(7)

පොදු වක්‍රලේඛ අංක:- 01-35 /2016

මගේ අංකය :- HPJ/18/2016
සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය
"සුවසිරිපාය"
පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත
කොළඹ 10

2016.06.17

අතිරේක ලේකම්වරුන්

නියෝජ්‍ය සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්වරුන්

පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්

ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂවරුන්

ශික්ෂණ රෝහල්, පළාත් මහ රෝහල්, දිස්ත්‍රික් මහ රෝහල්, හා විශේෂිත රෝහල් අධ්‍යක්ෂවරුන්

මූලික රෝහල්වල වෛද්‍ය අධිකාරිවරුන්

ආයතනික සංවර්ධන සමස්ථ සැලැස්ම සකස් කිරීම

සෑම රෝහලකම වර්තමාන හා අනාගත ප්‍රමුඛතාවයන් සැලකිල්ලට ගෙන විශේෂඥ සේවා සපයන රෝහල් සඳහා (ශික්ෂණ රෝහල්, විශේෂිත රෝහල්, දිස්ත්‍රික් මහ රෝහල්, ඒ හා බී වර්ගයේ මූලික රෝහල්) ආයතනික සංවර්ධන සමස්ථ සැලසුම් සකස් කිරීමට, සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය තීරණය කර තිබේ.

2.0 ඒ අනුව ඉදිරි වර්ෂ 10 සඳහා රෝහලේ සියලුම සංවර්ධන අවශ්‍යතා සැලකිල්ලට ගෙන ආයතනික සංවර්ධන සමස්ථ සැලැස්ම පිළියෙල කරන ලෙස සියලුම ආයතන ප්‍රධානීන්ගෙන් ඉල්ලා සිටිනු ලැබේ. ආයතනික සංවර්ධන සමස්ථ සැලැස්ම පිළියෙල කිරීමෙන් පසුව, ආයතනයේ සංවර්ධන කටයුතු සඳහා එම කටයුතු කොටස් වශයෙන් ඉටු කිරීමට හෝ සම්පූර්ණයෙන් කිරීමට හෝ ව්‍යාපෘති යෝජනා පත්‍ර (ආයතනික සංවර්ධන සමස්ථ සැලැස්මේ හඳුනාගෙන ඇති ප්‍රමුඛතාවයන් අනුව) විදේශීය සේවා සම්පත් දෙපාර්තමේන්තුවේ ආකෘති පත්‍රය [ERD] අනුව ඉදිරිපත් කළහැකිය. තවද අනුමත ආයතනික සමස්ථ සැලැස්මට පරිබාහිරව ඉදිරිපත් කරන යෝජනා භාර නොගන්නා බවද දන්වා සිටිනු ලැබේ. එබැවින් සියලුම පාර්ශවකරුවන්ගේ සහභාගිත්වයෙන් විස්තරාත්මකව ආයතනික සංවර්ධන සමස්ථ සැලැස්ම සකස් කර ඒ අනුව ව්‍යාපෘති යෝජනාවන් ඉදිරිපත් කිරීමට කාරුණික වන්න. සකස් කරන ලද ආයතනික සංවර්ධන සමස්ථ සැලැස්ම හැකි ඉක්මණින් අනුමැතිය සඳහා ඉදිරිපත් කළ යුතුය (ව්‍යාපෘති යෝජනා සඳහා සංකල්ප පත්‍රිකා ඉදිරිපත් කිරීමට පෙර).

3.0 ආයතනික සංවර්ධන සමස්ථ සැලසුම සකස් කිරීමට සහ ව්‍යාපෘති යෝජනා සඳහා සංකල්ප පත්‍රිකා ඉදිරිපත් කිරීමට අවශ්‍ය මූලික මාර්ගෝපදේශ ලබාදීමේ අරමුණින් මෙම වක්‍රලේඛය නිකුත් කරනු ලැබේ.

3.1 ආයතනික සංවර්ධන සමස්ථ සැලසුම සඳහා මාර්ගෝපදේශ

ඉදිරි වර්ෂ 10 සඳහා අවශ්‍යතාවයන් සැලකිල්ලට ගනිමින් ආයතනික සමස්ත සැලැස්ම සකස්කළ යුතු අතර එය තීරණ ගැනීමේදී මෙවලමක්/මාර්ගෝපදේශ ලෙස භාවිතා කල හැක. අනාගතයේදී පහසුකම් සංවර්ධනයට අවශ්‍ය ප්‍රාග්ධන ප්‍රතිපාදන වැඩි දියුණු කිරීමේ අවශ්‍යතා මෙන්ම මෙහෙයුම් සහ ගුණාත්මක සෞඛ්‍ය සේවාවක් ලබා දීමට අවශ්‍ය යටිතල පහසුකම් හඳුනා ගත යුතුය. එම සමස්ථ සැලැස්ම පහසුවෙන් වෙනස්කල හැකි සංවේදී සහ හොතිකව මෙන්ම මූල්‍යමය වශයෙන් ක්‍රියාත්මක කළ හැකි එකක් විය යුතුය.

03.1.1 ආයතනික සංවර්ධන සමස්ථ සැලැස්ම සකස් කිරීමේ පියවර

- සමස්ත සැලැස්ම පිළියෙල කිරීමට අවශ්‍ය රෝහලේ තොරතුරු, දත්ත සහ සටහන් (සිතියම්) එකතු කර ගැනීම
- දැනට පවත්නා පහසුකම් සහ ඉදිරි අනාගතය සඳහා අවශ්‍යවන හඳුනාගත් වැඩිදියුණු කිරීම්වලට අදාල විමර්ශන, විශ්ලේෂණයට හා ලියකියවිලි පිළිබඳව කටයුතු කිරීමට කණ්ඩායමක් අනුයුක්ත කිරීම (සහභාගිවන සියළු පාර්ශවකරුවන්ගෙන් සියළු අංශයන් ආවරණය වන ඔවට සහතික විය යුතුය).
  - දැනට පවතින භෞතික පහසුකම්, වර්තමාන සහ අනාගත සෞඛ්‍ය සේවාවන් ලබාදීමට ප්‍රමාණවත් සහ සුදුසුද යන්න ඇගයීම සඳහා දැනට පවතින යටිතල පහසුකම් පිළිබඳව විශ්ලේෂණය කළ යුතුය.
  - ඔබ ආයතනයේ සෑම ඒකකයකින්ම ඉටු කෙරෙන කාර්යයන් හා දැනට පවතින පහසුකම් සහ තවදුරටත් වැඩිදියුණු කළයුතු පහසුකම් හඳුනා ගැනීමට විශ්ලේෂණයක් කිරීම.
  - සෑම ඒකකයකම කාර්යමණ්ඩලයේ සියළුම කාණ්ඩ නියෝජනය වන පරිදි සාකච්ජා පැවැත්වීමෙන් කාර්යයන් හා වැඩිදියුණු කිරීම් පිළිබඳ වඩා පෘථුල විශ්ලේෂණයක් සිදු කිරීම.
  - රෝහලේ දැනට තිබෙන වෛද්‍ය උපකරණ (භාවිතයේ සහ ගබඩාවේ තිබෙන) පිළිබඳව විශ්ලේෂණයක් සිදු කරන්න. ඔබගේ රෝහලේ මූලික සෞඛ්‍ය සේවාවන් ලබාදීම සඳහා අත්‍යවශ්‍ය උපකරණ හඳුනාගන්න. කෙසේ වෙතත් ඉහළ තාක්ෂණයෙන් යුතු සහ විශේෂ නඩත්තු කිරීම අවශ්‍යවන නවීන වෛද්‍ය උපකරණ ඉල්ලුම් කිරීමට ප්‍රථමයෙන් පහත සඳහන් කරුණු සම්බන්ධයෙන් කරුණාකර විශේෂ අවධානය යොමු කරන්න. එනම්, රෝහලේ විශේෂඥ සේවාවන් පවත්වාගෙන යනබව, එම උපකරණ භාවිතයට අවශ්‍ය මානව සම්පත් තිබීම, උපකරණ නඩත්තුව, එම උපකරණ තැබීමට අවශ්‍ය ඉඩකඩ තිබේද, ඔබගේ රෝහලට ආසන්නව පවතින අනෙක් සෞඛ්‍ය ආයතන වර්ගයන් සහ අවට ප්‍රදේශයේ ජනතාවගේ අවශ්‍යතාවයන්.

