

PRIMARY HEALTHCARE REORGANIZATION IN SRI LANKA 2019-2023

Primary Healthcare System Strengthening project ministry of health

PDO: increase the utilization and quality of primary health care services, with an emphasis on the detection and management of non-communicable diseases

DISBURSEMENT INFORMATION

According to the PAD (project appraisal document) USD 200 Million was granted for the project which was expected to be completely disbursed and utilized within five years of period. From that allocation USD 15 Million was shared to project implementation support actions. During the time of Covid, 19 pandemic again USD 9 Million was taken from the USD 15 Million as CERC (Contingent Emergency Response Component) actions.

COMPONENTS/RESULTS AREAS	USD MILLION
1. Implementation of PHC System Strengthening and Reorganization (DLI or Results-Based Financing)	185
2. Project Implementation Support and Innovations Grant	6
3. Contingent Emergency Response Component (taken back)	9

Board Approval	Agreement Signed and Effective	Amount (USD million)	Disbursement (USD million) COM I & II	Disbursement (USD million) COM I & II	Balance to be disbursed (USD million)
JUNE 27, 2018	03 JANUARY, 2019	200	125.12+2.37 =127.49	34.021	25.859



The current status of the result framework indicates that USD 125.12 Million was disbursed to the treasury. From the balance of USD 59.886 Million around USD 34.021 Million is expected to be disbursed in pending verification. The remaining balance of USD 25.859 Million is disbursed with an additional time frame. utilizing that money huge development was carried out throughout the project period. Special priority is given to the development of the primary care sector including PMCU, and DHs, and also some of the facility improvement was made in secondary and tertiary care institutions too. That is because to ensure the Apex cluster actions for reference care and laboratory network and all the OPDs also have empaneled population to screening.

Several procurements have been made such as essential drugs, lab reagents and strips, medical equipment, IT equipment and connectivity, office furniture, and software development. Not only that arrange capacity building to ensure the trained HR availability, consultancy services essential printing, etc. all those are supportive actions to ensure the routing health services with economic crisis and project target achievement.



THE WORLD BANK

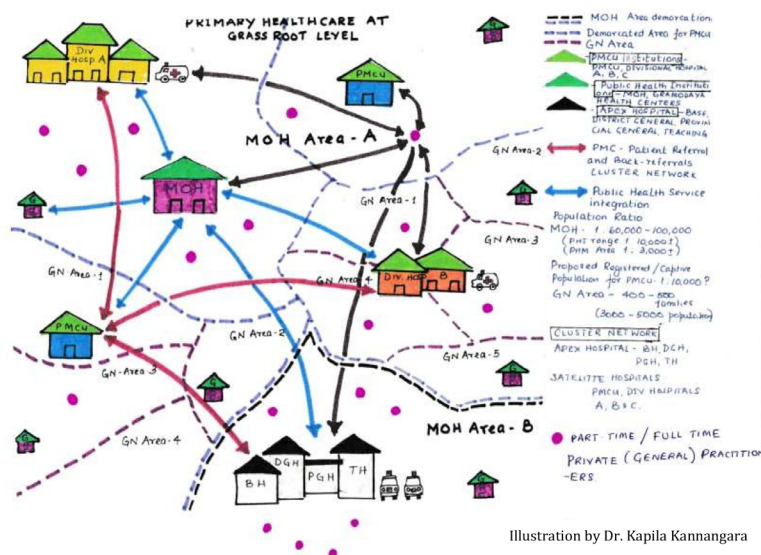


Illustration by Dr. Kapila Kannangara


PDO INDICATORS

There are 9 DLIs were set up at the early stage of the project to monitor the project's progress. From that 3 major DLIs such as DLI 3,8 And 9 were directly related to the project development objective.




The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care

DLI 3



Number of women at age 35 and age 45 years who are screened for cervical cancer at a network of public health facilities

