Final Report

Monitoring and Evaluation of ADB funded Health System Enhancement Project

Baseline Survey Report

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Abbreviations

BCC	Behaviour Change Communication
CAPI	Computer Assisted Personal Interview
COPD	Chronic Obstructive Pulmonary Disease
DH	Divisional Hospital
DMF	Design and Monitoring Framework
EHSP	Essential Health Services Package
FHC	Field Health Centre
GAP	Gender Action Plan
GIS	Geographical Information System
GOSL	Government of Sri Lanka
HSEP	Health Systems Enhancement Project
HLC	Healthy Life-style Centre
KII	Key informant interviews
MIS	Management Information System
MOH	Medical Officer of Health
NCD	Non-Communicable Diseases
OOPE	Out of Pocket Expenditures
PHC	Primary Healthcare Centre
PRA	Participatory Rural Appraisal
PMCI	Primary Medical Care Institution
PMCU	Primary Medical Care Unit
SARA	The Service Availability and Readiness Assessment
SLBDC	Sri Lanka Business Development Centre
UHC	Universal Health Coverage

Executive Summary

In 2018, the Government of Sri Lanka introduced a policy on healthcare delivery for Universal Health Coverage (UHC) aligned with the National Health Policy by introducing a strategy to strengthen the Primary Health Care (PHC) system to be delivered through an "Essential Health Services Package" (ESP), with the aim of achieving Universal Health Coverage, reforming the primary health care system by adopting the 'shared care cluster system' based on a pilot project implemented by the Ministry of Health in partnership with the Asian Development Bank through the Health System Enhancement Project. Pilot clusters have been established and the ESP is implemented in 9 districts in four provinces by the HSEP, and monitoring of the progress of the cluster-reform process and implementation of the relevant services is required through a Monitoring and Evaluation (M&E) study. The aim of this M&E study is to describe the baseline level of awareness, attitudes and utilization of primary health care and health outcomes in three strata – those served by cluster-linked institutions supported by HSEP, those served by non-cluster institutions supported by HSEP and those served by institutions not supported by the project. It is also aimed to describe the baseline level of responsiveness, satisfaction with care and gender sensitivity of services as perceived by the users of primary health care institutions.

The monitoring and evaluation process comprised of 3 cross-sectional surveys (Household survey, PHC facility survey and PHC user survey) and a qualitative study. The household survey was conducted in 3645 households, targeting 5 specific groups in the life course: (i) children under 5 years of age; (ii) children aged 5-17 years (iii) adults aged 18-64 years, (iv) elderly 65 years and above; and (v) women in the reproductive age (15-49 years). Stratified sampling technique was used to select the households and trained data collectors gathered data by a semi-structured questionnaire. The Health Facility Survey was conducted in 191 PHC comprising 68 PHC from the pilot cluster, 57 from the other HSEP support group and 66 from the control group. The PHC user survey interviewed randomly selected 2865 clients, comprising 1020 from the pilot cluster, 855 from other ADB-supported group, and 990 from the control group. Data were collected using a semi-structured questionnaire by trained data collectors. Baseline surveys were conducted from March to September, 2021.

Results indicated that shared care cluster system has been established with the directives of the Ministry of Health in 9 pilot clusters in all 9 districts. Addressing gaps identified through the gap analyses and training of health staff were taking place at varying degrees. For example, only 50% of cluster-linked health facilities have addressed gaps at least to some extent at the time of baseline

survey. Percentage of PHC staff (Medical, Nursing and Midwifery) trained ranged from 5% to 14% for different service areas such as primary health care and family medicine (13.5%), health care waste management (7.4%), GIS (5.8%), gender responsiveness and sensitivity (5.8%), and infection prevention and control (7.6%).

Household survey revealed that, 29.1% of the population living in the cluster catchment areas has used cluster-linked facility (the assigned PHC) for outpatient services. Utilization of the cluster-linked facility for outpatient services was higher among females than males (32.0% vs 26.3%), and also high in children under 5 years of age (35.2%), adults aged 45-64 years (34.6%) and the elderly (49.7%). The percentage of the population that used cluster-linked facility (assigned PHC) for medical and surgical emergencies, clinic services, inpatient services, and other auxiliary services (physiotherapy etc.) were 4.1%, 4.4%, 2.5%, and 0.8%, respectively. This report presents a detailed account on health care seeking not only from the assigned PHC, but also through other health facilities, and for specific health conditions according to age category and gender. Almost 33% of known diabetic patients and 42% of known hypertensive patients in the cluster catchment areas were attending regular follow-up care at the cluster linked PMCUs and DHs. The corresponding rates for elderly were higher (43% and 54% for diabetes and hypertension, respectively). Only a small proportion of adult population (18-64 year) in the cluster catchment areas was attending Healthy Lifestyle Centres (HLC) for NCD risk factor screening, and the attendance was lower for males (2.8%) than females (9.4%).

The PHC user survey found that 86.3% of clients in the pilot cluster were regular users of the health facility, and out of them, 67.5% have been using it for more than 5 years. Responsiveness of the services was rated as ‘good’ (score of 70% or above) by 30.1% users of the pilot cluster, 28.4% users of the other ADB-supported group and 29.1% users of the control group. About 57% users in the pilot cluster, 44% in the other ADB-supported group and 56% in the control group were satisfied (with score of 70% or above) with the PHC services. With regard to the attitudes on PHC services, a large majority of 80% in the pilot cluster and 73.5% in the other ADB-supported group had favorable attitude towards the PHC.

Health Facility Survey revealed that the use unique patient identification number, use of electronic health information system, and sending notifiable disease surveillance information via an electronic system across the cluster facilities were almost non-existing.

More than half (54%) of cluster linked PHCs have separate toilets for females and males at OPD, however only 4.4% has separate changing areas for females and males. Only 19% offer family planning services for both males and females.

Wheel-chair access to all service areas in the OPD including toilets was observed in 36.8% of cluster-linked health facilities, with only 10.3% having disability-friendly toilets. About 30% of institutions offer the basic laboratory tests such as full blood count, urine full report and venous blood glucose. Percentage of cluster linked PHCs having required emergency equipment varied widely, for example, 88.2% had a nebulizer, 29.4% had a defibrillator, 41.2% had a cardiac monitor, and 66.2% had Oxygen supply. An emergency tray with all recommended items was found only in 58.8% of the health facilities.

In summary, this report presents the baseline situation of the cluster-linked health facilities, in contrast to other ADB-supported health facilities and a control group without any support from the HSEP. Although the shared care cluster system has been established, service availability and health care utilization were still at low levels, indicating the need of further action for improvement.

Key indicators: DMF Indicators the whole Project Area

	Indicator	Overall value	Disaggregation (If relevant)	Data source
No.	**Outcome: Efficiency, equity, and responsiveness of the PHC system improved**			
DMF: a	**By 2024 for all indicators:** a. At least 20% increase in outpatient utilization (for each of females and males) at PHC facilities (PMCUs and DHs) (age, sex, place of residence, district, and province disaggregated) Numerator: Number of outpatient users at the PHC level (PMCUs, Divisional Hospitals and out-patient services at the Apex Hospitals*) in the household survey sample in the 4 provinces Denominator: Total population in the sample in the 4 provinces) Note** During the discussions with the PMU and the other Consultants, consensus was arrived to include the out-patient services of the Apex Hospitals for all indicators (except for staff training), since the Apex Hospital is also provides primary health care services to a defined catchment population.	Percentage of persons in the population who utilized outpatient services at the baseline: Females:28.5% Males: 23.4%	For age subgroups females and males respectively < 5year 35.2%, 34.9% 5-17 years 25.0%, 25.5% 18-44 years 21.4%, 14.8% 45-64 years 34.4%, 25.8% ≥65 years 43.5% 38.7% **Refer Table 179 of the Baseline Survey Report**	Baseline household survey
DMF: b	b. At least 20% increase in patients reporting knowledge of and satisfaction on PHC services (age, sex, district disaggregated) (baseline: No data available to be collected from baseline survey) Numerator: Number of outpatient users at the PHC facilities in the household survey sample who report BOTH satisfaction with and knowledge of PHC services. Dominator: Total Number of outpatient users at the PHC facilities in the sample Note** : Satisfaction and knowledge are presented separately in this report	Satisfaction: (PHC users who reported a satisfaction score of 70 or more at the baseline): Overall : 52.8%	Satisfied % by age categories: <18 yrs – 56.5% 18 – 44 yrs – 53.4% 45 – 64 yrs – 50.6% 65 yrs and above – 56.6% Satisfaction by gender Males – 54.0% Females-51.9% **Refer Table 180 of the Baseline Survey Report**	PHC user survey
		Knowledge (PHC users who had a knowledge score of 70 or more at the baseline) Overall: 53.5%	Awareness % by age <18 yrs – 61.4% 18 – 44 yrs – 52.9% 45 – 64 yrs – 54.4% 65 yrs and above – 51.2%	

	Indicator	Overall value	Disaggregation (If relevant)	Data source
			Awareness by gender Males – 47.3% Females-58.1% **Refer Table 181 of the Baseline Survey Report**	
DMF: c	c. Notifiable diseases notified to the medical officers of health offices, within the stipulated time, in the target provinces increased to at least 90% (2018 baseline: 0) Numerator: Number of in-ward patients clinically suspected with the selected notifiable disease reported to the MOH office within the respective required timeframe (from the Notifiable Disease Register of the Hospital) during the month preceding the day of data collection in the cluster linked ADB supported Hospitals (sample is the Group A Hospital Sample for the Hospital facility survey) Dominator: Total Number of inward patients admitted for the clinically suspected selected notifiable disease (sample is the Group A Hospital Sample for the Hospital facility survey) during the month preceding the day of data collection	Not available for the baseline survey		Awaiting secondary data: M&E team has planned to obtain this through IMMR and Notification Registers during the next Annual Survey
DMF: d	d. Cluster system reform implemented and evaluated in all nine clusters (2018 baseline: No reform on cluster system) Numerator: Number of clusters that are implemented and evaluated /functional* Denominator: Total Number of clusters to be established under the HSEP/HSEP AF *Note: By the time of the baseline survey (April to September 2021), all pilot clusters have initiated cluster reform activities, and are in very early stage of its implementation	Implemented 100% Evaluated 0%		Qualitative study Evaluation will be done at the end of project
	Output: 1. PHC enhanced in Central, North Central, Sabaragamuwa, and Uva provinces			
DMF 1a	1a. By 2023, at least 30% of all PMCUs and DHs in target provinces upgraded and renovated include gender responsive design[a] (2018 baseline: 0) Numerator: No of BHs and DHs/PMCUs upgraded and renovated with gender-responsive designs by HSEP/HSEP AF Denominator: Total Number of BHs and DHs/PMCUs to be renovate N= 135+9 Apex BH=144 *Note The baseline health facility survey was conducted after the project was commenced, from April to September 2021. By that time some of the construction / renovation works especially those which are identified as round one construction works, have been completed, while most were under construction.	Both rounds 20.7% (28 out of 135)	Round-1 65.1% (28 out of 48) Round -2 0% (0 out of 92) **Refer Table 182 of the Baseline Survey Report**	Secondary data through PMU