- සමස්ත සැලැස්ම සකස් කිරීමේදී ඉදිරි වර්ෂ 10 සඳහා බාහිර රෝගීන්ගේ පැමිණීම හා රෝහල්ගත වන සංඛ්‍යාව පුරෝකථනය කර රෝහලේ කාර්යභාරය නිර්ණය කරන්න.
  - ඔබගේ රෝහලේ /අවට ප්‍රදේශයේ විශේෂයෙන් පැන නගින සෞඛ්‍යය හා සම්බන්ධ ගැටළු (උදා: නායයෑමේ අවදානම් සහිත ප්‍රදේශ, වාර්ෂික ජල ගැලීම්, ඉහළ ඩෙංගු මරණ වාර්තාවීම, මී උණ වැනි වසංගත රෝග තත්වයන් පැවතීම) පිළිබඳ අවධානය යොමු කරන්න.
  - වරින්වර මතුවන රෝග තත්වයන් ඇතුලත් ව්‍යාප්තව පවත්නා සහ අනාගත අවශ්‍යතා පිළිබඳ සලකා බැලීම
  - කර්මාන්ත හා කෘෂිකාර්මික කලාපවල ශ්‍රම බලකායේ සංක්‍රමණය පිළිබඳ සැලකිල්ලට ගැනීම

- රෝහල අවට ප්‍රදේශයේ තිබෙන විවිධ තරාතිරමේ රාජ්‍ය සෞඛ්‍ය ආයතන හා ඒවායේ පවතින පහසුකම්, දෛනිකව රෝගීන් යොමු කිරීමේදී භාවිතා කරන ක්‍රමවේද පිළිබඳව සලකා බලා එම ජනතාවගේ අවශ්‍යතාවලට ගැලපෙන පරිදි සැලසුම් කිරීම. තවද සම්පව පිහිටා ඇති රෝහල්වලින් ලබාදෙන විශේෂිත සේවාවන් ද්විකරණය නොවීමට සහ එම සම්පත් උපරිම ලෙස භාවිතා කිරීමට වගබලා ගත යුතුය.
- මේ සම්බන්ධයෙන් තවදුරටත් අවශ්‍ය තොරතුරු පිළිබඳ දැන ගැනීම සඳහා රෝහල් නැවත වර්ගීකරණය පිළිබඳ ලේඛන සහ ශික්ෂණ, පළාත්, මූලික හා විශේෂිත රෝහල් කළමනාකරණය සම්බන්ධ අත්පොත් අධ්‍යයනය කරන්න.
- දත්ත එක් රැස්කිරීමෙන් අනතුරුව ආයතනික සංවර්ධන සමස්ත සැලැස්ම සම්පාදනය කිරීම ආරම්භ කළ යුතුය. සියළුම ආයතනවල සැලැස්මවල් සමානව සකස්කිරීම තහවුරු කිරීම උදෙසා මේ සමඟ අමුණා ඇති (ඇමුණුම 1) ආකෘතිය අනුව ආයතනික සංවර්ධන සමස්ත සැලැස්ම සකස් කළ යුතුය.

ආයතනික සංවර්ධන සැලැස්ම පිළියෙල කර අනුමැතිය ලබාගැනීමත් සමඟ එම සැලසුම අනුව ආයතනයේ සංවර්ධනය සඳහා ව්‍යාපෘති යෝජනා සංකල්ප පත්‍රිකා සකස්කර අනුමැතියට ඉදිරිපත් කළ හැක. ව්‍යාපෘති යෝජනා පත්‍ර ඉදිරිපත් කිරීම සඳහා වූ මාර්ගොපදේශ පහත සඳහන් වේ.

03.2 ව්‍යාපෘති සංකල්ප පත්‍රිකා ඉදිරිපත් කිරීම සඳහා වූ මාර්ගෝපදේශ

ව්‍යාපෘති යෝජනා පිළියෙල කිරීමේදී (අ) භෞතික යටිතල පහසුකම් අවශ්‍යතා (ආ) වෛද්‍ය උපකරණවල අවශ්‍යතාවයන් මෙන්ම (ඇ) ප්‍රතිමාණ (Norms) අනුව මානව සම්පත් (HR) අවශ්‍යතා සලකා බැලිය යුතුය. ව්‍යාපෘති යෝජනා අනුමැතිය සඳහා ඉදිරිපත් කිරීමේදී මේ සමඟ අමුණා ඇති සාරාංශ ආකෘතිය

(අමුණුම II) සහ ERD ආකෘති පත්‍රය (අමුණුම IIIa) නාවිතා කල යුතුය. ERD ආකෘති පත්‍රය පිරවීමේදී කරුණාකර ඇමුණුම IIIb හි ඇති මාර්ගෝපදේශ අනුගමනය කරන්න. නවීන වෛද්‍ය උපකරණ ඉල්ලීම් සඳහා නවීන වෛද්‍ය උපකරණ ඉල්ලීම් ආකෘති පත්‍රය (ඇමුණුම IV) අනුව ඉදිරිපත් කරන්න.

03.2.1 සාරාංශ ආකෘති පත්‍රය සම්පූර්ණ කිරීම සඳහා උපදෙස්

සාරාංශ ආකෘති පත්‍රය යනු මේ දක්වා රෝහල මඟින් ඉදිරිපත් කර ඇති ව්‍යාපෘති යෝජනා පිළිබඳ තොරතුරු ඇතුලත් ලේඛණය වේ. සෑම ව්‍යාපෘති යෝජනාවක්ම අනුමැතියට ඉදිරිපත් කිරීමේදී මෙම සාරාංශ ලේඛණය ඉදිරිපත් කළ යුතුය. මේ වන විටත් අනුමැතියට ඉදිරිපත් කර ඇති නෝ අළුතින් ඉදිරිපත් කරන සියළුම ව්‍යාපෘති යෝජනා පිළිබඳව විස්තර මෙහි ඇතුළත් විය යුතුය.

