

**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)
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 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 MoHS 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 MoHS and through the MoHS 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 MoHS, supported by the Project Management Unit, is responsible for reporting on the Project results with data collected from various departments of the MoHS 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 Healthcare and Indigenous Medical Services 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 DLRs 3.1.

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 3.1 mainly included the review of situational analysis reports from nine provinces, SARA survey report, related minutes of meetings of experts committee, related letters issued by the directors of the Provincial Department of Health Services. The evidence collected for the DLR 3.1 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 3.1 by reviewing the Situation Analysis (identifying gaps for meeting required capabilities) of Provinces, covering letters issued by the directors of the Provincial Department of Health Services, other records and relevant documents to ensure conformity with operational definitions and the stated verification procedures and protocols.

3.1.1 SAMPLING

The sampling procedure was not applicable for DLR 3.1. All nine situational analysis reports were reviewed.

- i. **DLI 3** - PMCs have required capabilities for providing comprehensive and quality care

DLR 3.1 – Each province completes a situation analysis necessary to identify gaps for meeting required capabilities.

Sample Frame – The sample frame for the above DLR is not required (desk review). However, the nine reports of situation analysis from the nine provinces, related minutes of meetings of the Experts Committee and other documents such as SARA Survey report were reviewed by the Data Quality Audit.

3.1.2 PROCESS OF ANALYSIS AND INTERPRETATION OF RESULTS

There is no detailed analysis required for DLR 3.1. Interpretation of evidence collected on achievement of DLR 3.1 is straight forward and it reveals that the results described under DLR 3.1 has been achieved. The DQA reviewed the Reports of Situation Analysis (identifying gaps for meeting required capabilities) of each of the nine Provinces to ensure conformity with definition/description and agreed protocol, the covering letters issued by the Secretary of the Provincial Department of Health, and SARA survey report etc. 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 3.1 is covered by this submission. DLR 3.1 has been achieved but we like to draw the attention to the recommendations presented below.

3.4 RECOMMENDATIONS TO STRENGTHEN INFORMATION/ DATA QUALITY

The recommendations proposed as per the findings of the DQA for DLR 3.1 are as follows.

Analysis of data relating to Drugs availability in health care institutions

Although the situational analysis reports describe the situation in relation to human resources and infrastructure facilities in detail, similar detailed analysis is not included on the availability of drugs in the health care institutions of all nine provinces. The reports only refer to the findings of the SARA Survey undertaken in 2017, as was decided by the Experts Committee. However, we are of the view that the usefulness and value of the situational analysis reports could be enhanced and the progress achieved after the interventions could be assessed, if the detailed, province-wise analysis on drugs availability at health care institutions is also included in the situation analysis reports. Therefore, we propose that these details be obtained, analyzed and included in the reports as soon as possible.

4 RESULTS OF DLR VERIFICATION

The results of the verification of DLR 3.1 is tabulated below.

DLI 3 - PMCIs have required capabilities for providing comprehensive and quality care

DLR	Target	Reported Achievement	Evidence Reviewed	DPMM Conclusion
DLR 3.1 – Each province completes a situation analysis necessary to identify gaps for meeting required capabilities.	Yes	Yes	<ol style="list-style-type: none"> 1. Review of Reports of Situation Analysis (identifying gaps for meeting required capabilities) of each of the nine Provinces. 2. Review of covering letters issued by the Secretary of the Provincial Department of Health along with the reports of Situation Analysis. 3. Review of documentation to ensure conformity with definition/description and agreed protocol; ensure that the updated standards were endorsed following appropriate government procedure. 4. Review of SARA Survey Report 5. Review of Minutes of Experts Committee on preparation of Situational Analysis Reports of nine Provinces. 	DLR 3.1 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>				

5 SUGGESTIONS TO IMPROVE VERIFICATION PROCESS, COMMUNICATIONS AND OTHER PROCESS

DPMM proposes 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. The detailed data requirement for DLRs to be verified for 2019 and during 2020 will be included in the verification planning report for the year 2020 which will be issued by February 2020.

6 CONCLUSION

As the DLR 3.1 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.

