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 female and 22.0% of male) 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 2025	Percentage of persons in the population who utilized outpatient services at the baseline: 2021 Female:28.5% Male: 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 Female-28.5% Male – 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: Female-61% Male – 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)	c. Routine data from a 25% sample of cluster linked medical officers of health areas in the provinces		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)
	Cluster system reform implemented and evaluated in all nine clusters (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 2024 – Qualitative study)
	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)	e. MOH data		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	2026	40	94.4%	Out of 135 PMCUs and DH, 10 have been put on hold due to insufficient funds, and 118 have been completed. (118/469).
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	86.8%	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	94%	As per the 2025 report submitted by the Nutrition firm, As a result, we were able to conduct in-person training sessions in 129 out of the 137 MOH offices (94.16%) through direct visits by the project team. In total, 113 MOH offices (82%) were reached either through direct visits or by engaging staff in district-level reviews
By 1 July 2024, a gender-sensitive behavior change communication plan to increase PHC utilization is initiated by all target provinces	Y/N	2024	-	-	The package was dropped
Risks and Critical Assumptions			Assessment of Current Status		

Recent Development for Output 1 (write a brief update in 3-4 sentences)
118 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	1.1.1 Complete civil works for developing physical infrastructure in selected PMCUs and divisional hospitals (43 in round 1 under the original project	Q3 2025	Y	Civil works round one – 43 contracts were completed.
	1.1.2. Complete civil works for developing physical infrastructure in selected PMCUs and divisional hospitals (50 in round 2 under the original project)	Q2 2026	Y	All 47 are completed. 3 contracts have been put on hold due to insufficient funds.
	1.1.3 Complete civil works for developing physical infrastructure in selected PMCUs and divisional hospitals (additional financing)	Q3 2026	Ongoing	6 constructions are ongoing, 28 constructions have been completed, 7 civil work contracts have been put on hold due to insufficient funds The procurement process is ongoing for the 1 civil work.
2	1.2.1Complete physical infrastructure designs for all PMCUs, divisional hospitals, and field health centers (completed by Q3 2022).	Q2 2026	Ongoing	96 FHC designs have been completed. 75 Constructions were completed 17 constructions were in progress The procurement process is ongoing for the 4 civil works, and 31 were deleted
	1.2.2 Complete physical infrastructure designs for nine base hospitals (completed by Q3 2022).	-	-	The package was dropped
3	1.3Complete civil works of the nine base hospitals (completed by Q4 2024).	-	-	The package was dropped
4	1.4Complete the provision of medical equipment to PMCUs, and 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 2026	Y	Total Essential Services Packages - 44 22 Packages have been completed. 22 packages were deleted
5	1.6 Provide (replace) vehicles for PHC services (completed by Q3 2022).	Q1 2025	Y	Provide 9 health education vans 9 refrigerated covered trucks 44 Double Cabs provided to MOH (Medical Officers of Health island-wide) and 01 retained at MoH
6	1.7.1 Finalize the communications strategy and terms of reference for the nutrition firm (Q4 2020).	Q4 2020	Y	Completed
	1.7.2. Finalize the communications strategy and terms of reference for the behavior change communication marketing firm	-	-	The package was dropped

7	1.8 Award at least one innovative project by cluster via the PHC innovation fund financed under the original project (Q4 2019)	Q4 2025	Y	Totally 64 proposals have been approved, 43 proposals have been completed
8	1.9 Award at least one innovative project by cluster via the PHC innovation fund, financed under additional financing (Q4 2021).	Q3 2026	Ongoing	**Approved by 6th February 2025 Steering Committee Meeting**
				Ensuring Gender equity in health care institutions in Welimada cluster (HSEP-AF/PMU/UVA/WEL/01/2025) - Awaiting approval for cost estimate
				Ensuring Gender equity in health care institutions in Bibile cluster (HSEP-AF/PMU/UVA/BIB/01/2025) - Awaiting approval for cost estimate
				Approved by 2nd September 2025 Steering Committee Meeting
				Improvement of Dental/Oral Care Services in Sabaragamuwa Province – Awarded
				Refurbishment work of Rajanganaya Track 05 DH (Under the PHC Innovation Fund) – NCP - Fund approval received. Document preparation is ongoing
				Refurbishment of the Hospital Drainage System, washrooms at DH Talawa - NCP - Fund approval received. Document preparation is ongoing
9	1.10 Select the construction supervision consultancy firm for the nine-base hospital construction repairs and renovations (Q1 2022).	Q1 2022	-	The package was dropped

