and Minuwangama) and Endana and Dodampe in Ratnapura District, Galenbindunuwewa in Anuradhapura District, and Galaha in Kandy District).

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				satisfactory, the height of the barriers are sufficient, and they are effective in controlling airborne dust. However, some of the sites need additional measures in preventing noise/dust propagation. <u>Details of site activities to maintain air quality</u> The site supervisors have been advised as to how to reduce fugitive dust and air pollutants during construction. It has been observed that the site workers clean the site daily. IT was noted that the workers sprinkle water for dust suppression when needed. Even the intervals are not regular, the frequency of sprinkling should be at least twice a day during dry periods. It was noted that the spoil heaps are not covered appropriately in most sites. Clear instructions have been provided to keep the material stock covered. Stockpiles are stored away from access roads in most of	There are some sites where dust/noise barriers need proper measures to maintain them in proper condition (e.g., Etampitiya, Hataraliyedda, Pundalu Oya, Nanu Oya, Laxapana). Use of polythene to cover louvres and windows of existing buildings have not been very effective – some of them need regular replacement. Some of the sites where the barriers are not effective should erect such barriers without delay (e.g., Delwala, Ranwala and Narissa, Sevanapitiya). Contractors have been advised accordingly. Contractors of some untidy sites were instructed to clean the site regularly.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				the sites. However, at some locations, the material stockpiles were noted to block access roads/paths to the hospital (e.g., Dodampe, Koonwewa, Ambagaswewa) Stockpiles are stored in the downwind direction to the hospital premises. The trucks transporting material are appropriately covered. Speed limits are imposed for transport vehicles. All the transport vehicles have emission certificates (VEC). No special mitigation measures are needed to be adopted due to a particular reason for any of the sites.	Soil heaps of some sites were not covered properly. Contractors were advised to cover them appropriately. Stockpiles were stored obstructing the access roads in some sites (e.g., Koonwewa, Dodampe, Deltota, Galenbindunuwewa) and the contractors were advised to remove them immediately. Restrictions of speed limits should be actively imposed by the contractor. The contractor should check the validity of VECs for all the transport vehicles regularly.
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	Other than concrete mixers, poker vibrators and compactors, there have been no noisy machines (subjective judgement with compared to accepted norms) used at the sites. Drilling machines sometimes	Close monitoring of any complaints by the hospital authorities and users is the most effective way to find out whether there is any excessive noise

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				emanate high noise, however, intermittently for short periods. 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 flowing passive methods as discussed above. New construction of most of the sites are located close to the hospitals, and the contractors have negotiated 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. In all the sites, the working hours are restricted to 08.00–18.00 hrs. Work at some of the sites has been continued during the weekend for extended hours, especially the finishing work. In all the sites, no nighttime activities are planned. However, finishing work (mainly plastering work) has been continuing in the	occurs at any of the sites. Therefore, GRM should be adequately implemented for receiving any complaints. Implementation of the EMP is satisfactory. No additional action is needed. Continuous dialogue and coordination with hospital authorities 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	Corrective Action Required or not
				nighttime. 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, high noise generating work has been scheduled to be done non-clinic/non-OPD days. 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.	A crack survey should be conducted at sites such as

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
					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.
	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 All construction sites	Weekly	In all the sites, removal of vegetation has been restricted to the bare minimum and strips of vegetation have been left around the disturbed area in all sites. In some sites, where needed, soil conservation bunds have been formed to protect soil erosion. In some of the sites, (e.g., Meegahakiula, Kandeketiya, Hataraliyedda), retaining walls are constructed on slopes that are sufficient to bear the surcharge load during and after construction.	Retaining walls are needed to prevent the collapse of soil banks and slopes in sites such as Hataraliyedda, Dolosbage, Meegahakiula,

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				Excavated earth stockpiles at most of the sites are firmly covered to protect dust storming during winds and to washing off during rains. Degradation of the surrounding environment has not been observed for any of the sites due to soil erosion. 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. The nature of construction is small, and quantities of paints, solvents, ad-mixers, chemicals, etc. are small in quantity. The methods of storing such hazardous	Minuwangamuwa, Bolagama, Madulkele, Laxapana, Pundalu Oya. This has to be checked for Narissa and Delwala. Contractors have been advised to keep the soil heaps covered all times. However, this has not been the practice. For those sites where stockpiles are located close to roads, drains or water bodies, contractors were advised to move them away from such locations. This has to be monitored by the DSC whenever they visit the sites.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				chemicals such as paint and solvents are satisfactory. Burying or burning of oil and lubricant waste buried were not noticed in any of the sites. The contractors have been advised to collect and store spent lubricants, oils and paints in proper oil-cans and dispose of for re-use or handed over to the LA.	
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	The construction sites, and correspondingly, the amounts of construction waste (non-hazardous) are not expected to be high. The contractors have not prepared construction waste disposal plans as per se. However, all the contractors expressed that they have prior experience in managing construction waste. As such, the practice of disposal of construction waste is satisfactory in most of the sites. Most of the contractors re-use and recycle construction waste. Some contractors have disposed of the construction waste in areas recommended by the Pradeshiya Sabha and the	Contractors are advised not to dispose of the construction debris without formally informing the method of disposal to the hospital authorities and the representative of the DSC. Once proper instructions are received, construction waste and debris in some of the sites, which have not been removed, have to be disposed of appropriately. If the hospital authorities agree to dispose of the

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				Engineer. Besides, some of the hospitals have indicated to the contractors that the construction waste to be used as filling some of the areas of the hospital premises (e.g., Koslanda, Deliwa, Dombagahawela, Dambagalla, Koonwewa, Ambagaswewa) 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. There are some sites where solid waste is being burnt on-site. The contractors were advised not to burn waste at the site. In some of the sites, excess earth from ground excavations, cut and fill operations can be used on-	debris, 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 at all times.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				site either for backfilling, ground levelling, reinstatement of disposal yards or other purposes (e.g., Ambagahawewa, Ellewewa, Dombagahawela).	Solid waste burning should be banned entirely. However, it is difficult to convince this to the contractors because most of the hospitals burn their solid waste (MSW as well as clinical and infectious waste).
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 cement waste can still be found in most of the sites where demolition works are involved. Such waste has been generated during the demolition of roofs and ceilings. Most of the demolition work is over. The workers have given instructions on handling AC sheets. They are provided with masks and gloves to protect themselves while dismantling the roofs and ceilings. 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.	Collection and proper disposal of AC is needed as detailed in the Asbestos Management Plan that has been prepared as part of the IEE/EMP

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				In most of the sites, once removed, the sheets have been wetted to minimize asbestos fibre getting air-borne. The removed 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. So far, only a few sites have disposed of any AC sheets already.	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 removed 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.
Control of onsite drainage impairment	Adherence to EMP	Visual observation and inspection of the site for stagnant water blocked drains etc. All construction sites	Weekly	There were heavy rains during January and then in April. It has been observed that maintaining cross drainage within the site has been satisfactory for many sites during construction. During the last rainy season,	Control of onsite drainage impairment should be continuously monitored during the rainy periods. Proper construction

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				the contractors have taken efforts in maintaining proper cross drainage. It was noted that the stockpiles and debris had been 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. Some of the sites are confined to narrow spaces (e.g., Deltota, Nanu Oya, Galenbindunwewa,) and the 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 health care facility is kept clean and free from any constriction debris. The contractors have been advised to keep the construction site checked	of drainage canals (newly built if needed) are necessary for almost all the sites. There are some sites where drainage canals are being demolished/altered or blocked. These drainage paths and rainwater drains should be renovated fully to the satisfaction of the Engineer.

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				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	Construction wastewater discharge is not significant due to the small scale construction, mostly done manually. However, there is equipment such as concrete mixers, poker vibrators, tools, and wheelbarrows, etc. that need washing regularly. In addition, construction wastewater is generated due to activities such as brick wetting, concreting, concrete curing, sprinkling water, etc. Where applicable, the sites have washing areas for construction equipment delineated within hospital premises at least 25-30 feet away from groundwater wells. Most of the sites do not discharge wastewater from the construction site directly into roadside drains. Contractors of some sites were advised not to discharge wastewater into roadside drains. They were advised to first direct the	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	Corrective Action Required or not
				wastewater into a pit to allow siltation and percolation before connecting to a lead away drain.	
Pollution from labour camps	Adherence to EMP	Visual observation and inspection of the labour camps, feedback from construction workers All construction sites	Weekly	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 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. Some sites collect and hand	Pollution from labour camps has to be monitored continuously. All the sites have been instructed as to how to recommence work after COVID-19 pandemic. Strict guidelines have been given to each site, and the contractors were required to submit the plan of action that they have taken to prevent any outbreaks of COVID-19 These plans have been prepared by the contractors based on the format sent to them by the PMU. The plans have been scrutinized by each health care facility and have been submitted to the PIU. These plans have been attached (See Annex 4)

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				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 registered in the GRM	Adherence to EMP	Visual inspection of the site, adequacy of signage and delineation barriers, number of accidents and complaints registered in the GRM All construction sites	Weekly	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 night time within the construction	Occupational health and safety issues should be regularly monitored. GRM should be given the highest priority. The workers should be trained to wear PPEs, and the requirement should

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				sites. In some of the sites, the notices/warning signs are displayed in the local language. In sites where signage is 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 not wear (or amply with the requirement) PPEs. It is not clear whether the contractors enforce that safe working method 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.	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	Corrective Action Required or not
				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. 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	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 access paths have been noted as safe for vulnerable persons and wheelchair access. In all the sites, there are delineation devices such as	

Impact (List from IEE)	Parameters to be monitored	Method of Monitoring and Location	Frequency	Status of Monitoring	Corrective Action Required or not
				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 • 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	Monthly	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	Corrective Action Required or not
Proper treatment of hospital sewerage and wastewater	Inclusion of wastewater treatment plant in project scope	All DH A and B	Monthly	Applicable only after the construction of buildings is over.	-

4.2 GRIEVANCE REDRESS MECHANISM

44. Grievance Redress Committees have been formed in all four provinces. Grievance redress mechanism has been established a per the EARF to address project-related issues/complaints.

45. The proposed mechanism will have three tiers at different levels linked to the project's implementation hierarchy.

(i) **Tier 1:** Project Implementation Unit at the provincial level will be the first level to resolve grievances. The Deputy Project Director (DPD) will be the focal point for grievance redressal. a. On receiving a grievance, the PIU will (i) Enter the grievance in the Complaints register, (ii) open a grievance file for the specific case and (iii) close the grievance filing a closure sheet that will be signed by the complainant agreeing that the concern has been satisfactorily resolved.
b. Grievances will be attended to within a week based on on-site investigations and consultations with relevant parties. All grievances will be appropriately recorded with personal details unless otherwise requested.

(ii) **Tier 2:** The DPD/PIU in consultation with the Environmental Specialist of the PMU will activate the second level for those grievances that are not resolved at tier 1. This tier will consist of a Grievance Redress Committee (GRC), the composition of which will be decided by the PD. The environmental specialist of the PMU will be responsible for processing and placing all papers before the GRC. a. The GRC must be appointed and established before the commencement of site works. The written grievance will be forwarded to the GRC who will call a hearing, if necessary, with the complainant. The process will facilitate resolution through mediation. The GRC will meet as required and direct the field level with clear instructions and responsibilities to attend to the agreed actions within two weeks of the meeting. The contractor will sit in the GRC as an observer.

(iii) **Tier 3:** If a grievance cannot be resolved directly by the first two tiers, the affected person can seek alternative redress through other means such as the Government's judicial system.

46. It is essential to ensure that the project's mechanism for grievance redressal is widely disseminated to the public and other affected stakeholders through (i) public consultation meetings (ii) media advertisement (iii) locally erected notices and other means.

