

**Independent Verification Report on
Disbursement Linked Results of the
Sri Lanka Primary Health Care System Strengthening
Project (PSSP) – December 2019
(LN 8878-LK)**

**Department of Project Management and Monitoring
(DPMM)
Ministry of Finance, Economy and Policy Development,
Democratic Socialist Republic of Sri Lanka**

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1 INTRODUCTION

The Ministry of Healthcare and Indigenous Medical Services (MoHS) of the Government of Sri Lanka and the health authorities of the Provincial Councils are implementing several initiatives to reorganize and strengthen the Primary Health Care System, particularly to address the growing need and the burden of non-communicable diseases. These initiatives in the Primary Health Care System will, in part, be financed and technically supported through development funding. Sri Lanka has received a Loan from the World Bank (No. 88780) amounting to US\$ 200 million towards a Primary Health Care System Strengthening Project (PSSP) which will be implemented during a five year period from September 2018 to December 2023.

Specifically, the project's objective is to increase the quality and utilization of Primary Health Care Services, with an emphasis on the detection and management of non-communicable diseases (NCDs) in high-risk population groups, in selected areas of the country.

The PSSP has three components:

- Component one of the Project (US\$185 million) supports the MoH and the provinces to implement the Primary Health Care (PHC) System reorganization and strengthening strategies focusing on five results areas. They are: (i) PHC policy and standards defined to support implementation; (ii) Primary Medical Care Institution (PMCI) capabilities and services strengthened for more comprehensive and quality care; (iii) Supportive systems developed to facilitate improved PHC delivery, with a focus on NCDs; (iv) Health system empowers and becomes more responsive to the demands of the population; and (v) Utilization of PHC services, with a focus on NCD detection and active follow-up, is increased.
- Component two of the Project (US\$14.22 million) provides direct support to the MoH and through the MoH to the provinces for activities that would be difficult to implement through the country's regular public financial management systems including: (i) Project management, coordination and routine project monitoring; (ii) Results verification and operational research; (iii) Capacity building at the central and provincial levels; and (iv) Service delivery innovations grant.
- Component three of the Project (provisionally US\$0 million) is a Contingent Emergency Response Component that aims to improve the country's response capacity in the event of an emergency, whereby the undisbursed fund of the project will be mobilized to address the immediate financing needs.

To measure implementation progress and results of PSSP, 26 indicators for outcomes and intermediate results (i.e. outputs and processes) have been agreed by the Government. Nine of those indicators are defined as disbursement-linked indicators (DLIs). These nine DLIs (DLI 1 to DLI 9) have annual performance targets which have been defined as Disbursement Linked Results (DLRs). Under the DLI approach, disbursements by the World Bank to the Government of Sri Lanka would depend on the level of achievement of the respective DLRs. Accordingly, the achievement of annual DLRs will be the basis for releasing the funds amounting to US\$ 185 million under Component 1 of the Project.

The MoH, supported by the Project Management Unit, is responsible for reporting on the Project results with data collected from various departments of the MoH and the Provincial Health Departments. To ensure the credibility of the information reported under the DLIs, the Department of Project Management and Monitoring (DPMM) verifies the information and data reported and ensure whether they are (i) consistent with the requirements under the Project as specified in the verification protocols which have been agreed between the World Bank and the Government of Sri Lanka; and (ii) correct within a reasonable degree of accuracy.

2 THE REPORT

As requested by the Secretary, Healthcare and Indigenous Medical Services (MoHS) by letters dated 13th and 28th September 2019, the Department of Project Management and Monitoring, herewith submit its report of the verification on achievements of DLR 8.1 for the Year 2018.

This report consists the following:

- A description of the methodology used for the verification process (supported by the Verification Protocols in Annex 1);
- Conclusions from the Verification Process.

3 METHODOLOGY

3.1 APPROACH

The DPMM adopted mixed method for verifying the respective DLRs. The methods adopted to verify the DLR 8.1 for 2018 mainly included the review of registers and records at the MOH as well as review of reports at the Family Health Bureau. The evidence collected for each of the DLRs are presented in the section 4 below.

The verification team consisted the following officials.