	Indicator	Overall value	Disaggregation (If relevant)	Data source
DMF: 1b	1b. By 2023, at least 75% of PHC facilities in target provinces provide a gender responsive and inclusive essential service package defined outpatient and clinic services (2018 baseline: 0) Numerator: Number of ADB supported PHCs providing gender responsive and inclusive services** at OPDs and clinics Denominator: Total no of ADB supported PHCs (135) **Gender responsive and inclusive clinic and OPD services means clinic and OPDs must have (i) designated female/ male/ disability access toilets (ii) designated space (partitioned room or cubicle) for changing clothes prior to examination of female patients (iii) the OPD and Clinic rooms should be designed for a single patient (iv) The OPD and clinic staff of PHCs are trained on gender responsive and inclusive service provision	Not available The indicator was defined after the baseline assessment, thus this will be estimated in the midline survey		Awaiting next health facility survey
DMF: 1c	1c. By 2023, at least 75% of MOHs* in target provinces provide nutrition services (including counselling) (2018 baseline: 0) Numerator: Number of ADB supported cluster linked MOH offices providing gender responsive and inclusive services** at OPDs and clinics Denominator: Total no of ADB shared care cluster linked MOH Offices (cluster list) (32) Gender responsive and inclusive nutrition services at MOH offices means (i) nutrition data of under-5-year-old at the MOH level and below is available and reviewed at monthly conferences by sex of child (ii) Body Mass Index (BMI) of girls and boys of school children are reviewed separately and appropriate interventions are targeted for boys and girls separately.(iii) Public Health Midwives and Public Health Inspectors of MOH areas are trained on a Gender responsive and inclusive nutrition module **Note: there is no OPD at MOH	100% MOHs provide nutrition services including counselling (Gender dimension will be added in the next annual survey)	93.7% children under 5 years have received nutrition services by MOH **Refer Table 183 of the Baseline Survey Report**	Baseline household survey Qualitative Study
DMF 1 d	1d. By 1 July 2020, a gender sensitive behavior change communication plan is initiated by all target provinces (2018 baseline: No)	Not available		Secondary data through BCC Specialist
	Output: 2. Health information and disease surveillance capacity strengthened			
DMF; 2a	2a. By 2023, at least 25% of PMCUs and DHs and medical officer of health areas in all target provinces use electronic patient information sharing system across cluster facilities (2018 baseline: 0). Numerator: No. of PMCU, DH, and MOH using electronic patient information sharing system across cluster -linked health facilities in a province Denominator: Total No. of PMCU, DH, and MOH in the clusters in the province	0% According to discussions with Project Officers in PIU, there was no formal information sharing system established in any hospital by the end of reporting period. Two out of 9 clusters		Health Facility Survey Qualitative study

	Indicator	Overall value	Disaggregation (If relevant)	Data source
		(Thambuthegama and Dambulla) have been identified as pilot areas and the initial work is in progress.		
DMF 2b	2b. By 2023, at least 25% of PMCUs and DHs in the target provinces sending notifiable disease surveillance information via an electronic system to the medical officers of health areas (2018 baseline: 0) in a province Numerator: No. of PMCU/DH sending notifiable disease surveillance information via an electronic system to the MOH. Denominator: Total no. of PMCU and DH in the province	4% These hospitals were sending notifications to MOH via email and not by an electronic system	**Refer Table 163 of the Baseline Survey Report**	Health Facility Survey
DMF: 2c	2c. Core capacities to carry out quarantine services with a score of at least 4 in JEE report 2021 increased in the 8 points of entry in Sri Lanka increased (2017 baseline score JEE report 2017: 3)	2017 score: 03	Not available for 2021	To be obtained from Quarantine Unit of the MoH (JEE Report)
	Output: 3. Policy development, capacity building, and project management supported			
DMF 3a	3a. By 2023, operational polices and guidelines with gender dimensions are developed for (i) delivering a comprehensive package of PHC (incorporating the essential service package); (ii) management and functioning of cluster hospitals; (iii) GIS-based planning and monitoring in health sector (2018 baseline: Not available)	Not available		To be completed after discussion with Gender Consultant
DMF 3b	3b. By 2020, 11 units of FHB have integrated gender dimensions into all of their policies and strategic plans	FHB has integrated gender dimension into all policies and strategic plans	The already available Maternal and Child Health policy, Maternal and Newborn strategy and National strategic Plan for Adolescent and Youth Health are gender responsive	Gender Consultant Document review
DMF 3c	3c. By 2023, at least 25% of medical officers and other staff of PMCUs and DHs (of which 40% are women) in target provinces are trained in PHC (family medicine) (2018 baseline: 0) Numerator: Number of female medical officers** and staff of PMCU and Divisional Hospitals within the 4 provinces trained in PHC (family medicine) Denominator: Number of medical officers and staff of PMCU and divisional hospitals within the 4 provinces **Note: included both male and females MO	Medical Officers 23.5% Nurses and Midwives 8.1%	**Refer Table 187 of the Baseline Survey Report**	Health Facility Survey M&E firm has made a database to auto-calculate this indicator based on secondary data from PMU. This will be updated when complete data are received

	Indicator	Overall value	Disaggregation (If relevant)	Data source
DMF 3d	3d. By 2023, at least 25% of PHC staff from PMCUs, DHs and MOH (of which 40% are women) in the target provinces are trained in gender sensitivity, gender related policies and interventions (2018 baseline: 0) Numerator: Number of medical officers, nurses and midwives at PMCU and divisional hospitals in the 4 provinces trained on gender sensitivity, gender related policies and interventions. Denominator: Number of medical officer, nurses and midwives at PMCU and divisional hospitals within the 4 provinces	Medical Officers 15.4% Nurses and Midwives 1.0% Combined MO, Nurses and Midwives 5.8%	**Refer Table 188 of the Baseline Survey Report**	Health Facility Survey M&E firm has made a database to auto-calculate this indicator based on secondary data from PMU

Key indicators: GAP Indicators for the whole Project Area

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	Output: 1. PHC enhanced in Central, North Central, Sabaragamuwa, and Uva provinces			
	Activity 1: Ensure all upgraded or renovated PMCUs and divisional hospitals have gender responsive construction features			
	1.1.1 At least 30% upgraded or renovated PMCUs and divisional hospitals have separate toilets, separate examination and changing areas for improved privacy for male and female patients	Ongoing Total of upgraded (newly built) hospitals - 28 of target of 135 (20.7%) All new buildings (100%) had separate toilets, examination area and changing area		GAP, 2021 Q3 Progress report of HSEP
	1.1.2 All PHC facilities providing ESP (25% of all PHC facilities in target provinces) have gender responsive designs with facilities for privacy during patient examination, and for changing clothes (Baseline: less than 10%)	Ongoing Of the 39 PMCUs and DHs where health facility survey was conducted, 30 (76.9%) have separate toilets for men and women 27 out of 39 (69.2% have gender responsive patient examination areas. Evaluation of other institutions is proceeding.		GAP, 2021 Q3 Progress report of HSEP
	Activity 2. Integrate gender- responsive and inclusive PHC services with the implementation of the essential service package for outpatient and clinic services in the nine newly established clusters			
	1.2.1 75% of PHC facilities in target provinces provide a gender responsive and inclusive essential service package (Baseline: 0)	Gender consultant has initiated developing the criteria for considering a facility as providing gender responsive health care		GAP, 2021 Q3 Progress report of HSEP
	1.2.2 All staff providing ESP services in the PHCs trained on gender sensitivity and responsiveness when providing ESP services (Baseline: 0)	Ongoing National level Training of Trainers (ToT) held in Kandy to train District level master trainers. One Regional level ToT done Total of 38 participated could be Trainers of Training for DH/PMCU By the end of 2021, a total of 270 health staff have been trained via online platform		GAP, 2021 Q3 Progress report of HSEP Gender Consultant

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	1.2.3 Over 75% of women and men are reporting satisfaction over the services provided at PHC facilities	Satisfaction by gender Males – 54.0% Females – 51.9% (scored 70% or more in the multi-item satisfaction scale, at the baseline)		PHC User Survey
	Activity 3. Develop a BCC campaign targeting increased utilizations of the PHC facilities by women and men			
	1.3.1 BCC campaign strategy and materials (such as leaflets, video clips, and/or street dramas) developed	Procurement of consultancy firm for BCC is in progress		GAP, 2021 Q3 Progress report of HSEP
	1.3.2 Use of PHC facilities is increased by 20% each for women and men	Females:28.5% Males: 23.4% (This is the baseline level obtained via the Household survey)		Baseline household survey
	Activity 4. Encourage partnerships with local organizations for gender responsive and inclusive services at the PHC level			
	1.4.1 At least 30% of the Medical Officer of Health areas* will establish partnerships with local organizations for encouraging male participation in PHC utilization (Baseline: 0)	Not started yet		GAP, 2021 Q3 Progress report of HSEP
	1.4.2 Annually at least 10 awareness creation sessions for local organizations conducted on the advantages of PHC utilization for encouraging male participation	Not started yet		GAP, 2021 Q3 Progress report of HSEP
	Activity 5. Pilot male engagement approaches to promote reproductive health, maternal and child health/nutrition, PHC, and diminish violence against women			
	1.5.1 A male engagement approach is designed to promote reproductive health, maternal and child health/nutrition, PHC for men, and diminish violence against women	Gender inclusive family planning services available in 22.0% (When family planning services were provided for both men and women it was considered as gender inclusive family planning services was)	**Refer Table 186 of the Baseline Survey Report**	Health Facility Survey
		Not started yet		GAP, 2021 Q3 Progress report of HSEP
	1.5.2 Conduct TOT targeting at least 50 health officials and/or local organizations who can transfer knowledge to men at PHC facilities	Not started yet		GAP, 2021 Q3 Progress report of HSEP
	1.5.3 Over 1,500 men reached though training and awareness	Not started yet		GAP, 2021 Q3 Progress report of HSEP

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	Output: 2. Health information and disease surveillance capacity strengthened			
	Activity 1. Introduce sex- disaggregated data to the eRHMIS, Annual Health Bulletin of FHB and to the eHealth surveillance system on the 29 notifiable diseases in Sri Lanka			
	2.1.1 Sex-disaggregated data included in the eRHMIS and Annual Report on Family Health (Baseline: 0)	0% FHB is in the process of revising eRHMIS and there is a potential to include gender disaggregated data where applicable		Qualitative study
	2.1.2. Sex-disaggregated data included in the eHealth surveillance system (Baseline: 0)	0%		Qualitative study
	2.1.3 Sex-disaggregated data analyzed, and gender related health issues identified for programming in the FHB and Epidemiology Unit (Baseline: 0)	0% However, gender related health issues are identified for programming at FHB.		Qualitative study
	Output: 3. Policy development, capacity building, and project management supported			
	Activity 1. Ensure all operation policies and guidelines developed for health sector are gender mainstreamed			
	3.1.1 A team of experts on health and gender are consulted during the preparation of policies	Information not available		
	3.1.2 Comments of the expert/s are documented and incorporated.	Information not available		
	Activity 2. Integrate gender dimensions into policies and strategic plans of the FHB and the existing package for newly married couples			
	3.2.1 By 2023, operational polices and guidelines with gender dimensions are developed for (i) delivering a comprehensive package of PHC; (ii) management and functioning of cluster hospitals; and (iii) GIS-based planning and monitoring in health sector	Gender dimensions have been included for (i) delivering a comprehensive package of PHC; (ii) management and functioning of cluster hospitals. But not for (iii) GIS-based planning and monitoring in health sector		
	3.2.2 By 2020, 11 units of the FHB of the Ministry that have integrated gender dimensions into all their policies and strategic plans (Baseline: 0)	Initiated and ongoing		GAP, 2021 Q3 Progress report of HSEP
	3.2.3 By 2019, the package for newly married couples is reviewed and finalized	Revised the package named “Our Best wishes for your blissful home: booklet for newly married couples” by the Gender & Women’s Health Unit of the FHB		Family Health Bureau
	3. 2.4 By 2023, nine advocacy workshops conducted as one per district (9 districts) with registrars of marriages (Baseline: 0)	Not started yet		GAP, 2021 Q3 Progress report of HSEP