47. Annex 3 provides a list which can be used for recording grievances related to environmental matters. Any reported matter (to be filled by the GRC) has to be forwarded to the Project Engineer of the PIU and the Environmental Specialist for taking appropriate corrective actions.

(a) Complaints Received during the Reporting Period

48. Grievances that have been recorded in the four provinces during the reporting period are attached as Annex 3.

49. For Q1 of 2020, there have been no grievances reported in the Uva, Central and North Central Provinces.

50. During Q1, for Sabaragamuwa Province, there has been a grievance received on 02 March 2020 from Uyanwaththa Govi Sanwidhanaya, Uyanwaththa, Dewanagala requesting to

change the location of the HCF at Uyanwaththa to Aluthnuwara. This grievance has been received after the decision that has been made on 21 January 2020 to develop the existing PMCU at Uyanwaththa. The grievance will be taken into discussion during the next GRC meeting.

51. There have been no GRC meetings conducted in any of the provinces during the Q2, due to reasons related to COVI-19 and the restrictions that were prevalent in preventing conducting meetings.

(b) Records as per GRM in the approved IEE

52. The record of the grievances as per the approve GRM is attached as Annex 3.

(c) Safeguards team member/s involved in the GRM process

53. This will be reported in the next Monitoring Report, as some of the members were appointed in during the reporting period and their appointments have to be confirmed. However, minutes of the meeting conducted so far is attached (See Annex 3)

(d) Minutes of meetings

54. See Annex 3.

5 OVERALL COMPLIANCE WITH CEMP/ EMP

55. The EMP and the EMoP have been included in all the bidding documents and contract documents for all the sub-projects, in compliance with the loan covenants. The Contractors have taken steps to implement the provisions of the EMP and, also carry out monitoring of environmental impacts. The DSC regularly monitors the implementation of the EMP and environmental monitoring for all the sub-projects and reports the progress and effectiveness of the implementation of the EMP and check whether site-specific interventions are adopted for mitigation/avoid any potential environmental and social impacts. The DSC regularly reports environmental-related matters to the respective PIU. The Project Engineer of the PIU, whenever, he/she visits the sites regularly checks the environmental monitoring process of the Contracts and makes his/her recommendations for further improvements, if need.

56. Based on the observations made during field visits by the Environmental Specialist, DSC, and the Project Engineers of the PIU, it can be stated that the status of implementation of the EMP and Environmental Monitoring process as satisfactory.

6 MONITORING OF ENVIRONMENTAL IMPACTS ON PROJECT SURROUNDINGS

57. All the sub-projects are not large-scale projects. The scale and magnitude of construction activities and the resultant environmental impacts have been observed to be not significant, provided that the recommended mitigation measures are adopted effectively. The impacts are limited to the locality of construction, and it was noted that such impacts have not spread over a wider extend beyond the project area.

58. The basis of monitoring will be mostly visual observations, as indicated in Table 4.3.

59. Only noise and vibration levels will be measured up to two times during the construction period using instruments. However, no such monitoring reports have been obtained by any of the contractors.

Interruption of work and shut down of sites due to COVID-19 pandemic

60. All the sites were closed, and the civil works have been discontinued temporarily since the mid-March till mid-May due to COVID-19 outbreak and the pandemic situation prevailed throughout the country.

61. Prior to the commencement of civil works, and re-opening of the sites, the contractors have been strict instructions as to how to recommence work after COVID-19 pandemic. Strict guidelines have been given to each site, and the contractors were required to submit the plan of action that they have taken to prevent any outbreaks of COVID-19. These plans have been prepared by the contractors based on the format sent to them by the PMU. The plans have been scrutinized by each health care facility and have been submitted to the PIU.

62. These plans for each site have been attached (See Annex 4)

7 CONCLUSIONS AND RECOMMENDATIONS

63. The Project Engineers of PIU together with the Contractors had been monitoring the compliance status of proposed mitigation measures in the EMP, and the implementation of the Environmental Monitoring Plan during every site visit and corrective actions were proposed to be taken where necessary. The Environmental Specialist who was appointed in November 2019 also visited all the sub-projects during November and December and then in January and February and recorded the process of implementation of the EMP and Monitoring plans. The status of implementation of the EMP and the Monitoring Plan and actions proposed to be taken have been summarized in the monitoring tables (Table 4.3).

64. The compliance status of some of the environmental parameters was found to be below the expected levels, and further preventive measures were recommended to be taken (as provided in the EMP and based on the experience of the Environmental Specialist and the Project Engineers). These included such parameters as enforcing and ensuring workers to be equipped with PPEs during construction works and placing proper safety signs boards and providing barricades in vulnerable locations to establish the safety of workers and the community. Slope protection works also need particular attention, as no retaining walls or slope protection works are proposed for some sites. Blocking of access roads by unloading construction material, open burning of solid waste, not having proper waste management plans are some of the other concerns. The contractors of all the sites have a good rapport with the hospital authorities, and certain construction activities such as high noise-generating activities

have been carried out during pre-agreed times, mostly after OPD/Clinic hours. Most of the sites have erected noise and sound barriers. However, some sites have no such barriers at all.

65. Asbestos management and implementation of the asbestos management plan needs to be taken up without delay. It is proposed that each PIU will identify a location for safe disposal of asbestos or at least a central location for storage of asbestos safely until its final safe disposal.

66. Environment Specialist, together with the Project Engineer of the PIUs, have taken corrective measures by providing necessary guidance and advice to the Site Supervisors to ensure the environmental safeguard, including occupational and public safety. Environment Specialist has also discussed outstanding issues during the monthly progress review meeting by highlighting the importance of taking migratory measures and preventive measures through the action plan adopted by the contractors.

67. At the beginning of the work that was reported in the previous report, the Environmental Specialist had noted that continuous (and regular) monitoring of the implementation of the EMP and Monitoring Plan had not been regularized. Therefore, a new set of forms were developed, and circulated among the persons who are responsible for filling out and keeping records of environmental monitoring. The samples are included as annexes (Annex 1a, 1b and 1c):

- Weekly Environmental Monitoring Form to be filled by the Contractor of each site
- Environmental Monitoring Form & Implementation of the EMP to be filled by the PIU
- Environmental Monitoring Form & Detailed Implementation of the EMP to be filled by the Design Supervision consultants
- Environmental Monitoring Form & Implementation of the EMP to be filled by the Environmental Specialist
- Obtaining regular feedback from the Grievance Redress Committee (Annex 3)

68. The representatives of the DSC and Project Engineers attached to each PIU have submitted the above monitoring forms regularly. (Note: there has been no work done during March, April, and May – and no reports were requested from them).

69. It is expected that the procedure for environmental monitoring and monitoring of the effective implementation of the EMP will be strengthened during the second quarter of 2020.

70. The following need special attention during the Q3 and Q4 of 2020:

- Regular reporting of Environmental Monitoring and feedback on effective implementation of the Environmental Management Plan
- Proper implementation of the Asbestos Management Plan
- Drafting a replanting programme and its implementation
- Identification of the need and obtaining necessary and relevant environmental approval/permits/consent etc. from relevant authorities.

71. The progress of implementation of the above process will be reported in the next semi-annual monitoring report.

72. Based on the monitoring of the implementation of the EMP and environmental impacts, it can be stated that there is no indication that the environmental impacts are more significant than what was anticipated during the environmental categorization of the project (during environmental screening for IEE study). Therefore, the categorization as Category B remains the same.

ANNEX 1

- Forms received for Environmental Monitoring and Implementation of the EMP

Note: Only one set of samples is attached: Endana DHC, Ratnapura District

Annex 1a: Observations recorded by the Environmental Specialist (February 2020)
Annex 1b: Monthly EMP Report submitted by the DSC through the PIU (for March 2020)
Annex 1c: Quarterly monitoring report submitted by the DSC through the PIU (for Q1 2020)

Annex 1a: Observations recorded by the Environmental Specialist SAMPLE for Sabaragamuwa Province: (February 2020)

Health System Enhancement Project

Field Visit Observation Report

Name of the Consultant : **Dr. Jagath Manatunge**

Consultancy for : **Environmental Specialist**

Date Visited : **February 20 & 21, 2020**

Location	Detailed Outcome and Issues to be addressed	Actions to be Taken by and Priority
Kegalle District		
1. Bolagama PMCU	Please see attached sheets - Annex 3	Actions to be taken up by the Contractor in consultation with the Project Engineer
2. Hewadiwela PMCU		
3. Aranayake DHA		
4. Minuwangama PMCU		
Ratnapura District		
5. Dodampe PMCU	Please see attached sheets - Annex 4	Actions to be taken up by the Contractor in consultation with the Project Engineer
6. Endana DHC		

Consultant

Date **28.02.2020**

Sample Report for Endana DHC

Endana DHC

Date of visit: Feb 21, 2020

People met: Eng. G. Ransith Perera, Engineer, Sabaragamuwa PIU; Mr. Nissanka, KEP Construction

Issues observed:

1. There is debris and construction waste that needs removal from the site premises. These have to be removed from the site prior to handing over. The frontal area towards the road-side may need some filling.

2. Asbestos needs to be collected and stored in a safe location and handed over to the health authorities for final disposal.

3. The banks around the septic/soakage pit and the bank of the side and back yard of the building has to be cut to a suitable angle to make it stable. Turfing is needed on these surfaces.

4. The frontal side of the building may need some filling after the debris is removed.

5. The site premises should be properly separated using barriers when the second part of the construction commences. The corridor towards the wards and the newly build section should not be blocked. Patient movements to the newly-built block and towards the wards should not be obstructed.

Annex 1b: Monthly EMP Report submitted by the DSC through the PIU (for March 2020) – Sample for Endana DHB

IMPLEMENTATION OF THE ENVIRONMENTAL MONITORING PLAN
– To be filled by the PIU/Design Supervision Consultant (at least monthly during after each site visit/ Environmental Specialist (after each site visit)

PIU: Sabaragamuwa Province

Name of Hospital and District: Endana DH in Ratnapura District **Round: 01**

Monitoring Period (Week/Month/Year): Month

Impact/mitigation	**Parameters to be monitored**	**Measurement**	**Frequency**	**Status of Monitoring:** - **Satisfactory** - **Partially satisfactory: Improvements needed** - **Not satisfactory** **(Mention any Standards/ Regulations that are referred to)**	**Remedial measures suggested for better monitoring (if status of monitoring is not or partially satisfactory)**
Slope protection and soil erosion control in ground clearing	Final layout plan and detail designs for each site	Check design layouts	Once after designs are completed	- **Satisfactory**	
	Adherence to EMP	Visual observation	Once a week	- **Satisfactory**	
Minimizing air quality deterioration due to demolition,	Confirm if any dust was noted to escape the	Visual observation Feedback from hospital users	Weekly	- **Satisfactory**	**Regular watering and cleaning of the premises**

reconstruction work, stockpiling and movement of heavy vehicles	site boundaries and identify dust suppression techniques followed for site/s.				
Controlling noise and vibration levels due to demolition, reconstruction work and movement of heavy vehicles	Adherence to EMP	Visual observation	Weekly	- **Satisfactory**	**Most of the noise generating activities are over**
	Noise and vibration measurements	Noise/Vibration level	Twice during construction	- **Satisfactory**	**No measurements were done**
Containment of soil erosion and contamination	Identify type of erosion and sediment control measures installed on site/s, condition of erosion and sediment control measures including if these were intact following heavy rain	Inspection of site for adequacy of soil erosion/ contamination control measures, evidence of soil erosion and contamination	Weekly	- **Satisfactory**	**No signs of erosion**
Proper disposal of construction waste (non-hazardous)	Identify designated areas for concrete works,	Inspection of the site for presence of dumps or waste fires, records of waste removed form site,	Weekly	- **Satisfactory**	**The site needs cleaning and removal of all the construction waste and debris before handing over**

	chemical storage, construction materials, and refueling. Attach photographs of each area.	inspection of disposal sites			
Proper disposal of construction waste (hazardous and discarded asbestos cement waste)	Identify any chemical stored on site and provide information on storage condition. Attach photograph.	Visual observation of the site for adequacy of measures followed, feedback from contractor team	Weekly	- **Satisfactory**	**No asbestos waste**
Proper dismantling, storage, and disposal of asbestos cement waste	Method of removal and storage	Visual observation of the site for adequacy of measures followed, feedback from contractor team		- **Satisfactory**	**Not applicable**
Control of on-site drainage impairment	Adherence to EMP	Visual observation and inspection of site for stagnant water, blocked drains etc.	Weekly	- **Satisfactory**	**No action needed**
Containment of construction wastewater discharge	Identify muddy water was escaping site boundaries or muddy tracks were seen on adjacent canals/roads	Visual observation and inspection of site for open discharge of wastewater and pollution	Weekly	- **Satisfactory**	**No additional measures are needed**
Pollution from labor camps	Adherence to EMP	Visual observation and inspection of the	Weekly	**Satisfactory**	**There are no labor camps on the site**

		labor camps, feedback from construction workers			**premises**
Occupational health and safety issues and complaints registered in the GRM	Adherence to EMP	Visual inspection of the site, adequacy of signage and delineation barriers, number of accidents and complaints registered in the GRM	Weekly	- **Satisfactory**	**This is monitored closely**
Public health and Safety	Provide information on barricades, signages, and on-site boards. Provide photographs.	Visual inspection of Site and surroundings. Checking if there are any activities being undertaken out of working hours and how that is being managed.		**Satisfactory**	**This is monitored closely**

Any other relevant details: Successfully handed over to client (phase 01).