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, the 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 selected two clusters (Thambuttegama and Dambulla)	Percent	2025	8/29	50%	DH Galnewa, DH Hattota Amuna, DH Eppawala, DH Laggala, DH Sigiriya, DH Rajanaganaya Track 5 , MOH Galnewa, DH Dewahuwa
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 selected two clusters (Thambuttegama and Dambulla)	Percent	2025	11/25	44%	BH Thambuththegama DH Galnewa DH Eppawala DH Thalawa DH Rajanganaya Tract 5 DH Sigiriya DH Laggala DH Haththota Amuna DH Madipola DH Dewahuwa PMCU Aluthwewa
Core capacities to carry out quarantine services increased with a score of at least 4 in the joint external evaluation report increased in the eight ports of entry in Sri Lanka	Number	2025	-	-	Difficult to achieve with the project Indicators
By December 2020, capacity to screen and diagnose COVID-19 diseases (infectious diseases) increased by 90% from the baseline (April 2020 baseline: 4,000)	Number	2025	90	Y	By December 2020, the number of tests performed was 29764 (increased by 86.5% 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	Completed
By 2025, the 1990 Suwa Seriya ambulance system in all districts upgraded	Value	2025	Y/N	Ongoing	The total allocation for ongoing activities amounts to USD 2.9 million. Several procurement and capacity-building activities are currently in progress under the JFPR Grant. **Procurement of Goods** Procurement of 20 Ambulances for the 1990 Suwa Seriya Service (G5)

					Financed by the JFPR Grant - Awarded Procurement of Training Equipment (G17) Financed by the JFPR Grant. The procurement process is package deleted. Procurement of High Fidelity Birthing Manikin for 1990 Suwa Seriya (G17.8) – Package Awarded Procurement of Audio-Visual and IT Equipment for Receiving Hospitals (G18) Financed by the JFPR Grant. – Package awarded Procurement of 25 Ambulances to Enhance Response Time (G 6.2) - Awarded **Procurement of Works** Improvement of Facilities for Paramedical Staff at 20 Regional Stations – All constructions were awarded, 17 were completed, and 2 Constructions are in progress.
					Procurement of Consultancies Consultant to Support Pre-hospital Services (C7) – The Foundation has to coordinate with the JICA office and with the consultant nominated by them Firm to Develop Protocols and Train Receiving Hospital Staff (C20) Financed by the JFPR Grant. – EOI Evaluation completed.
					Capacity Building Programmes Suwa Seriya continues to implement both local and international training programmes aimed at strengthening the capacity of its emergency response staff. **Refresher Training**: 144 EMTs and 106 Pilots have completed training.

					New Staff Training: 1683 Staff members have completed initial refresher trainings.
Risks and Critical Assumptions			Assessment of Current Status		

Recent Development for Output 2 (write a brief update in 3-4 sentences)
Health information systems, disease surveillance capacity, and COVID-19 response have been strengthened through key initiatives. Electronic patient information sharing has been implemented across selected cluster facilities, with several divisional hospitals and MOH areas actively using the system. Disease surveillance via electronic systems has been initiated, while hospital capacity for COVID-19 treatment and management has been upgraded. The 1990 Suwa Seriya ambulance system enhancement and related procurements are ongoing under the JFPR Grant to further strengthen pre-hospital emergency response