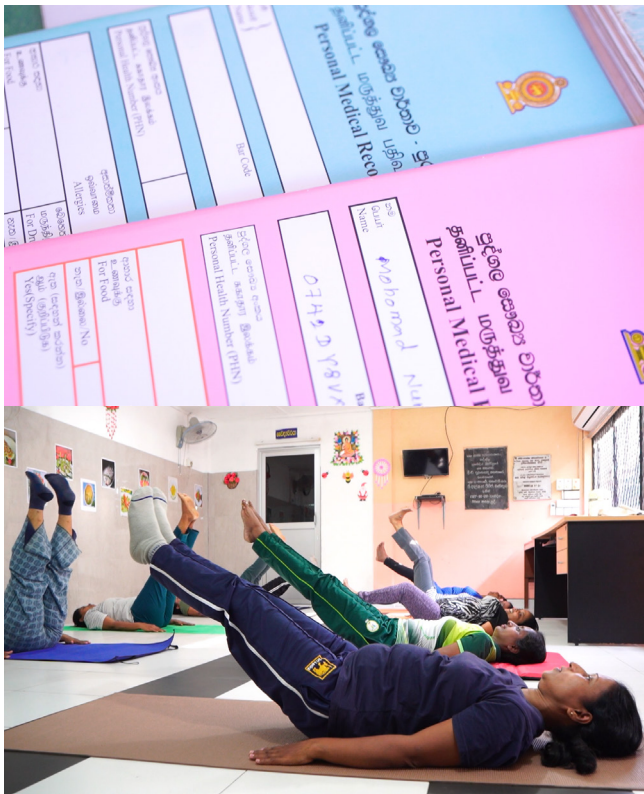
DLI 8



Percentage of screened adults with high risk for non-communicable diseases who are registered and

