

Appendix 3 – Design and Monitoring Framework

L4121/G9222-SRI: HSEP-AF DESIGN AND MONITORING FRAMEWORK

Impact(s) the Project is Aligned with:

A healthier nation is ensured with a more comprehensive PHC system (National Health Policy, 2016–2025)

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks and Critical Assumptions	Status/Remarks
Outcome Efficiency, equity, and responsiveness of the PHC system improved	By 2026 for all indicators: a. Outpatient utilization at PHC facilities (PMcUs and divisional hospitals) (disaggregated by age, sex, place of residence, district, and province) increased by at least 20.0% (2021 baseline: 28.4% of females and 22.0% of males) ^b (OP 1.1 and OP 1.1.2) b. Patients reporting knowledge of and satisfaction with PHC services (disaggregated by age, sex, and district) increased by at least 20.0% (2021 baseline: 28.5% of females and 19.5% of males reported knowledge of PHC services, and 61.0% of females and 63.2% of males reported satisfaction with PHC services) ^b (OP 1.1)	a. Annual health bulletins published by MOH (data for the target provinces and districts) and baseline and endline surveys (disaggregated data) b. Baseline and endline surveys	Changes in health-seeking behavior that led to increased health utilization take time to effect beyond the project implementation period Further surge in COVID-19 cases leads to more lockdowns and delays timely delivery of some medical equipment and furniture. (Risk) Changes in the administrative procedures because of COVID-19 restrictions limits participation in planned training or delays completion of some policies. (Risk) There is no considerable change between the baseline survey (conducted 2nd -3rd quarters) and year end status (4th quarter) in 2021	Percentage of persons in the population who utilized outpatient services at the Baseline 2021: Females: 28.5% Males: 23.4% (Annual Report 2022 - Baseline household survey 2021) Baseline values were taken as status since baseline survey was done in the 2nd and 3rd quarters of the year, and there was no other source of data Knowledge (PHC users who had a knowledge score of 70 or more) Overall- 32.7% Awareness by gender Females-36.5% Males – 27.4% Satisfaction: (PHC users who reported a satisfaction score of 70 or more at the baseline): Overall : 64.8% Satisfaction by gender Females-63.0% Males – 60.0% (Annual Report 2023 - PHC User survey, 2022)

	c. Notifiable diseases^c notified by cluster linked hospitals to the medical officers of health offices, within the stipulated time, in the target provinces increased to at least 90% (2018 baseline: Not available) (OP 6.1)	c. Routine data from a 25% sample of cluster linked medical officers of health areas in the provinces		Dengue fever = 84.1% Leptospirosis = 76.8% Leishmaniasis= 85.5% both hospital admissions and outpatient settings Hepatitis=92.3% Tuberculosis= 81.4% (Annual Report 2023 – Health Facility survey, 2023)
	d. Cluster system reform implemented and evaluated in all nine clusters^d (2018 baseline: 0) (OP 5.1.3 and OP 6.2)	d. Evaluation report at end of project		Implemented 100% Evaluated 0% (Evaluation will be done at the end of project) (Annual Report 2023 – Qualitative study)
	e. The average response time of 1990 Suwa Seriya ambulance system in all districts reduced by 25% (2021 baseline: 11 minutes 41 seconds) (OP 5.1.3 and OP 1.1.2)	e. MOH data		11 minutes and 38 seconds (Annual Report 2023 -Suwa Seriya Statistics 2023)

Progress toward Achieving Outcome (FOR DISCLOSURE) – provide a brief summary

By end of reporting period, the cluster system reform process has been implemented in all nine districts. The evaluation will be carried out by comparing the findings of the endline survey against the baseline, as well as analyzing the outcomes of the pilot cluster and HSEP supported non-cluster areas in contrast to the control area.

Outpatient utilization was estimated as the percentage of people in the catchment population who utilized the PHC for outpatient services according to the baseline household survey. The proportion of females in the catchment populations utilized PHC was higher than that of males. The highest utilization rates were observed in the elderly, followed by children under 5 years of age.