Name C.L. Ashley Fernando

Designation Technical Officer

Signature

SAMPLE ENVIRONMENTAL SITE INSPECTION REPORT - Sample for Endana DHB

DISTRICT **Ratnapura**
HOSPTIAL **Endana DH**

NAME: **C.L. Ashley Fernando** DATE: **2020.03.23**

TITLE: **Technical Officer**

WEATHER CONDITION: **Dry**

SITE CONDITION (Provide details) **Phase 02 to be started**

Satisfactory **YES** Unsatisfactory Partially satisfactory

Inspection

Water pollution	Waste Minimization
Wastewater collection and discharge	Reuse and Recycling
Air Quality	Dust and Litter Control
Noise and vibration	Trees and Vegetation
Hazardous Substances	Nuisance

Site conditions acceptable Yes **Yes** No

INCIDENTS (Provide details – attach additional sheets, if needed)

Resolved Unresolved **Resolved**

INCIDENT 1

Nature of incident: **No**

Intervention Steps to Resolve and conditions **No.**

Method of Monitoring

INCIDENT 2

Nature of incident: **No**

Intervention Steps to Resolve and conditions: **No need.**

Method of Monitoring

Signature_____

Annex 1c: Quarterly monitoring report submitted by the DSC through the PIU (for Q1 2020) - Sample for Endana DHB

ENVIRONMENTAL MONITORING PLAN & ADHERENCE TO EMP
(to be filled by the PIU/Design Supervision Consultants - quarterly)

PIU: Sabaragamuwa Province

Name of Hospital and District: Endana DHA in Ratnapura District **Round: 01**

Monitoring Period (Month/Year): Quarter

Impact/mitigation	Parameters to be monitored	Measurement/Method of Monitoring	Frequency	Status (Mention any Standards/Regulations that are referred to & attach lab reports, if any)
Pre-construction Stage				
(i) Minimize the need to remove large mature trees	Final layout plan and detail designs for each site Details of trees need felling/felled (Name of species and number of trees, DBH)	• Number of large trees that need felling • Identification of tree species • Photographs	Once after designs are completed	(i) Any trees to be felled/already felled: no If Yes, provide details of tree felling (Annex 1a) (ii) Permission obtained to cut trees: No (iii) Was timber disposed of through Timber Corporation? Yes/No (iv) Has the debris removed from the site? Yes/No (v) Was debris disposed of satisfactory? Yes/No If No to (ii), (iii) and/or (iv), provide details of tree felling (Annex 1b) (vi) Has any tree replanting done? No

				If Yes, provide details of tree replanting (Annex 1c)
(ii) Clearing of vegetation and ground preparation Slope protection and control of soil erosion	Final layout plan and detail designs for each site	Check design layouts Visual observation	Once after designs are completed Once a week	**Are the following satisfactorily implemented:** (i) Removal of topsoil and vegetation: Yes (ii) Soil conservation measures for debris and topsoil: Yes (iii) Disposal of topsoil and debris: Yes If Yes to (iii), provide details of how debris and topsoil was disposed of (Annex 2a) If No to (i), (ii) and/or (iii), provide details of the issue and how it was rectified. (Annex 2b) **Have there been any of the following due to ground preparation?** (i) Collapse of soils banks and/or slope failures: No (ii) Increased erosion: No (iii) Increased dust in the air: No (iv) Disturbances to drainage paths: No If Yes to (i), (ii), (iii) and/or (iv), provide details of how the issue was rectified (Annex 2b)
(iii) Minimizing air quality deterioration due to demolition, reconstruction work, stockpiling and movement of heavy	Adherence to EMP	Visual observation Feedback from hospital users	Weekly Weekly	**Details of dust barriers** (i) Are there any dust/noise barriers constructed? No (ii) Are the materials used to construct the barrier satisfactory? No

vehicles				(iii) Is the height of the barrier sufficient? No (iv) Is the barrier effective in controlling airborne dust? No <u>If No to any of the above, provide details (Annex 3a).</u> (Provide photographs of the dust barriers) **Details of site activities to maintain air quality** (i) Do the site workers clean the site daily? Yes (ii) Do the workers sprinkle water for dust suppression at least twice a day? Yes (iii) Are the soil heaps covered appropriately? No (iv) Are the stockpiles stored away from access roads? No (v) Are the stockpiles stored in the downwind direction to the hospital premises? No (vi) Are the trucks transporting material appropriately covered? Yes (vii) Are speed limits imposed for transport vehicles? Yes (viii) Do all the transport vehicles have emission certificates (VEC)? Yes <u>If No to any of the above, provide details of how the issues were rectified (Annex 3b).</u> (Provide photographs, where available) Is there any special mitigation measured to be adopted due to a particular reason? No

				If yes, provide details in Annex 3b.
(iv) Controlling noise and vibration levels due to demolition, reconstruction work and movement of heavy vehicles	Adherence to EMP	Auditory observation (noise) Visual observation of cracks (vibration)	Weekly	(i) Are there any noisy machines (subjective judgement with compared to accepted norms) used at the site? No (ii) If Yes, are there any noise-reduction measures adopted? Yes/No (iii) Are the working hours restricted to 08.00–18.00 hrs? Yes (iv) Is the noise likely to exceed CEA Noise Control Regulation levels? no If yes, provide details of how the noise will be abated – Annex 4a. (v) Are there any nighttime activities planned? no (If yes, provide reasons for why nighttime activities are needed, and how noise mitigation will be done - Annex 4b) (vi) Can the high noise-generating activities such as concrete mixing be done away from hospital premises? No If Yes, has this effectively mitigated high noise? Yes/No (vii) Can the patients at risk be moved towards located away from the construction area? Not Applicable If Yes, has such patients moved away to suitable wards? Yes/No (viii) Have the high noise generating work scheduled to be done non-clinic/non-OPD days? Yes

				(ix) Are there any buildings at risk from vibration damage? No If yes, has a crack survey conducted? Yes/No <u>If there are buildings susceptible to crack damage, provide details of how mitigation measures will be implemented (Annex 4c).</u> (x) Are the machinery and vehicles properly serviced so that there will be no excessive noise generated during operations? Yes
	Noise and vibration measurements	Noise/Vibration level Feedback from hospital users	Twice during construction Weekly	Submit Reports obtained from an accredited agency. Refer Grievances Recording Sheets
(v) Containment of soil erosion and contamination	Adherence to EMP	Inspection of site for adequacy of soil erosion/ contamination control measures, evidence of soil erosion and contamination	Weekly	(i) Has the removal of vegetation on site restricted to the bare minimum and a strip of vegetation (at least 1 m buffer) left around the disturbed area. Not Applicable (ii) If needed, have soil conservation bunds formed to protect soil erosion? Not Applicable (iii) Have retaining walls constructed on slopes that are sufficient to bear the surcharge load during and after construction? No (iv) Has the excavated earth stockpiles at site firmly covered to protect dust storming during winds and to wash off during rains which cause degradation of the surrounding environment? No (v) Are the stockpiles stored away from roads, drains or water bodies? No

				(vi) Are the surface lead away drains from the construction area connected to stormwater drains leading to freshwater bodies? No (vii) Are the work being carried out during the dry season? Yes (viii) Do oil and lubricant waste buried or burnt in the site? No (ix) Are they collected and stored in proper oil-cans and disposed for re-use or LA approved designated sites? Yes (x) Is the method of storing hazardous chemicals such as paint shall satisfactory? Not applicable <u>If No, for any of the above provide details of how the issue has been rectified (Annex 5)</u>
(vi) 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, an inspection of disposal sites	Weekly	(i) Has the contractor prepared a construction waste disposal plan? No (ii) Does the contractor re-use and recycle construction waste? Yes (iii) Is the contractor's practice of disposal of construction waste appropriate? No (iv) Is construction waste disposed of only in areas recommended by the Pradeshiya Sabha and the Engineer? Yes (v) Is the construction site kept clean and tidy and the construction waste properly collected prior to disposal? Yes

				If No, for any of the above provide details of how the issue has been rectified (Annex 6) (vi) Is there are any locations which are potential mosquito breeding grounds? No (vii) Is any solid waste being burnt on-site? No If Yes, for any of the above provide details of how the issue has been rectified (Annex 6) (viii) Can the excess earth from ground excavations, cut and fill operations be used on-site as much as possible either for backfilling, ground levelling, reinstatement of disposal yards or other? no If Yes, for any of the above provide details (Annex 6)
(vii) 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	Weekly	(i) Are there any AC waste been generated during demolition activities? No If yes, answer the following. (A separate Asbestos Management Plan should be prepared – Annex 7) (ii) Have the workers given training on handling AC sheets? Yes/No (iii) Are they provided with masks and gloves to protect themselves? Yes/No (iv) Has breaking the AC sheets while dismantling avoided or minimized? Yes/No (v) If the sheets are bolted in place, have the bolts be dampened and cut while avoiding contact with the AC? Yes/No