DLI 9

In addition, there are 6 more Disbursement link indicators



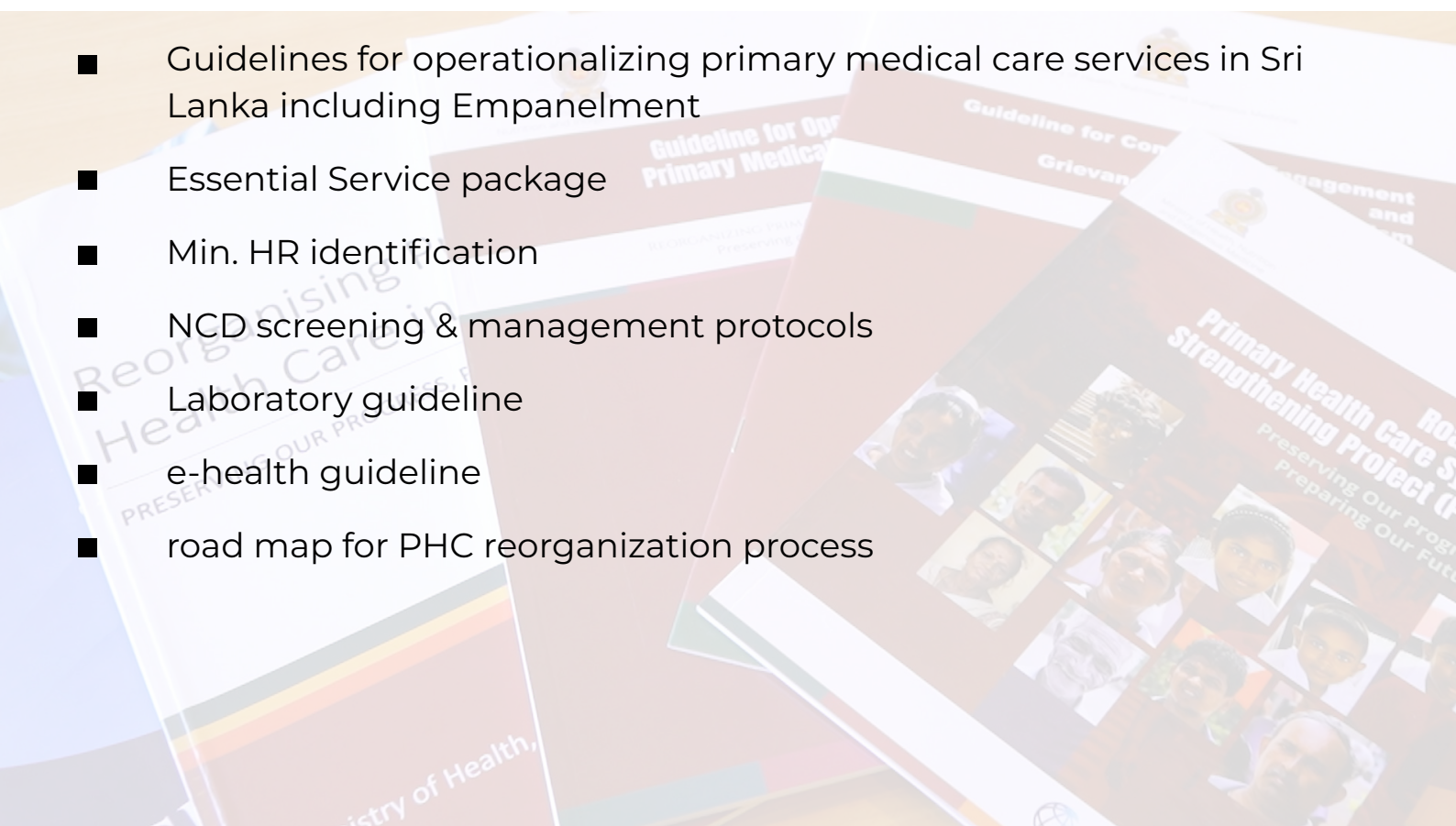
DLI PROGRESS

From the 9 sets of DLIs 1, and 4 were achieved and their disbursement was completed accordingly. DLI 2, 8, and 9 were also totally achieved and some amount of allocated disbursement is pending. DLI 3,5,6 and 7 have completed nearly 78% of expected targets. These result gaps occurred due to the effects of the COVID pandemic, the economic crisis, and also the high number of migrations of healthcare staff. Any way new strategies introduced to catch up the resulting gap within a short time from collaboratively relevant subject authorities.

DLI 1 - ENDORSE POLICIES STANDARDS & GUIDELINES FOR PHC REORGANIZATION BY MOH AND ADOPTED BY PROVINCES

This was mainly set up to introduce relevant guidelines required to ensure the PHC reorganization process. Accordingly, the following Guidelines were developed and published to use the necessity levels of PHC setup. This DLI was almost completed early in the project because the overall PHC reorganization process was based on these guidelines.

- Guidelines for operationalizing primary medical care services in Sri Lanka including Empanelment
- Essential Service package
- Min. HR identification
- NCD screening & management protocols
- Laboratory guideline
- e-health guideline
- road map for PHC reorganization process





DLI 2 - MOH ADOPTS AND UPDATES CLINICAL PROTOCOLS FOR SELECTED HEALTH CONDITIONS

To streamline the screening procedures relevant to directorates of the MoH completely introduced circulars on related subjects. This was carried out two times, in the early stage of the project the initial draft was published, and then with the learned facts all three guidelines were revised and published. The allocated money disbursement for the revised guideline is pending and expected to be received from the WB (World Bank) at the end of November 2023.

The following guidelines were revised

1. Hypertension
2. Diabetic mellites
3. Cervical cancer

DLI 3 - PMCIS HAVE THE REQUIRED CAPABILITIES FOR PROVIDING COMPREHENSIVE AND QUALITY CARE

For the monitoring purposes, this DLI was divided into 3 DLRs. DLR 3.1 and 3.3 are related to completing a situational analysis.

DLR 3.1 - Each province completes a situation analysis necessary to identify gaps for meeting the required capabilities- This was completed in 2019 by each 9 provinces



Completely archived

DLR 3.3 - Each province completes a situation analysis necessary to identify gaps for meeting the required capabilities-

This was completed in March 2023 and published on the website

DLR 3.1 was completed in 2019 and then the relevant facilitation done to improve identified gaps. Then according to DLR 3.2 conducted research again in 2023 to observe infrastructure improvement.

COMPARISON SUMMARY OF TWO GAP ANALYSIS

CATEGORY	IN 2019 GAP	IN 2023 GAP
Not having proper ETU	447	225
No safe drinking water	339	210
No proper toilets	305	168

Other Improvements

- Drug stores 226
- Dispensaries 198
- Waiting area 91



DLR 3.2 The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care

This DLR includes 6 capabilities to fulfill the minimum requirement of PMCI functions. To consider an achievement each PMCI should have at least 5 capabilities out of 6. These will be verified in two ways.

- 01 Number of PMCI that have a minimum of four capabilities
02. Number of PMCI that have the additional capability (here will consider only those who have achieved 5 or 6 capabilities)

At this movement, the project has completely achieved the minimum four capability parts and partial disbursement made in the year 2022, the remaining disbursement is pending and expected to be received at the end of November. The additional capability was achieved only in 449 PMCI.