The patients' knowledge and satisfaction were calculated using the data from PHC user survey. The details of calculation are available in the Annual report. Overall, 64.8% of the PHC users were satisfied (scored 70% or more in the multi-item satisfaction scale). Satisfaction level was somewhat lower in the 45–64-year age category (66.1%) than those between age 18 years and 44 years. Overall, 32.7% of the PHC users were aware (scored 70% or more in a multi-item hospital awareness scale) of the services provided at the PHC. The awareness was higher in females than males.

PERFORMANCE OUTPUT DETAILS

Output 1					
Primary and secondary health care enhanced in Central, North Central, Sabaragamuwa, and Uva provinces.					
Project Specific Indicators	Unit of Measurement	Target Year	Target Value	Cumulative Achievements	Progress/Status
By 2025, at least 40% of PMCUs and divisional hospitals in target provinces upgraded and renovated with gender-responsive designs	Number	2025	40	14.50	Out of 135 PMCUs and DH, 10 have been put on hold due to insufficient funds, 68 completed. (68/469)
By 2025, gender-responsive and inclusive essential service package for outpatient and clinic services provided by at least 75% of PHC facilities supported in target provinces	Percent	2025	75	51.6	51.6% of all PHC in the project area Health Facility Survey 2023 and Health Care User Survey 2023 – Annual Report 2023
By 2025, gender-responsive and inclusive nutrition services provided in at least 75% of cluster linked medical officer of health areas	Percent	2025	75	69.85%	As per the first interim report submitted by the Nutrition firm, 69.8% of cluster linked medical officer of health areas provide a gender responsive and inclusive nutrition service.
By 1 July 2024, a gender-sensitive behavior change communication plan to increase PHC utilization is initiated by all target provinces	Y/N	2024	Y	Y	A BCC plan has been developed during the quarter and is under review.
Risks and Critical Assumptions			Assessment of Current Status		

Recent Development for Output 1 <i>(write a brief update in 3-4 sentences)</i>
68 out of 125 PHC have been upgraded and renovated. From the Annual Survey 2023, it was found that 51.6% gender responsive and inclusive essential service package for outpatient and clinic services are provided by all PHC in the project area. According to the first interim report submitted by the Nutrition firm, 69.85% of the cluster-linked medical officer of health areas provide a gender-responsive and inclusive nutrition service. A gender sensitive behavior change communication plan to increase PHC utilization for the 4 provinces has been developed by the Male Engagement and BCC consultant and is currently under review.

No.	Activities	Target Completion Date	Completed	Progress/Status
1	1.1 Complete civil works for developing physical infrastructure in selected PMCUs and divisional hospitals (43 in round 1 under the original project, 50 in round 2 under the original project, and 42 under additional financing PMCUs) (round 1 under the original project completed by Q3 2021, round 2 under the original project completed by Q3 2022, and additional financing round completed by Q1 2023).	Q3 2025	N	Civil works round one – 43 contracts awarded and 41 completed. 1 constructions ongoing. 1 contracts procurement process is ongoing. For Koonwewa, bids are under TEC evaluation for the balance work. Civil works round two – out of 50 constructions, 27 constructions ongoing and 19 completed, 1 procurement process ongoing and 3 contracts have been put on hold due to insufficient funds. Civil works under 42 additional financing - 15 constructions are ongoing, 8 constructions has been completed, 7 civil work contracts have been put on hold due to insufficient fund and procurement process is ongoing for the balance 18 civil work.
2	1.2 Complete physical infrastructure designs for all PMCUs, divisional hospitals, field health centers, and nine base hospitals (completed by Q3 2022).	Q2 2024	N	As per the decision taken during ADB mission held in November 2023, the estimates are being prepared for renovation and refurbishment work for the nine base hospitals. Physical infrastructure designs have been completed for all PMCUs and DHs for both HSEP Original Project (Round 1 and Round 2) and HSEP-AF. Field health centers – Out of 127 facilities, 106 designs have been completed.
3	1.3 Complete civil works of the nine base hospitals (completed by Q4 2024).	Q3 2025	N	BOQs under preparation.
4	1.4 Complete the provision of medical equipment to PMCUs, and district divisional hospitals, and nine base hospitals (first round under the original project completed by Q4 2021, second round under the original project completed by Q1 2023, and additional financing round completed by Q4 2024).	Q4 2024	N	Completed medical equipment packagers except 1. Procurement of Digital Radiographic Panel, 2. G 6. Procurement of Dental Equipment.
5	1.6 Provide (replace) vehicles for PHC services (completed by Q3 2022).	Q3 2022	N	Procurement of 9 vans and 9 lorries under vehicle packagers have been completed except procurement of 7 double cabs and modification of 9 Vans in to Health Communication Vans.
6	1.7 Finalize the communications strategy and terms of reference for the behavior	Q4 2020	Y	Completed