(අ) දැනටමත් ව්‍යාපෘති යෝජනාව, සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය වෙත යොමුකර ඇත්නම් ඇමුණුම II ලෙස සඳහන් සාරාංශ පත්‍රිකාවේ පළමු තිරුවේ "Proposal" යන මතෘකාව යටතේ තද පැහැති අකුරින් **"Forwarded for processing"** ලෙස සඳහන් කළ යුතුය.

(ආ) නව ව්‍යාපෘති යෝජනාවක් ඉදිරිපත් කරන්නේනම් එය ඇමුණුම II හි සාරාංශ ආකෘතියේ "Proposal" ලෙස නම් කර ඇති 1 වන තිරුවේ **"New Proposal"** ලෙස තද පැහැති අකුරින් සටහන් කළ යුතුය.

(ඇ) ඉදිරිපත් කරන යෝජනාවන් ප්‍රමුඛතාවය අනුව අංක කළයුතු අතර (උදා: 1,2,3 ආදි වශයෙන්) එම අංක ඇමුණුම II හි සාරාංශ ආකෘතියේ 2 වන තිරුවේ **"Priority number"** ලෙස සඳහන් කළ යුතුය.

(ඈ) අදාළ ව්‍යාපෘති යෝජනාවට ප්‍රමුඛතාවය ලබාදෙන්නේ ඇයිද යන්න තහවුරු කිරීම සඳහා ප්‍රමාණවත් විස්තර ඇමුණුම II හි සාරාංශ ආකෘතියේ **"Justification for prioritization"** යන තිරුවේ කරුණාකර සටහන් කල යුතුයි.

(ඉ) ව්‍යාපෘති යෝජනාවේ ඇතුලත් සියළුම අංග සඳහා ඇස්තමේන්තුගත පිරිවැය සටහන් කර තිබේද යන්න, කරුණාකර තහවුරු කරගන්න. රේඛීය අමාත්‍යාංශය යටතේ පාලනය වන රෝහල් මඟින් ඉදිරිපත් කරන යෝජනාවල ඇස්තමේන්තු සකස් කිරීමේදී අමාත්‍යාංශයේ ඉංජිනේරු අංශය හා සම්බන්ධ වී කටයුතු කරන්න. පළාත් සභා යටතේ ඇති රෝහල් මඟින් ඉදිරිපත් කරන යෝජනා සම්බන්ධ ඇස්තමේන්තු සඳහා පළාත් සභාවේ ප්‍රධාන ඉංජිනේරු වෙතින් උපදේශකත්වය ලබා ගත හැක.

03.2.2 ERD ආකෘති පත්‍රය සම්පූර්ණ කිරීම සඳහා උපදෙස්

ERD ආකෘති පත්‍රයේ පරීදි අවශ්‍ය සියළුම තොරතුරු ඇතුලත් කර ව්‍යාපෘති යෝජනා පත්‍රය පිළියෙල කරන්න. එම යෝජනා පත්‍රය අනුමැතිය සඳහා ඉදිරිපත් කිරීමට පෙර ගොඩනැගිලි සැලසුම් ඇතුළුව සියළුම කොටස් සම්පූර්ණ කර ඇති බවට වගබලා ගතයුතුය. සම්පූර්ණ කරන ලද ව්‍යාපෘති යෝජනාවේ දෘඩ පිටපත හා මෘදු පිටපත (a Hard Copy & a Soft Copy) යන දෙකම සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශයේ කළමණාකරන සංවර්ධන හා සැලසුම් ඒකකය වෙත ලබා දී යුතුය. වැඩිදුර පැහැදිලි කර ගැනීමක් අවශ්‍ය වන්නේ නම් කරුණාකර දුරකතන අංක 0112-674683 මඟින් අධ්‍යක්ෂ (සැලසුම්) වෙතින් විමසන්න.

අනුර ජයවික්‍රම
ලේකම්
සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය

අනුර ජයවික්‍රම
ලේකම්
සෞඛ්‍ය, පෝෂණ හා දේශීය වෛද්‍ය අමාත්‍යාංශය
"සුවසිරිය"
385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,
කොළඹ 10.

පිටපත් :
1. සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල්
2. ආයුර්වේද කොමසාරිස්, ආයුර්වේද දෙපාර්තමේන්තුව
3. අධ්‍යක්ෂ ජනරාල්, ජාතික ක්‍රම සම්පාදන දෙපාර්තමේන්තුව

ANNEX I

Structure of the Institutional Development Master Plan

The Master Plan should have three main sections.

1. **Section I**

The pages of Section I should be numbered with Roman numerals in lower case (e.g. i. ii. iii etc.)

- Title Page (Title should be **"Institutional Development Master Plan of** ..... (Name of the hospital)...."
- Contents page
- List of Tables/Graphs
- Maps and diagrams
    - Please include the Survey plan of the hospital premises indicating the locations of buildings at present
    - Contour map of the land belonging to hospital
    - Zonal arrangement of the Master Plan- Zones may be divided as clinical zone (OPD, wards), administrative zone, supportive and utility services zone, quarters zone etc.
    - Location maps for future development in stages (please obtain the services of engineers and architects in developing these zonal maps)

2. **Section II**

The pages of Section II should be numbered with Arabic numerals (e.g. 1, 2, 3 etc.)

Chapter One- Background

1.1 Brief introduction of the hospital, district, units, services provided by the hospital

1.2 Catchment population and current disease patterns

1.2 Current human resources available in the hospital

Chapter Two- Situation Analysis and Justification

2.1 Current limitations and present problems– (a) services provided, (b) infrastructure, (c) medical equipment and (d) management of the hospital

2.2 Future requirements identified (based on the utility/disease pattern)

2.3 Justify the need for improvement (include beneficiaries)

Annex I contd...

Chapter Three- Thematic areas

Please refer Manual on Management of Teaching, Provincial, Base and Special Hospitals for more details on the thematic areas)

3.1 Clinical Services (structure and functions, management of Out Patient Department (OPD) and emergency services, wards, labour rooms, operation theatres and dental services)

3.2 Supportive Services (Laboratory, sterilization procedures, management of medical records, control of hospital acquired infections, medico-legal functions etc.)

3.3 General Administrative (general administration, induction and in-service training, financial, management of drug supplies, Human Resources (HR) management)

3.4 Utility Services (diet, ambulance, communication, sanitation, fire and safety, linen etc.)

3. Section III

Annexures

4.1 Building plans (as annexures)

4.2 Special documents, if relevant only (annexures of special documents pertaining to the hospital- e.g. reports from the National Building Research Organization etc.)