EXPECTED CAPABILITIES UNDER THIS DLI

1. A minimum of 25 % of the empaneled population screened and assessed for NCD/ will be verified as a national target. – every PMCII in the country was empaneled with the surrounding population. They have to conduct NCD screening for the age over 35 population and the screened individuals have to be entered into HIMS. In the project period, each selected PMCII should have started its population screening and contributed to achieving the national target of 25% of the nationally available age over 35 population.
2. Minimum 2 Trained MOs and one No - this refers to having at least two Doctors and one nursing officer at the PMCII to maintain their routine targets and they have to follow up a specific training program conducted by the MoH (Ministry of Health)
3. Availability of essential Equipment (17)- PMCII should maintain the 17-equipment list introduced by the NCD unit of the MoH
4. Essential drugs (19 for Project)-PMCII should maintain the 19-essential drug list introduced by the NCD unit of the MoH for primary care setup
5. Availability of lab (Minimum) investigation services – PMCII should conduct at least Blood sugar and cholesterol tests for population screening
6. Minimum 3 Supervision visits per year by higher-level officials from respective RDHS – each PMCII should be supervised by a visiting officer from the RDHS at least three times per year.



DLI 4 - PMCIS PROVIDE ENHANCED PATIENT-FRIENDLY SERVICES

Ensure the smooth functionality of the PMCII and the user-friendly mechanism for the clients this new strategy introduced. Catching up the working population of the catchment area in routing time is not an easy task. They are introduced to conduct additional actions as follows.

1. Late our clinic, night and evening
2. appointment system, paper-based or electronic-based
3. Lab network

This result area aimed to conduct above mentioned activities in 550 places which means the end target is 550 enhanced services. This was achieved in the year 2022 and goes beyond the target with the progress of 871 enhanced services.

DLI 5 - PERSONAL HEALTH RECORDS ARE USED TO COORDINATE PATIENT CARE OVER TIME AND THROUGH THE REFERRAL CHAIN

This is to ensure the sharing summary of client profile with them, then they can observe their lifestyle improvement. As a policy measure, MoH developed and published an e-health guideline in the early stage of the project. Also, it is linked to the DLR 5.1. The initial plan was to offer an electronic PHR but still, it does not happen. But all the screened individuals are given a manual PHR and all 550 PMCII are conducting this activity.

The result shows in 550 places but the verification confirmed only 278 for disbursement.



DLI 6 - PROCUREMENT AND SUPPLY CHAIN MANAGEMENT EFFICIENCY IS IMPROVED

DLR 6.1 Number of PMCIs connected to and using the Medical Supplies Management Information System

This target was set to ensure a good supply chain management process and improve the efficiency of health sector goods supply. To support the procedure there were a number of DLRs setup such as

1. DLR 6.2 Government endorses revised procurement guidelines for health sector goods, including revised performance benchmarks for standard procurement lead times
2. DLR 6.3 Percentage of annual procurement lead time by MSD that is less than or equal to defined performance benchmarks (report attached)
3. DLR 6.4 MoH establishes a baseline for the use of the 'urgent' procurement procedure as a percent of total medical supplies procurement
4. DLR 6.5 The use of the urgent procurement procedure as a percent of total medical supplies procurement that is reduced from the established baseline

All the above-mentioned targets were fully achieved, and only one DLR is on-going progress. It is named "Extension of MSMIS to PMCI" and was completed for selected 57 PMCI and disbursement was made at verification 2020, for the ongoing verification reported number is 202 and there is a result gap around $550 - 202 = 348$. Division of supply production and regulation of pharmaceuticals has ensured that this will be completed in all 550 PMCI by 31st March 2024

DLI 7 - COMMUNITY ENGAGEMENT MECHANISM FOR HEALTH SECTOR OPERATIONAL, INCLUDING A HEALTH SECTOR GRIEVANCE REDRESSAL MECHANISM AND COMMUNITY COMMITTEES AT THE PMCIS

In the current context of health care all over the world special priority is given to the community engagement sector because it is recognized by the leading healthcare organizations of the world.

To ensure community engagement in Sri Lanka, especially in the curative sector MoH and WB made the decision to pilot it with PSSP. Accordingly, DLI 7 was introduced and it was fragmented into 7 DLR.

DLR 7.1,7.2,7.3,7.6 and 7.7 is to establish relevant community engagement and grievance redress mechanisms and guideline development, revision, and adoption. All those are completed. Specially for grievance handling multimodal GRM including a 1907 short code telephone number ("Suwa Sawana") launched in 2021 under the office of the Additional Secretary of Medical Services MoH. Anyone can complain about their grievances directly to the MoH through that channel via the following modes.