				(vi) Is the practice lowering the large pieces done carefully so as not to break the sheets? Yes/No (vii) Once removed, are the sheets wetted to minimize asbestos fiber getting air-borne? Yes/No (viii) Have the removed sheets stacked carefully on-site? Yes/No (ix) Are they stored away from areas that are used by people? Yes/No (x) Are they covered in thick polythene sheets? Yes/No (xi) Can the sheets be removed to a permanent store either within the premises or in a central location for all AC waste in the district/province? Yes/No (xii) Have such sites identified as yet? Yes/No <u>If the AC sheets have been already disposed of:</u> (xiii) Have they transported carefully with the sheets covered in thick polythene or tarpaulin? Yes/No (xiv) Where have they been transported to? Yes/No
(viii) Control of onsite drainage impairment	Adherence to EMP	Visual observation and inspection of the site for stagnant water blocked drains etc.	Weekly	(i) Has cross drainage maintained within site always during construction? no (ii) Are stockpiles and debris safely stored away from known drainage paths? Yes (iii) Are all fine aggregate stockpiles at site firmly covered to protect dust storming during winds and to wash off during rains? Yes (iv) If blockage of drainage is unavoidable, have any alternative paths created to facilitate stormwater flows

				from the site to outside? Not Applicable (v) Are the lead away drains that collect water from the internal drainage system of the PHC facility kept clean and free from any constriction debris? Not Applicable (vi) Is construction site checked daily (after wet weather) for any signs of water stagnation? Yes (vii) If there is water stagnation, will there any action taken to alleviate the issue? Yes <u>If No, for any of the above provide details of how the issue has been rectified (Annex 8)</u>
(ix) Containment of construction wastewater discharge	Adherence to EMP	Visual observation and inspection of the site for the open discharge of wastewater and pollution	Weekly	(i) Has the washing area for construction equipment delineated within hospital premises at least 25-30 feet away from groundwater wells? Yes (ii) Is there a strip of turf maintained in between the washing bay and the periphery? Not Applicable (iii) Is the wastewater from the construction site directly discharged into roadside drains? Yes (iv) If yes, does it first directed to a pit to allow siltation and percolation before connecting to a lead away drain? yes <u>If No, for any of the above provide details of how the issue has been rectified (Annex 9)</u>
(x) Setting up of labour camps	Adherence to EMP	Visual observation and inspection of the labour camps, feedback from construction workers	Weekly	(i) Has local labour been recruited as much as possible to minimize social consequences of migrant labour and to provide livelihood opportunities to the local community? Yes

				(ii) Has the labour camp sited appropriately? Yes (iii) If the labour camp is within the hospital premises, has the consent from the hospital management obtained? Yes (iv) Have the labour camps provided with adequate sanitation facilities? Yes (v) Is the wastewater collection and disposal appropriate? Yes (vi) Is there any discharge of wastewater and disposal of domestic waste from worker camps into water sources? No (vii) Are the toilets of the camp located at least 25-30 meters away from groundwater wells where drinking water intakes are located? Yes (viii) Does the domestic solid waste collected and disposed of daily at a site approved by the local council or given to them where garbage collection services exist? No (ix) Is there a good supply of drinking water provided to the labour camps? Yes <u>If No, provide details of how the issue to be solved (Annex 10).</u> (x) Is burying and burning domestic waste in the project site practiced? No (xi) Are all the electrified cables used for camp electrification work firmly insulated? Yes (xii) Have the standard precautions for fire protection taken? No

(xi) Occupational health and safety issues and complaints registered in the GRM	Adherence to EMP	Visual inspection of the site, adequacy of signage and delineation barriers, number of accidents and complaints registered in the GRM	Weekly	(i) Are proper safety and warning signages are in place for all digging and installing work items? Yes (ii) Are the warning signages adopted to be displayed during the during nighttime? Yes (iii) Are the notices/warning signs displayed in the local language? No (iv) Are the notices/warning signs displayed at appropriate locations? No (v) Have the workers provided with Personal Protective Equipment (PPEs), tools and protective clothing? Yes (vi) Does the contractor enforce that safe working method are applied all times? Yes (vii) Has the contractor carried out any suitable training programs for the workers? No (viii) Are there any regular toolbox meetings on occupational health and safety for workers conducted? No (ix) Are all electrified cables use for power tools, camp wiring, and any other electrification work firmly insulated? Yes (x) Are the machinery and equipment that could easily electrocute kept safely within site and always under the supervision of an experienced worker? No (xi) Are the workers used for the handling of machinery, equipment and material processing plants experienced and well-trained? Yes

				(xii) Has the contractor established procedures for receiving, documenting, and addressing complaints? No (xiii) Does the contractor provide notices to hospital staff and users about the schedule of construction activities? Yes (xiv) Does the contractor make the hospital staff aware of any dangers/risks and hazards prior to carrying out of such work? Yes
(xii) 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	(i) Is the construction site delineated from the rest of the hospital? no (ii) Does this partition satisfactorily cut off the construction area from the rest of the hospital physically? Yes/No (iii) Are the regular access paths obstructed by the site activities? No If yes, has a safe pedestrian pathway to the hospital premises provided? Yes/No (iv) Is this temporary access path safe for vulnerable persons and wheelchair access? Yes (v) Are there any delineation devices such as cones, lights, tubular markers, barricades tapes, warning signposts, etc. erected to inform hospital users about work zones? No (vi) (vii) Have any warning signs erected to inform public of dangers and to keep them away from such hazards? No (viii) Are they appropriately placed? Yes/No

				(ix) Are they comprehensible to people of any background and age? Yes/No

Any other parameters observed at the site: Sifted the new building by PIU engineer to reduce the tree cutting of 06 Nos to 02 Nos

Prepared by: C.L. Ashley Fernando
Date:2020.06.17

Annex

Annex 1a: Details of trees to be felled/already felled:

Annex 1b: Details of removal of trees

Annex 1c: Details of replanting of trees:

- Location of replanting:
- Names of species and number of trees:
- Height of the plant:
- Is the tree maintained well?

Annex 2

Annex 2a: Details of topsoil/debris disposal

Provide details of how debris and topsoil was disposed
Rear side of the hospital premises

Annex 2b: Issues due to ground preparation and how the issues were rectified

Provide details of the issue and how it was rectified.
Back filling could be done by imported soil

Annex 3

Annex 3a: Details of dust barriers
(Provide photographs of the dust barriers) **Phase 1 is over and dust barriers have dismantled. Phase 2 construction not started yet. To be Covered the site**
Annex 3b: Details of site activities to maintain air quality
List any issues encountered in controlling dust and how the issues were rectified.
(Provide photographs, where available) Construction not started yet
Is there any special mitigation measured to be adopted due to a particular reason?
Construction not started yet for Phase 2

Annex 4

Annex 4a: How high noise levels will be abated

If the noise is likely to exceed CEA Noise Control Regulation levels, provide details of the suggested method of noise abatement.

Annex 4a: If nighttime construction is planned:
Provide reasons for why nighttime activities are needed, and how noise mitigation will be done

Annex 4b: Cracking of buildings due to vibration
Details of mitigation measured where there are buildings susceptible to crack damage.
Annex 5: Containment of soil erosion and contamination
Provide details of how the issue has been rectified in controlling soil erosion and contamination.
Annex 6: Proper collection and disposal of solid waste (non-hazardous)
Provide details of how the issue has been rectified with proper waste management practices.
Disposal to be done in hospital premises

Annex 7: Asbestos Management Plan

No Asbestos wastes

Annex 8: Control of onsite drainage impairment

Provide details of how the issue has been rectified in controlling onsite drainage.

Drainage Available at site

Annex 9: Control of construction wastewater discharge

Provide details of how the issues have been rectified in controlling construction wastewater discharge

Connect to Drainage Available at site

Annex 9: Issues related to labour camps

Provide details of how the issues related to labour camps have been rectified. **Outside house has been taken for labors**

Annex 2

- **Photographs Taken During Field Visits**

Central Province: Kandy District

(i) Madulkele DHB

The progress of the site works has been halted, due to design issues. The slopes are not stable and prone to erosion. AC sheets are still to be disposed. No progress of work since last visit.

(ii) Galaha DHC

The sub- and super structure construction is over. The site premises is kept fairly well. Material heaps are not kept covered, and the barriers/fence of the site is not in proper condition

(iii) Deltota DHB

Demolition work has been completed but the demolished building materials and debris are yet to be removed.

(iv) Dolosbage DHC

Bulk excavation for site preparation is completed. Soil heaps are still lying at the premises. Slopes are unstable and need stabilization. No progress of work since last visit.

(v) Hataraliyedda DHC

The sub-structure construction is over. Column construction is in progress. The site premises is kept fairly well. Material heaps are not kept covered, and the barriers/fence of the site towards the hospital has not been erected.

Central Province: Nuwara Eliya District

(i) Nanu Oya PMCU

The sub-structure construction is in progress. Demolished material has been mostly removed from site. Still some material to be removed. The barriers of the site is not in proper condition. The large tree on the frontal boundary to be removed.

(ii) Pundalu Oya PMCU

The sub-structure construction is over. The site premises is kept fairly well. There are sloping areas that need stabilization.

(iii) Laxapana DHC

The concreting work of sub- and super structure construction is over. The site premises is kept fairly well. Material heaps are not kept covered, and there are areas which are prone to erosion.

Uva Province: Badulla District

(i) Meegahakiula DHB

The progress of the site works has been halted, due to COVID-19. The slopes are not stable and prone to erosion. Site premises is kept clean and tidy. Stormwater/rainwater drainage canals to be built.

(ii) Koslanda DHB

The sub- and super structure construction is over. The site premises is kept fairly well. Demolished material still to be removed from site premises.

(iii) Haldummulla DHC

The concreting work is almost over. No major issues as the site organization is good. The ground near the water tank should be vegetated once the tank construction is over to prevent erosion.

(iv) Kandeketiya DHB

The hospital premises and the site has no fence between the two. The slopes have been stabilized. Proper rainwater drainage canal needs to be constructed.

(v) Etampitiya DHC

The sub-structure construction is over. Column construction is in progress. Retaining wall construction is in progress. Material heaps are not kept covered, and the barriers/fence of the site towards the hospital has not been erected. The access road to the hospital to be kept free of any obstruction at all times.

Uva Province: Monaragala District

(i) Dombagahawela PMCU

The sub- and super-structure is almost complete. Roof construction is in progress. Demolition of parts of the existing building is needed.

(ii) Deliwa PMCU

The sub- and super-structure is almost complete. Roof construction is in progress. Demolition of parts of the existing building is needed.

(iii) Thanamalwila DHB

Sub- and super structure works have been mostly completed. Roof construction is in progress. No major environmental issues.

(iv) Dambagalla DHC

Much of the super-structure work is completed. Roof construction is in progress. No notable environmental issues.

(v) Hambegamuwa PMCU

The super-structure construction is over. Roof construction is in progress. The site premises is kept fairly well. There are soil hepas kept for backfilling. No environmental issues observed.

North Central Province: Anuradhapura District

(i) Horowpathana DHC

The roof construction is in progress. The site premises should be kept tidy and free of areas where water stagnation is possible. Parts of the demolished sections should be properly renovated.

(ii) Galenbindunuwewa DHB

The construction work is almost over. Doors and windows have to be fixed. The wastewater pipes are being construction. Peripheral areas to be filled and levelled once the construction work is completed.

(iii) Koonwewa PMCU

Demolition work has been completed but the demolished building materials and debris are yet to be removed. Brickwork of the first floor has been complete. The patients are inconvenienced due to construction work, until the new construction work and renovation work are completed.

(iv) Negampaha DHC

Brick work is in progress. There are water puddles collected at some locations within site, and open burning of waste is noticeable. Rainwater drains have to be constructed.

(v) Tittagonewa PMCU

The super-structure construction is over. The site premises is kept fairly well. Material heaps are not kept covered, and the barriers/fence of the site towards the hospital has not been erected.

North Central Province: Polonnaruwa District

(i) Ellewewa PMCU

The progress of the site works has been halted. There are water puddles which are potential breeding ground for mosquitoes. Material piles and heaps can be seen onsite.

(ii) Sevanapitiya PMCU

The sub- and super structure construction is over. The site premises is kept fairly well. Material heaps are not kept covered, and the barriers/fence of the site is not in proper condition

(iii) Damminna PMCU

There has been no progress since the last visit in December 2019. Site works is almost over and only finishing works are remaining. There is construction debris around the periphery which needs removal. There are no rainwater drains around the building premises.

(iv) Ambagaswewa DHC

No much progress of work since last visit. There are areas where water stagnation is noted. The entrance to the hospital premises is obstructed by material piles.

Sabaragamuwa Province: Ratnapura District

(i) Endana DHC

The new construction is almost over. The site premises and the peripheral areas have been cleaned. The renovation of the existing building is in progress. No significant environmental issues.