- i. Additional Director General – DPMM
- ii. Director DPMM – Health Sector
- iii. Assistant Director DPMM – Health Sector
- iv. Team Leader – Consultant Team of Management Frontiers
- v. M&E Specialist - Consultant Team of Management Frontiers
- vi. Bio-Statistician - Consultant Team of Management Frontiers

The above team members verified the DLR 8.1 by reviewing the registers and MIS records and other relevant documents such as Service Delivery Reports from Service Providers through to the MoH, records at the Well-Women Clinics, Medical Officer of Health office and Family Health Bureau to ensure conformity with operational definitions and the stated test protocols. Review of the registers at MOH offices, MIS records, circulars, guidelines and procedures developed were also perused by the Team to assess the appropriateness, compliance and completeness of the same as per the verification protocols. A detailed checklist was prepared and adopted to assess the completeness of the cervical cancer tests conducted at Well-Women Clinics and reported by MOH offices.

3.1.1 SAMPLING

The sampling procedure applied for DLR 8.1 is presented below.

- i. **DLI 8** - Number of women at age 35 and at age 45 years who are screened for cervical cancer screening at public health facilities

DLR 8.1 - Number of women at age 35 and at age 45 years who are screened for cervical cancer screening at public health facilities

Sample Frame – As per the Lot Quality Assurance sample frame calculation, the required sample frame for the DLR 8.1 would be thirty-six PMCIs. This sample was allocated to the nine provinces on pro-rata basis. However, the DQA covered 44 MOHs. The allocation of MOHs among the Provinces is presented below.

	Province	Total Number of PMCI	Sample of PMCI for the verification
1	Central PDHS	49	6
2	North Central PDHS	27	4
3	Southern PDHS	49	6
4	Uva PDHS	27	4
5	Western PDHS	54	6
6	North Western PDHS	41	5
7	Sabaragamuwa PDHS	29	4
8	Northern PDHS	34	4
9	Eastern PDHS	47	5
	Total	357	44

Selection of PMCI in the Provinces

The MOHs to be included in the data quality audit for DLR 8.1 were selected by applying random numbers. The selected MOHs based on random numbers in each of the Provinces are given below.

Western Province.

- i. MOH D4 (CMC)
- ii. MOH D5 (CMC)
- iii. Maharagama
- iv. Rathmalana
- v. Palindanuwara
- vi. Wadduwa

Central Province

- i. Akurana MoH
- ii. Madadumbara / Madamahanuwara
- iii. Udadumbara
- iv. Yatinuwara
- v. Ambanganga Korale
- vi. Rattota

North Central Province

- i. Galnewa
- ii. Nochchiyagama
- iii. Thirappane
- iv. Kekirawa

Southern Province

- i. Balapitiya
- ii. Bope-poddala
- iii. Gonapinuwala
- iv. Lunugamwehera
- v. Welipitiya
- vi. Beliatta

Uva Province

- i. Meegahakivula
- ii. Passara
- iii. Badalkumbura
- iv. Buttala

North Western Province

- i. Abanpola
- ii. Katupotha
- iii. Kurunegala
- iv. Chilaw
- v. Madampe

Sabaragamuwa Province

- i. Dehiovita
- ii. Deraniyagala
- iii. Kuruwita
- iv. Yatiyanthota

Northern Province

- i. Karaweddy
- ii. Sandilipay
- iii. Uduvil
- iv. Kilinochchi

Eastern Province

- i. Arayampathy
- ii. Batticaloa
- iii. Kattankudy
- iv. Valachenai
- v. Navithanveli

The 44 MOHs covered above are from 19 RDHS units. These RDHSs are: Kandy, Matale, Anuradhapura, Galle, Matara, Hambantota, Badulla, Moneragala, Kurunegala, Puttalam, Kegalle, Ratnapura, Jaffna, Kilinochchi, Batticaloa, Kalmunai, CMC RD, Colombo, and Kalutara.

3.1.2 PROCESS OF ANALYSIS AND INTERPRETATION OF RESULTS

The DLR 8.1 that are verified and reported by this submission. Interpretation of evidence collected on achievement of DLRs, is straightforward and it reveals that the results described under DLR 8.1 for 2018 have been achieved. As per the original copies of the circulars and guidelines as well as confirmations that they have been adopted at the Provinces are received by DPMM, we confirm that the results are consistent, valid and are in line with verification protocols.