1907 shortcode

Email

WhatsApp

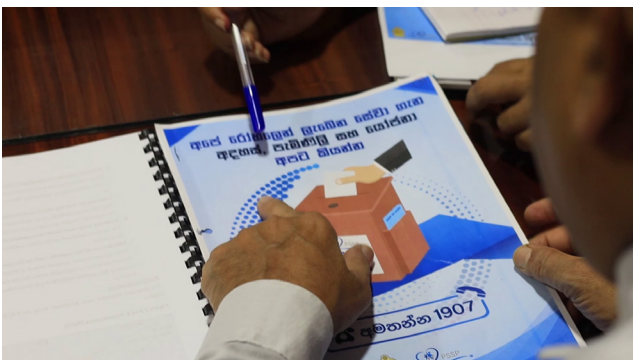
Or letter

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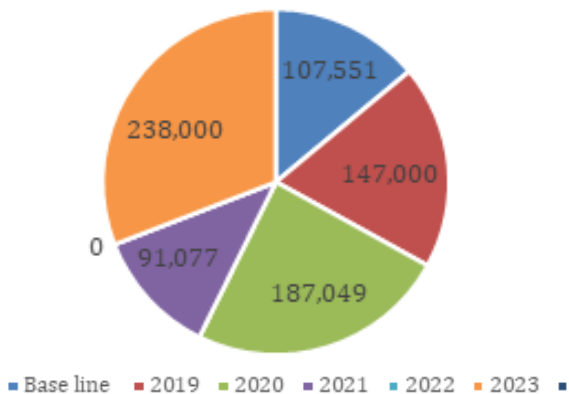
Rather than that major target is to establish community engagement committees in each selected PMCI, to have an active community engagement each PMCI should establish an FFC committee and they must meet a minimum of three times per year and maintain proper meeting minutes. Accordingly, Friends of Facility Committees established (FFC) at 550 PMCI and 300 PMCI were confirmed at previous verification rest of the PMCI are pending verification. Data confirmed that FFC availability of 466 PMCI accordingly result gap is 77 PMCI.

DLI 8 - WOMEN AGED 35 AND 45 ARE SCREENED FOR CERVICAL CANCER AT A NETWORK OF PUBLIC HEALTH FACILITIES

This target is established to ensure the women's health in the country. Specially reduced cervical cancer surveillance and enhanced the early detection which is the highest number of fetal cancers among females in the country. This process already started and from this DLI aimed to boost the procedure. Annual targets given for 2019 and 2020 were achieved beyond the target. The target for the previous verification was 188000 but the achievement is 110000, considering the over-achievement at the 2019 and 2020 verification and the deficit at the last verification the target for disbursement of the balance amount is 237000 (women screened for cervical cancer prediction)

Up to 30th September 2023, national-level achievement is indicated as 240000. Data verification is pending. As a cumulative number 824000 women screened yet with the project support.

CIRVICAL CANCER SCREENING BY YEARS



DLI 9 - ADULTS DETERMINED TO HAVE A HIGH RISK FOR NON-COMMUNICABLE DISEASES REGISTERED AND ACTIVELY FOLLOWED UP AT PMCIS

In DLI 3.2 main objective is to screen and early detection of NCDs. This DLI is directly linked with the people who are screened and identified as risk more than 20%. They have to follow up for risk control overtime at the same PMCII of the next level.

The final target for this indicator is 25% (25% present of the identified individuals whose CVD risk is more than 20%, have been actively followed up at least one time, within the three months before the verification.).

The achievement is indicated as 68 % and the verification Is pending.

Progress summary up to 30th September 2023

CRITERIA	NUMBER		
Total number of PMCI considered for DLI reporting in verification year 2022	550		
CRITERIA	FEMALE	MALE	TOTAL
No. of patients with CVD>20%	9,844	7,875	17,719
CVD-risk patients followed up at the Medical Clinic of the hospital during the reporting period	7,468	4,771	12,179
%	75%	61%	68%



BEYOND THE DLI

STATUS OF POPULATION SCREENING FOR RISK FACTORS : 550 VERIFIABLE HOSPITALS

TOTAL POPULATION	10,039,828
AGE OVER 35 POPULATION	4,155,500
MINIMUM TARGET (25%)	1,094,435
SCREENING FOR RISK FACTORS 20 MAY 2023	1,272,778, (30%)
CVD RISK OVER 20%	29,121(2.4%)