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	Activity 3. Conduct a gender training needs assessment to identify training gaps, develop a gender TOT module and roll-out a training program for the PHC staff			
	3.3.1 By 2019, a gender expert recruited	Recruited on 1st September 2020		GAP, 2021 Q3 Progress report of HSEP
	3.3.2 By 2019, a gender training needs assessment conducted and a TOT training module for PHC staff developed (Baseline: 0)	Completed Training Module developed		GAP, 2021 Q3 Progress report of HSEP
	3.3.3 By 2020, nine TOTs on gender conducted as one per district (at least 40% women) (Baseline: 0)	01 TOT at central level with participation from all 9 districts conducted 01 District level TOT conducted		GAP, 2021 Q3 Progress report of HSEP
	3.3.4 By 2023, at least 25% PHC staff from PMCUs, divisional hospitals, and MOHs (of whom 35% are women) are trained on gender sensitivity, gender-related policies and interventions (Baseline: 0)	A total of 270 health staff from project districts have been trained. However, a denominator is not available to calculate the percentage.	Central Province 105; North Central province 35; Uva Province 34; Sabaragamuwa Province 96	Data from the Gender Consultant
	Activity 4. Introduce an updated training program on gender sensitive nutrition counselling and primary health care			
	3.4.1 At least 75% of PHMs trained on gender sensitive nutrition counselling program (Baseline: 0)	Not started yet		GAP, 2021 Q3 Progress report of HSEP
	3.4.2 At least 25% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in target provinces are trained in PHC (family medicine)	Not started yet		GAP, 2021 Q3 Progress report of HSEP
	Activity 5. Strengthen the capacity of PHMs and PHIs respond to GBV			
	3.5.1 The life skills training course for PHMs and PHIs is gender mainstreamed	Information not available		
	3.5.2 A basic counseling and family mediation induction course developed for PHMs and PHIs (Baseline: Not available)	Information not available		
	3.5.3 75% of PHMs and PHIs trained on life skills and family mediation (at least 50% women) (Baseline: 0)	Information not available		
	Activity 6. Develop new guidelines for preventive health staff to address occupational health issues			
	3.6.1 New guidelines developed for field-based staff to address occupational issues faced by estate sector women workers, men and women engaged in unskilled labor and other occupations.	Not started yet		GAP, 2021 Q3 Progress report of HSEP

Key indicators: Cluster Performance Indicators for Pilot Cluster Areas – Cluster wise

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
No	**A. Assessing the process of establishing the clusters**										
A1	A directive is issued by the Ministry of Health to operationalize the policy on reorganizing health care delivery for universal health coverage in selected newly established clusters	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A2	A directive is issued by the Ministry of Health to appoint a Deputy Regional Director Health Services as the cluster head for each of the clusters.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
A3	A directive is issued by the Ministry of Health authorizing sharing of human resources, materials and equipment and finances within each of the clusters.	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
A4	% of facilities that have carried out gap analysis to identify the infrastructure / physical space gaps, medical equipment and medical furniture gaps, other general equipment gaps, laboratory service gaps, pharmaceuticals gaps, health technology related gaps, at each of the 9 clusters for providing each of the selected services to be provided via a cluster approach (interventions package) Numerator: No of DH/PMCU in the cluster that have carried out gap	51.5% (48.5% of informants unaware of gap analysis)	42.9%	60.0%	50.0%	12.5%	44.4%	87.5%	100.0%	33.3%	51.5%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	analysis to identify the infrastructure / physical space gaps, medical equipment and medical furniture gaps, other general equipment gaps, laboratory service gaps, Denominator: Total No of DH/PMCU in the cluster										
A5	% of facilities that have carried out service level assessment to identify the service gaps related to availability, accessibility and practices related to use of clinical referral pathways, availability and usage of PHC level clinical service guidelines, management and distribution of PHC level pharmaceuticals, availability and usage of communication material on health promotion practices, HCWM guidelines, Infection prevention and control related services, etc. at each of the clusters. Numerator: No of DH/PMCU in the cluster that have carried out service gaps, Denominator: Total No of DH/PMCU in the cluster	47.1% (52.9% of informants unaware of this)	42.9%	40.0%	50.0%	12.5%	33.3%	87.5%	100.0%	22.2%	50.0%
A6	% of facilities that have introduced clinical guidelines, circulars, standard operating procedures for providing selected shared care services based on the services to be provided (interventions package) across the clusters.	41.2% (58.8% informants unaware of these)	28.6%	60.0%	50.0%	25.0%	33.3%	50.0%	100.0%	22.2%	25.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	Numerator: No of DH/PMCU in the cluster that have introduced clinical guidelines, circular etc. Denominator: Total No of DH/PMCU in the cluster										
A7	% of facilities that have addressed (to be defined) service related, infrastructure, equipment, materials gaps that are addressed prior to introducing shared care cluster services. Numerator: No of DH/PMCU in the cluster that have addressed defined service gaps, Denominator: Total No of DH/PMCU in the cluster	50% (50% addressed at least to some extent)	42.9%	100.0%	37.5%	50.0%	33.3%	50.0%	66.7%	33.3%	62.5%
	B. Assessing the effectiveness of the pilot reform										
B1	% of PHC staff (various categories) trained in selected areas like primary healthcare/family medicine, health care waste management, use of Geographic information systems in health planning and management, gender responsiveness and sensitivity in primary care and in Infection prevention and control Numerator: Number of Medical	13.5% in primary health care and family medicine	31.4%	25.0%	0.0%	0.0%	4.0%	21.2%	29.7%	10.5%	8.2%
		7.4% in health care waste management	1.2%	0.0%	0.0%	0.0%	6.0%	17.3%	29.7%	0.0%	18.4%
		5.8% in GIS	2.3%	0.0%	0.0%	0.0%	4.0%	19.2%	27.0%	0.0%	4.1%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	Officers, Nurses and Midwives in PMCU and DH who were trained on the defined area after starting HSEP Denominator: Number of Medical Officers, Nurses and Midwives employed in PMCU and DH at the time of survey **Note: These trainings were received at any time after starting the HSEP, and cannot be attributed to the HSEP. However, a training database has been developed to autogenerate training indicators, using the data provided through the PMU on HSEP specific training programmes.**	5.8% in gender responsiveness and sensitivity	1.2%	0.0%	0.0%	0.0%	2.0%	21.2%	27.0%	0.0%	6.1%
		7.6% in Infection prevention and control	2.3%	0.0%	0.0%	3.1%	6.0%	21.2%	29.7%	0.0%	10.2%
B2	% of PHC staff trained by the Apex hospital on emergency care, use of PHC guidelines for NCDs, management of stroke patients, etc. (as relevant to each cluster) Numerator: Number of Medical Officers, Nurses and Midwives in PMCU and DH who were trained by the Apex Hospital on the defined area Denominator: Number of Medical Officers, Nurses and Midwives employed in PMCU and DH at the time of survey	8.8% on emergency care	3.5%	0.0%	0.0%	0.0%	6.0%	19.2%	18.9%	15.8%	20.4%
		7.9% on use of PHC guidelines for NCDs	3.5%	25.0%	0.0%	1.6%	6.0%	15.4%	18.9%	5.3%	20.4%
		2.9% on management of stroke patients	3.5%	0.0%	0.0%	0.0%	4.0%	0.0%	10.8%	0.0%	8.2%
B3	% of PMCUs and DHs in the clusters sending notifiable disease surveillance information via an	2.9%	14.3%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	electronic system to the Medical Officers of Health areas Numerator: No. of PMCUs and DHs (including Apex Hospital) in the cluster sending notifiable disease surveillance information via an electronic system to the Medical Officers of Health areas Denominator: No. of PMCU, DH and Apex Hospital in the cluster										
B4	% of patients who use the PMCUs and DHs that are linked to the clusters receive a unique patient identification number Numerator: No. of patients who seek care at OPD of DH/PMCU using unique ID No. Denominator: No. of patients seeking care at OPD of DH/PMCU	7.5%	3.8%	21.3%	31.7%	0.0%	2.2%	0.0%	6.7%	6.7%	0.0%
B5	% of PMCUs and DHs and Medical Officer of Health areas linked to a cluster use electronic patient information sharing system across the cluster facilities Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster using electronic patient information sharing system across the cluster facilities Denominator: No. of PMCU, DH and Apex Hospital in the cluster	1.5%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
B6	% of PHCs linked to the clusters that report on gender disaggregated data to the provinces and districts Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster reporting gender disaggregated data to the PDHS or RDHS Office Denominator: No. of PMCU, DH and Apex Hospital in the cluster	2.9%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%
B7	% of cluster linked PHCs having gender sensitive facilities (male female toilets, privacy during consultations with health personnel, separate changing areas prior to examination, etc.) Denominator: No. of PMCU, DH and Apex Hospital in the cluster	54.4% separate toilets for females and males at OPD Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster having separate toilets for females and males at OPD	71.4%	20.0%	50.0%	50.0%	55.6%	50.0%	16.7%	88.9%	62.5%
		4.4% separate changing areas for females and males Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster having separate changing areas for females and males at OPD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.5%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
		36.8% always maintained privacy during consultations with health personnel Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster maintaining privacy always during consultations with health personnel at OPD	42.9%	40.0%	50.0%	25.0%	100.0%	37.5%	0.0%	0.0%	25.0%
B8	% of cluster linked PHCs having disability friendly services (access to all services, disability-friendly toilets, disability clinical services like availability of trained staff for physiotherapy, nursing care for disabled) Denominator: No. of PMCU, DH and Apex Hospital in the cluster	36..8% for access to all services, Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster having wheelchair access to all areas at OPD including canteen	28.6%	20.0%	50.0%	50.0%	66.7%	25.0%	33.3%	11.1%	37.5%
		10.3% disability-friendly toilets, Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster having a separate disability friendly toilet at OPD	0.0%	0.0%	0.0%	25.%	22.2%	12.5%	0.0%	0.0%	25.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
		13.2% availability of physiotherapy, services Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster providing physiotherapy serves by a physiotherapist	14.3%	20.0%	12.5%	12.5%	11.1%	12.5%	16.7%	11.1%	12.5%
B9	% of cluster linked PHCs having adequate stocks (a month's buffer stock) of all identified essential drugs and supplies,	Data not available	-	-	-	-	-	-	-	-	-
B10	% of institutions offering the prescribed / defined laboratory tests at a given time Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster offering defined laboratory test during the time of survey Denominator: No. of PMCU, DH and Apex Hospital in the cluster Denominator: No. of PMCU, DH and Apex Hospital in the cluster	30.9% for Full blood count	42.9%	20.0%	37.5%	37.5%	22.2%	25.0%	33.3%	33.3%	25.0%
		30.9% for Urine Full Report	42.9%	20.0%	37.5%	37.5%	22.2%	25.0%	33.3%	33.3%	25.0%
		27.9% Venous Blood Glucose	42.9%	20.0%	37.5%	25.0%	11.1%	25.0%	33.3%	33.3%	25.0%
		48.5% Serum Cholesterol (at OPD/HLC)	85.7%	40.0%	50.0%	75.0%	66.7%	25.0%	16.7%	22.0%	50.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
B11	% of cluster linked PHCs having the required emergency equipment, NCD screening equipment Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster having defined emergency equipment at the time of survey Denominator: No. of PMCU, DH and Apex Hospital in the cluster Denominator: No. of PMCU, DH and Apex Hospital in the cluster	58.8% Emergency tray with all recommended items	57.1%	0.0%	50.0%	75.0%	88.9%	100.0%	66.7%	44.4%	25.0%
		88.2% Nebulizer	71.4%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%
		29.4% defibrillator	28.6%	0.0%	37.5%	62.5%	33.3%	25.0%	50.0%	11.1%	12.5%
		41.2% Cardiac monitor	57.1%	20.0%	37.5%	50.0%	33.3%	37.5%	50.0%	66.7%	12.5%
		66.2% Oxygen cylinders	57.1%	20.0%	62.5%	87.5%	88.9%	75.0%	50.0%	88.9%	37.5%
B12	% of PHC facilities in the clusters in target provinces provide gender responsive and inclusive family planning services as outpatient and clinic services, Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster offering family planning services for both males and females Denominator: No. of PMCU, DH and Apex Hospital in the cluster	19.1% offer family planning services for both males and females	57.1%	20.0%	12.5%	12.5%	11.1%	12.5%	16.7%	0.0%	37.5%
B13	% of PHCs linked to clusters in target provinces that provide dietary services (including counselling) to children, adults and elders living in the cluster catchment population Denominator: No. of PMCU, DH and	89.7% for children Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	83.3%	77.8%	62.5%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	Apex Hospital in the cluster	providing growth monitoring, or diagnosis and treatment of malnutrition in children <5 years									
		77.9% for adults Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster providing dietary services including nutrition counseling at OPD for adults 18-64 years	71.4%	100.0%	87.5%	100.0%	88.9%	75.0%	50.0%	33.3%	100.0%
		44.1% for elderly Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster providing dietary services including nutrition counseling for elderly aged 65 years or more	57.1%	80.0%	100.0%	37.5%	22.2%	37.5%	16.7%	0.0%	62.5%
B14	% of cluster linked PMCUs and DHs that provide family planning services as defined in the ESP Numerator: No. of PMCUs, DHs and	54.4%	100.0%	20.0%	25.0%	37.5%	55.6%	75.0%	50.0%	66.7%	50.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	Apex Hospital in the cluster offering family planning services as defined in the ESP Denominator: No. of PMCU, DH and Apex Hospital in the cluster										
B15	% of cluster linked PMCUs and DHs that provide elderly care services Numerator: No. of PMCUs, DHs and Apex Hospital in the cluster offering elderly care services Denominator: No. of PMCU, DH and Apex Hospital in the cluster	80.9%	57.1%	100.0%	87.5%	25.0%	77.8%	100.0%	100.0%	100.0%	87.5%
B16	Community responsiveness indicators and patient responsiveness indicators to be included. Patient responsiveness – Percentage of patients who scored 70% or more in a tool that comprised 33 responsiveness statements, rated using 5-point Likert scale (defined by the M&E team in consultation with project Consultants)	30.1%	21.90%	37.30%	54.20%	46.70%	14.80%	34.20%	22.20%	20.00%	22.50%
	C. Assessing the Efficiency and Equity of the pilot reform on the Population										
C1	% of the population living in the cluster catchment areas that use cluster linked facilities for medical and surgical emergencies, outpatient	4.1% for medical and surgical emergencies	0.5%	9.3%	8.8%	8.2%	0.7%	1.8%	0.2%	4.2%	4.1%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
	services, clinic services, inpatient services, and other auxiliary services (physiotherapy, etc.)	29.1% for outpatient services	35.2%	13.0%	27.1%	18.3%	50.8%	23.8%	32.4%	32.7%	29.7%
		4.4% for clinic services,	5.1%	1.5%	4.8%	1.7%	9.8%	7.9%	2.5%	3.9%	1.1%
		2.5% for inpatient services,	3.5%	0.4%	0.8%	2.8%	1.6%	2.5%	0.2%	8.1%	4.5%
		0.8% for other auxiliary services (physiotherapy, etc.)	0.7%	0.9%	1.9%	0.9%	0.2%	0.5%	0.0%	1.3%	1.5%
C2	% increase in patients reporting knowledge of and satisfaction of using cluster-linked PHC services, (Satisfaction was defined as percentage of patients reporting 70% or more marks in a 10-item satisfaction tool using 5-point scale. - Knowledge on the PHC services was assessed in three domains, awareness of investigations (14 items), awareness of curative and preventive services (10 items) and awareness of counselling services (5 items), which was later combined into an overall awareness score. overall awareness score of 70% or more was considered as adequately aware)	56.6% of users satisfied overall (reported a satisfaction score of 70 or more)	61.00%	52.00%	49.20%	69.20%	56.30%	60.00%	51.10%	52.60%	56.70%
		53.5% of users had overall awareness of services (score of 70 or more)	63.80%	36.00%	59.20%	70.00%	51.10%	76.70%	50.00%	16.30%	57.50%
C3	% of the notifiable diseases presented at cluster linked hospitals are notified within the stipulated time to the relevant Medical Officer of Health areas,	Data not available	-	-	-	-	-	-	-	-	-

