

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

**Department of Project Management and Monitoring
(DPMM)
Democratic Socialist Republic of Sri Lanka**

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1 INTRODUCTION

The Ministry of Health, Indigenous Medicine and Nutrition (MoH) 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 reform efforts in the Primary Health Care System will, in part, be financed and technically supported by the development partners. 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 a period from September 2018 to December 2023.

Specifically, the project's objective is to increase the utilization and quality 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 with 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, Ministry of Health, Nutrition and Indigenous Medicine by letters dated 13th and 28th May 2019, the Department of Project Management and Monitoring, herewith submit its report of the verification on achievements of DLRs 1.1, 1.2, 1.3, 1.4, 2.1 and 7.1 and 7.2 for the period ended June 2019.

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 DLRs for the period to June 2019 mainly included the review of reports and documents and telephone interviews with the officials of MoH and Provincial Health Department. 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. Bio-Statistician - Consultant Team of Management Frontiers
- vi. M&E Specialist - Consultant Team of Management Frontiers

The above team members verified the DLR 1, DLR 2.1, DLR 7.1 and DLR 7.2 by reviewing the relevant documents such as circulars, guidelines and procedures developed, obtaining confirmations on adoption of protocols and procedures by the Provincial Health Departments. Review of the circulars, guidelines and procedures developed were also perused by the Team Leader of the Consultancy Team to assess the appropriateness and completeness of the same as per the verification protocols. A detailed check list was prepared and adopted to assess the completeness of the circulars, guidelines and procedures that were developed.

3.1.1 SAMPLING

The sampling procedure is not applicable for DLR 1, DLR 2.1, DLR 7.1 and DLR 7.2 that are verified and reported by this submission as they represent one-off activities and processes.

3.1.2 PROCESS OF ANALYSIS AND INTERPRETATION OF RESULTS

There is no detailed analysis required for DLR 1, DLR 2.1, DLR 7.1 and DLR 7.2 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 1.1,1.2, 1.3, 1.4, 2.1, 7.1 and 7.2 have been achieved. As 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

Data quality audit is not applicable for the DLR 1, DLR 2.1, DLR 7.1 and DLR 7.2 that are covered by this submission.

3.4 RECOMMENDATIONS TO STRENGTHEN INFORMATION/ DATA QUALITY

There are no recommendations to be proposed as there had been no Data quality audit was needed and that there had been no deficiencies identified during the current validation process.

4 RESULTS OF DLR VERIFICATION

The results of the DLR verification for the period ended June 2019 are tabulated below under the heading of each DLR.

DLI 1. Endorsement by the MoH and provinces of policies and standards for reorganizing PHC system

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 1.1 The MoH endorses PHC reorganization strategy and issues guidelines on PHC empanelment process	Yes	Yes	<ol style="list-style-type: none"> 1. General Circular No. 01-18/2019 dated 07th March 2019 issued by MoH on Reorganization and Strengthening of primary Care Service Delivery System to Achieve Universal Health Coverage. 2. Guidelines prepared by MoH in February 2019 for Operationalizing Primary Medical Care Services in Sri Lanka. 3. Guidelines for conducting the empanelment of the population to a PHC provider which include: range of population to be served by a single provider; process of registration; implications for patients to choose a PHC provider; process for informing the citizens and institutional arrangements. 	DLR 1.1 has been achieved
<p>Compliance verification procedure: Review the documentation by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedures.</p>				

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 1.2 Each province endorses PHC reorganization strategy and issues guidelines on PHC empanelment process	9	9	Copies of letters issued by the Chief Secretaries of all provinces to the Secretary of Provincial Ministry of Health and the Provincial Director of Health endorsing the strategy and instructing health institutions to adopt the PHC empanelment process.	All 9 Provinces have endorsed PHC reorganization strategy and adopted the guidelines
Compliance verification procedure: Review of the documentation by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedure.				

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 1.3 The MoH endorses the package of circulars and guidelines necessary for PHC model implementation	Yes	Yes	The package of necessary standards and guidelines for the model to be implemented defining Comprehensive PHC service package, PHC network to deliver PHC service package, Model PMCI functionality and service standards and the PMC cadre that was prepared in February 2019 and introduced in April 2019.	DLT 1.3 has been achieved
Compliance verification procedure: Review of the documentation by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedure.				