(ii) Dodampe PMCU

The sub- and super structure construction is over. The site premises is kept fairly well. Finishing works in progress. No major environmental issues noted.

(iii) Delwala PMCU

Demolition work has been completed but the demolished building materials and debris are yet to be removed. Fencing to barricade the neighbourhood is needed.

(iv) Ranwala DHC

Site clearing work has been completed. Tree stumps are still at the site. Much of the debris are yet to be removed. Fencing to barricade the neighbourhood is needed.

(v) Narissa PMCU

The sub-structure construction is over. Column construction is in progress. The site premises is kept fairly well. Material heaps are not kept covered, and the barriers/fence of the site towards the hospital has not been erected. Slope protection towards the steep slope in front of the new building is needed. Retaining walls have been erected.

Sabaragamuwa Province: Kegalla District

(i) Hewadiwela PMCU

The construction work is almost over other than finishing work. The peripheral areas have to be cleaned, filled and levelled as appropriate. Access road to the entrance porch needs to be built.

(ii) Minuwangama PMCU

The sub- and super structure construction is over. The roof and floor construction in progress. The access to the PMCU should not be obstructed by vehicle parking or material storage.

(iii) Aranayake DHA

Roof construction is over. Wall construction, plastering and finishing work in progress. Site premises is noted to be fairly well-managed, no environmental issues observed.

(iv) Bolagama PMCU

Construction work near completion. Finishing work, electrical, and plumbing work is in progress. Septic tanks is being constructed.

Annex 3

- **Documents related to Grievance Redress Mechanism**

ADB Financed Health System Enhancement Project (HSEP)

Quarterly Progress Report – Grievance Redressal Issues

PIU: Uva **Period (Quarter ending and Year)**: 1st January to 31st March 2020

During the Reporting Period, 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			
02	Construction/Renovation of OPD Building at DH Ettampitiya	No complaints received			
03	Construction/Renovation of OPD Building at DH Haldummulla	No complaints received			
04	Construction/Renovation of OPD Building at DH Kandaketiya	No complaints received			
05	Construction/Renovation of OPD Building at DH Koslanda	No complaints received			
06	Construction/Renovation of OPD Building at PMCU Dombagahawela	No complaints received			
07	Construction/Renovation of OPD Building at PMCU DaliWa	No complaints received			
08	Construction/Renovation of OPD Building at DH Dambagalla	No complaints received			
09	Construction/Renovation of OPD Building at DH Thanamalwila	No complaints received			
10	Construction/Renovation of OPD Building at PMCU Hambegamuwa	No complaints received			

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

Serial No.	Date and Venue of the Meeting	Details of Participants	Outcome of meetings
		Grievances meetings were not conducted because there were no complaints received	

(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		

[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

Date: 08.06.2020

ADB Financed Health System Enhancement Project (HSEP)

Quarterly Progress Report – Grievance Redressal Issues

PIU: Central **Period (Quarter ending and Year)** 1st January to 31st March 2020

During the Reporting Period, 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
	All sub Projects	No grievances			

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

Serial No.	Date and Venue of the Meeting	Details of Participants	Outcome of meetings
-	-	-	-

(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
-	-	-	-

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

Report Prepared by: K.M.U.S.Wijerathne, Monitoring & Evaluation Officer, HSEP
Project Implementation Unit - Central Province

Date: 26.05.2020

No Complaints for the quarter

Dr Arjuna Thilakarathna
Deputy Project Director
Health System Enhancement Project- Central Province

Deputy Project Director
Health System Enhancement Project
Central Province

ADB Financed Health System Enhancement Project (HSEP)

Quarterly Progress Report – Grievance Redressal Issues

PIU: North Central Province. **Period (Quarter ending and Year)** Quarter 01/ 2020

During the Reporting Period, 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
		No Complaints Received			

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

Serial No.	Date and Venue of the Meeting	Details of Participants	Outcome of meetings
		Has not conducted GRC meetings in quarter 01	

(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 records		

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

Report Prepared by: S.M.Haleem, M&E Officer

Date:24th May 2020

ADB Financed Health System Enhancement Project (HSEP)

Quarterly Progress Report – Grievance Redressal Issues

PIU: Sabaragamuwa **Period (Quarter ending and Year):** 01/01/2020 – 31/03/2020

During the Reporting Period, the following are the details of complaints 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	Uyanwaththa (Lot No.08)	Changing the Location of the site to Aluthnuwara	Uyanwaththa Govi Sanwidhanaya, Uyanwaththa, Dewanagala.	2020.03.02	

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

Serial No.	Date and Venue of the Meeting	Details of Participants	Outcome of Meetings
01	21/01/2020 – Hon. Governor 's Office, Sabaragamuawa Provincial Council	**Sabaragamuwa Provincial Council** Hon. Governor Chief Secretary Secretary, Chief Ministry Deputy Chief Secretary (Planning) Deputy Chief Secretary (Financial Management) Deputy Chief Secretary (Eng. Services) Director (Planning) Chief Ministry Consultant, ADB **ADB Consultants** Consultants, ADB Consultants, ADB **Health System Enhancement Project – PMU** Project Director **Officers of RDHS** **Officers of RDC** **Officers of PIU**	To develop the existing PMCU and the proposed new site as well, sharing the services stipulated in essential service package. Eg. Dental clinic and PHM/PHI Office and to develop the new premises to house the other essential service components OPD, Clinics, HLC, AR+ER etc, The decision is pending final approval by ADB. This would enhance the qualities of service to the people of Uyanwaththa.

(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

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

Report Prepared by: K.D.K.Kumaranayaka

Date: 27/05/2020

Health System Enhancement Project – ADB Funded

Project Implementation Unit – Sabaragamuwa

Progress Review Meeting

Minutes of the Meeting

Venue : Hon. Governor's Office, Sabaragamuwa Provincial Council
Date : 21st Jan. 2020
Time : 03.00PM
Meeting No : 01/2020

Participants:

Sabaragamuwa Provincial Council

Mr.Tikiri Kobbekaduwa	Hon. Governor
Mrs.D.M.Malani	Chief Secretary
Mrs.Sunethra Gunawardena	Secretary, Chief Ministry
Mr.Parakrama Piyasena	Deputy Chief Secretary (Planning)
Mrs.Priyantha Wijesundrara	Deputy Chief Secretary (Financial Management)
Eng.Ajith Panagoda	Deputy Chief Secretary (Eng.Services)
Mr.L.J.Bambarabotuwa	Director (Planning) Chief Ministry

ADB Consultants

Mr.K.M.Tilakaratne	Consultant, ADB
Mr.M.S.Jayalath	Consultant, ADB

Health System Enhancement Project – PMU

Dr.Anil Dissanayaka	Project Director

RDHS Office

Dr.N.G.S.Panditharatna	RDHS – Ratnapura
Dr.Shreeni Alahapperuma	DRD – Ratnapura
Dr.R.N.P.D.Keerthisinghe	MO Planning Kegalle
Dr.G.G.B.Samarasinghe	RDHS Kegalle - Acting
Mr.J.M.H.S.Kumara	D.A. RDHS-Kegalle

RDC

Mr.M.H.M.Imthiyas	Civil Engineer
Mr.Ashley Fernando	Technical Officer

02/10

DCS Evaluation Standard
2020/02/10

Chief Minisry.

02/10.

Chief Sec. of.

2020/2/10

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PIU Sabaragamuwa

Dr.Kapila B.Kannangara	Deputy Project Director
Mr.D.A.G.Karunaratne	Project Accountant
Mr.G.Ransith Perera	Project Engineer
Dr.Chaminda Jayawardane	Project Officer
Mr.Chanaka Samarawickrama	Procurement Officer
Mrs.Ramyamala Gunaratne	Project Secretary
Mrs.K.D.K.Kumaranayaka	Monitoring & Evaluation Officer

<table>
<tr><th>NO.</th><th>Subject</th><th>Description</th><th>Responsible Person / Remarks</th></tr>
<tr><td>1</td><td>Welcome & Introduction

Current status

Progress</td><td>Deputy Project Director PIU Sabaragamuwa welcomed to all participants and introduction of the Health System Enhancement Project to stated discussion the project progress.
Health System Enhancement Project identified in Kegalle & Ratnapura district Primary Medical Care Unit (PMCU) & Divisional Hospital C,B,A (DH). These categories fall into the Primary Medical Care Institution according to the PMC restructuring programme introduce by Ministry of Health Nutrition & Indigenous Medicine 2019. ADB is funding 30 hospitals in the province all primary Health Care such as OPD, Clinic.

<table>
<tr><th>Name of the Projects</th><th>Project Estimate Cost (LKR MN)without VAT</th></tr>
<tr><td>Endana DH C</td><td>15.06</td></tr>
<tr><td>Ranwala DH C</td><td>19.24</td></tr>
<tr><td>Dodampe PMCU</td><td>24.33</td></tr>
<tr><td>Narissa PMCU</td><td>26.31</td></tr>
<tr><td>Delwala PMCU</td><td>17.75</td></tr>
</table>
• Endana DHc -
First Phase – Works up to Roof completed. Tilling, painting celling & Electrical works ongoing.</td><td></td></tr>
</table>

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<table>
<tr><th></th><th>Subject</th><th>Description</th><th>Responsible Person / Remarks</th></tr>
<tr><td></td><td></td><td>

Dodampe PMCU –
1st floor slab & 2nd floor water tank slab completed. Roof trusses fabrication & brickwork ongoing.
Ranwala DH, Delwala PMCU & Narissa PMCU had some problems and the project were re-tended. Ranlawa & Delwala projects are selected contractors but Narissa 35% beyond the Engineering estimate and the ADB is not accepted by the negotiation.
RDHS-Ratnapura proposed to Narissa should be re-design & re-structuring before the re-tendering.

<table>
<tr><th>Name of the Projects</th><th>Project Estimate Cost (LKR MN) without VAT</th></tr>
<tr><td>Aranayaka DH A</td><td>22.51</td></tr>
<tr><td>Hewadivela PMCU</td><td>14.71</td></tr>
<tr><td>Uyanwatta PMCU</td><td>17.25</td></tr>
<tr><td>Bolagama PMCU</td><td>15.98</td></tr>
<tr><td>Minuwangamuwa PMCU</td><td>19.62</td></tr>
</table>

Bolagama
Roof completed. Tilling, painting celling & Electrical works ongoing Tilling, painting celling & Electrical works in progress.
Hewadiwela
Tilling, painting celling & Electrical works in progress.
Aranayaka
Roof work & brick work in progress.
Minuwangamuwa
Roof works & brick works in progress.

</td><td>Project Engineer PIU</td></tr>
</table>

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<table>
<tr><th></th><th>Subject</th><th>Description</th><th>Responsible Person
Remarks</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th></th><th>Physical Progress</th><th>Financial Progress</th></tr>
<tr><td>Kegalle District</td><td></td><td></td></tr>
<tr><td>Bolagama</td><td>65%</td><td>24%</td></tr>
<tr><td>Hewadiwela</td><td>65%</td><td>31%</td></tr>
<tr><td>Minuwangamuwa</td><td>45%</td><td>21%</td></tr>
<tr><td>Aranayaka</td><td>50%</td><td>33%</td></tr>
<tr><td>Ratnapura District</td><td></td><td></td></tr>
<tr><td>Endana</td><td>45%</td><td>11%</td></tr>
<tr><td>Dodampe</td><td>65%</td><td>24%</td></tr>
</table>

Hon. Governor advised to follow a certain procedure in selecting hospitals to improve facilities. He said to identify the number of patients who seek medical care from selected PMCUs and accordingly to plan for the future.

The Hon. Governor advised that proper selection of contractors should be made, as some of them were in financial difficulties and would not be able to complete the project.
Hon. Governor inquired from the Project Engineer, which projects could be completed.