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	2.3.1. Design and layout local area internet connection and purchase computers and peripherals for two clusters in phase 1 and TWO clusters in phase 2 (phase 1 completed by Q3 2022)	Q2 2023	Phase 1 – Y	Phase I completed.
	2.3.2. Design and layout local area internet connection and purchase computers and peripherals for two clusters in phase 2 initiated by Q2 2023).	Q4 2025	Phase 2 - N	Phase 2 will be initiated after the Network Consultant submits the Network Design and actual quantities of end-user devices.
4	2.4.1. Provide the equipment and vehicles for point of entry under the original project (round 1) (round 1 completed in Q1 2021)	Q1 2021	Y	Completed Provide 4 vehicles (Vans) under HSEP – MoH MM, HSEP - PMU, Port Health Offices of Colombo and Galle
	2.4.2.Provide the equipment and vehicles for two additional point of entry under additional financing (round 2)	Q4 2025	Completed	Vehicles (3 Vans) for MOH Quarantine unit of the Ministry of Health, Port health offices of Trincomalee and port of Hambantota - Completed
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	-	Not required
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	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 a molecular biology laboratory complex at the National Institution of Infectious Diseases, Colombo (Q4 2023).	Q3 2026	Ongoing	Awarded and site mobilized on 5th July 2024. Construction works are ongoing in the process Physical Progress – 79% (up to 31st May 2026)
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.
		Q3 2022	Y	Galle – Construction Completed
		Q2 2025	Y	Trincomalee – Construction Completed
		Q2 2026	Y	Colombo – Construction Completed Final bill checking in progress
12	2.12 Hire transportation services for home care, quarantine, and intermediate care (Q4 2021).	Q4 2021	-	Package dropped.
13	2.13 Complete the first round of procurement of emergency medical Equipment.	Q3 2021	Y	Completed
	Medical and General furniture under additional financing (by Q3 2021).	Q3 2026	Ongoing	Procurement of General Furniture for Newly Constructed/ Renovated Medical Facilities-stage 1 – Rebidding Procurement of General Furniture for Newly Constructed/ Renovated Medical Facilities-stage 2 – Awaiting ADB approval for contract awarding Procurement of General Furniture for Newly Constructed/ Renovated Medical Facilities-stage 3 – Under Specification Finalizing Procurement of Medical Furniture for Newly Constructed/ Renovated Medical Facilities - Awaiting BEC Recommendation to the Specifications

14	2.14 Complete the second round of procurement of emergency medical equipment and furniture under additional financing (by Q1 2022). (G2.17), (G2.19)	Q2 2026 Q3 2026	Completed Ongoing	13 out of 14 packages awarded. 1 package is ongoing in process. Medical Equipment for Bio Medical Engineering Service – Anesthetic Machine (G 2.17) – Awarded and contract signed Medical Equipment for Bio Medical Engineering Service – Endoscope (G 2.19) – rebidding
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).	-	-	At the Project Steering committee meeting held on 07.11.2023, it was decided to withdraw the procurement.
16	2.16 Support PCR laboratory testing and other equipment (Q4 2021).	Q4 2021	Y	Completed
17	2.17.1 Complete the procurement of ambulances for emergency medical services (20) (by Q4 2022)	Q2 2023	Y	Completed
	2.17.2 Complete the procurement of ambulances for prehospital service (20) (by Q4 2022)	Q2 2026	Completed	Contract awarded
18	2.18 Complete the construction of 20 ambulance stations (by Q4 2024).	Q2 2026	Completed	All contractors are awarded and 19 were completed, 3 is in the handing-over process (Mathugama, Hikkaduwa Kamaburupitiya)
19	2.19 Complete the procurement of training equipment for the training of prehospital staff (by Q3 2022).	-	-	Package deleted

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	Value	2026	-	Ongoing	In Progress

monitoring in health sector (2018 baseline: Not available) (OP 2.3.2, OP 6.2.1)					
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	2026	-	Ongoing	In Progress Discussions with the Director FHB and Programme manager of the Gender Unit were successful; an awareness-raising discussion was held with 11 units Primary Health Care policy document shared with the Gender consultant
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.	Number	2026	30%	-	In Progress
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	30%	70%	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 was 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	Ongoing	DLC at NIHS and 4 provinces established. Training programmes are ongoing
Risks and Critical Assumptions				Assessment of Current Status	

Recent Development for Output 3 (write a brief update in 3-4 sentences)				
Policy development, capacity building, and project management activities are progressing steadily. Development of operational policies, strategies, and guidelines incorporating gender dimensions is ongoing in collaboration with the Family Health Bureau and Gender Unit. Awareness discussions were conducted with 11 FHB programme units, and gender sensitivity assessments have been completed among PHC staff using a Google-based tool. The National Institute of Health Sciences (NIHS) has been upgraded with distance learning facilities, and related training programmes are currently in progress.				
No.	Activities	Target Completion Date	Completed	Progress/Status
1	3.1 Hire a consultant (local) to support policy development for the 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	A 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.	Q3 2026	Ongoing	National and international training are ongoing.
6	3.6 Conduct baseline (completed in Q3 2021) and endline (Q1 2026) surveys.	Q3 2026	Ongoing	Baseline Survey Completed. The draft Endline Survey report was shared with the PMU, PIUs, and Ministry officials for their observations and comments. The Endline Survey report is currently in the final stage of completion
7	3.7 Hire an Individual Consultant for Distance Education and CPD Management (Q1 2022).	Q1 2022	Y	Completed
8	3.8 Hire consultant (local) to support the implementation of gender action plan (Q1 2022).	Q1 2022	Y	Completed