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 1.4 Each province endorses the package of circulars and guidelines necessary for PHC model implementation	9	9	Letters issued by the Chief Secretaries of all provinces to the Secretary of Provincial Ministry of Health and the Provincial Director of Health endorsing the package of circulars and guidelines on implementation of PHC model.	DLR 1,4 has been achieved
Compliance verification procedure: Review of the documentation by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedure.				

DLI 2. MoH adopts and updates clinical protocols for selected health conditions

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 2.1. MoH adopts package of protocols for defined selected health conditions	Yes	Yes	<ol style="list-style-type: none"> The clinical protocols prepared by MoH for the following selected health conditions were reviewed. <ul style="list-style-type: none"> Cardiovascular risks Increased Blood Pressure Diabetes Mellitus / Increase Blood Sugar Cervical Cancer Breast Lesions Overweight and Obesity Letter issued by MoH to Provincial Directors of Health Services, Regional Directors of Health Services and Heads of all Health Institutions/ Hospitals in April 2019 introducing the above packages. 	DLR 2.1 has been achieved
Compliance verification procedure: DPMM will Review of the package of protocols by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedure.				

DLI 7. Community engagement mechanism for health sector operational, including a health sector grievance redressal mechanism and community committees at the PMCs

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 7.1 - MoH adopts health sector community engagement guidelines	9	9	<ol style="list-style-type: none"> 1. The Guidelines for the Community Engagement and Grievance Redress Mechanism develop by MoH in 2019. 2. The guidelines meet the requirements of the agreed Protocols of PSSP. 3. The letter sent by Additional Secretary – Medical Services of MoH to Provincial Directors, Regional Directors of Health and Heads of all Primary Health Care Institutions/ Hospitals in May 2019 4. Chief Secretaries of the Provinces on 21st May 2019 introducing the Guidelines on Community Engagement. 5. Review of Guidelines for the Community Engagement and Grievance Redress Mechanism. 	DLR 7.1 has been achieved
<p>Compliance verification procedure: DPMM will review the documentation to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that it was endorsed following appropriate government procedure.</p>				

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 7.2 - Each province adopts health sector Community Engagement Guidelines	Yes	Yes	The letters issued by the Chief Secretaries of all provinces to the Secretary of Provincial Ministry of Health and the Provincial Director of Health endorsing the health sector engagement guidelines.	DLR 7.2 has been achieved
<p>Compliance verification procedure: Review of the documentation by DPMM to (i) ensure conformity with definition/description in the verification protocol; and (ii) ensure that the guidelines were approved following appropriate government procedure at the national and provincial level.</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. DPMM intends to provide necessary forms and formats for data collection and summarization to the PMU during the month of July 2019.

6 CONCLUSION

As the DLR 1, DLR 2.1, DLR 7.1 and DLR 7.2 have 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.

ANNEX 1. VERIFICATION PROTOCOLS FOR DLRs APPLICABLE FOR PERIOD TO JUNE 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 1. Endorsement by the MoH and provinces of policies and standards for reorganizing PHC system	<ul style="list-style-type: none"> • This DLI reflects the intention of the central MoH and the provinces endorsing through routine government procedures the policies, standards, and implementation guidelines necessary to implement the service delivery model at the level of provider in the provinces. • DLRs 1.1 and 1.2 include the high-level strategy giving the orientation of the PHC reorganization objectives and approach. DLRs 1.1 and 1.2 also include guidelines for conducting the empanelment of the population to a PHC provider which may include the range of population to be served by a single provider, the process for assignment, the implications for patient to choose its PHC provider, the process for informing the citizen and institutional arrangements. • DLRs 1.3 and 1.4 include a package of necessary standards and guidelines for the model to be implemented and is defined to include at least: <ul style="list-style-type: none"> ○ Comprehensive PHC service package definition, ○ Definition of PHC network to deliver PHC service package, 	DLR 1.1 No DLR 1.2 Yes DLR 1.3 No DLR 1.4 Yes	DLR 1.1 Yes by June 30, 2019 DLR 1.2 Yes by June 30, 2019 DLR 1.3 Yes by June 30, 2019 DLR 1.4 Yes by June 30, 2019	MoH and provinces through the MoH There is no specific reporting period for the DLRs.	IVA (PMM)	Review of documentation to ensure conformity with definition/description and ensure that it was endorsed following appropriate government procedure