3.2 PERCEIVED LIMITATIONS OF THE VERIFICATION PROCESS (IF ANY)

There were no limitations experienced by the verification team in the verification process.

3.3 RESULTS: INFORMATION / DATA INTEGRITY

The DLR 8.1 is covered by this submission. Data quality audit is required for DLR 8.1. The findings of the data quality audit are presented below.

Province	MOH Areas covered	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	45 Y	45 Y	Total	35 Y	45 Y	Total
Western	6	2,457	557	3,014	1,936	479	2,415	1,988	481	2,468
Central	6	2,223	222	2,445	2,099	296	2,395	2,142	246	2,388
Eastern	5	1,350	56	1,406	1,356	52	1,408	1,230	35	1,265
Northern	4	983	486	1,469	651	125	776	644	210	854
North Central	4	1,366	228	1,594	1,269	206	1,475	1,276	210	1,486
North Western	5	1,513	240	1,753	1,480	244	1,724	1,642	210	1,852
Subaragamuwa	4	2,329	304	2,633	2,127	283	2,410	2,200	305	2,505
Southern	6	2,162	475	2,637	2,103	473	2,576	2,043	492	2,535
Uva	4	1,400	309	1,709	1,333	318	1,651	1,329	251	1,580
Total	44	15,783	2,877	18,660	14,354	2,476	16,830	14,494	2,440	16,993

As per the data shown above and resulting deviation, the actual number of cervical cancer tests undertaken in 2018 could be calculated as 152,915. The actual number of tests reported by the MoH is 151,448. The estimated probable difference is 1,467 which is negligible. The actual verified amount is also higher than the target of 131,000 for the year 2018.

3.4 RECOMMENDATIONS TO STRENGTHEN INFORMATION/ DATA QUALITY

The recommendations to be proposed as per the findings of the Data quality audit for DLR 8.1 are as follows.

Unfilled Cadres of Public Health Midwives

In a majority of the MOH offices visited, we observed that there are many PHM cadres vacant. This may have a negative effect on this indicator as this test entails counselling and increasing awareness for women to report at clinics and to have the test done. The PHM is expected to provide awareness and pre-test counselling while in the field and therefore covering up PHMs may not have the time to do so outside their assigned field areas.

Tests on Women at 45 years and Poor Compliance

In most MOH data sets the numbers of women who have received the test at 45 years is significantly low. This partly due to the fact that this age group has been introduced only in 2019. As this group of women are reaching the end of their reproductive period, their eagerness to visit a MOH could be low and therefore strong awareness and counselling are necessary to get them have the tests done. The insufficient midwives assigned to MOH areas may significantly contribute to this poor compliance and to the reproductive health of women over 45 and above years of age.

Pap-smears in Second or Later Visits

We noted that the numbers of PAP smears taken later in the second or later visits may miss the cohorts even though they had reported to service centres at the correct ages. Among young women pregnancy seem to be the most common reason to postponed the Pap smear test when they visit the Well-women Clinics.

Delays and Irregular Dispatches of Reports from Hospitals

There seem to be considerable delays in receiving the reports at the respective MOH offices. This may make the MOH staff helpless when women wanted to know the test results. In the extreme case, the delays had been more than three months. It was reported that these delays have adversely affect the reliability of such reports and more importantly the trust between the field worker who motivated these women to get the tests done and the women who received the services.

Smear Reports, “Unsatisfactory Reports” and Repeats Tests

There are several types of Pap smear reports of test results. The results may indicate malignancy, non-malignant pathology for which interventions are necessary and those that show no evidence of a medical condition. But there is another type of reporting call “Unsatisfactory” which refers to the fact that the smear sent to the lab was not satisfactory in quality to be tested for any pathology. The number of “unsatisfactory” reports can be reduced by appropriately training the MOH staff engaged in taking the Pap smear. What is however not clear is what happens to these women whose reports have been categorized as “unsatisfactory”. Ideally, their tests should be repeated and taken into the relevant cohort.