03.1.3 Typing Format

The Institutional Development Master Plan should be written in **Times New Roman, Font size 12,** with a **line spacing of 1.5** and 'normal' page margins. Chapter headings should be in block capitals and BOLD (e.g. **BACKGROUND).** You may use Font size 14 for the chapter heading only. Sub-headings should be bold and in lower case and underlined. For ease of use, please use appropriate numbers for the subheadings **(e.g. 1.1 Brief introduction of the hospital)**. Please use tables and graphs appropriately. The tables should be clear and self-explanatory with a table number and heading for each table (e.g. Table 1.1- Distribution of human resources by unit in Base hospital X etc.). The format used for tables should be consistent throughout the document. Images, illustrations and graphs should be titled and numbered (e.g. Figure 1.1- Front entrance view of Base Hospital X). The entire document should be securely bound.

ANNEX II

SUMMARY FORM

Format for Submission of Proposals for

Healthcare Institution Development

Name of the Healthcare institution .....

Status*	Priority number	Name of the proposal	Justification for prioritization	Cost estimate Rs Mn
	1			
	2			
	3			
	4			

*The Status column should only have either **'Forwarded for processing' or 'New Proposal'**

PROJECT CONCEPT FORMAT

ERD Reference Number *(for ERD use only)*	
Concept ID *(For ERD use only)*	
Previous Concept ID (if any) *(For ERD use only)*	

Please refer "Project Concept Format Filling Guidelines" before continue.

1. Project Information

1.1) Concept Date .....

1.2) Project Title

.....

.....

.....

1.3) Thematic Area

.....

Human Resources Development, Capacity Building and Institutional Strengthening
Poverty Reduction
Rehabilitation& Reconstruction
Rural & Regional Development
Women & Children Differently Able

1.4) Total Project Cost in LKR (mn) .....

1.5) Proposed Duration of the Project

(a) **Unit :** Months

(b) **Duration** .....

1.6) Sector and Sub sector

Main Sector	Sub Sector	Main Sector	Sub Sector
Agriculture	Plantation	Information and Communication	Postal Services
	Food Crop Development		Telecommunications
	Minor Export Crops		Media
	Livestock Development		Information Technology
	Horticulture		
	Agriculture Extension / Research		
	Irrigation		
Budgetary/ Balance of Payments Support		Industrial Development	
Culture and Heritage		Labour and Employment	
Education	General Education	Power and Energy	Power Generation
	Higher Education		Power Transmission & Distribution
	Technical/Vocational Education		Energy Conservation
	Non-formal Education		Oil and Gas
			Renewable Energy Source
Environment and Natural Resources	Forestry	Private sector Development	
	Wild Life / Conversation		
	Water Resource		
	Protected Area		
	Coastal Resources		
	Land Development		
	Industrial Pollution		
	Marine Pollution		
	Disaster Management		
	Urban Environment		
	Flood Protection		
	Solid Waste Management		
Finance and Banking	Banking	Tourism	
	Capital Market & Funds		
	SME Financing		
	Micro Financing		
Fisheries and Aquatic Resources	Marine Fisheries	Trade	
	Inland Fisheries		
	Fisheries Harbour		
General		Transporation	Roads & Highways
			Railways
			Aviation
			Ports & Shipping
			Land Transport
			Water / Sea Transport
Governance	Economic Management	Water Sanitation and Drainage	Water Supply
	Public Administration		Sewerage
	Law and Order		Strome Water Daainage
	Human Rights		
	Foreign Affairs		
Health , Nutrition and Social Protection	Health Care	Local Govemment	
	Nutrition		
	Social Protection		
	Public Health		
	Indigenous Medicine		
Housing		Youth Affairs	
Urban Development		Sports	

1.7) Type of the Proposal

(Tick one project type only. In case where more than one is involved, indicate the type with the largest component)

i. Project Type Assistance

- ☐ Goods , Services and Equipment Supply
- ☐ Facilities Construction
- ☐ Both

ii. Feasibility Study

- ☐ Pre-feasibility / Basic study
- ☐ Feasibility

iii. Technical Assistance

- ☐ Master Plan for Development
- ☐ Training and Human Resources Development
- ☐ Project Development

2. Applicant's Information .

(Consist of brief introduction of the agency that creates and owns the project concept /forwarding ministry/Provincial Councils/stand alone organizations covering Organizational and personnel details)

2.1) Host Country /Applicant Government of Sri Lanka

2.2) Project Proponent

2.2a) Name of the Agency.....

2.2b) Address .....

2.2c) Phone .....

2.2d) Fax .....

2.2e) Contact Person

i.) Title : Dr / Rev / Mr / Mrs / Miss
ii.) Name .....
iii.) Designation .....
iv.) Phone .....
v.) Fax .....
vi.) E-mail id .....

2.2f) Contact Person 2

vii.) Title : Dr / Rev / Mr / Mrs / Miss
viii.) Name .....
ix.) Designation .....
x.) Phone .....
xi.) Fax .....
xii.) E-mail id .....

2.3) Forwarding Ministry / Provincial Council

2.3a) Name .....
2.3b) Address .....
2.3c) Phone .....
2.3d) Fax .....

2.3e) Contact Person 1

i.) Title : Dr / Rev / Mr / Mrs / Miss
ii.) Name .....
iii.) Designation .....
iv.) Phone .....
v.) Fax .....
vi.) E-mail id .....

2.3f) Contact Person 2

i.) Title : Dr / Rev / Mr / Mrs / Miss / Ms
ii.) Name .....
iii.) Designation .....
iv.) Phone .....
v.) Fax .....
vi.) E-mail id .....

3. Project Rationale

(Do not indicate/explain the objective of the project. Answer to each sub section should be in brief.)

3.1) Introduction to the Project
(General sector information and information specific to the area)

.....
.....
.....
.....

attachments (if any): .....

3.2) Specific Problem to be Addressed by the Project

.....
.....
.....
.....
.....

attachments (if any): .....

3.8) Whether a Feasibility Study for the Project has been carried out

Yes ☐ No ☐

If So attach the Feasibility Report .....

4 Project Objective & Purpose

(Indicate the main objective and the purpose of the project without adding project justification)

4.1) Goal of the Proposed Project

No ..... is the Primary Objective
No ..... is the Secondary Objective

(Select and Indicate the Number(s) Pertaining to the Primary Objective and the Secondary Objective from List below)

1. Economic Development/Reform for Economic Growth
2. Poverty Alleviation
3. Social Development
4. Environmental Management
5. Capacity Building/Institutional Strengthening

4.2) Purpose of the Project

.....
.....
.....
.....
.....

attachments (if any) .....

5. Project Outputs, Activities and Duration

5.1) Expected Project Outputs

	Output	Unit of Measure	Quantity
1			
2			
3			
4			
5			

attachments (if any): .....

3.3) Mode of Intervention in Terms of this Project (Justification)

.....
.....
.....
.....

attachments (if any): .....

3.4) Composition of Target Beneficiaries/Stakeholders (indicate Gender Ratio)

	Beneficiary / Stakeholder	Description	Gender Ratio	
			Male	Female
1				
2				
3				
4				
5				
6				
7				

attachments (if any): .....