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
	<ul style="list-style-type: none"> o Model PMCI functionality and service standards defined, and o PMCI cadre (categories and numbers) defined. 					
DLI 2. MoH adopts and updates clinical protocols for selected health conditions	<ul style="list-style-type: none"> • This DLI reflects the intention of the MoH to adopt clinical protocols appropriate for use by PHC providers which are evidence-informed and follow good institutional practice, based on international practice but adapted for Sri Lankan conditions. • The selected health conditions include hypertension, diabetes mellitus, and cervical cancer. • Protocols would include: <ul style="list-style-type: none"> o Risk stratification based on population risk factors, o Screening protocols, o Management protocols, o Referral protocols, and o Essential drug and diagnostic (equipment and lab test) requirements. • DLR 2.1 reflects that these protocols would be adopted. • DLR 2.2 reflects that these protocols would be updated following the experience of using them. 	DLR 2.1 No DLR 2.2 No	DLR 2.1 Yes by June 30, 2019 DLR 2.2 No	MoH There is no specific reporting period for the DLRs.	IVA (PMM)	Review of documentation to ensure conformity with definition/description and ensure that it was endorsed following appropriate government procedure
DLI 7. Community engagement	<ul style="list-style-type: none"> • This DLI reflects the intention of the MoH and the provinces to define, establish, implement, and report on 	DLR 7.1 No DLR 7.2 Yes	DLR 7.1 Yes by June 30, 2019	MoH and provinces	IVA (PMM)	DLRs 7.1 and 7.2: Review of documentation to ensure conformity with

DII	Definition/Description of Results	Scalability of Disbursements (Yes/No)	Time Bound (Yes/No)	Protocol to Evaluate Achievement of the DII and Data/Result Verification		
				Data Source/Agency and Reporting Period	Verification Entity	Procedure
mechanism for health sector operational, including a health sector grievance redressal mechanism and community committees at the PMCI's	<p>community engagement mechanism where the public and patients can express their complaints, suggestions, or positive commendations. It will also include institutional arrangements that would deepen community engagement.</p> <ul style="list-style-type: none"> The guidelines for community engagement mechanism referenced in DLRs 7.1 and 7.2 should define the objectives of the system; the institutional responsibilities for operating, supervising, and reporting; the process for review and response to the feedback, service standards; the portals for receipt of the complaints, that is, website, email, phone, text; the technology standards for the system; definition of who needs to be trained to operate the system; and communications strategy for informing the public. It would also include the Terms of Reference and Guidelines for establishing and operating 'Friends of the Facility Committee' that would deepen the connection between PMCI's and the empaneled communities they serve. 		DLR 7.2 Yes, by June 30, 2019	<p>through the MoH</p> <p>There is no reporting period for DLRs 7.1, and 7.2.</p>		definition/description and agreed protocol; ensure that the guidelines were approved following appropriate government procedure at the national and provincial level.

ANNEX 2: DATA QUALITY AUDIT FINDINGS (IF APPLICABLE)

Not Applicable.

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. General Circular No. 01-18/2019 dated 07th March 2019 issued by MoH on Reorganization and Strengthening of Primary Care Service Delivery System to Achieve Universal Health Coverage.
- ii. Guidelines issued by MoH on Services to be Provided under the Sri Lanka Essential Services Package through Primary Medical Care Institutions (PMCI)
- iii. Guidelines issued by MoH on Provision of Services on Selected Health Conditions (Cardiovascular risks, Increased Blood Pressure, Diabetes Mellitus / Increase Blood Sugar, Cervical Cancer, Breast Lesions, Overweight and Obesity etc.).
- iv. Guidelines issued by MoH on Community Engagement and Grievance Redress Mechanism.
- v. Guidelines issued by MoH in February 2019 for Operationalizing Primary Medical Care Services in Sri Lanka.
- vi. Guidelines for conducting the empanelment of the population to a PHC provider which include: range of population to be served by a single provider; process of registration; implications for patients to choose a PHC provider; process for informing the citizens and institutional arrangements.

(Soft copies of above i-vi are available at the Project Management Unit, if required.)

- vii. Letters issued by the MoH and Ministry of Internal and Home Affairs, Provincial Councils and Local Government to 09 provincial councils to endorse respective circulars, guideline and protocols issued by MoH, in respect of verified DLRs.
- viii. Letters issued by the Chief Secretaries of Provincial Councils to health authorities in each province instructing to follow the circulars, protocols and Guidelines issued by the MoH, in respect of verified DLRs.