Project Engineer informed that relevant projects can be completed as follows;
Ratnapura District
• Endana – 1st Phase – 29th Feb.2020
2nd Phase- 31st May 2020
• Dodampe – 30th June 2020
Kegalle District
• Aranayake – 31st May 2020
• Hewadiwela - 31st Mar. 2020
• Bolagama - 31st Mar. 2020
• Minuwanganuwa – 31st May 2020</td><td>Project Engineer PIU</td></tr>
<tr><td></td><td></td><td>Hon. Governor inquired about the current status of the Uyanwatta Project.
Hon. Governor expressed his displeasure over the clash over the Uyanwatta project.</td><td></td></tr>
</table>

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	Subject	Description	Responsible Person Remarks
		ADB Consultant explained in the round 2 selected Pelmadulla Watta Hospital the access road is very difficult and it is in the plantation land. The ADB's requirement is that the land should be owned by the Health Ministry. Regional Director of Health Service (RDHS) Ratnapura explained that Pelmadulla Watta was a former estate hospital and now it is not functioning at the moment due to lack of staff. According to the new policy 01 institution should be established for 10000 population. Pelmadulla MOH area has originally only one Primary Medical Care institution, which is DH Pelmadulla and thereby, the DS Division of Pelmadulla is therefore, comparatively neglected. Pelmadulla PMCU (Divisional Hospital C) Population of the Pelmadulla area is nearly 100,000 and OPD attendance at DH Pelmadulla is extreme high. This was the reason for the selection of Pelmadulla Watta Estate Hospital. DPD & RDHS- Ratnapura explained the importance of developing Pelmadulla Watta estate hospital, which will serve a population of 10,000-12,000 out of which a major population will be estate workers. Coincidentally, this relates to one of the main focus in the ADB project uplift PMC services of Estate Sector. Hence, Sabaragamuwa, Central and Uva Province were selected for the 1st round of ADB/HSEP. And that the main focus of the ADB project was to improve the health services of the estate population, which was the rainy reason that Sabaragamuwa Province was selected among others for ADB funding to improve health facilities.	

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	Subject	Description	Responsible Person / Remarks
		The ADB Consultant admitted that the ADB team had visited the Uyanwatta site in October 2019 and did not agree to shift the project to another site as the project contract was already signed. A member of the Aranayaka Pradeshiya Sabha had undertaken to widen the access toad. He was given time till the 25th Dec.2019 to do so. The PS member fulfilled the requirement by 25th Dec.2019. Therefore, it was revealed that we were obliged to carry on with the project at the same premises. Hon. Governor explained that there are many objections to the present premises and should look at a fresh site to carry on with the project. A new place was offered by a individual who had already submitted the papers to hand over a plot of land to the Ministry of Health, Sabaragamuwa PC half kilometer away. Hon. Governor wanted to know why the contract was signed before it was known that the premises was inaccessible. To solve the present crises the Hon. Governor, PMU and the PIU suggested and decided to forward a recommendation to develop the existing PMCU and the proposed new site as well, sharing the services stipulated in essential service package. Eg. Dental clinic and PHM/PHI office and to develop the new premises to house the other essential service components OPD, Clinics, HLC, AR+ER etc, The decision is pending final approval by ADB. This would enhance the qualities of service to the people of Uyanwatta. Hon. Governor said, we are agreed to go both centers together at the Uyanwatta Project.	

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	Subject	Description	Responsible Person / Remarks
		Field Medical Health Centers have been identified for construction works in Round 02 in Ratnapura District	

Name of MOH	Selected GHC	Variation
Balangoda	GHC – Thalangama	No Variation
Eheliyagoda	GHC - Paleegala	GHC Durupmitiya
Embilipitiya	GHC – Panamura	No Variation
Udawalawa	GHC - Kolombageara	GHC Panahaduwa
Nivithigala	G H C – Colombugama	No Variation
Godakawela	GHC – Makandura	No Variation
Pelmadulla	GHC – Pathakada	No Variation
Kuruwita	GHC – Pussella	No Variation
Imbulpe	GHC - Pallewela	No Variation
Kalawana	GHC – Rabuka	No Variation
Ratnapura (PS)	G H C – Banagoda	No Variation
Ratnapura (MC)	GHC – Mihindugama	No Variation
Elapatha	GHC – Niriella	No Variation
Kiriella	GHC – Mudunkotuwa	GHC Epitawela
Kolonna	GHC – Ambagahayaya	No Variation
Kahawatta	GHC – Gabbela	No Variation
Weligepola	GHC – Ambevila	GHC Ammaduwa
Opanayaka	GHC – Hallinna	No Variation
Ayagama	GHC – Gawaragiriya	GHC Madabaddara

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	Subject	Description	Responsible Person / Remarks
		Civil Works Round 02 **<u>Ratnapura District</u>** PMCU Galpaya PMCU Rajawaka PMCU Kirimetithenna DH C Belihuloya PMCU Kuruwita DH C Palmdulla PMCU Palmdulla Watta PMCU Kalal ella PMCU Berenduwa PMCU Weddagala **<u>Kegalle District</u>** PMCU Hinguralakanda PMCU Dedugala PMCU Pothdenikanda DHA Deraniyagala DHA Dothaloya DHA Undugoda DHC Malinboda PMCU Boralankanda PMCU Basnagala PMCU Algama **Field Medical Health Center have been identified for construction works in Round 02 in Kegalle District**	

Name of MOH	Selected GHC
Aranayake	Dippitiya
Mawanella	Makadawara
Rambukkana	Weligamuwa
Kegalle	Athurupana
Galigamuwa	Galigamuwa
Warkapola	Yakdehimulla
Ruwanwella	Ruwanwella
Dehiovita	Imbulpitiya
Deraniyagala	Udabage
Yatiyanthota	Yatiyanthota
Bulathkohupitiya	Bulathkohupitiya

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Hon. Governor also noted that sometimes the contractors use substandard material when finishing contracts. Therefore, the Hon. Governor wanted at least 20 years warranty for any construction and a guarantee of high qualities in all constructions.

Dr.Kapila B.Kannangara
Deputy Project Director

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Annex 4

- **Site-specific plans adopted to prevent the spread of COVID-19**

Health Care Facilities - Uva Province

DIVISIONAL HOSPITAL - MEEGAHAKIULA

Maintain attendance

With Name :

Telephone number

In/ out signature

- Check body temperature at gate
- Minimum number of workers
- Present no unnecessary working around hospital
- Hand washing
- Social disturbance
- Face mask

No accommodation / no kitchen

DIVISIONAL HOSPITAL - KOSLANDA

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දිසා රෝහල
කොස්ලන්ද
2020.06.29

කොස්ලන්ද දිසා රෝහලේ ප්‍රාථමික සත්කාර ඒකකය නවීකරණය කිරීමේ වැඩ බිමේදී COVID – 19 වසංගත තත්වයෙන් ආරක්ෂා වීම හා පැතිරීම වැලැක්වීම සඳහා ගත් සෞඛ්‍ය ආරක්ෂිත ක්‍රියාමාර්ග.

- COVID – 19 වසංගත තත්වය හේතුවෙන් තතර වී තිබූ උක්ත වැඩ බිමේ කටයුතු නැවැත ආරම්භ කිරීමට පෙර ගත් ක්‍රියා මාර්ග

01. වැඩ බිම ඇතුළු රෝහල් පරිශ්‍රය විෂබීජ හරණයට ලක් කිරීම.

02. COVID – 19 වසංගත තත්වයෙන් ආරක්ෂා වීම හා පැතිරීම වැලැක්වීම සඳහා වැඩ බිමේදී අනුගමනය කළ යුතු සෞඛ්‍ය ආරක්ෂිත වැඩ පිළිවෙල සහ සේවයට යොදා ගන්නා පුද්ගලයින් සම්බන්ධයෙන් අනුගමනය කළ යුතු ක්‍රියාමාර්ග පිළිබඳව එම වැඩ බිමේ පාලක වරයා දැනුවත් කිරීම.

- වැඩ ආරම්භ කිරීමෙන් පසු ගත් ක්‍රියා මාර්ග

01.සේවයට පැමිණෙන කම්කරුවන් සහ අනෙකුත් සේවකයින් පිළිබඳ නිරන්තර අවධානය යොමු කිරීම පිණිස පැමිණීමේ නාම ලේඛනයක් පවත්වාගෙන යාමට පියවර ගැනීම.

02. අප වෙත දැනුම් දීමකින් තොරව කිසිදු පුද්ගලයෙකු වැඩ බිමට ගෙන්වා නොගනීමට උපදෙස් ලබා දීම.

03. වැඩ කරන සේවකයින් අතර අවශ්‍ය දුරස්ථභාවය තබා ගෙන කටයුතු කිරීමට උපදෙස් ලබා දීම.

04. අත්‍යාවශ්‍ය හේතුවකට හැර වැඩ කරන සේවකයින් වැඩ බිමේ හැර රෝහලේ වෙනත් කිසිදු ස්ථානයකට නොයන ලෙසට උපදෙස් ලබා දීම.

05. සෑම විටම ආරක්ෂිත ආවර්ණ පැලඳීමට උපදෙස් ලබා දීම.

06. ආහාරපාන ලබා ගැනීමේදී සෞඛ්‍ය ආරක්ෂිත ක්‍රම අනුගමනය කිරීමටත උපදෙස් ලබා දීම හා අනුගමනය කළ යුතු ආකාරය පිළිබඳව දැනුවත් කිරීම.

07. දින 14කට පෙර යම් සැකසිහිත රෝගියෙකු තම නිවසේ සිටියේ නම් හෝ එවැනි රෝගියෙකු ඇසරු කර ඇත් නම් එවැනි පුද්ගලයින් නිරෝධායනයට ලක් නොකර වැඩ බිමට ගෙන්වා නොගැනීමට උපදෙස් ලබා දීම.

08. වැඩ බිමේ සිටින අයෙකුට හුස්ම ගැනීමේ අපහසුතාවයක් හෝ සෙම්ප්‍රතිශ්‍යාව,උණ,කැස්ස,උගුරේ වේදනාව වැනි රෝග ලක්ෂණයක් ඇති වුවහොත් වහාම රෝහලේ වෛද්‍යවරයෙකු වෙත යොමුවන ලෙසට උපදෙස් ලබා දීම.

09. මත් ද්‍රව්‍ය භාවිතය සහ දුම්පානය කිරීමෙන් වලකින ලෙසට උපදෙස් ලබා දීම.

10. දින පතා වැඩ කටයුතු අවසානයේ පුද්ගලික පවිත්‍රතාවය පවත්වා ගැනීමට සැලකිළිමත් වන ලෙසට උපදෙස් ලබා දීම.

11. දින පතා වැඩ බිමේ කටයුතු නිරීක්ෂණය කිරීමට සුළු සේවා පාලක මහත්මිය යොදවා තිබීම.

DIVISIONAL HOSPITAL - HALDUMMULLA

රෝහල් වැඩ බිමේ සේවකයන් Covid 19 වෛරසයෙන් ආරක්ෂා කිරීමේ පියවර

හල්දුම්මුල්ල රෝහලේ ADB ව්‍යාපෘතිය යටතේ ඉදිකරන වැඩ බිමේ කොන්ත්‍රාත්කරු / සේවකයන් හට හා වැඩ බිම් පරීක්ෂක මහතාට MOH / PHI මහතා මගින් පහත උපදෙස් ලබා දෙන ලදී.

1. සියළු සේවකයන් මුඛ ආවරණ පැළඳීම.
2. අත් සේදීම සඳහා ස්ථාන ස්ථාපිත කිරීම.
3. වැඩ බිමෙහි බුලත් කෑම /කෙල ගැසීම නොකිරීම.
4. උණ හා හුස්ම ගැනීමට අපහසු සේවකයන් සේවයේ යොදවා ගැනීමෙන් වැලකීම.
5. සේවකයන්ගේ විස්තර PHI මහතාට ලබා දීම.
6. අත්‍යාවශ්‍ය හේතුවකින් නොරව රෝහල තුලට ඇතුළු නොවීම.
7. දුරස්ථභාවය ආරක්ෂා කරගෙන වැඩ කිරීම.