3.5) Relationship of the Project to Government Policy Framework /Plan

.....
.....
.....
.....

Name of the Government Policy Framework /Plan .....

attachments (if any): .....

3.6) Coherence with Sectoral Policies and Strategies

.....
.....
.....
.....

Name of the plan .....

attachments (if any): .....

3.7) Considered Project Alternatives and Reasons for Rejection

(Indicate the identified possible alternatives to achieve the project objectives and explain the reasons for rejecting them)

.....
.....
.....

attachments (if any): .....

attachments: .....

7.2) **What are the Possible Environment and Natural Resources Constraints to the Existing Activities due to the Proposed Project?**

.....
.....

7.3 **Indicate which of the Following Resources may be Required for the Project.** If possible, specify quantities and from what sources (i.e., name of source or location if available).

Resource	Required for this Project	Unit of measurement	Extent (if known)	Location (if known)
Surface Water	Yes/No			
Groundwater	Yes/No			
Quarry Stone or Earth fill	Yes/No			
Energy:	Yes/No			
Forests	Yes/No			
Other(Specify).....	Yes/No			

7.4) **Will the Project Require Relocating 100 or more Families? Yes ..... No. .....**

7.5) **Whether the Project Location is Inside the Costal Buffer Zone? Yes .....No .....**

7.6) **Is the Proposed Project a Prescribed Project?** (Please refer to Sri Lanka Government Gazette Extraordinary – 772/22 of 1993.06.24. and the Gazette Extraordinary No 1104/22 of 1999.11.05 You are advised to consult CEA to verify the Prescribed status).

Yes ☐ **No** ☐

8. Gender Perspective

8.1) **Does the Project Identify any Gender Gaps? If so Describe.**

.....
.....
.....
.....

8.2) **Is there any Strategy in the Project to Address the Gender Imbalances**

.....
.....
.....

8.3) **Which Project Activities are Designed to Bridge such Gender Gaps and What will be their Impact on Gender Imbalance?**

.....
.....

5.2) Project Activities

	Activity	Unit of Measure	Quantity
1			
2			
3			
4			
5			

5.3) Proposed Duration of the Project

4.3.a) Unit : Months

4.3.b) Duration .....

6. Project Location & Land Requirement

6.1) Is the Project Location in Islandwide or Area Specific:

Islandwide ☐

Area Specific ☐

6.2) Total Land Requirement:

Unit of Measurement .....

Extent .....

6.3) Specify the Project Location

(Indicate the place(s) where project activities take place.)

Provide additional description if boundary cannot be demarcated clearly :

Site	Province	District	Division	Location	Land Required (Y/N)	Extent
1						
2						
3						

attachments (if any): .....

7. Environment and Environment Impact

7.1) Please Indicate if any of the Following Land Uses are Within the Project Site or Within 1 km Distance from any Boundary of the Project Site :

National reserves, Sanctuaries, Forest reserves and proposed forest reserves, National Heritage wilderness areas, Costal zones, flood areas and flood protection areas, Reserves, Ancient protected monuments, Schools, Religious places and Hospitals

Yes, one or more of the above land uses are within the site boundary ☐

Yes, one of more of the above land uses are within 1 km of the site boundary ☐

No, none of the above land uses are within the project boundary or within a 1 km distance from any boundary of the project site. ☐

If the answer to this question is affirmative, please list land use(s) and provide a map (1:50,000 or smaller scale) showing the project boundary and a distance of 1 km from each boundary.

.....

.....

10. Project Implementation

(If the Project Proponent is the Implementing Agency the Information at 2.2 should Appear Here)

10.1)Implementing Agency with Overall Responsibility.

10.1a)Name of the Agency.....

10.1b) Address .....

10.1c) Phone .....

10.1d) Fax .....

10.1e) Contact Person 1

i) Title : Dr / Rev / Mr / Mrs / Miss / Ms
ii) Name .....
iii) Designation .....
iv) Phone .....
v) Fax .....
vi) E-mail id .....

10.1f) Contact Person 2:

i) Title : Dr / Rev / Mr / Mrs / Miss / Ms
ii) Name .....
iii) Designation .....
iv) Phone .....
v) Fax .....
vi) E-mail id .....

10.2)Functions of the Implementing Agency with Overall Responsibility

.....
.....
.....
.....
.....

10.3) Implementing Agency /Agencies and Their Functions and Prior Experience with Similar Projects / Activities

	Implementing Agency/Agencies	Functions	Prior Experience
1			
2			
3			
4			

9. Cost & Financing

9.1) **Total Project Cost in LKR (mn).....**

9.2) **Cost Components**

Component	Activity	Cost in Local Currency (LKR mn)
1.	1.1	
	1.2	
	1.3	
2	2.1	
	2.2	
	2.3	
	Total	

9.3) **Financing Plan**

Financial Source	Cost Local Currency (LKR mn)
External Source	
Proponent (Implementing Agency) Funding	
Beneficiary Contribution	
Consolidated Fund	
Other (Specify).....	
Total	

9.4) **Details of Already Offered External Assistance to Projects in the Related Sector in the Last Five Years**

Donor	Related Field	Project Title: Assistance Already Offered	Amount USD (mn)	Year of Commencement	State whether Completed or Ongoing

10.4) Responsibilities of Other Entities (Other Relevant Agency)

10.5.a) Applicable / Not applicable

10.5.b) Narration

.....
.....
.....

10.5) Staff Availability for Implementing the Proposed Project (Specify any Additional Staff Required)

Implementing Agency	No of Staff Members Available
	Additional Staff Required

Project Concept Format Filling Guidelines

General Instructions : Please fill all the details so that the Concept Format can be processed without requesting additional information or clarifications. Please state in the Format "Not Applicable" for the details that are not relevant, and "Not Known" for the details that are not known or available. Do not leave any item blank.

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
1.	**Project Information**	Consist of brief introduction to the project covering, Concept Date, Concept ID, Project Title, Thematic Area, Total Project Cost, Project Duration, Sector and the Type of Proposal.		
1.(1)	Concept Date	This means the date on which the concept was approved / submitted by the Project Proponent (Please see 2.2 for the definitions).	Cannot be blank. Fill in as stated in the example.	DD/MM/YYYY format 28/12/2001
1.(2)	Project Title	The Name of the Project	Cannot be blank. Maximum of 150 characters could be entered. If the space provides not enough use an abbreviated name.	
1.(3)	Thematic Area	A Project which cut across number of sectors can be identified here	This could be left blank if a single sector is involved in the project Users are allowed to select only one relevant thematic area from the defined list.	1. Poverty Reduction 2. Rehabilitation& Reconstruction 3. Rural & Regional Development
1.(4)	Total Project Cost	Total Project Cost in Million Rupees should enter here.		
1.(5)	Duration of the Project	The time span of the project from the starting point to the end point of implementation.	Cannot be blank. Duration of the project should be in months.	36 months