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
C4	% reduction in the prevalence of NCD risk factors - alcohol use, tobacco use, high BMI, low physical activity, indoor air pollution - among the cluster served catchment populations (Refer Tables for indicator definitions and classifications)	15.7% current alcohol drinkers	14.7%	9.5%	12.5%	14.7%	18.1%	14.2%	7.5%	39.6%	9.6%
		17.2% current tobacco smokers	13.5%	14.3%	19.2%	15.6%	23.9%	10.6%	17.5%	31.7%	7.3%
		26.9% smokeless tobacco users,	25.0%	36.2%	24.0%	20.5%	37.4%	32.6%	15.1%	30.4%	21.9%
		31.0% had low physical activity,	29.0%	30.5%	37.0%	42.0%	29.6%	37.2%	27.8%	20.4%	26.9%
		39.0% at high risk for indoor air pollution	31.7%	32.4%	31.7%	35.7%	50.2%	28.4%	44.8%	57.4%	36.1%
C5	% of the patients diagnosed with diabetes mellitus, hypertension, ischaemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas seek care at the cluster linked PHCs,	Health seeking of cluster-linked PHC by adults with NCD (18-64 year) are as follows:									
		33.2% of diabetes mellitus patients	21.7%	30.8%	48.1%	31.3%	83.3%	45.0%	31.3%	27.9%	17.4%
		41.7% of hypertension patients,	20.0%	50.0%	57.1%	29.4%	48.4%	56.5%	53.8%	46.2%	15.4%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
		20.3% of ischaemic heart disease patients	20.0%	16.7%	44.4%	0.0%	0.0%	40.0%	25.0%	13.3%	25.0%
		27.9% of asthma/ chronic obstructive pulmonary disease patients	10.0%	0.0%	0.0%	0.0%	20.0%	60.0%	42.9%	38.5%	10.0%
		11.8% of patients with mental illness	0.0%	0.0%	25.0%	0.0%	Not reported	0.0%	0.0%	Not reported	33.3%
C6	% reduction in the admission and re-admission rates due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension),	Admission during the past year to any hospital for any health condition: 5.4% of adults aged 18-64 years admitted	6.0%	2.4%	9.1%	3.6%	3.7%	9.6%	4.0%	3.5%	7.3%
		10.8% of them re-admitted within 30 days	13.3%	20.0%	15.8%	37.5%	0.0%	4.8%	10.0%	0.0%	6.3%
		14.2% of elderly aged ≥ 65 years admitted	12.9%	8.1%	15.4%	12.5%	14.6%	18.6%	3.4%	14.7%	21.1%
		15.7% of them readmitted within 30 days	25.0%	33.3%	33.3%	0.0%	42.9%	12.5%	0.0%	0.0%	0.0%

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
C7	% reduction of OOPEs for health care by each family (by various categories of expenses) of the cluster catchment populations, (Percentage of household expenditure on health ≥ 40% was considered as catastrophic health expenditure)	Baseline: 6.3% of household reported ≥40% of the household expenditure on health	3.7%	15.8%	5.2%	9.8%	1.5%	1.5%	3.7%	4.4%	11.1%
C8	% of the catchment area population attending NCD risk factor prevention programs conducted by the MOHs* in consultation with the PHCs,	7.2% of adults aged 35-64 years	12.8%	1.3%	11.0%	4.1%	3.9%	3.0%	5.6%	17.0%	3.5%
C9	% increase of diabetic patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,	Baseline: 33.2% of diabetes mellitus patients (18-64 years)	21.7%	30.8%	48.1%	31.3%	83.3%	45.0%	31.3%	27.9%	17.4%
C10	% increase of hypertensive patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,	Baseline: 41.7% of hypertension patients (18-64 years)	20.0%	50.0%	57.1%	29.4%	48.4%	56.5%	53.8%	46.2%	15.4%
C11	% of the adult population over 35 years living in the catchment areas, using the HLC centres located in the cluster linked facilities for NCD risk factor services,	9.4% Females	19.6%	1.8%	11.0%	9.0%	2.3%	8.6%	3.1%	12.9%	14.3%
		2.8% Males	8.1%	1.0%	2.5%	0.0%	1.1%	3.6%	1.0%	6.8%	0.0%
C12	% of mental health patients living in the cluster catchment area that seek services from the cluster facilities,	11.8% of patients with mental illness	0.0%	0.0%	25.0%	0.0%	No t reported	0.0%	0.0%	Not reported	

	Indicator	Overall value for all Pilot Clusters	Anuradhapura (Thambuttegama)	Polonnaruwa (Medirigiriya)	Kandy (Theldeniya)	Matale (Dambulla)	Nuwara Eliya (Rikillagaskada)	Badulla (Welimada)	Monaragala (Bibile)	Kegalle (Karawanella)	Ratnapura (Kahawatta)
C13	% reduction of re-admission (for the same illness within 30 days) of patients (from the cluster catchment population) discharged from the cluster linked facilities or from other facilities to the cluster linked hospitals or to other hospitals,	Baseline: 5.4% of adults aged 18-64 years admitted	6.0%	2.4%	9.1%	3.6%	3.7%	9.6%	4.0%	3.5%	7.3%
		10.8% of them re-admitted within 30 days	13.3%	20.0%	15.8%	37.5%	0.0%	4.8%	10.0%	0.0%	6.3%
		14.2% of elderly aged ≥ 65 years admitted	12.9%	8.1%	15.4%	12.5%	14.6%	18.6%	3.4%	14.7%	21.1%
		15.7% of them readmitted within 30 days	25.0%	33.3%	33.3%	0.0%	42.9%	12.5%	0.0%	0.0%	0.0%
C14	% increase in UHC service coverage index.	Data not available	-	-	-	-	-	-	-	-	-

Introduction

Background

Sri Lanka has achieved remarkable social and health indices notably low maternal, infant and under 5 mortality, controlling of communicable diseases especially vaccine related ones, and an increase in life expectancy mainly due to the continuous investments made by successive governments to provide free health and education services to all its people. Sri Lanka, however, is presently facing a major challenge with an emerging epidemic of Non-Communicable Diseases (NCD) due to an increase in the aging population and lifestyle changes brought about by changing socio-economic structures. While sustaining the successes achieved, Sri Lanka needs to move forward and face new challenges to reach Universal Health Coverage (UHC) and achieve Sustainable Development Goals (SDGs) by 2030. The challenges of NCDs will impose a burden on providing preventive as well as the curative services. It is estimated that almost 83% of all deaths are due to NCDs, and over the last few decades the leading cause of death in Sri Lanka has been ischaemic heart disease. As per the estimates 34% of the mortality is due to cardiovascular diseases, 14% neoplasms, 9% diabetes, 8% chronic respiratory diseases, 18% other NCDs, 8% injuries, and 8% communicable, maternal, perinatal and nutritional conditions. As much as focusing on prevention, due attention must be given to the fact that most of the chronic NCDs need curative healthcare which may even be life-long.

The country has maintained the policy of providing free of charge services in an equitable manner. Health services of Sri Lanka are provided through both public and private sectors. The public sector is the predominant provider for inpatient care, with approximately 95% of inpatient care being provided by the state health institutions, while the share of outpatient care is divided almost equally between public and private sectors. The public sector health services are provided free of charge at the point of consumption and organized in 2 parallel streams – patient care services and community health services. The patient care services are delivered through a network of hospitals ranging from Divisional Hospitals to Teaching Hospitals, and Primary Medical Care Units at the lowest level. However, the primary level curative services are under-utilized by people mainly due to lack of manpower and lack of availability of comprehensive services. Hence, these services are by-passed and people attend secondary and tertiary care which eventually become over- crowded and over utilized. Although curative services are provided in the private sector, it is not affordable by the majority. It is observed that a reasonable amount of out of pocket expenses are incurred by people for private healthcare. Although people, especially the poor can ill afford, the private sector but has gained popularity over government services due to poor services offered by the government sector,

resulting in economic hardships to people. Age, gender and geographical disparities are also observed in accessing services. For example, the adolescents, male adults and elderly under-utilize the services, and in addition vulnerable and marginalized communities such as plantation workers, apparel industry workers, people with disabilities and those in poor rural areas are being under-served.

In 2018, the Government of Sri Lanka introduced the Policy on Healthcare Delivery for Universal Health Coverage (UHC) aligned with the National Health Policy aiming to overcome some of these challenges by adopting a strategy to strengthen the Primary Health Care (PHC) delivery system to be delivered through an "Essential Health Services Package". This re-orientation aims at ensuring UHC to all citizens covering preventive health care and curative services including palliative care. It aims to strengthen the existing health services to provide equitable people-patient centered quality comprehensive care at the first contact to the health system with referral linkages to specialized services for those in need of continuum of care.

The essential health service package is delivered using the "shared care cluster" system where Primary Health Care Institutions consisting of Primary Medical Care Units and Divisional Hospitals are linked to an "apex hospital". The apex hospital could be a Base Hospital or a higher facility providing specialized services. The main aim is to provide gender sensitive, quality people-patient centered continuum of care across all ages.

A network of geographical clusters is identified throughout the country and ~~there are~~ 09 pilot clusters in the districts in 4 selected provinces were identified to deliver the Essential Health Service Package. Strengthened PHC system would enable people to access quality health services closer to their home for fulfilling their health needs without by-passing the PHC system and save out-of-pocket expenditure and healthcare expenditure by the government.

Keeping the above in mind the Government of Sri Lanka in partnership with the Asian Development Bank (ADB) has planned to improve the efficiency, equity and responsiveness of the PHC through the proposed Health Systems Enhancement Project (HSEP). The 4 provinces and districts targeted are Central (Matale, Kandy and Nuwara Eliya districts), North Central (Anuradhapura and Polonnaruwa districts), Uva (Badulla and Moneragala districts) and Sabaragamuwa (Kegalle and Ratnapura districts) benefitting 33% of Sri Lanka's population. Using a vulnerability index a total of 2.4 million among them have been identified as a deprived group. The ultimate aim the HSEP is to establish 9

shared care clusters in the 9 districts to deliver identified categories of services via the Essential Health Service Package.

Justification

Sri Lanka has a strong network of curative care institutions; however, effective utilization of primary care health institutions seems to be poor. A primary health care led health service delivery model is an equitable and cost-effective health care delivery mechanism that provides comprehensive, people centered care throughout an individual's life. With the aim of achieving Universal Health Coverage, primary health care system is being reformed by introducing the 'shared care cluster system' on pilot basis, with one cluster per district in 9 districts. Through the proposed monitoring and evaluation study, baseline status of health care utilization will be established, and achievement of project outcomes will be evaluated. A proper baseline assessment is essential for any project to decide on adjustments of its interventions as well as monitoring the progress. If the proposed evaluation of the Health System Enhancement Project can show a clear benefit to its catchment population, the 'shared care cluster system' will be scaled up to other areas as well.

The intended benefits include use of cluster-linked health facilities for acute and chronic medical, surgical and obstetric out-patient and in-ward care, clinical emergencies and other auxiliary services (physiotherapy, laboratory etc.,) by the people in the catchment areas. It is also expected to increase the population screened for non-communicable diseases such as diabetes, hypertension, dyslipidaemia, cancers, chronic kidney disease etc. Through improved Healthy Lifestyle Centers, reductions are expected in the prevalence of NCD risk factors - alcohol use, tobacco use, high BMI, low physical activity, indoor air pollution - among the cluster-served catchment populations. The patients diagnosed with diabetes mellitus, hypertension, ischaemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas would seek care at the cluster-linked health care institutions. Each patient will have a unique patient identification number through which his/her health records will be accessible across other health facilities when referrals are made. A reduction of Out of Pocket Expenditure for health care by each family of the cluster catchment populations is also expected. Furthermore, gender disparities in utilizing health care would be minimized.

Objectives

- Describe the baseline level of awareness, attitudes and utilization of primary health care and health outcomes in three communities – those served by cluster-linked institutions supported by HSEP, those served by non-cluster institutions supported by HSEP and those served by institutions not supported by the project.
- Describe the baseline level of responsiveness, satisfaction with care and gender sensitivity of services as perceived by the users of primary health care institutions in the three groups – cluster-linked institutions supported by HSEP, non-cluster institutions supported by HSEP, and unsupported institutions.
- Monitor the progress of the cluster-reform process and the implementation of the HSEP project.
- Evaluate the effectiveness of the cluster-reform process and the HSEP in improving the utilization of primary health care services and health status of the population served by the project.

Methods

Study setting

The study was conducted in 9 districts in 4 provinces in Sri Lanka, namely Matale, Kandy and Nuwara Eliya districts from the Central province; Anuradhapura and Polonnaruwa districts from the North Central province; Badulla and Moneragala districts from the Uva province; and Kegalle and Ratnapura districts from the Sabaragamuwa province. Monitoring and evaluation process focused on three strata of PHC facilities and their catchment areas in each district, based on PHC support category as described below:

Group -1 (Pilot Cluster, supported by the ADB-HSEP)
All PHC facilities (Divisional Hospitals (DH), PMCUs, other identified hospitals, and the apex hospital) that are linked as a single cluster and supported by the ADB-HSEP, and the Grama Niladhari Divisions (GNDs) served by these cluster linked facilities. This group has a total of 122 curative health care facilities covering 1.4 million catchment population in 1,214 GNDs.

Group-2 (Other ADB-HSEP supported group)
All ADB-HSEP supported PHC facilities excluding the PHCs that are linked to clusters (as described in Group 1) and the respective GNDs served by these facilities. This group has 101 curative facilities which are not linked to clusters covering a 1.7 million catchment population, in 1,167 GNDs.

Group 3 (Control group)
All non ADB-HSEP supported PHCs and all GNDs that are not served by any ADB project facilities. This group has PHCs that do not belong to Group 1 and 2 and comprises 246 PHCs serving around a 4 million population, in 3,296 GN areas.

Monitoring and evaluation design

The monitoring and evaluation (M&E) process comprised 3 cross-sectional surveys and a qualitative enquiry among key stakeholders that looked into different dimensions of health care utilization. These methods include:

1. Household survey
2. PHC user survey
3. PHC facility survey
4. Qualitative study among stakeholders

Household survey

A population-based household survey was conducted at the baseline (2021) in the catchment areas defined above, and it is expected to carry out an end-line survey once the project cycle is completed (2023). A two-stage stratified sampling method was adopted, with stratification according to the districts and the PHC support category within each district. In the first stage of sampling, GNDs were selected using probability proportion to size (PPS) sampling method from a list of GNDs within each stratum (n=27 GNDs per district). In the second stage, 15 households were identified from each GND by generating random locations through geographical positioning system GPS (n=405 households per district). Trained enumerators visited the households and interviewed the most knowledgeable person in the household such as the chief householder or the main caregiver of the family. All household members were included in the assessment, and more detailed enquiry was made on 5 specific groups targeting all stages of the life course: (i) preschool children (under 5 years); (ii) school children (5-17 years); (iii) adults (18-64 years); (iv) elderly (65 years and above); and (v) women in the reproductive age (15-49 years). Data were gathered by Computer Assisted Personal Interviews (CAPI) method, and transferred online to a central database. The survey was conducted parallely in the 9 districts during the period March 22, 2021 to August 02, 2021. Data security was assured through restricted access to databases.

Sample size calculations were based on 2 main requirements of the M&E of the project: (i) to estimate proportion of key outcomes (or impact) in the target population with an acceptable level of precision, and (ii) to prove a significant improvement in the proportions of key outcomes (or impact) at the end line in contrast to the baseline. Details of sample size calculation are given in Annex I.

PHC User survey

Health facility-based survey was conducted among patients/clients who utilized services from primary health care settings collectively referred to as Primary Medical Care Institutes (PMCI), which included PMCU, Divisional Hospitals type A, B, and C (DHA, DHB, DHC). Sampling of PHCI was linked to the sampling process adopted for the household survey, and the empaneled PHCIs (the assigned PHC for the area) of the same GNDs selected for household survey were included in the first stage. This resulted in a total of 191 PHCI from all 9 districts, comprising 68 PHCI from the pilot cluster, 57 from the other ADB-HSEP support group and 66 from the control group. In the second stage of sampling, health care users were identified from different settings such as OPD, clinics, or emergency unit during 2 random visits to each selected institution (n=15 per PHCI). Direct interviews

were conducted by pre-intern medical graduates using CAPI, during the period April 07, 2021 to September 13, 2021.

Health Facility survey

Availability of health facilities for the implementation of the PHC services was assessed using a comprehensive checklist supplemented by interviews of the relevant PHC staff. The informants included Heads of the PHCI, health care providers such as nurses, medical officers, pharmacist, and laboratory technicians. Availability was verified through direct observations whenever relevant. This assessment was carried out by the same pre-intern medical graduates in all 191 PHCI selected for PHC user survey during the same period as above. However, HSEP specific details were restricted to PHCI in the pilot cluster and other ADB-HSEP support group.

Qualitative study among stakeholders

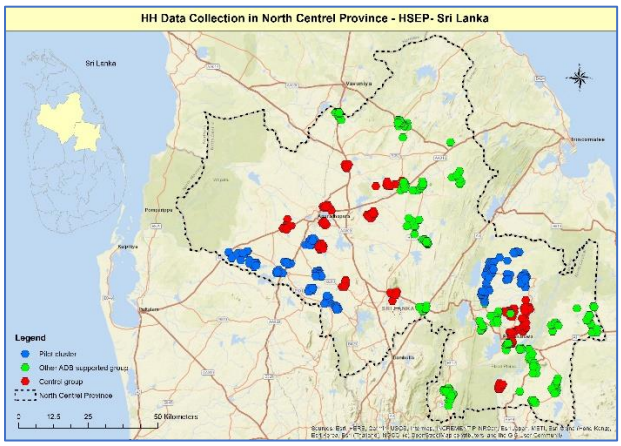
Qualitative study consists of Key Informant Interviews (KII) among the stakeholders from all four provinces, and captured information from four categories of key informants, namely:

(i) Officials involved in project planning and management at central and regional levels,
(ii) Medical professionals involved in the project at service delivery points,
(iii) Nursing and paramedical staff and professionals Supplementary to Medicine.
(iv) IT staff involved in the health information system

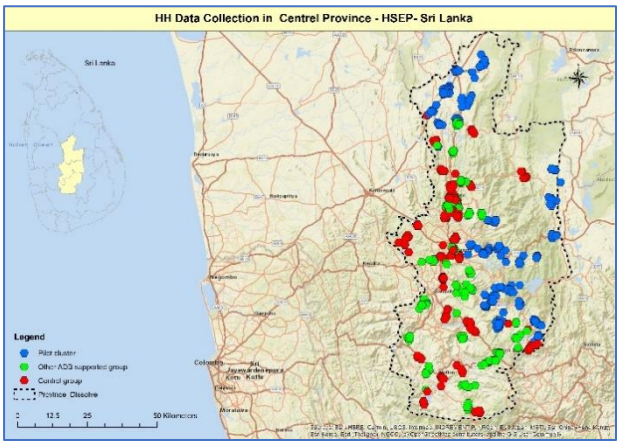
Key informants were selected purposively from all four categories listed above to ensure maximum variation regarding involvement/responsibilities in the project, socio-demographics and work characteristics. KIIs were conducted by prior appointment by consultants experienced in qualitative data collection methods using an interview guide. Some of the interviews were conducted at their respective workplaces, while others through virtual conferencing platform due to lockdown and mobility restrictions during the pandemic. These KII were audio recorded with the permission of the participants, and documented accordingly.

Figure 1: Households included in the baseline survey in the 4 provinces, according to PHC support category

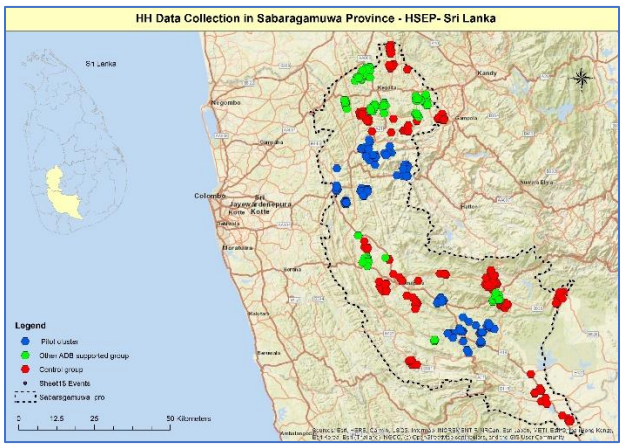
A. North Central province



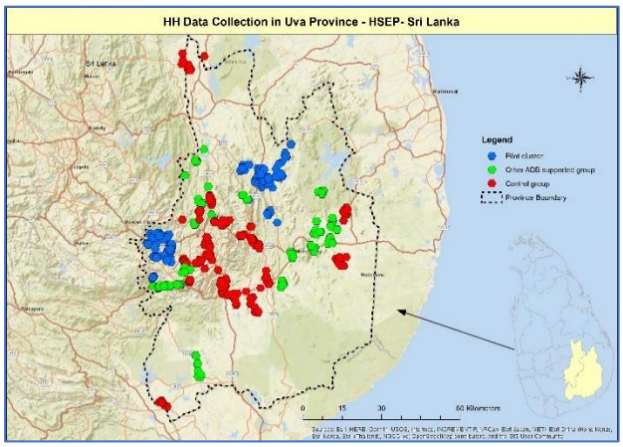
B. Central province



C. Sabaragamuwa province



D. Uva province



Results

Types of surveys and participants

Table : 1 Study units and/or participants involved in the surveys, according to PHC support group

Survey type and participant category	Pilot cluster	Other ADB support group	Pilot cluster & ADB support[a]	Control group	Total
Household survey					
GNDs	81	74	155	88	243
Households	1215	1110	2325	1320	3645
All individuals in household [b]					
< 5 years	324	308	632	365	997
5-17 year	950	968	1918	1138	3056
18-44 yeas	1783	1732	3515	2054	5569
45-64 years	1167	1013	2180	1210	3390
65 and above	459	444	903	563	1466
Total residents	4683	4465	9148	5330	14478
Sub-samples under specific groups [c]					
< 5 years	298	267	565	310	875
5-17 years	600	589	1189	677	1866
18-64 years	2056	1871	3927	2248	6175
65 and above	358	355	713	439	1152
Women 15-49 years	865	826	1691	938	2629
PHC user survey					
Health care users at					
PMCU	255	345	600	285	885
Divisional hospital	630	510	1140	705	1845
Apex hospital	135	0	135	0	135
Total users	1020	855	1875	990	2865
Health Facility Survey					
PMCU	17	23	40	19	59
Divisional hospital	42	34	76	47	123
Apex hospital	9	0	9	0	9
Total health facilities	68	57	125	66	191

[a] Counts in this column represent the cumulative total of pilot cluster and other ADB-HSEP supported group

[b] All individuals in the households were assessed for the utilization of the assigned PHC for different purposes

[c] Sub-samples were selected from the specific age groups for a detailed enquiry about health care needs and utilization of different health facilities

Three surveys were conducted at the baseline: a household survey of 3645 households with 14,478 persons; health facility survey of 191 institutions, and user survey of 2865 PHC users.

Results of the Household Survey

Part I - Information at household level

Table : 2 Distribution of households by province, district and PHC support category

		Count	Column N %
Province	North central	810	22.2%
	Central	1215	33.3%
	Uva	810	22.2%
	Sabaragamuwa	810	22.2%
	Total	3645	100.0%
District	Anuradhapura	405	11.1%
	Polonnaruwa	405	11.1%
	Kandy	405	11.1%
	Matale	405	11.1%
	Nuwara Eliya	405	11.1%
	Badulla	405	11.1%
	Monaragala	405	11.1%
	Kegalle	405	11.1%
	Ratnapura	405	11.1%
	Total	3645	100.0%
PHC support category	Pilot cluster	1215	33.3%
	Other ADB support group	1110	30.5%
	Pilot cluster & other ADB	2325	63.8%
	Control group	1320	36.2%

A sample of 3645 households was studied from the 9 districts (405 per district). Sampling was performed in 3 strata based on the support category of the PHC assigned to the area, namely the pilot cluster, other ADB support group and control group. Results are disaggregated according to these 3 strata, and presented in separate columns in Tables. However, as per request by ADB mission, an additional column was inserted to display the combined results for the first two strata.

The population pyramid generated through age-sex composition of the household survey sample was very similar to the population pyramid of Sri Lanka for 2021. (See Figure in Annex 6)

Household environmental health

Table : 3 Water, sanitation and hygienic practices at household

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Ownership	Family owned	1161	95.6%	990	89.2%	2151	92.5%	1198	90.8%
	Estate house	33	2.7%	86	7.7%	119	5.1%	80	6.1%
	Rented	17	1.4%	22	2.0%	39	1.7%	39	3.0%
	Quarters	4	0.3%	12	1.1%	16	0.7%	3	0.2%
Safe drinking water	Safe	778	64.0%	588	53.0%	1366	58.8%	721	54.6%
	Unsure[a]	257	21.2%	223	20.1%	480	20.6%	324	24.5%
	Unsafe	180	14.8%	299	26.9%	479	20.6%	275	20.8%
Hygienic latrine	Hygienic	1061	87.3%	1009	90.9%	2070	89.0%	1124	85.2%
	Unhygienic	154	12.7%	101	9.1%	255	11.0%	196	14.8%
Main type of cooking fuel	Wood or other	876	72.1%	683	61.5%	1559	67.1%	852	64.5%
	LPG	321	26.4%	422	38.0%	743	32.0%	458	34.7%
	Kerosene	0	0.0%	2	0.2%	2	0.1%	1	0.1%
	Electricity	18	1.5%	3	0.3%	21	0.9%	9	0.7%
Is there a chimney at house	Yes	1024	84.3%	892	80.4%	1916	82.4%	1046	79.2%
	No	191	15.7%	218	19.6%	409	17.6%	274	20.8%
Anyone smokes inside the house	Yes	386	31.8%	327	29.5%	713	30.7%	358	27.1%
	No	829	68.2%	783	70.5%	1612	69.3%	962	72.9%
Methods of disposing waste	Dumping on the premises	362	29.8%	236	21.3%	598	25.7%	238	18.0%
	Burning	872	71.8%	840	75.7%	1712	73.6%	835	63.3%
	Burying	487	40.1%	485	43.7%	972	41.8%	593	44.9%
	Dumping on the road	5	0.4%	27	2.4%	32	1.4%	16	1.2%
	Handing over to truck	78	6.4%	88	7.9%	166	7.1%	148	11.2%
	Segregate and recycle	22	1.8%	18	1.6%	40	1.7%	34	2.6%
	Composting of organic refuse	134	11.0%	100	9.0%	234	10.1%	114	8.6%

[a] water safety was defined as “unsure” when drinking water source was from community water supply projects

Almost two-thirds of households in the pilot cluster had access to safe drinking water, and 72.1% had hygienic latrines. Burning (71.8%), burying (40.1%) and dumping (29.8%) are the common methods of household waste disposal.

Household awareness of services at PHC

Table : 4 Overall awareness of the primary informant about the services available at the assigned PHC

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Household awareness of PHC Services	Aware of the assigned PHC	970	79.8%***	786	70.8%^{n}	1756	75.5%***	898	68.0%
	Aware of a different PHC	133	10.9%^{n}	149	13.4%*	282	12.1%^{n}	133	10.1%
	Not aware of any PHC	112	9.2%***	175	15.8%***	287	12.3%***	289	21.9%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Table : 5 Awareness of the primary informant about specific services provided at PHCs

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Awareness of different services	OPD services	1095	90.1%***	921	83.0%***	2016	86.7%***	1022	77.4%
	Emergency care	853	70.2%***	626	56.4%^{n}	1479	63.6%***	740	56.1%
	HLC / NCD screening	757	62.3%***	532	47.9%^{n}	1289	55.4%**	659	49.9%
	CKD screening	399	32.8%***	281	25.3%**	680	29.2%**	275	20.8%
	Clinic followup for NCD	705	58.0%***	512	46.1%*	1217	52.3%***	553	41.9%
	Basic laboratory tests	665	54.7%***	478	43.1%^{n}	1143	49.2%***	541	41.0%
	ECG test	717	59.0%***	441	39.7%***	1158	49.8%***	436	33.0%
	Dental clinic	796	65.5%***	612	55.1%***	1408	60.6%***	636	48.2%
	Admission	826	68.0%***	604	54.4%^{n}	1430	61.5%***	670	50.8%
	Referral to higher level	723	59.5%***	502	45.2%^{n}	1225	52.7%***	539	40.8%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Services of the assigned PHC in general were known to almost 80% of the households in the pilot cluster. Household awareness was high regarding certain specific services such as OPD and emergency services at the PHC. The awareness regarding CKD screening was poor possibly due to lack of such services at the assigned PHC.

Access to the assigned PHC

Table : 6 Distance and travel cost to the assigned PHC

	PHC support category											
	Pilot cluster			Other ADB support group			Pilot cluster & other ADB support			Control group		
	Mean	Min.	Max.	Mean	Min.	Max.	Mean	Min.	Max.	Mean	Min.	Max.
Distance to the assigned PHC (km)	4.61	<1.0	20.0	4.57	0.10	22.0	4.59	<1.0	22.0	4.89	<1.0	20.0
Cost of travel to the assigned PHC (LKR)	201	0	3000	175	5	2500	189	0	3000	160	10	2000

The average distance to the assigned PHC was 4.61 km (ranged from <1 km to 20 km) in the pilot cluster.

Household expenditure on health

Indicator C7: % reduction of OOPEs for health care by each family (by various categories of expenses) of the cluster catchment populations,
Numerator: No. of households with health expenditure ≥ 40% of the total monthly household expenditure.

Denominator: Total No. of households in the survey

Table : 7 Average expenditure (LKR) on health by all household members during the previous 6 months period

	PHC support category							
	Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Fees to non-specialist private medical practitioners	3737.28	2000.00	3740.87	1500.00	3739.00	2000.00	3985.55	1600.00
Fees to Ayurvedic practitioners	545.80	.00	353.74	.00	454.11	.00	381.33	.00
Fees for consulting specialists	1085.80	.00	1050.23	.00	1068.82	.00	1333.26	.00
Investigation cost	1163.47	.00	1067.49	.00	1117.65	.00	1253.59	.00
Payments to private hospitals / nursing homes	88.23	.00	159.19	.00	122.11	.00	195.68	.00
Purchasing medicines and pharmaceuticals	3498.02	1500.00	3613.56	1500.00	3553.18	1500.00	3584.11	1500.00
Spectacles and other appliances	549.22	.00	410.05	.00	482.77	.00	615.61	.00
Traveling for health care	1510.30	600.00	1372.05	500.00	1444.30	600.00	1681.45	600.00
Cost of bystanders / food etc. during illness episode	144.36	.00	270.65	.00	204.65	.00	552.80	.00
Out of pocket health expenditure	12322.50	6250.00	12037.82	6000.00	12186.59	6000.00	13583.39	6900.00
Total health expenditure including loss due to illness and health care visits	14196.91	7000.00	13556.02	6500.00	13890.93	6750.00	15386.34	8000.00

* Average expenditure was calculated using all households as the denominator irrespective of whether they spent or not in that particular item

Table : 8 Out of pocket health expenditure as a percentage of total household expenditure

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Percent OOP Category	<10%	832	69.0%*	789	71.6%***	1621	70.2%	850	64.6%
	10-19%	182	15.1%	180	16.3%	362	15.7%	246	18.7%
	20-29%	79	6.6%	59	5.4%	138	6.0%	105	8.0%
	30-39%	37	3.1%	26	2.4%	63	2.7%	40	3.0%
	40-69%	47	3.9%	28	2.5%	75	3.2%	48	3.7%
	70-99%	15	1.2%	8	0.7%	23	1.0%	13	1.0%
	>=100%	14	1.2%	12	1.1%	26	1.1%	13	1.0%
Catastrophic health expenditure[a]	<40%	1130	93.7%[n]	1054	95.6%[n]	2184	94.6%[n]	1241	94.4%
	40% or more	76	6.3%[n]	48	4.4%[n]	124	5.4%[n]	74	5.6%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Percentage of household expenditure on health ≥ 40% was considered as catastrophic health expenditure, which was 6.3% in the pilot cluster.

Table : 9 Coverage of household health cost (at least partially) by other sources during the last 6 months

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Supported by other sources	Yes	36	3.0%	34	3.1%	70	3.0%	53	4.0%
	No	1179	97.0%	1076	96.9%	2255	97.0%	1267	96.0%
Source of such funds	Welfare society	4	0.3%	9	0.8%	13	0.6%	6	0.5%
	Personal insurance	1	0.1%	4	0.4%	5	0.2%	8	0.6%
	Other	1	0.1%	4	0.4%	5	0.2%	5	0.4%
	Family member living outside home	18	1.5%	12	1.1%	30	1.3%	12	0.9%
	Company insurance	12	1.0%	5	0.5%	17	0.7%	22	1.7%
	No support	1179	97.0%	1076	96.9%	2255	97.0%	1267	96.0%

During the previous six months, only 3.1% of the households in the pilot cluster had received some financial support from other sources (e.g. personal insurance, company insurance, welfare etc.) to cover their health care expenditure.

Part II - Utilization of cluster-linked PHC by individuals

This section describes utilization of the assigned PHC by all members in the households.

Distribution of all individuals at households by age, gender and residence

Of the total residents in the sample, 6.9% were children under 5 years of age, and 10.1% were elderly over 65 years of age.

Table : 10 Distribution of all individuals at households by age, gender and residence

Variable and categories		Count	%
Gender	Female	7255	50.1%
	Male	7223	49.9%
Age category	< 5 years	997	6.9%
	5-17 years	3056	21.1%
	18-44 years	5569	38.5%
	45-64 years	3390	23.4%
	≥ 65 years	1466	10.1%
Province	Central	4873	33.7%
	North central	3290	22.7%
	Sabaragamuwa	2882	19.9%
	Uva	3433	23.7%
District	Anuradhapura	1593	11.0%
	Badulla	1807	12.5%
	Kandy	1570	10.8%
	Kegalle	1388	9.6%
	Matale	1532	10.6%
	Monaragala	1626	11.2%
	Nuwara Eliya	1771	12.2%
	Polonnaruwa	1697	11.7%
	Ratnapura	1494	10.3%
PHC support category	Pilot cluster	4683	32.3%
	Other ADB support group	4465	30.8%
	Control group	5330	36.8%
	Total	14478	100.0%

Use of cluster-linked facilities for medical and surgical emergencies, outpatient services, clinic services, inpatient services, other auxiliary services

Indicator C1: % of the population living in the cluster catchment areas that use cluster linked facilities (PMCU, DH, and Apex hospital), for medical and surgical emergencies, outpatient services, clinic services, inpatient services, and other auxiliary services (physiotherapy, etc.)

Numerator: No. people living in the cluster catchment areas selected for the study, who used PMCU, DH, and Apex hospital for a given service

Denominator: Total number of people living in the cluster catchment areas

4.1% of the persons included in the sample, used the assigned PHC for medical and surgical emergencies, 29.1% for outpatient services, 4.4% for clinic services, and 2.5% for inpatient services.

Table : 11 Use of cluster-linked facilities for medical and surgical emergencies, outpatient services, clinic services, inpatient services, and other auxiliary services

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Medical or Surgical Emergencies	Yes	191	4.1%^{n}	157	3.5%^{n}	348	3.8%^{n}	227	4.3%
	No	4492	95.9%	4308	96.5%	8800	96.2%	5103	95.7%
All outpatient services	Yes	1363	29.1%**	1075	24.1%^{n}	2438	26.7%^{n}	1320	24.8%
	No	3320	70.9%	3390	75.9%	6710	73.3%	4010	75.2%
Out Patient Department only	Yes	952	20.3%**	695	15.6%^{n}	1647	18.0%*	823	15.4%
	No	3731	79.7%	3770	84.4%	7501	82.0%	4507	84.6%
Clinic services	Yes	204	4.4%^{n}	197	4.4%^{n}	401	4.4%^{n}	184	3.5%
	No	4479	95.6%	4268	95.6%	8747	95.6%	5146	96.5%
In-patient services	Yes	117	2.5%^{n}	54	1.2%^{n}	171	1.9%^{n}	106	2.0%
	No	4566	97.5%	4411	98.8%	8977	98.1%	5224	98.0%
Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	39	0.8%^{n}	24	0.5%^{n}	63	0.7%^{n}	46	0.9%
	No	4644	99.2%	4441	99.5%	9085	99.3%	5284	99.1%
Laboratory / ECG	Yes	17	0.4%^{n}	4	0.1%^{n}	21	0.2%	3	0.1%
	No	4666	99.6%	4461	99.9%	9127	99.8%	5327	99.9%
	Total	4683	100.0%	4465	100.0%	9148	100.0%	5330	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Use of cluster-linked facilities for medical and surgical emergencies, by age and gender

Utilization of the PHC for medical or surgical emergencies was lowest (3.3%) among the age category 18-44 years in the catchment population. Then, it increased gradually with the increasing age categories and reached 5.4% among elderly in the population. In the catchment population, 3.9% of females and 4.3% of males utilized PHC for emergencies.

Utilization of the PHC for out-patient services was much higher, i.e., by 32% of females and 26.3% of the males in the cluster catchment population. Figure 2 shows the utilization rates for outpatient services, aggregated for all three strata. It was found that the highest rates were found among the elderly, followed by children under 5 years. From 18 years onwards more females were utilizing the services than males.

Table : 12 Use of cluster-linked PHC for medical and surgical emergency by age and gender

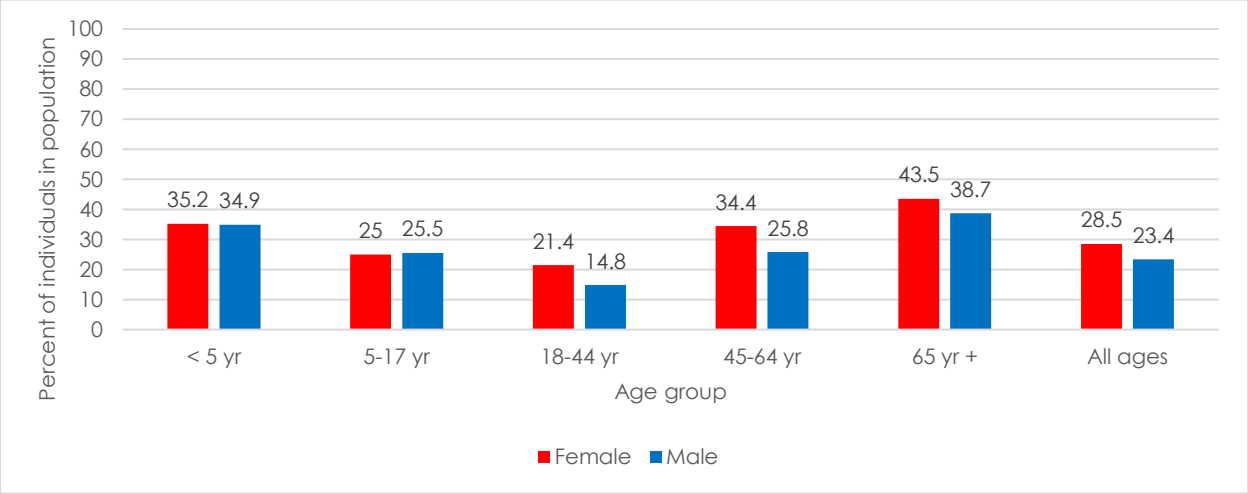
				PHC support category							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
				Count	%	Count	%	Count	%	Count	%
Age Category	< 5 years	Medical or Surgical Emergency	Yes	13	4.0%	18	5.8%	31	4.9%	29	7.9%
			No	311	96.0%	290	94.2%	601	95.1%	336	92.1%
	5-17 years	Medical or Surgical Emergency	Yes	39	4.1%	44	4.5%	83	4.3%	48	4.2%
			No	911	95.9%	924	95.5%	1835	95.7%	1090	95.8%
	18-44 years	Medical or Surgical Emergency	Yes	58	3.3%	37	2.1%	95	2.7%	61	3.0%
			No	1725	96.7%	1695	97.9%	3420	97.3%	1993	97.0%
	45-64 years	Medical or Surgical Emergency	Yes	56	4.8%	36	3.6%	92	4.2%	58	4.8%
			No	1111	95.2%	977	96.4%	2088	95.8%	1152	95.2%
	≥ 65 years	Medical or Surgical Emergency	Yes	25	5.4%	22	5.0%	47	5.2%	31	5.5%
			No	434	94.6%	422	95.0%	856	94.8%	532	94.5%
Gender	Female	Medical or Surgical Emergency	Yes	90	3.9%	93	4.1%	183	4.0%	116	4.3%
			No	2232	96.1%	2156	95.9%	4388	96.0%	2568	95.7%
	Male	Medical or Surgical Emergency	Yes	101	4.3%	64	2.9%	165	3.6%	111	4.2%
			No	2260	95.7%	2152	97.1%	4412	96.4%	2535	95.8%

Use of cluster-linked facilities for outpatient services by age and gender

Table : 13 Use of cluster-linked PHC for all outpatient services by age and gender

				PHC support category							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
				Count	%	Count	%	Count	%	Count	%
Age Category	< 5 years	All outpatient services	Yes	114	35.2%	111	36.0%	225	35.6%	124	34.0%
			No	210	64.8%	197	64.0%	407	64.4%	241	66.0%
	5-17 years	All outpatient services	Yes	240	25.3%	266	27.5%	506	26.4%	265	23.3%
			No	710	74.7%	702	72.5%	1412	73.6%	873	76.7%
	18-44 years	All outpatient services	Yes	377	21.1%	264	15.2%	641	18.2%	367	17.9%
			No	1406	78.9%	1468	84.8%	2874	81.8%	1687	82.1%
	45-64 years	All outpatient services	Yes	404	34.6%	263	26.0%	667	30.6%	359	29.7%
			No	763	65.4%	750	74.0%	1513	69.4%	851	70.3%
	≥ 65 years	All outpatient services	Yes	228	49.7%	171	38.5%	399	44.2%	205	36.4%
			No	231	50.3%	273	61.5%	504	55.8%	358	63.6%
Gender	Female	All outpatient services	Yes	742	32.0%	604	26.9%	1346	29.4%	724	27.0%
			No	1580	68.0%	1645	73.1%	3225	70.6%	1960	73.0%
	Male	All outpatient services	Yes	621	26.3%	471	21.3%	1092	23.9%	596	22.5%
			No	1740	73.7%	1745	78.7%	3485	76.1%	2050	77.5%

Figure: 2 Proportion of individuals in the population who utilized PHC for out-patient services, combined results for all 3 strata



Use of cluster-linked facilities for clinic services, by age and gender

Utilization of the PHC for clinic follow-up was lower in children, and adults until the age of 45 years in the population. The utilization rate increased from 7.8% in 45-64 years to 18.7% in 65 years and above. The utilization of PHC for clinic follow up was higher in females than males.