ANNEX 1. VERIFICATION PROTOCOLS FOR DLR 3.1

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
DLR 3.1 – Each province completes a situation analysis necessary to identify gaps for meeting required capabilities.	<p>This DLI reflects the intention of each PMCI to have 5 requirements that enhance its capability to provide comprehensive and quality services, particularly for the defined health conditions, to the population it serves. These 5 minimum requirements are the following:</p> <ul style="list-style-type: none"> At least 25% of the adult population (aged 35 or over) in its defined empanelment area have been screened and categorized following risk factors. The PMCI has minimum number of staff (at least two medical officers and one nurse officer) with the appropriate training as per defined requirements. The staff have been on duty for at least 9 months of the previous calendar year. The PMCI has minimum operational equipment according to defined requirements. The PMCI has minimum availability of essential drugs and lab test capacity (on-site or through a networked pharmacy or laboratory) according to defined requirements. <p>The PMCI would have quarterly supportive supervision visits, facilitated by a checklist, to ensure adherence to national quality and</p>	DLR 3.1 Yes DLR 3.2 Yes DLR 3.3 Yes	DLR 3.1 No DLR 3.2 No DLR 3.3 No	<p>Reported by PMCIs through provinces to MoHS</p> <p>There is no reporting period for DLRs 3.1 and 3.3.</p> <p>DLR 3.2 would be reported on a calendar year basis, that is, the number of PMCIs meeting requirements in 2019 would be included in report with data reported as of Dec: 31, 2019. The results would then be compiled and verified in early 2019.</p>	IVA (PMM)	<p>DLRs 3.1 and DLR 3.3: Review of documentation to ensure conformity with definition/description and agreed protocol; ensure that the updated standards were endorsed following appropriate government procedure.</p> <p>DLR 3.2 Data Quality Assessment Methodology Used to Assess Reports from Service Providers through the provinces to the MoHS. The sample taken would be of both new additional facilities as well as previously reported facilities, to indicate that facilities previously reported have been maintained.</p>

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
	safety standards (evidence of at least 3 visits per year) DDLRs 3.1 and 3.3 should include, for each province, a situation analysis for at least the above referenced criteria.					

Detailed DLR Verification Plan – DLR 3

DLI - 3: The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care.

DLI		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 - 3.1	Each province completes a situation analysis necessary to identify gaps for meeting required capabilities (4)	Text	No clinical protocols targeted for the PHC level	N/A	N/A	N/A	N/A	N/A	Annually	Reported by PMCIs through Provinces to MoH	A checklist will be prepared and routinely reported on by the PMCIs through the provinces	MoH / DDGMS11	Dec-19	Review of documentation to ensure conformity with definition/ description and ensure that it was endorsed following appropriate government procedure
DLR 3.2	Number of PMCIs with defined required capabilities (4)	Text		N/A	N/A	N/A	N/A	N/A	Annually	Reported by PMCIs through Provinces to MoH	A checklist will be prepared and routinely reported on by the PMCIs through the provinces	MoH / DDGMS11	Will be reported on an Annual Calendar Basis	Data Quality Assessment Methodology will be used to Assess Reports from Service Providers through the provinces to the MoH. The sample taken would be of both new additional facilities as well as previously reported facilities, to indicate that facilities previously reported have been maintained.
DLR - 3.3	Each province completes a situation analysis necessary to identify gaps for meeting required capabilities (4)	Text	No clinical protocols targeted for the PHC level	N/A	N/A	N/A	N/A	N/A	Annually	Reported by PMCIs through Provinces to MoH	A checklist will be prepared and routinely reported on by the PMCIs through the provinces	MoH / DDGMS11	June 30, 2022	Review of documentation to ensure conformity with definition/ description and ensure that it was endorsed following appropriate government procedure

This indicator refers to the number of PMCIs that fulfil the following five minimum requirements; screening at least 25% of the adult population (aged 35 or over) in its defined empanelment area, having minimum number of staff with the appropriate training, having minimum operational equipment, availability of essential drugs and lab test capacity and having quarterly supportive supervision visits.

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. Provincial Situational Analysis Reports (Nine reports*)
- ii. Copies of covering letters issued by the Provincial Director of Health Services in issuing the situational analysis reports to the project office.
- iii. SARA Survey Report
- iv. Minutes of meeting of the Experts Committee on preparation of Situational Analysis Reports for nine provinces