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
1.(6)	Sector	Economic Sector of the Project is selected here. If the Project has been identified under a Thematic Area (item no 1(3)) multiple sectors could be selected.	Cannot be blank. Choose from the pre-defined list. If the project comes under a Thematic Area Users are allowed to select multiple Sectors	Education
	Sub Sector	This is the sub category of the main Sector.	Cannot be blank. Choose from the pre-defined list. Could choose multiple Sub Sectors.	Main sector: Education Sub Sectors of Education: 1. General Education 2. Higher Education 3. Technical/Vocational Education 4. Non-formal Education
1.(7)	Type of Proposal	Mainly there are three major categories of project proposals. This categorization is based on the requirement and nature of the funding assistance.	Cannot be blank. Choose from the defined list. In case where more than one is involved, indicate the type with the largest component. Could choose multiple types.	Type of Proposal Project Type Assistance Technical Assistance Feasibility Study ***Project Type Assistance***: Major Component of Requested Assistance Contributes to Construction or Development of Socio-Economic Infrastructure ***Feasibility Study*** A study to determine whether the proposed activities are feasible technically, financially, economically, environmentally and socially ***Technical Assistance***: Major Component of Requested Assistance Contributes to Human Resources Development, Dissemination of Technology and Research & Development.

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
1.(8)	Previous Concept ID (if any)	This is to identify whether this concept was originated based on another Project or a Concept.	This could be a blank. Users should enter the Concept ID if this concept was originated based on another project or concept.	
2.	Applicant Information	Consists of Organizational and Personnel details of the Agency that creates and owns the Project Concept/ forwarding Ministry/Provincial Council/ Organizations which are not under any Ministry.		Agency - NWS &DB Ministry Housing and Urban Development Auditor General for the third category
2.(1)	Host Country/ Applicant Government		This will be set as "Sri Lanka".	NWS & DB
2.(2)	Project Proponent	The Agency who creates and owns the Project Concept		
2.(2a)	Name of the Agency	This is the name of the Agency referred to at 2.2	Cannot be blank. Enter the name of the Agency.	
2.(2b)	Address	Address of the Relevant Agency	Cannot be blank. Enter the address of the Agency.	
2.(2c)	Phone	Relevant Telephone number of the Agency	Cannot be blank. Enter the Telephone number of the Agency.	
2.(2d)	Fax	Relevant Fax number of the Agency	Cannot be blank. Enter the Fax number of the Agency.	
2.(2e)	Contact Person 1	Details of the officer who creates and owns the concept. He/She should be the responsible officer who could provide information	Usually the Head of the Planning Division/Unit of the Agency	
2.(2e).i	Contact Person 1 Title	Title of the contract person	Cannot be blank. Enter the first contact person's title	
2.(2e).ii	Contact Person 1 Name	Name of the contact person	Cannot be blank. Enter the first contact person's name	

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
2.(2e).iii	Contact Person 1 Designation	Designation of the contact person	Cannot be blank. Enter the first contact person's designation.	
2.(2e).iv	Contact Person 1 Phone		Cannot be blank. Enter the first contact person's telephone number.	
2.(2e).v	Contact Person 1 Fax		Cannot be blank. Enter the relevant first person's Fax number.	
2.(2e).vi	Contact Person 1 E-mal ID		Cannot be blank. Enter the first person's Email address.	
2.(2f)	Contact Person 2	Details of the second officer who creates and owns the concept. He/She should be the responsible officer who could provide information	Usually the Second in Command of the Planning Division/Unit of the Agency	
2.(2f).i	Contact Person 2 Title	Tile of the contract person	Cannot be blank. Enter the second contact person's title	
2.(2f).ii	Contact Person 2 Name	Name of the contact person	Cannot be blank. Enter the second contact person's name	
2.(2f).iii	Contact Person 2 Designation	Designation of the contact person	Cannot be blank. Enter the second contact person's designation.	
2.(2f).iv	Contact Person 2 Phone		Cannot be blank. Enter the second contact person's telephone number.	

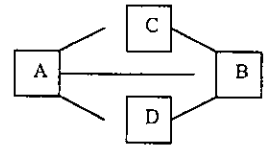
Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
2.(2f).v	Contact Person 2 Fax		Cannot be blank. Enter the second person's Fax number.	
2.(2f).vi	Contact Person 2 E-mal ID		Cannot be blank. Enter the second person's Email address.	
2(3)	Forwarding Ministry / Provincial Council	The Ministry or Provincial Council or Organizations who is forwarding the Concept.	Cannot be blank. Users are allowed to select the relevant Ministry Name from the pre defined list	All Ministries and Provincials Councils. Organization not under any Ministry. Eg. Auditor General Dept.
2 (3a)	Name	Name of the Ministry/Provincial Council/Organization	Cannot be blank	
2.(3b)	Address	Address of the Ministry/Provincial Council/Organization	Cannot be blank.	
2.(3c)	Phone	Telephone number of the Ministry/Provincial Council/Organization	Cannot be blank.	
2.(3d)	Fax	Fax number of the Ministry/Provincial Council/Organization	Cannot be blank.	
2.(3e)	Contact Person 1	Details of the officer who is in-charge of the activity in the forwarding Ministry/Provincial Council/Organization	Usually the Head of the Planning Division/Unit of the Ministry/Provincial Council/Organization	
2(3e).i	Contact Person 1 Title	Title of the contact person	Cannot be blank. Enter the first contact person's Title	
2.(3e).ii	Contact Person 1 Name	Name of the contact person	Cannot be blank. Enter the first contact person's Name	
2.(3e).iii	Contact Person 1 Designation	Designation of the contact person	Cannot be blank. Enter the first contact person's Designation.	

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
2.(3e).iv	Contact Person 1 Phone		Cannot be blank. Enter the first contact person's telephone.	
2.(3e).v	Contact Person 1 Fax		Cannot be blank. Enter the relevant first person's Fax number.	
2.(3e).vi	Contact Person 1 E-mal ID		Cannot be blank. Enter the relevant first person's Email address.	
2.3(f)	Contact person 2	Details of the second officer who in-charge of the activity in the forwarding Ministry/Provincial Council/Organization	Usually the Second in Command of the Planning Division/Unit of the Ministry/Provincial Council/Organization	
2.(3f)i	Title	Title of the second officer in charge of the Ministry/Provincial Council/ Organization		
2.(3f).ii	Contact Person 2 Name		This couldn't be a blank field. Enter the second contact person's Name	
2.(3f).iii	Contact Person 2 Designation		Cannot be blank. Enter the second contact person's Designation.	
2.(3f).iv	Contact Person 2 Phone		Cannot be blank. Enter the second contact person's telephone number.	
2.(3f).v	Contact Person 2 Fax		Cannot be blank. Enter the relevant second person's Fax number.	
2.(3f).vi	Contact Person 2 E-mal ID		Cannot be blank. Enter the relevant second person's Email address.	