Pathological Classification of Smear Results

As mentioned above the reporting of smears is based on a pathological classification of lesions. In the MOH offices that were included in our sample and it was rare to find malignancy reported. Instead other conditions such as ASUS, high and low grades have been reported. Some such conditions may need referrals to Gynaecology clinics in hospitals. The most significant aspect of this exercise is to counsel the women once the test result is received. In order to do this the staff at the MOH offices should be thorough with the implications of the test results. This we found to be inadequate and needs further strengthening by exposing them to the clinical aspects of such medical conditions. This will make the already motivated staff more confident of what they do and even more motivated to actively engage women in this exercise.

Recording Age vs. Date of Birth

In several MOH offices there was no uniformity regarding the recording of the age of the women who come to Well-Women Clinics. Some have recorded it by the date of birth and others by age in years. It is suggested that there is uniformity in this regard as this may affect the quality of the data that collected under this DLI. Also, there are instances of details of tests undertaken and test results etc. are not properly recorded in the registers. The midwives should be provided with proper training as to how the registers are updated and summaries are prepared to update the data into e-MIS system.

Positive Reports, Referrals and Outcome Monitoring. Data on Positive Results by Age

The expected outcome of this exercise is to detect cervical cancers as early as possible. Although two cohort are for 35 and 45 age groups, the tests are done to all consenting women who arrive at Well-Women Clinics. However, it is unfortunate that the positive rate by age or data on cancers detected by ages are not classified in the database. Even the positive rates for the two age groups seem to go to the database, they are not separately recorded and analysis for the purposes of decision making. Positives reporting by the pathological classifications by age, referral information and subsequent information on the outcome management, if available, will greatly enhance the quality of the Programme, future policy and intervention planning and their effective implementation.

Reasons and consequences of Low Rate of Positive Test Results.

It is suggested that a proper review is undertaken regarding the low rate of positives identified taking the various steps involved, number of tests conducted and the skills of various professionals involved into consideration. If the low rate of positives continues after such an effort more reflective assessment of the Programme seems to be required.

Target Population Estimates

There are three kinds of estimates available for the 35 and 45 years of age women population in the MOH area. First is the estimate provided by the FHB based on 1% and 0.8% of the women in these two cohorts as per census, for each MOH division. Second is the estimate identified based on the voting lists and the third is the population of women in each age group identified by the PHMS when they visit the households. The third estimate by midwives/PHMS seems more reliable as they have excluded those living elsewhere. Therefore, it seems logical for us to suggest that

consider the actual numbers identified by the PHMS as the denominator in calculating the 80% targets for MOH areas.

Record Keeping and Reporting

We observed many deficiencies in relation to updating the registers, summarizing quarterly data and entering data into the e-MIS system. There are many instances of registers not been properly updated, data from each midwife area are not accurately summarized and wrong figures have been keyed into the e-MIS system. We suggest that a proper training should be provided to the SPHMs, Midwives and development officials who are engaged in updating the registers, summarizing data and entering the data into the e-MIS system.

Differences in Reporting

As there were a few MOH where the differences have been identified by the Team, We suggest that the Project shall undertake a Qualitative Research so that the reasons for such instances could be identified and necessary actions be taken to improve the process of data compilation, summarizing and reporting through e-MIS system by MOHs.

4 RESULTS OF DLR VERIFICATION

The results of the verification of DLR 8.1 are tabulated below under the heading of each DLR.

DLI 8 - Number of women at age 35 and at age 45 years who are screened for cervical cancer screening at public health facilities

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 8.1 - Number of women at age 35 and at age 45 years who are screened for cervical cancer screening at public health facilities	131,000 women screened for Cervical Cancer in 2018	Actual Achieved – 151,448 Target has been achieved	Data Quality Assessment Methodology Used to Assess Service Delivery Reports from Service Providers through to the MoH. The documentation included (both electronic and manual) records at the Well-Women Clinics, Medical Officer of Health office, Family Health Bureau and Well-Women Clinic records with the clients to ensure conformity with operational definitions and the stated test protocols. Cervical cancer screening test refers to either conventional pap-smear or the HPV/DNA test.	DLR 8.1 has been achieved.
<p>Compliance verification procedure: Review of documentation and records (electronic and manual) in the Well-Women Clinics, Medical Officer of Health office, Family Health Bureau with the clients by DPMM to (i) ensure conformity with operational definitions and (ii) the stated test protocols.</p>				

5 SUGGESTIONS TO IMPROVE VERIFICATION PROCESS, COMMUNICATIONS AND OTHER PROCESS

DPMM propose that the data that are necessary for verification process be compiled and summarized during the implementation process itself, so that the implementation institutions would be ready to submit them in required quality, accuracy and on time.