No.	Activities	Target Completion Date	Completed	Progress/Status
	change communication marketing firm and the nutrition firm (Q4 2020) (completed).			
7	1.8 Award at least one innovative project by cluster via the PHC innovation fund financed under the original project (Q4 2019) (completed).	Q4 2019	Y	Totally 70 projects are being implemented.
8	1.9 Award at least one innovative project by cluster via the PHC innovation fund financed under additional financing (Q4 2021).	Q4 2021	N	Funds repurposed for emergency procurement.
9	1.10 Select the construction supervision consultancy firm for nine base hospital construction repairs and renovations (Q1 2022).	Q1 2022	N	Funds repurposed for emergency procurement.

Output 2

Health information system, disease surveillance capacity, and COVID-19 response strengthened

Project Specific Indicators	Unit of Measurement	Target Year	Target Value	Cumulative Achievements	Progress/Status
By 2025, electronic patient information sharing system across cluster facilities used by at least 25% of PMCUs and divisional hospitals and medical officers of health areas in all target provinces	Percent	2025	25	0	Establishment of electronic patient information sharing system is in progress. Dambulla cluster implementation work has been completed as of March 2024. Thambuttegama cluster implementation work to be done during Q2 2024.
By 2025, notifiable disease surveillance information via an electronic system sent to medical officers of health areas by at least 25% of PMCUs and divisional hospitals in target provinces	Percent	2025	25	10.9	10.9% These hospitals were sending notifications via email, Whatsapp and not by an electronic system. Health Facility Survey 2023 – Annual Report 2023
Core capacities to carry out quarantine services increased with a score of at least 4 in joint external evaluation report increased in the eight ports of entry in Sri Lanka	Number	2025	3	0	Not available after 2023 The latest score was available in the baseline score JEE report 2017, and was 3.0. Annual Report 2023
By December 2020, capacity to screen and diagnose COVID-19 diseases (infectious diseases)	Number	2025	90	Y	By December 2020, the number of tests performed is 29764 (increased by 86.5%

No.	Activities		Target Completion Date		Completed	Progress/Status
	increased by 90% from the baseline (April 2020 baseline: 4,000)					from baseline).
	By 2025, at least 25% of secondary and tertiary level hospitals’ capacity to treat and manage COVID-19 patients upgraded	Number	2025	25	Y	
	By 2025, the 1990 Suwa Seriya ambulance system in all districts upgraded	Value	2025	Y/N	N	
Risks and Critical Assumptions				Assessment of Current Status		

Recent Development for Output 2 *(write a brief update in 3-4 sentences)*

Electronic patient information sharing system was not available, at PMCU or DH by the end of reporting period. Two out of 4 clusters (Thambuttegama and Dambulla) have been identified as pilot areas, Dambulla cluster was piloted on December 2023 and implementation completed by March 2024. Notifications were sent to MOH via emails by 10.9% of PHC. According to the Quarantine Health Unit of the Ministry of Health, the core capacity index was 3 in the latest JEE report, in 2017.

No.	Activities	Target Completion Date	Completed	Progress/Status
1	2.1 Finalize the rollout plan to introduce the health information system to nine cluster hospitals (Q1 2020) (completed).	Q1 2020	Y	Completed
2	2.2 Establish geographic information system units in provinces and districts (Q4 2022).	Q4 2022	Y	Completed
3	2.3 Design and layout local area internet connection and purchase computers and peripherals for two clusters in phase 1 and seven clusters in phase 2 (phase 1 completed by Q3 2022 and phase 2 initiated by Q2 2023).	Q2 2023	N	Submitted the LAN diagrams for BH Dambulla, BH Thambuttegama and DH Laggala. BH Dambulla and DH Laggala will be networked as phase I. Computers and peripherals – Phase I Out of 7 lots, 2 awarded (Supply and Installation of Thin Client Computer and Server Computers - LKR 103.6Mn) and 5 lots will be rebid.
4	2.4 Provide the equipment and vehicles for ports of entry under the original project (round 1) and for two additional ports of entry under additional financing (round 2) (round 1 completed in Q1 2021 and round 2 completed by Q3 2022).	Q3 2022	N	Provide vehicles under HSEP – Completed Provide vehicles under HSEP – Awaiting Cabinet approval to procure 3 vans for the Ministry of Health, Port health offices of

No.	Activities	Target Completion Date	Completed	Progress/Status
				Trincomalee and port of Hambantota.
5	2.5 Complete first round of training for quarantine teams (Q4 2019) (completed).	Q4 2019	Y	Completed
6	2.6 Conduct second round of training for quarantine teams (completed by Q3 2025).	Q3 2025	N	
7	2.7 Engage an individual consultant to carry out an International Health Regulations-related legal review (Q2 2019) (completed).	Q2 2019	Y	Completed
8	2.8 Procure essential medical equipment and consumables to combat COVID-19 pandemic under the original project reallocation (Q2 2021) (completed).	Q2 2021	Y	Out of 70 packages 64 completed
9	2.9 Establish polymerase chain reaction testing laboratory at Mulleriyawa Base Hospital, Colombo east (Q2 2020) (completed).	Q2 2020	Y	Completed
10	2.10 Establish molecular biology laboratory complex at national infectious disease hospital, Colombo (Q4 2023).	Q4 2023	N	Bids under TEC evaluation.
11	2.11 Renovate and refurbish isolation facilities at ports of entry at Colombo, Trincomalee Galle, Hambantota and QU Sub Office at MRI (Q3 2022).	Q3 2022	Y	Hambantota construction completed. Galle – Completed Trincomalee and Colombo – BOQs are being revised.
12	2.12 Hire transportation services for home care, quarantine, and intermediate care (Q4 2021).	Q4 2021	N	Amount repurposed for emergency procurement.
13	2.13 Complete the first round of procurement of emergency medical equipment and furniture under additional financing (by Q3 2021).	Q3 2021	Y	Completed
14	2.14 Complete the second round of procurement of emergency medical equipment and furniture under additional financing (by Q1 2022).	Q1 2024	N	6 Out of 14 packages awarded. U\$3.607Mn worth of procurement awarded. For the 8 packages procurement process is ongoing.
15	2.15 Establish 1 oxygen concentration plant, wall oxygen outlets, 15 liquid oxygen tanks in selected secondary and tertiary hospitals in all nine provinces, develop HDU with addition to wall oxygen and to improve oxygen outlets of selected hospitals (by Q2 2022).	Q3 2023	N	At the Project Steering committee meeting held on 07.11.2023, it was decided to withdraw the procurement. Legal opinion to be obtained with regards to this.
16	2.16 Support PCR laboratory testing and other equipment (Q4 2021).	Q4 2021	Y	Value of 489.47Mn LKR test kits and reagent have been completed
17	2.17 Complete the procurement of ambulances for emergency medical services (50) and prehospital service (25) (by Q4 2022).	Q2 2023	N	Procurement process ongoing.

No.	Activities	Target Completion Date	Completed	Progress/Status
18	2.18 Complete the renovation of 20 ambulance stations (by Q4 2024).	Q4 2024	N	11 out of 20 Ambulance stations have been awarded.
19	2.19 Complete the procurement of training equipment for the training of prehospital staff (by Q3 2022).	Q2 2023	N	Bids are under evaluation.

Output 3

Policy development, capacity building, and project management supported

Project Specific Indicators	Unit of Measurement	Target Year	Target Value	Cumulative Achievements	Progress/Status
By 2025, operational policies, strategy plan, regulation, or and guidelines with gender dimensions are completed for (i) delivering a comprehensive package of PHC (incorporating the essential service package), (ii) management and functioning of cluster hospitals, and (iii) geographic information system-based planning and monitoring in health sector (2018 baseline: Not available) (OP 2.3.2, OP 6.2.1)	Value	2025	Y/N	Y	In Progress
By 2025, 11 units of Family Health Bureau have integrated or updated gender dimensions into all their policies, and strategic plans, or guideline (2018 baseline: 0) (OP 2.3.2)	Number	2025	Y	N	Discussions with the FHB Director and advocacy meeting with the 11 programme managers held. In the process of identifying the policies, strategic plans and guidelines to conduct the gender analysis.
By 2025, at least 30% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in target provinces with increased knowledge in PHC (family medicine)	Number	2025	30	0	Training proposal has been submitted by the College of Family Medicine. The proposal to be reviewed by the Human Resource Development Committee of the project.
By 2025, at least 30% of PHC staff from PMCUs, divisional	Number	2025	35	0	A questionnaire-based assessment will be done by the Gender Consultant in Q4

hospitals, and medical officer of health areas (of whom 35% are women) in the target provinces are trained with increased knowledge in gender sensitivity, and gender-related policies guidelines and interventions (2018 baseline: 0) (OP 6.1.1)					2024.
By 2025, National Institute of Health Sciences upgraded and renovated to provide distance learning to provinces and district-based staff	Y/N	2025	Y	Y	DLC at NIHS established.
Risks and Critical Assumptions			Assessment of Current Status		

Recent Development for Output 3 *(write a brief update in 3-4 sentences)*

NIHS distance learning Centres have been established. The balance four indicators work is in progress.

No.	Activities	Target Completion Date	Completed	Progress/Status
1	3.1 Hire consultant (local) to support policy development for essential service package implementation (Q1 2019) (completed).	Q1 2019	Y	Completed
2	3.2 Hire consultant (local) to support policy development for cluster hospital reforms (Q1 2019) (completed).	Q1 2019	Y	Consultant has been provided through the ADB Technical Assistance.
3	3.3 Hire consultants (local) to review and monitor environmental and social safeguards (Q1 2019) (completed).	Q1 2019	Y	Completed
4	3.4 Develop the physical infrastructure and equip a distance learning center at the National Institute of Health Sciences in Kalutara and selected distance learning centers in nine provinces (Q2 2023).	Q2 2023	Y	NIHS, 4 provincial Centres were completed
5	3.5 Complete regular training annually in relevant PHC areas (Q4 each year).	Q4 2025	N	National Training have been conducted. Cluster Care Training conducted for 39 participants. Other International training programmes are in the planning stages.
6	3.6 Conduct baseline (completed in Q3 2021) and endline (Q2 2025) surveys.	Q2 2025	N	Baseline Survey Completed.
7	3.7 Recruit the consultant to develop and support e-learning modules (Q1 2022).	Q1 2022	N	

No.	Activities	Target Completion Date	Completed	Progress/Status
8	3.8 Hire consultant (local) to support the implementation of gender action plan (Q1 2022).	Q1 2022	Y	Completed