DIVISIONAL HOSPITAL - KANDEKETIYA

ප්‍රාදේශීය රෝහල කන්දකැටිය
DIVISIONAL HOSPITAL KANDAKETIYA

මගේ අංකය My No.	BD/KK/DH/	ඔබේ අංකය Your No.		දිනය Date	2020.06.25

Provincial Director of Health Service,

PDHS Office,

Badulla.

Recording and monitoring the procedures adopted by the contractors to ensure health and safety prevent spreading of COVID – 19

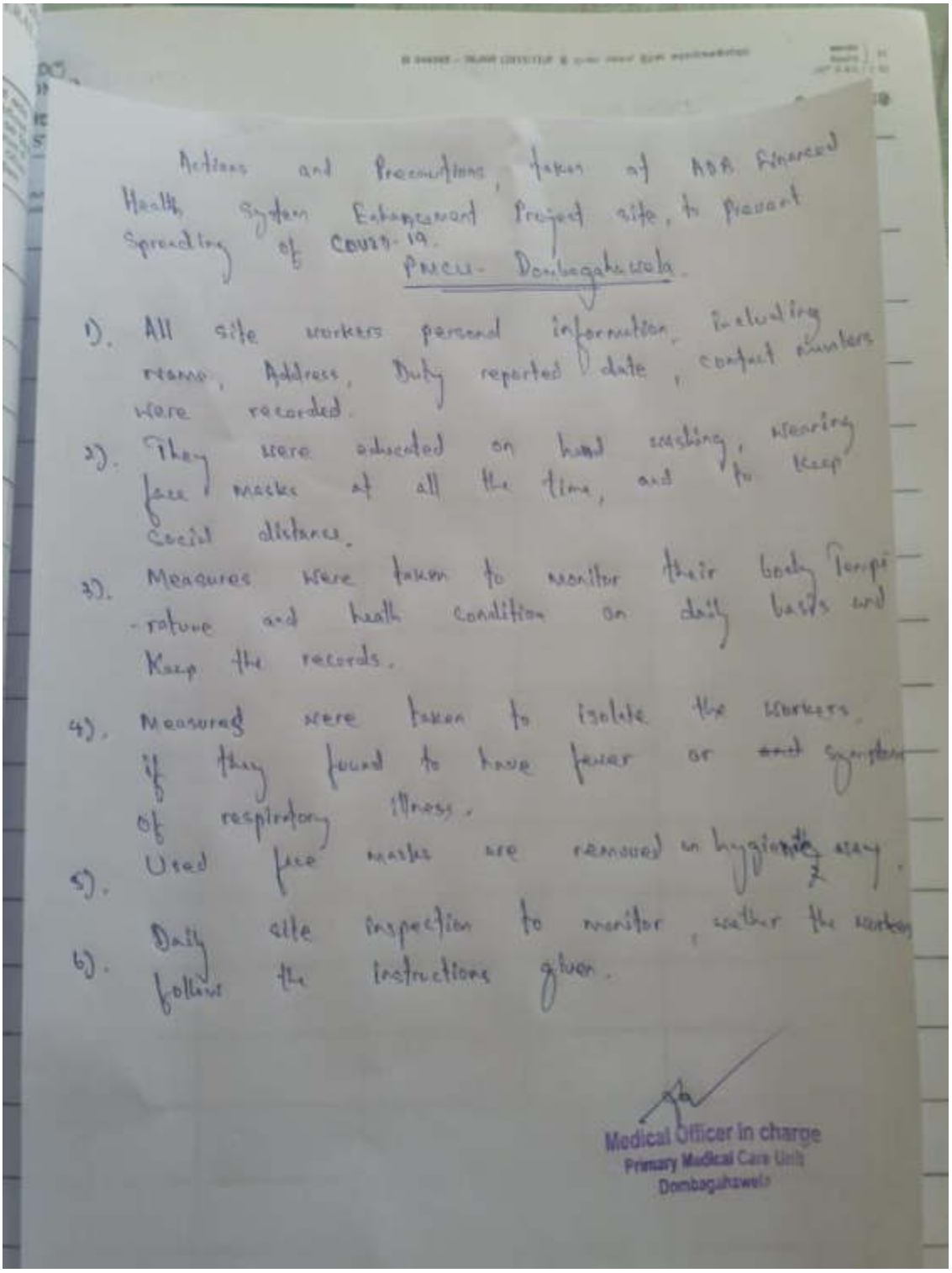
1. Advised hand washing, wearing masks.
2. Works are not allowed to enter hospital main area like OPD/ward/clinic if they had illness, examined at their residing place.
3. Removal of mosquito breeding sites
   Prevention of garbage collections
4. Daily inquiry of heath conditions of workers by hospital staff members & given treatment where
5. necessary.
6. Separate entry gate kept for the site Visitors are warned to ware mask / hand washing/safe distance
7. Advised to have face mask and
   - To burn them after using or wash daily
   - To wear gloves
8. Advised to use boiled water to drink
   - To use boots for safety
   - To use masks
   - To use helmets where necessary for safety
9. By the posters and leaflet given to hospital.
11. Arranged minimum number of heath staff to handle the patient
12. Not consulted site was continued most of the time because project stared date.

(for DMO)

District Medical Officer,
Divisional Hospital,
Kandaketiya.

Medical Officer / D.M.O
District Hospital
Kandaketiya
Badulla

PRIMARY HEALTH CARE UNIT - DOMBAGAHAWELA



Actions and Precautions taken at ADB financed Health System Enhancement Project site, to prevent Spreading of COVID-19.

PHCU - Dombagahawela.

1). All site workers personal information including name, Address, Duty reported date, contact numbers were recorded.

2). They were educated on hand washing, wearing face masks at all the time, and to keep social distance.

3). Measures were taken to monitor their body Temperature and health condition on daily basis and Keep the records.

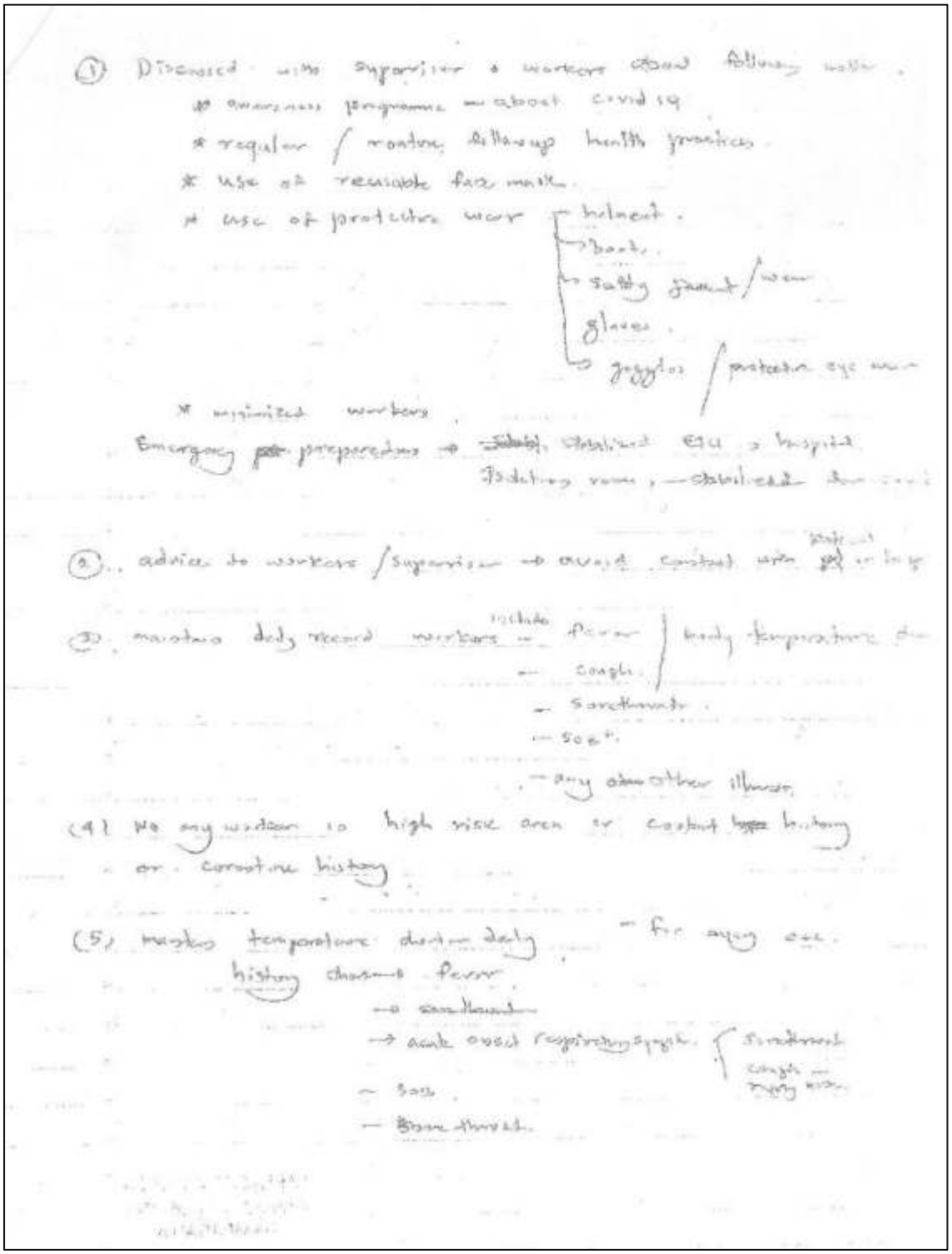
4). Measures were taken to isolate the workers if they found to have fever or ~~and~~ symptoms of respiratory illness.

5). Used face masks are removed in hygienic way.

6). Daily site inspection to monitor weather the workers follow the instructions given.

Medical Officer in charge
Primary Medical Care Unit
Dombagahawela

DIVISIONAL HOSPITAL - DAMBAGALLA



(6) maintained record → visitors for visitors / deliveries.
- name
- contact number
- any symptoms.

minimise visitors.

(7) ppe were not given to workers. / not available ppe
monitored to checklist every one / workers, form protection wear
- reusable mask.
→ protection wear - helmet / boots / safety jacket, glove, goggles.

(8) regular measures → Temperature chart.
- daily assessment chart for fever, acute respiratory
- symptoms, sign, sanitation.
- social distances & hand hygiene.

(9) educate - / discussed with weekly - spread / community
- prevention / practices

(10) no any workers stay at the hospital.

(11) If suspected person found in at side / pt isolated
isolated contact person, informed RDHS, consulting, MOH, pt send
to DGH - managed, their investigate & treatment.

(12) yes - before reopening site, supervisor conduct with. medical officer

MEDICAL OFFICER
DIVISIONAL HOSPITAL
DAMBAGALLA

DIVISIONAL HOSPITAL – ETAMPITIYA

Construction/Renovation of OPD Building
at Divisional Hospital, Ettampitiya

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of Covid-19

KONDASINGHE CONSTRUCTIONS ICTAD 4124

Prepared by,
Kondasinghe Constructions
No. 107A, 6th Lane, Jayamalapura,
Gampola

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of Covid-19

1. What activities were considered when reopening the site?

   Provide workplace clean and hygienic
   - Clean surfaces & objects with disinfectant.
   - Provide hand wash facilities and sanitizing dispensing unit.
   - Display posters promoting hand

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 to vulnerable to be infected.