6 CONCLUSION

As the DLR 8.1 has been achieved, DPMM proposes that this report could be used as an authorization to disburse the eligible amount of funds from the Loan No. LN 8878/LK.

7 ACKNOWLEDGEMENT

We sincerely thank all the government officers including the Medical Officers of Health, Public Health Nursing Officers, Public Health Midwives who cooperated with us and assisted us undertaking this verification. Their profound commitment to serve the public and in enhancing their wellbeing should be commended.

ANNEX 1. VERIFICATION PROTOCOLS FOR DLRs APPLICABLE FOR PERIOD TO DECEMBER 2019

DLI	Definition/Description of Results	Scalability of Disbursements (Yes/No)	Time Bound (Yes/No)	Protocol to Evaluate Achievement of the DLI and Data/Result Verification		
				Data Source/Agency and Reporting Period	Verification Entity	Procedure
DLI 8. Women aged 35 and 45 are screened for cervical cancer at a network of public health facilities	<ul style="list-style-type: none"> This DLI reflects the intention of increasing the screening of women for cervical cancer, as a proxy indicator for other preventive examinations for women. DLR 8.1 reflects the MoH program of screening women for cervical cancer and particularly targeting women ages 35 and 45 where the cancer growth may be at the early stages. The actual number of women screened at any public HF, in each calendar year, will be measured. The majority (approximately 90%) of the services are provided at PHC facilities (Well Women Clinics, PMCIs). The reporting system will capture these as well as those provided in base and tertiary care hospitals. DLR 8.2 To ensure that the screening and referral protocols are being followed and to access provider knowledge and practice, a study following an agreed methodology and based on a sample of the providers will be undertaken. 	<p>DLR 8.1 Yes</p> <p>DLR 8.1 No</p>	<p>DLR 8.2 No</p> <p>DLR 8.2 No</p>	<p>MoH and provinces through MoH</p> <p>DLR 8.1 would be reported on an annual calendar basis.</p> <p>There is no reporting period for DLR 8.2.</p>	IVA (PMM)	<p>DLR. 8.1 Data Quality Assessment Methodology Used to Assess Service Delivery Reports from Service Providers through to the MoH</p> <p>DLR 8.2: Review of documentation to ensure conformity with definition /description and agreed protocol. Ensure that the study is accepted by the MoH following appropriate government procedure.</p>

Detailed DLR Verification Plan – DLR 8

DLI - 8: Number of women at age 35 and at age 45 years who are screened for cervical cancer at a network of public health facilities.														
DLI	Indicator	Unit of Measure	Baseline	Targets					Frequency	Data Source	Methodology for Data Collection	Responsibility for Data Collection	Reporting Deadline	Validation Procedure
				2018	2019	2020	2021	2022						
DLR - 8.1	Women aged 35 and 45 are screened for cervical cancer at a network of public health facilities	Number	107,551	131,000	147,000	166,000	188,000	213,000	Annually	Administrative Data	Compiling routinely reported administrative data	MoH / Family Health Bureau	Reported on an annual calendar basis	Data Quality Assessment Methodology will be used to Assess Service Delivery Reports from Service Providers through to the MoH
<p>This DLI reflects the intention of increasing the screening of women for cervical cancer, as a proxy indicator for other preventive examinations for women. The actual number of women at age 35 and at age 45 who are screened at any public health facility, in each calendar year. The baseline was established for the calendar year 2017, but only for those aged 35 The actual number of women at age 35 and at age 45 who are screened at any public health facility, in each calendar year. The baseline was established for the calendar year 2017, but only for those aged 35 as the information system of the program did not capture the mandate for age 45 cohort since this was being added as a new addition to the program</p> <p>DLR 8.1 reflects the MoH program of screening women for cervical cancer and particularly targeting women ages 35 and 45 where the cancer growth may be at the early stages. The actual number of women screened at any public HF, in each calendar year, will be measured. The majority (approximately 90%) of the services are provided at PHC facilities (Well Women Clinics, PMCIs). The reporting system will capture these as well as those provided in base and tertiary care hospitals.</p> <p>DLR 8.2 To ensure that the screening and referral protocols are being followed and to access provider knowledge and practice, a study following an agreed methodology and based on a sample of the providers will be undertaken.</p>														