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
3.	Project Rationale		Do not indicate/explain the objective of the project. Answer to each sub section should be in brief and limited to a maximum of 500 characters	
3.(1)	Introduction to the Project	Indicate the current situation of the Sector, its national importance from a development perspective and the information specific to area the Project is going to cover.	Cannot be blank. Users are allowed a maximum of 500 characters. Attachments are allowed.	
3.(2)	Specific Problem to be addressed by the Project	Identify the problems and issues to be addressed by the Project.	Cannot be blank. Users are allowed a maximum of 500 characters. Attachments are allowed.	
3.(3)	Mode of intervention in terms of this project (Justification)	Identify the ways of solving the problems and issues and achieving targets by justifying the implementation of the Project.	Cannot be blank. Users are allowed a maximum of 500 characters. Attachments are allowed..	
3.(4)	Composition of Target Beneficiaries/Stakeholders (indicate Gender Ratio)	Beneficiary means the group of people or institutions directly benefited from the Project. Also indicate the gender ratio of the beneficiaries.	Cannot be blank. At least one record should be included. Attachments are allowed..	
3.(5)	Relationship of the Project to Government Policy Framework/Plan	Indicate how the Project would link to the Government Policy Framework/Plan and identify its contribution to the overall development objectives.	Cannot be blank. Require a summary limiting up to a maximum of 500 characters. Attachments are allowed.	
3.(6)	Coherence with Sectoral Policies and Strategies	Indicate how the project will fit into Sectoral Policies and Strategies. Identify its contribution to the sectoral development objectives	Cannot be blank. Require a summary limiting up to a maximum of 500 characters. Allow attachments	

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
3.(7)	Considered Project Alternatives and Reasons for Rejection	Identify possible alternative options to achieve the project objectives and reasons for rejecting them.	Cannot be blank. Require a summary limiting up to a maximum of 300 characters. Allow attachments	 Supposed to construct a road for A__B area . A__B is the shortest way for constructing the road compared with the other alternatives ways. Eg. A__C__B or A__D__B. However, when we select A—B option sometimes it may have high cost activities such as resettlement, land acquisition than the option A__C__B. So it is necessary to check the possible way by considering alternative ways.
3(8)	Whether the Feasibility Study for the Project has been Carried out	If a Feasibility Study has already been carried out please attach it		
4.	Project Objective & purpose	Indicate the main objective and the purpose of the project without adding project justification		
4.(1)	Goal of the Proposed Project	Project goals are the long-term objectives of the project	Users are allowed to select primary and secondary objective from the defined list. Primary objective cannot be blank. Secondary objective can be blank.	long-term objectives Economic Development/Reform for Economic Growth Poverty Alleviation Social Development Environmental Management Capacity Building/Institutional Strengthening

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
4.(2)	Purpose of the Project	Purpose of the Project is the expected outcome of the Project.	Cannot be blank. Require a summary limiting up to a maximum of 500 characters. Allow attachments.	
5.	Project Outputs, Activities and Duration			
5.(1)	Expected Project Outputs	Outputs are the results that can be guaranteed by the Project as a consequence of its activities	Cannot be blank. At least one output should be included	Replanting of 1000 ha of Tea.
5.(2)	Project Activities	The activities that will be undertaken to implement the project.	Cannot be blank. At least one activity should be included indicating the magnitude of operation in each activity.	For replanting of 1000 ha of Tea, the activities would be; Uprooting of unproductive plants 1000ha, Rehabilitation of Soil 250ha, Stone Terracing $300x10^3$, Planting TRI2030 clone $10x10^6$ plants etc.)
5.(3)	Proposed Duration of the Project	The time span of the Project from the starting point to the end point of implementation.	Cannot be blank. Duration of the Project should be in months.	36 months
6.	Project Location and Land requirement	Indicate the geographical location of the Project		
6.(1)	Is the Project location is Islandwide or area specific	If the Project has Island-wide coverage indicates it as an Island-wide Project. If not specify the area coverage.	Cannot be blank. Select the one from two locations	Island-wide or Badulla, Monaragala and Ampara districts.

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
6.(2)	Total Land Requirement	The total land area required for the implementation of the Project	This could be a blank field Users are allowed to select unit of the land measure in Metric. In the system unit can be select from the pre defined list.	
6.(3)	Specify the Project Location	Information on where the Project activities take place.	Cannot be blank. Users are allowed to select the relevant Province, District, and Division from the pre defined list. Location is free text and should be entered. Attachments will be allowed if available.	1. Location can be a City, Town, Village, Heritage name, Name of a agency etc
7.	**Environment and Environment impact**	This section is to assess the environmental impact of the Project.		
7.(1)	Indicate if any of the following land users are within the Project site or within 1 km distance from any boundary of the Project site	This is to identify whether the Project is to be located closer to the environmentally sensitive areas.	Cannot be blank. Select the relevant land users from the selection boxes. If the answers are positive describe in a summary limiting up to a maximum of 300 characters. Attachments will be allowed if available.	Land users: National reserves such as national parks, wildlife reserves; coastal zones; flood areas and flood protection areas; reservoirs; archaeological reserves; ancient and protected monuments; schools; religious places and hospitals.
7.(2)	What are the possible Environment and Natural Resources Constraint to the existing activities due to the proposed Project	Indicate possible environment and natural resources constraints to the existing activities in the area due to implementation of the Project	This cannot be blank	Increase or decrease of ground water level/clearing of forest etc.

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
7.(3)	Indicate which of the following resources may be required for the Project.	This is to identify environmentally sensitive resources required for the Project	"Resources required for the project" field couldn't be a blank. Unit, Extent, Location could be blank fields If they are not known. Select the resources required for the project from the given list. If the resource required can not be found in the given list select "other" option and specify limiting to 30 characters.	
7.(4)	Will the Project require relocating 100 or more families?	Requirements of relocating families	Cannot be blank. Select the one from the two options.	
7.(5)	Whether the Project location is inside the coastal buffer Zone		Cannot be blank. Select the one from the two options	
7.(6)	Is the proposed Project a prescribed Project?	This is to identify whether the Project required EIA clearance	Cannot be blank. Select the one from the two options.	It is advised to consult CEA to verify the prescribed status.
8.	Gender Perspective	This is to identify whether the Project address the Gender issues		
8.(1)	Does the Project identify any gender gaps? If so describe	This is to ensure that problems and issues to be addressed by the Project specifically identify much issues and problems vis-à-vis Gender	Cannot be blank.	

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
8.(2)	Is there any strategy in the Project to address the gender imbalances	If the Project identifies Gender imbalances among the beneficiaries what are the strategies adopted in the Project to address such imbalances	Cannot be blank.	
8.(3)	Which Project activities are designed to bridge such gender gaps and what will be their impact on gender imbalance?	Identify the Project activities which are designed to bridge the Gender gaps and their impact.	Cannot be blank.	
9.	Cost and Financing	Summary of the Project Cost and financial plan		
9.(1)	Total Project Cost	This should be in Rs LKR	This could not be a blank field. Enter the total cost of the project in Sri Lankan Rupees in million	LKR 3.69 million
9.(2)	Cost Components	Identify main Components of the Project and Activities under each of the Components	Cannot be blank. At least one record should be entered. At the submission stage users are allowed to enter only local currency in Sri Lankan Rupees in million.	
9.(3)	Financing Plan	Financial Plan consists of External Source – This is the foreign portion for which Grant or Loan funding is requested. Proponent funding_ Contribution from the Agency. Beneficiary Contribution_ This is the contribution from the community that benefits from the project. Consolidated Fund _ Government portion of the funding Total: Should be equal to the total project cost.	Cannot be blank. Complete the Financing plan using Sri Lankan Rupees in million.	Proponent funding- Eg The contribution of the Project Implementing Agency this could be cash or in-kind Beneficiary Contribution_ Eg.In a rural electricity project, if the villagers or organizations representing them contribute for the project, this amount should be indicated here.