   - Clean and disinfect frequently touched surfaces daily.
   - Provide facilities to the staff and visitors to wash hands.
   - Collecting details about visitors. E.g.: Name, Contact information, Address, Reason

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread disease.

   Advice Employees to,
   - Stay home if they are sick
   - Wash their hands often with soap and water at least for 20 seconds or use hand sanitizer with at least 60% alcohol if soap and water are not available
   - Wash their hands,
     i. Before and after work shifts.
     ii. Before and after work breaks
     iii. After using rest rooms.
     iv. Before preparing food.
     v. After putting or touching or removing cloth face mask.
   - Avoid touching their eyes, nose and mouth with unwashed hands.
   - Practice social distraction.

4. List out the measures adopted at site to record the health conditions of workers upon reopening to work and their whereabouts and specific activities they had got involved during the lockdown period.

   - Collecting employees' specific activities they had got involved during lockdown period.
     E.g.: About family members, Traveling details, connected people

5. List out the measures that would be adopted to monitor the health condition of the worker force.

   - Employees, who appear to have symptoms upon arrival separated from other employees, customers and visitors and sent home.
   - Provide safe transport of an employee who become sick while at work.

6. Include the procedures that will be followed with respect to managing visitors and other deliveries to site.
   - Visitors and other must have wash their hands with soap and water. (at the entrance to the site)
   - They must have wear face mask in site area.
   - Maintain Social Distance. (1m)

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.

   - Encourage workers to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE.

8. List out the routine and regular measurement that would be adopted at site to maintain the health hygiene and safety of the workplace including office staff. (including social distracting where possible)

   - Clean and disinfect frequently touched surface daily wear a cloth face covering.
   - Keep social distance at the site and accommodation.
   - Provide facilities for hand wash.

9. List on how awareness programmes shall be conducted for the workforce on spread and containment of COVID-19. On good health and hygienic practice and for the workers who return home the precautionary measures they should be taking. Consider in maintaining physical distance when conducting awareness programmes and meetings.

   - Display posters promoting hand washing and wear face masks.
   - Advice employees to wash their hands often with soap and water at least for 20 seconds or use hand sand sanitizer with at least 60% alcohol if soap and water are not available. Wash their hands,
     i. Before and after work shifts.
     ii. After using rest rooms.
     iii. Before preparing food.
   - Advice employees to practice social distancing about 1m.

10. Provide information on how accommodations, kitchen, storerooms, labor billets shall be improved to restrain any possibility of contamination.

    - Clean and disinfect frequently touched surface daily at accommodation, kitchen.
    - Maintain social distance at sleeping areas and kitchen.
    - Avoid using other employees' equipment. When possible clean and disinfect them before and after using.

11. Include procedures that would be adopted in case an infected person/suspected case is found at site.

    - Close off any areas used for prolonged periods of time by the infected/suspected person.
    - Inform hotline for medical and ambulance facilities in case of emergency.
    - Separate from other employees, customers and visitors and inform hospital immediately according to government COVID-19 policies.

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?

    - Site was reopened and works were carried out in accordance with the "Guidelines on COVID-19 preparedness for workplaces" issued by Directorate of Environmental health, Occupational health and Food safety, Ministry of Health and Indigenous Medical Services.
      (Received on 04/23/2020)

25th - 06 - 2020
Date

Submitted by,

Contractor

Health Care Facilities - Sabaragamuwa Province

DIVISIONAL HOSPITAL - ARANAYAKA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Aranayaka DHA- Kegalle

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- Maintain a register to record visitor details, contact, address etc

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.- Provide Cloth masks that can wash and re use.

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).- Maintain social distance in working, meal room and accommodations. If someone having breathing deceases, send immediately to medical treatments

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. – Most of workers are reside near to the site. Accommodation 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.- First call emergency hotlines published by medical authorities, Prohibited anyone to exit site premises. Contact PHI and arrange with his guidelines

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. Not consulted, Not allowed workers from high risk areas of the country.

PRIMARY HEALTH CARE UNIT – BOLAGAMA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Bolagama PMCU- Kegalle

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
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   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- Maintain a register to record visitor details, contact, address etc

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.- Provide Cloth masks that can wash and re use.

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).- Maintain social distance in working, meal room and accommodations. If someone having breathing deceases, send immediately to medical treatments

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PRIMARY HEALTH CARE UNIT – DELWALA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Delwala PMCU- Rathnapura

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- Maintain a register to record visitor details, contact, address etc

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.- Provide Cloth masks that can wash and re use.

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).- Maintain social distance in working, meal room and accommodations. If someone having breathing deceases, send immediately to medical treatments

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PRIMARY HEALTH CARE UNIT – DODAMPE

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Dodampe PMCU- Rathnapura

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- Maintain a register to record visitor details, contact, address etc

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.- Provide Cloth masks that can wash and re use.

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DIVISIONAL HOSPITAL - ENDANA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Endana DHC- Rathnapura

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- Maintain a register to record visitor details, contact, address etc

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.- Provide Cloth masks that can wash and re use.

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11. Include procedures that would be adopted in case an infected persons/ suspected case is found at site.- First call emergency hotlines published by medical authorities, Prohibited anyone to exit site premises. Contact PHI and arrange with his guidelines

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. Not consulted, Not allowed workers from high risk areas of the country.

PRIMARY HEALTH CARE UNIT - HEVADIWELA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Hewadivela PMCU- Kegalle

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
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   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

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PRIMARY HEALTH CARE UNIT - MINUWANGAMUWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Minuwangamuwa PMCU- Kegalle

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
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PRIMARY HEALTH CARE UNIT - NARISSA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Narissa PMCU- Rathnapura

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for inform relevant medical authorities in cause of emergency

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   Note: workers at a site near a hospital are more vulnerable to be infected – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

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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.- interview workers and check temperature

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   Note that workers/ staff with following conditions should not be allowed to the site.
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   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
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DIVISIONAL HOSPITAL - RANWALA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

Ranwala DHC- Rathnapura

1. What activities were considered when reopening the sites?
   Reopening of sites and mobilizing the workers- Clean work place, Face masks provided, register workers and instruct to maintain social distance and sanitization
   Awareness creation, routine, and regular health/ hygienic practices- Stick posters, aware symptoms
   Emergency preparedness- Site supervisor appointed as responsible person for 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 – Fence and barred to enter to patient. Provide facilities to Wash hand frequently

3. List out the activities carried out at sites and (practical) measures that shall be adopted to contain any infection or spread of disease.- Maintain social distance,

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.- interview workers and check temperature

5. 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.
   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not allowed
   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not allowed
   Those who are quarantined for COVID-19 – Allowed with PCR report
   If sick person reports for work, he/she is sent back home immediately.- Not allowed for 21 days

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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. Not consulted, Not allowed workers from high risk areas of the country.

Health Care Facilities – North Central Province

DIVISIONAL HOSPITAL – AMBAGASWEWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W06-LOT-D- Ambagaswewa

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed incahrge of health issues and to record if there is anything found unusal to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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.- Had 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 spent time to inquire about the health of the family members whether they had fever ,cough what so ever and checked the temperature-maintained a record book to record down if any changes felt or told
5. 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.

   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not reported and had plan not to allow even to the morning briefing

   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not Reported

   Those who are quarantined for COVID-19 – Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials

   If sick person reports for work, he/she is sent back home immediately.- Tried not to allow at all

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- restricted visitors, boards displayed that visitors cannot enter, if they need to come in they need to contact the supervisor over the phone and if the supervisor is satisfied he or she can enter with same precautions mentioned above.

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 showing others too 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 from start to end of the works also singularly advised to hand wash before meals (when they keep off of the hand gloves)
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. – Listening to the radio programs broadcasted /every site has a radio switch on, continuous Briefing done at the beginning of the work.

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 and it will last until a firm decision made by the head of health organization that they state there is no risk of the virus(Covid 19) further
11. Include procedures that would be adopted in case an infected persons/ suspected case is found at site.- 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. Note that none of the eight sites in NCP is at the identified risk area of “Covid 19”.

PRIMARY HEALTH CARE UNIT – DAMMINNA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W06-LOT-C- Damminna

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed in charge of health issues and to record if there is anything found unusual to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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.- Had 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 spent time to inquire about the health of the family members whether they had fever ,cough what so ever and checked the temperature-maintained a record book to record down if any changes felt or told

5. 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.

   Those having fever, with or without acute onset respiratory symptoms such as cough, runny nose, sore throat and/or shortness of breath.- Not reported and had plan not to allow even to the morning briefing

   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not Reported

   Those who are quarantined for COVID-19 – Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials

   If sick person reports for work, he/she is sent back home immediately.- Tried not to allow at all

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- restricted visitors, boards displayed that visitors cannot enter, if they need to come in

they need to contact the supervisor over the phone and if the supervisor is satisfied he or she can enter with same precautions mentioned above.

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 showing others too that he had placed it at the right bin to dispose.

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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. Note that none of the eight sites in NCP is at the identified risk area of “Covid 19”.

PRIMARY HEALTH CARE UNIT – ELLAWEWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W06-LOT-A- Ellawewa

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed in charge of health issues and to record if there is anything found unusual to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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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 spent time to inquire about the health of the family members whether they had fever ,cough what so ever and checked the temperature-maintained a record book to record down if any changes felt or told

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DIVISIONAL HOSPITAL – GALENBINDUNUWEWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W07-LOT-B- Galenbindunuwa

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed in charge of health issues and to record if there is anything found unusual to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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   Those who have had contact with suspected or confirmed case of COVID-19 for the last 14 days.- Not Reported

   Those who are quarantined for COVID-19 – Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials

   If sick person reports for work, he/she is sent back home immediately.- Tried not to allow at all

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DIVISIONAL HOSPITAL – HOROWPATHANA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W07-LOT-A- Horowpathana

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed in charge of health issues and to record if there is anything found unusual to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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PRIMARY HEALTH CARE UNIT – KOONWEWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W07-LOT-D- Konwewa

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

   Emergency preparedness- Site Supervisor with a senior worker appointed in charge of health issues and to record if there is anything found unusual to the Site Engineer (RDC – Engineer-Mr Janaka Suminda-hsep.dsc.anu.ceng@gmail.com)

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DIVISIONAL HOSPITAL – NEGAMPAHA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W07-LOT-C- Negampaha

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

   Awareness creation, routine, and regular health/ hygienic practices- Briefing before work begins, Posters and Switched on Radio during working hours to listen to awareness information broadcasted

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PRIMARY HEALTH CARE UNIT – TITTAGONEWA

Recording and monitoring the procedures adopted by the contractors to ensure health and safety to prevent spreading of COVID-19

CW-NCP-W07-LOT-E- Tittagonawa

1. What activities were considered when reopening the sites?

   Reopening of sites and mobilizing the workers- Maintained a Separate attendance Registry for workers, Provided Face masks, Hand wash and instructed to bring meals from home and to eat without sharing

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   Those who are quarantined for COVID-19 – Not Reported and had plans to keep infected worker to not attach to work until a clear permission granted by Health Officials
   If sick person reports for work, he/she is sent back home immediately.- Tried not to allow at all

6. Include the procedure/s that will be followed with respect to managing visitors and other deliveries to site.- restricted visitors, boards displayed that visitors cannot enter, if they need to come in they need to contact the supervisor over the phone and if the supervisor is satisfied he or she can enter with same precautions mentioned above.

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 showing others too 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 from start to end of the works also singularly advised to hand wash before meals (when they keep off of the hand gloves)
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. – Listening to the radio programs broadcasted /every site has a radio switch on, continuous Briefing done at the beginning of the work.

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 and it will last until a firm decision made by the head of health organization that they state there is no risk of the virus(Covid 19) further
11. Include procedures that would be adopted in case an infected persons/ suspected case is found at site.- 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. Note that none of the eight sites in NCP is at the identified risk area of “Covid 19”.