ANNEX 2: DATA QUALITY AUDIT FINDINGS (IF APPLICABLE)

Western Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	45 Y	45 Y	Total	35 Y	45 Y	Total
CMC RD	CMC RD D4	178	5	183	178	5	183	169	5	174
	CMC RD D5	42	14	56	41	14	55	41	14	55
Colombo	Maharagama	719	67	786	543	59	602	553	49	602
	Rathmalana	675	161	836	380	118	498	423	126	549
Kalutara	Palindanuwara	414	227	641	378	206	584	411	182	592
	Wadduwa	429	83	512	416	77	493	391	105	496
Total sample for the Province		2,457	557	3,014	1,936	479	2,415	1,988	481	2,468

Central Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Kandy RDHS	Akurana	296	1	297	256	5	261	255	16	271
	Madedumbara	455	23	478	453	28	481	454	24	478
	Udadumbara	137	5	142	137	5	142	139	5	144
	Yatinuwara	806	117	923	647	182	829	684	148	832
Matale RDHS	Ambanganga Korale	159	19	178	148	19	167	147	18	165
	Rattota	480	57	537	458	57	515	463	35	498
Total sample for the Province		2,223	222	2,445	2,099	296	2,395	2,142	246	2,388

Eastern Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Batticaloa RDHS	Arayampathy	201	10	211	201	10	211	202	8	210
	Batticaloa	463	12	475	463	12	475	354	2	356
	Kattankudy	301	1	302	301	-	301	300	-	300
	Valaichenai	189	23	212	189	20	209	190	21	211
Kalmunai RDHS	Navithanveli	196	10	206	202	10	212	184	4	188
Total sample for the Province		1,350	56	1,406	1,356	52	1,408	1,230	35	1,265

Northern Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Jaffna RDHS	Karaveddy	313	200	513	152	54	203	149	54	203
	Sandilipay	185	131	316	103	35	138	103	35	138
	Uduvil	388	51	439	338	11	349	334	96	430
Kilinochchi RDHS	Kilinochchi	97	104	201	58	25	83	58	25	83
Total sample for the Province		983	486	1,469	651	125	773	644	210	854

North Central Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Anuradhapura RDHS	Galnewa	295	84	379	277	73	350	282	77	359
	Kekirawa	478	61	539	454	61	515	454	61	515
	Nochchiyagama	411	43	454	367	43	410	368	45	413
	Thirappane	182	40	222	171	29	200	172	27	199
Total sample for the Province		1,366	228	1,594	1,269	206	1,475	1,276	210	1,486

North Western Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Kurunegala RDHS	Ambanpola	230	48	278	230	48	278	239	47	286
	Katupotha - K	387	77	464	371	81	452	368	70	438
	Kurunegala	461	53	514	444	53	497	514	53	567
Puttalam RDHS	Chilaw	259	15	274	259	15	274	257	12	269
	Madampe	176	47	223	176	47	223	264	28	292
Total sample for the Province		1,513	240	1,753	1,480	244	1,724	1,642	210	1,852

Sabaragamuwa Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	45 Y	Total	Total	35 Y	45 Y	Total
Kegalle RDHS	Dehiovita	695	134	829	683	123	806	662	142	804
	Deraniyagala	442	39	481	365	34	399	385	49	434
	Yatinyanthota	394	92	486	375	89	464	361	74	435
Ratnapura RDHS	Kuruwita	808	39	847	704	37	741	772	40	812
Total sample for the Province		2,329	304	2,643	2,127	283	2,410	2,200	305	2,505

Southern Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Galle RDHS	Balapitiya	431	67	498	418	66	484	430	66	496
	Bope-poddala	526	254	780	522	254	776	498	270	768
	Gonapinuwala	193	54	247	186	53	239	186	53	239
Hambantota RDHS	Lunugamvehera	257	6	263	225	6	231	230	6	236
Matara RDHS	Belliatta	421	0	421	418	0	418	378	1	379
	Welipitiya	334	94	428	334	94	428	321	96	417
Total sample for the Province		2,162	475	2,637	2,103	473	2,576	2,043	492	2,535