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
9.(4)	Details of Already Offered or Prospective External Assistance to Projects in the Related Sector/Ministry	Details on similar projects already offered with external assistance or projects in the related Sector/Ministry.	Cannot be blank. Amount of the project should be in USD in millions	
10.	Project Implementation	To provide information on the Implementing Agency which has overall responsibility for the implementation of the Project		
10.(1)	Implementation Agency with Overall Responsibility	Organizational and personnel details of the Implementing Agency If the Project Proponent and the Implementing Agency is the same the information at 2:2 (a to d) should appear under 10.1 (a to d)		
10.(1a)	Name	Name of the Implementing Agency with overall responsibility	Cannot be blank.	
10.(1b)	Address	Address of the Implementing Agency	Cannot be blank.	
10.(1c)	Phone	Relevant contract telephone number of the Implementing Agency.	Cannot be blank.	
10.(1d)	Fax	Relevant contract Fax number of the Implementing Agency	Cannot be blank.	
10.(1e)	Contact Person 1	Contacts details of an officer who is responsible at the implementation stage.		
10.(1e)i	Contact Person 1 Title	Title of the first relevant contact person at the implementation stage	Cannot be blank.	
10.(1e)ii	Contact Person 1 Name	Name of the first relevant contact person at the implementation stage	Cannot be blank.	

Annex IIIb

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
10.(1e)iii	Contact Person 1 Designation	Designation of the first relevant contact person at the implementation stage	Cannot be blank.	
10.(1e)iv	Contact Person 1 Phone	Telephone number of the first relevant contact person at the implementation stage	Cannot be blank.	
10.(1e)v	Contact Person 1 Fax	Fax number of the first relevant contact person at the implementation stage.	This could be a blank field.	
10.(1e)vi	Contact Person 1 Email ID	Email address of the first relevant contact person at the implementation stage.	This could be a blank field.	
10.(1f)	Contact Person 2	Contacts details of a second officer who is responsible at the implementation stage.		
10.(1f)i	Contact Person 2 Title	Title of the second relevant contact person at the implementation stage	Cannot be blank.	
10.(1f)ii	Contact Person 2 Name	Name of the second relevant contact person at the implementation stage	Cannot be blank.	
10.(1f)iii	Contact Person 2 Designation	Designation of the second relevant contact person at the implementation stage	Cannot be blank.	
10.(1f)iv	Contact Person 2 Phone	Telephone number of the second relevant contact person at the implementation stage	Cannot be blank.	
10.(1f)v	Contact Person 2 Fax	Fax number of the second relevant contact person at the implementation stage.	This could be a blank field.	

Item Number in the Concept Format	Heading	Introduction	Filling Information and Description	Examples
10.(1f)vi	Contact Person 2 Email ID	Email address of the second relevant contact person at the implementation stage.	This could be a blank field.	
10.(2)	Functions of the Implementing Agency with Overall Responsibility	Indicate the functions of the Implementing Agency which has overall responsibility for implementation of the Project	Cannot be blank.	
10.(3)	Implementing Agency/ies and their functions and prior experience with Similar Projects / Activities	If there is more than one Agencies are involved in the implementation of the project it is required to provide information on their functions and experience with similar projects activities.	Cannot be blank. At least one record should be entered. No 1 should be for the details of the agency with overall responsibility. Rest for the other Agencies which are involved in the implementation	
10.(4)	Responsibilities of other Entities (Other relevant Agency	If sub level entities are involved in the implementation please provide information on such entities		
10.(4a)	Applicable / Not applicable	Indicate applicability or not applicability of sub level of implementing entities	Cannot be blank. Select one from the two options	
10.(4b)	Narration	Agency name and its responsibility	This could be a blank field.	
10.(5)	Staff Availability for Implementing the Proposed Project	Information on Number of staff available for implementing the Project and additional staff required.	Cannot be blank. . At least one record should be entered. Additional Staff field could be blank	

Annex IIIb

Annex IV

BES:001

Sophisticated Medical Equipment Request Form

(All the questions must be answered)

1. Name of the Hospital: ..... 2. Department/Section: .....

3. Name of the equipment

4. Estimated cost: Rs. .....

5. Brief introduction to the equipment

5.2 Ancillary equipment required

Equipment	Cost /Rs

6. Justification for need of new equipment

7.Expected outcome

8. Major specifications, if any

8.1 Is there similar equipment available? Yes/No

8.2. If 'yes', number of equipments available?

8.3. What is the current status of the equipment?
Working/Working with frequent repairs/ Not working but serviceable/ Not working and unserviceable

8.4. What is the year of purchase the equipment, brand and model?

9. Utilization of Equipment

9.1. No of sessions /week

9.2. No of patients/week

9.3. Whether the equipment could be shared? Yes/No

If so indicate .....

10. Do you have sufficient space for the equipment to be installed? Yes/No

10.1. If 'no' what is your arrangement and date of completion?

11. Do you have power supply recommended for the equipment? Yes/No

11.1 If 'no' what is your arrangement and date of completion?

12. Other infrastructure need (Specify)? Yes/No/Not relevant

12.1. If 'no' what is your arrangement and date of completion?

13. Do you have a waste disposal method recommended for the equipment? Yes/No/Not relevant

13.1. If 'no' what is your arrangement and date of completion?

14. Do you have temperature & humidity control method recommended for the equipment (e.g. Air conditioning)? Yes/No/Not relevant

14.1. If 'no' what is your arrangement and date of completion?

15.Do you have required human resource for the usage of this equipment? Yes/No

15.1. Consultants - No/Visiting Consultant/Acting consultant/Permanent consultant

15.2. Medical Officers - No/Temporary/Permanent

15.3. Technicians -No/Yes

16. If 'no' what is your arrangement of getting required human resource and date of getting the human resource?

17. Whether the training required for operating the equipment?

Estimated training cost/ Rs	In-house	Overseas

18. What is your arrangement of obtaining required accessories & consumables?

Accessories			
Single use	Cost	Multiple use	Cost

Signature of the requested Consultants Date: .....

Name Signature

1..... .....

2..... .....

3..... .....

To be completed by Director/MS of the hospital

I certify that the above information is true and correct.

Recommend and forward.

Signature of the Director/MS Date: .....

(Official stamp)

Office use only

Observation of relevant section Engineer

Signature Date:

To be completed by the Director, BES, Ministry of Health

Signature Date:

To be completed by the Committee, Ministry of Health

Signatures Date: