Appendix 3 – Design and Monitoring Frame work

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: 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) 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)	Annual health bulletins published by MOH (data for the target provinces and districts) and baseline and endline surveys (disaggregated data) Baseline and endline surveys	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 Survey Report 2024) Baseline household survey 2021 (the endline will be available in 2026) 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 of PHC services (PHC users who had a knowledge score of 70 or more) Overall : 28.0% Awareness by gender Females-28.5% Males – 19.5% Satisfaction: Knowledge of PHC services (PHC users who had a knowledge score of 70 or more at the baseline): Overall : 67.2% Satisfaction by gender: Females-61% Males – 63.2%

				reported satisfaction with PHC services) b (OP 1.1)
	Notifiable diseases 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) Cluster system reform implemented and evaluated in all nine clusters (2018 baseline: 0) (OP 5.1.3 and OP 6.2) The average response time of 1990Suwa Seriya ambulance system in all districts reduced by 25% (2021 baseline: 11 minutes 41 seconds) (OP 5.1.3 and OP 1.1.2)	c. Routine data from a 25% sample of cluster linked medical officers of health areas in the provinces d. Evaluation report at end of project e. MOH data		Dengue fever = 92.8% Leptospirosis = 86.7% Leishmaniasis= 75.6% Hepatitis=100% Tuberculosis= 18.6% Measles = no reported admissions (Annual Survey Report 2024 Health Facility Survey, 2024) Implemented 100% Evaluated 0% (Evaluation will be done at the end of project) (Annual Report 2024 – Qualitative study) 13 minutes and 8 seconds (fleet of 322 ambulances) (Annual Report 2024 -Suwa Seriya Statistics 2024)

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, 67.2% 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	23.24	Out of 135 PMCUs and DH, 10 have been put on hold due to insufficient funds, and 109 have been completed. (109/469).
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	45.6	86.8% in cluster group 45.6% in non-cluster group 35.9% in control group (Health Facility Survey 2024 and Health Care User Survey 2024 – Annual Report 2024)
By 2025, gender-responsive and inclusive nutrition services provided in at least 75% of cluster linked medical officer of health areas	Percent	2025	75	89.86%	As per the second interim report submitted by the Nutrition firm, 89.86% 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 (write a brief update in 3-4 sentences)
109 out of 125 PHC have been upgraded and renovated. From the Annual Survey 2024, it was found that 45.6% gender responsive and inclusive essential service package for outpatient and clinic services are provided by all PHC in the project area. According to the second interim report submitted by the Nutrition firm, 89.86% 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	1.1Complete 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 all were completed. Civil works round two – out of 50 constructions, 2 constructions ongoing and 44 completed, One construction in procurement process (Katiyawa PMCU) and 3 contracts have been put on hold due to insufficient funds. Civil works under 42 additional financing – 9 constructions are ongoing, 22 constructions have been completed, 7 civil work contracts have been put on hold due to insufficient funds, and the procurement process is ongoing for the balance 9 civil work.
2	1.2Complete physical infrastructure designs for all PMCUs, divisional hospitals, field health centers, and nine base hospitals (completed by Q3 2022).	Q3 2025	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, 97 designs have been completed. FHC - 55 Constructions were completed and 13 constructions were work in progress
3	1.3Complete civil works of the nine base hospitals (completed by Q4 2024).	Q3 2025	N	
4	1.4Complete 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).	Q3 2025	N	Completed medical equipment packagers except 1. Procurement of Digital Radiographic Panel – Awaiting ADB NoL for contract awarding
5	1.6Provide (replace) vehicles for PHC services (completed by Q3 2022).	Q1 2025	N	Procurement of 9 vans, 9 lorries under vehicle packagers and modification of 9 Vans in to Health Communication Vans and procurement of 7 double cabs have been completed.

6	1.7Finalize the communications strategy and terms of reference for the behavior change communication marketing firm and the nutrition firm (Q4 2020) (completed).	Q4 2020	Y	Completed

No.	Activities	Target Completion Date	Completed	Progress/Status
7	1.8 Award at least one innovative project by cluster via the PHC innovation fund financed under the original project (Q4 2019) (completed).	Q3 2025	Y	Totally 66 projects approved, 37 proposals have been completed and 26 proposals are currently active.
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. Thambuttegama cluster implementation work has been completed as of June 2025.
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	23.7	23.7% These hospitals were sending notifications via email (6.3%) or WhatsApp/Viber (16.4%) and not by a web-based system Health Facility Survey 2024 – Annual Report 2024

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	Year 2023 JEE Report 2023 Epidemiology Unit, Ministry of Health
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 was 29764 (increased by 86.5% from baseline).

Project Specific Indicators	Unit of measurement	Target Year	Target Value	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	The Procurement Process is ongoing. Procurement of equipment (Audio Visuals/IT) for receiving hospitals under JFPR grant - Bids were opened on 28th March 2025 and under evaluation Process is ongoing
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. Thambuttegama cluster implementation work is ongoing. Notifications were sent to MOH via emails by 10.9% of PHC. According to the Quarantine Heath 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	2.1Finalize the rollout plan to introduce the health information system to nine cluster hospitals (Q1 2020) (completed).	Q1 2020	Y	Completed
2	2.2Establish geographic information system units in provinces and districts (Q4 2022).	Q4 2022	Y	Completed
3	2.3Design 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	Q3 2025	N	Provide vehicles under HSEP – Completed Provide vehicles under HSEP – (3 Vans) – Rebidding

No.	Activities	Target Completion Date	Completed	Progress/Status
5	2.5 Complete first round of training for quarantine teams (Q4 2019) (completed). completed by Q3 2022).	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	Awarded and site mobilized on 5th July 2024. Construction works are ongoing in process Physical Progress – 31%
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 – Awarded and Construction ongoing (Physical Progress -95%) Colombo – Foundation works ongoing
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	10 Out of 14 packages awarded. U$3.52Mn worth of procurement awarded. For the 4 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. NFA.
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	The procurement process is ongoing.

18	2.18 Complete the renovation of 20 ambulance stations (by Q4 2024).	Q3 2025	N	18 out of 20 Ambulance stations have been contract awarded. 2 are in the procurement process, 14 were completed, and 3 are in working progress. (Kaduruwela, Mathugama and Hikkaduwa)
19	2.19 Complete the procurement of training equipment for the training of prehospital staff (by Q3 2022).	Q3 2025	N	Clarification is to be sent to ADB for contract awarding 17 lots were awarded The remaining 7 lots are recalled

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 delivering a comprehensive package of PHC (incorporating the essential service package), 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	In Progress Discussions with the Director FHB and Programme Director of Gender Unit were successful; Awareness raising discussion was held with 11 units Programme Directors Gender Unit of the FHB - We are requesting them to

					identify 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	It is suggested to conduct a Google survey among Medical Officers and other PMCU staff in the target provinces to assess their increased knowledge on Primary Health Care (PHC).
By 2025, at least 30% of PHC staff from PMCUs, divisional 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)	Number	2025	35	0	An assessment tool has been developed in the form of a Google Form. The assessment tool has been shared with the medical officers and other staff of the PMCUs and Divisional Hospitals by June 2025. Google survey on increased knowledge of gender sensitivity, and gender related guidelines and interventions done, findings. Questionnaire analysis – 70 responses 39.4% - Medical Staff 25.8% - Nursing Staff 16.7% - Other Staff 18.2% - Not given gender training Gender Training useful for improving the Quality of work 51(96.7%) out of 61 participants.
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 and international trainings are ongoing.
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	Completed
8	3.8 Hire consultant (local) to support	Q1 2022		Completed
9	the implementation of gender action plan (Q1 2022).		Y	Completed