Uva Province

RDHS	MOH	WWC clinic attendance			CCST conducted – As per the MIS Report			CCST conducted – As per the Registers		
		35Y	45 Y	Total	35 Y	45 Y	Total	35 Y	45 Y	Total
Badulla RDHS	Meegahakivula	134	26	160	128	36	164	134	28	162
	Passara	324	93	417	312	77	389	271	97	368
Moneragala RDHS	Badalkumbura	414	106	520	378	119	497	405	115	510
	Buttala	528	84	612	515	86*	601	519	11	530
Total sample for the Province		1,400	309	1,709	1,333	318	1,651	1,329	251	1,580

* - This includes 75 tests of mothers in the age group of 36 years to 44 years.

ANNEX 3: ATTACHMENTS OF EVIDENCE SITED (DOCUMENTS, SUMMARIES OF ANY FIELD VISITS OR INTERVIEWS OR SIMILAR TYPE OF REVIEW, PHOTOS IF SITE VISITS, ETC.)

- i. Service Delivery Reports from Service Providers through to the MoH.
- ii. Both electronic and manual records at the Well-Women Clinics, Medical Officer of Health office, Family Health Bureau and Well-Women Clinic records with the clients and ensured conformity with operational definitions and the stated test protocols.
- iii. Reports issued by Family Health Bureau in relation to Well-Women Clinic services, attendance and Cervical Cancer Screening summary reports of women who are 35 and 45 of age.
- iv. List of MOHs visited are provided in the body of the report.

ANNEX 4: VERIFICATION CHECKLIST USED FOR DLR 8.1 BY THE TEAM

- i. Obtain the Quarterly and Annual MIS Reports from the electronic MIS system (i.e. H509) from the MOH.
- ii. Compare the total number of Cervical Cancer Screening Tests performed by the MOH with the totals reported as per the Project summary sheet and the Report generated from the MIS system / Family Health Bureau (H509).
- iii. Check the quarterly totals as per the summary sheets (H509) with the clinic summary sheets (H527) prepared by the Public Health Nursing Midwife.
- iv. Review the registers maintained by the MOH and other clinics and obtain the totals of Cervical Cancer Screening Tests performed by the MOH, in the age cohorts of 35 and 45 years separately, for each quarter.
- v. Compare the totals as per the registers of each cohort for each quarter with the figures reported in quarterly summary sheets (i.e. H509 and H527). Check whether the quarterly totals agree with each other. (i.e. total as per the register should agree with the totals reported in H527 and H509).
- vi. If the totals do not agree with each other, then perform the count (the tests done as per the clinic register/s) again and obtain accurate count from the register/s.
- vii. If the differences are material, then enquire and investigate the reasons for such material differences.
- viii. Record the figures as per the registers and MIS reports (H509 and H527) in the worksheet provided. (See attached Worksheet below). Sign off the worksheet after completion.
- ix. Record observations if any, in the Worksheet. (E.g. Reasons for differences, records maintained, comments and suggestions by the MOH staff etc.)
- x. Obtain the copies of Summary Report (H509) as per the MIS system for record purpose.
- xi. File the copies of the summary report (H509) and the worksheet prepared, in the working paper file.
- xii. Compile the provincial summary tables by tabulating MOH data verified by following the above steps.
- xiii. Compare the figures verified with the selected sample with the nationally reported figures and determine whether the national targets have been achieved or not.

Worksheet Format for DLR 8.1

DLI - 08: Number of women at age 35 and at age 45 years who are screened for cervical cancer screening at Public Health Facilities											
										Year:	
MOH:			Name of the Doctor:				SPHN/NOIC:				
No.	MOH: / Name of the Clinic	Clinic Register - A		Summary (H 527) - B		MIS Data (H509) - C		Difference = (A - C)		Test Results	
		35 Years	45 Years	35 Years	45 Years	35 Years	45 Years	35 Years	45 Years	35 Years	45 Years
Q1: 1											
2											
3											
4											
5											
6											
Q2: 1											
2											
3											
4											
5											
6											
Q3: 1											
2											
3											
4											
5											
6											
Q4: 1											
2											
3											
4											
5											
6											
Verification done by:						Date:			Time:		