Table : 14 Use of cluster-linked PHC for clinic follow-up by age and gender

				PHC support category							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
				Count	%	Count	%	Count	%	Count	%
Age Category	< 5 years	clinic services	Yes	3	0.9%	5	1.6%	8	1.3%	7	1.9%
			No	321	99.1%	303	98.4%	624	98.7%	358	98.1%
	5-17 years	clinic services	Yes	5	0.5%	6	0.6%	11	0.6%	6	0.5%
			No	945	99.5%	962	99.4%	1907	99.4%	1132	99.5%
	18-44 years	clinic services	Yes	19	1.1%	26	1.5%	45	1.3%	31	1.5%
			No	1764	98.9%	1706	98.5%	3470	98.7%	2023	98.5%
	45-64 years	clinic services	Yes	91	7.8%	85	8.4%	176	8.1%	78	6.4%
			No	1076	92.2%	928	91.6%	2004	91.9%	1132	93.6%
	≥ 65 years	clinic services	Yes	86	18.7%	75	16.9%	161	17.8%	62	11.0%
			No	373	81.3%	369	83.1%	742	82.2%	501	89.0%
Gender	Female	clinic services	Yes	122	5.3%	131	5.8%	253	5.5%	104	3.9%
			No	2200	94.7%	2118	94.2%	4318	94.5%	2580	96.1%
	Male	clinic services	Yes	82	3.5%	66	3.0%	148	3.2%	80	3.0%
			No	2279	96.5%	2150	97.0%	4429	96.8%	2566	97.0%

Use of cluster-linked facilities for in-patient services, by age and gender

In the pilot cluster catchment areas, 2.8% of females and 2.2% of males have been admitted to PHCs including the Apex hospitals. The lowest admission rates were reported among the children of schooling age, while the highest in the elderly.

Table : 15 Use of cluster-linked PHC for in-patient services by age and gender

				PHC support category							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
				Count	%	Count	%	Count	%	Count	%
Age Category	< 5 years	in-patient services	Yes	8	2.5%	6	1.9%	14	2.2%	9	2.5%
			No	316	97.5%	302	98.1%	618	97.8%	356	97.5%
	5-17 years	in-patient services	Yes	9	0.9%	5	0.5%	14	0.7%	13	1.1%
			No	941	99.1%	963	99.5%	1904	99.3%	1125	98.9%
	18-44 years	in-patient services	Yes	40	2.2%	16	0.9%	56	1.6%	29	1.4%
			No	1743	97.8%	1716	99.1%	3459	98.4%	2025	98.6%
	45-64 years	in-patient services	Yes	44	3.8%	13	1.3%	57	2.6%	32	2.6%
			No	1123	96.2%	1000	98.7%	2123	97.4%	1178	97.4%
	≥ 65 years	in-patient services	Yes	16	3.5%	14	3.2%	30	3.3%	23	4.1%
			No	443	96.5%	430	96.8%	873	96.7%	540	95.9%
Gender	Female	in-patient services	Yes	65	2.8%	33	1.5%	98	2.1%	60	2.2%
			No	2257	97.2%	2216	98.5%	4473	97.9%	2624	97.8%
	Male	in-patient services	Yes	52	2.2%	21	0.9%	73	1.6%	46	1.7%
			No	2309	97.8%	2195	99.1%	4504	98.4%	2600	98.3%

Use of cluster-linked facilities for auxiliary services, by age and gender

Utilization of auxiliary services including physiotherapy, kidney disease, dental care, and laboratory services by the population was low, with almost 1.0% of females and 0.7% of males in the pilot cluster catchment areas were accessing such services from the PHCI.

Table : 16 Use of cluster-linked PHC for auxiliary services by age and gender

				PHC support category							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
				Count	%	Count	%	Count	%	Count	%
Age Category	< 5 years	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	6	1.9%	3	1.0%	9	1.4%	6	1.6%
			No	318	98.1%	305	99.0%	623	98.6%	359	98.4%
	5-17 years	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	2	0.2%	5	0.5%	7	0.4%	6	0.5%
			No	948	99.8%	963	99.5%	1911	99.6%	1132	99.5%
	18-44 years	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	8	0.4%	1	0.1%	9	0.3%	18	0.9%
			No	1775	99.6%	1731	99.9%	3506	99.7%	2036	99.1%
	45-64 years	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	15	1.3%	8	0.8%	23	1.1%	10	0.8%
			No	1152	98.7%	1005	99.2%	2157	98.9%	1200	99.2%
	≥ 65 years	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	8	1.7%	7	1.6%	15	1.7%	6	1.1%
			No	451	98.3%	437	98.4%	888	98.3%	557	98.9%
Gender	Female	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	23	1.0%	10	0.4%	33	0.7%	26	1.0%
			No	2299	99.0%	2239	99.6%	4538	99.3%	2658	99.0%
	Male	Auxiliary Services (Physiotherapy / Kidney / Dental / Laboratory)	Yes	16	0.7%	14	0.6%	30	0.7%	20	0.8%
			No	2345	99.3%	2202	99.4%	4547	99.3%	2626	99.2%

Part III – Health service utilization by children under 5 years

Distribution of children by age and sex

A subsample of children under 5 years (n=875) representing both sexes and age categories was further studied.

Table : 17 Age and sex of children under 5 years of age by PHC support group

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Gender	Female	145	48.7%	143	53.6%	288	51.0%	151	48.7%
	Male	153	51.3%	124	46.4%	277	49.0%	159	51.3%
Age group of Child	0-11	51	17.1%	60	22.5%	111	19.6%	68	21.9%
	12-23	49	16.4%	44	16.5%	93	16.5%	52	16.8%
	24-35	54	18.1%	50	18.7%	104	18.4%	55	17.7%
	36-47	57	19.1%	55	20.6%	112	19.8%	58	18.7%
	48-59	87	29.2%	58	21.7%	145	25.7%	77	24.8%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Out-patient service utilization for acute illnesses by children under 5 years

Almost 25% of the children under 5 years, in the cluster areas had experienced an acute illness or injury in the past 6 months. Cough and cold, and fever were among the common acute conditions. More than one-third of those children who reported an acute illness/injury, have received treatment for it from the OPD of the assigned PHCI. Approximately 30% have sought care from a general practice as a paid service.

Table : 18 Percentage of Children under 5 years of age who had any acute medical or surgical illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child experienced any acute illness requiring OPD treatment during the past six months	Yes	73	24.5%	76	28.5%	149	26.4%	81	26.1%
	No	225	75.5%	191	71.5%	416	73.6%	229	73.9%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Figure: 3 Percentage of Children under 5 years of age who had acute medical or surgical illnesses

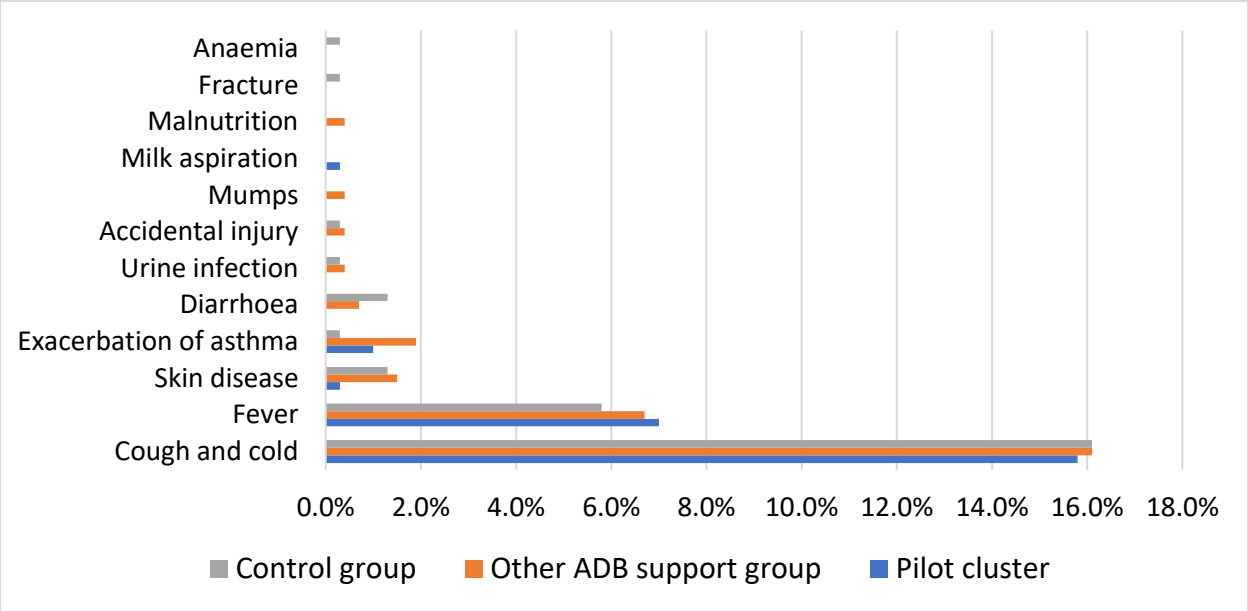


Table : 19 Percent of children under 5 years of age according to the acute illness or injury (the recent most incident within 6 months)

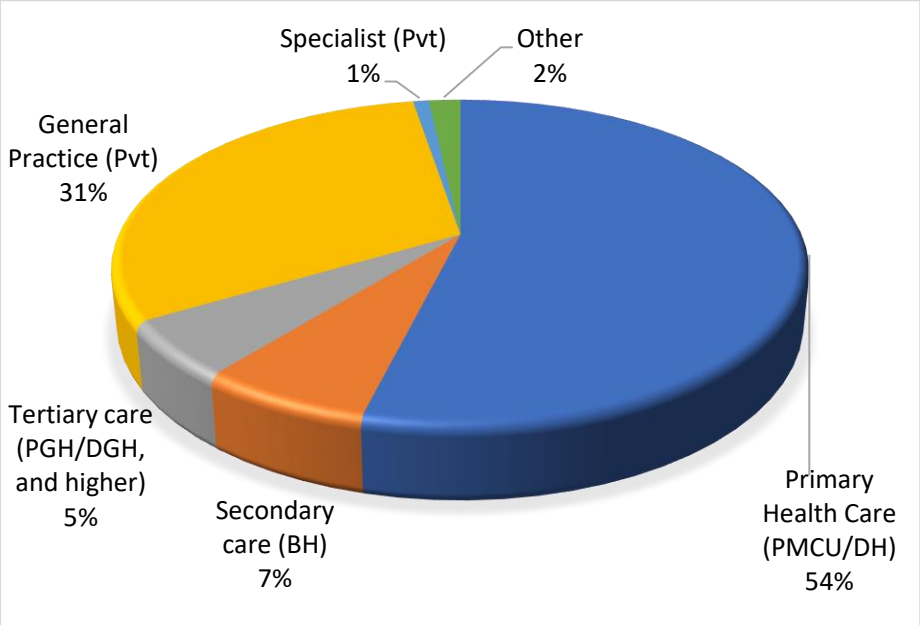
Acute illness or injury		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
	None	225	75.5%	191	71.5%	416	73.6%	229	73.9%
	Cough and cold	47	15.8%	43	16.1%	90	15.9%	50	16.1%
	Fever	21	7.0%	18	6.7%	39	6.9%	18	5.8%
	Skin disease	1	0.3%	4	1.5%	5	0.9%	4	1.3%
	Exacerbation of asthma	3	1.0%	5	1.9%	8	1.4%	1	0.3%
	Diarrhoea	0	0.0%	2	0.7%	2	0.4%	4	1.3%
	Urine infection	0	0.0%	1	0.4%	1	0.2%	1	0.3%
	Accidental injury	0	0.0%	1	0.4%	1	0.2%	1	0.3%
	Mumps	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	Milk aspiration	1	0.3%	0	0.0%	1	0.2%	0	0.0%
	Malnutrition	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	Fracture	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Anaemia	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 20 Health care utilization pattern of children under 5 years of age with an acute illness or injury

Place of health care		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
	PHCI - assigned	26	35.6%[n]	37	48.7%[n]	63	42.3%[n]	34	42.0%
	PHCI - unassigned	12	16.4%[n]	3	3.9%*	15	10.1%[n]	12	14.8%
	Secondary care (Base) hospital	8	11.0%[n]	5	6.6%[n]	13	8.7%[n]	3	3.7%
	Tertiary care hospital	1	1.4%[n]	7	9.2%[n]	8	5.4%[n]	5	6.2%
	General practice	23	31.5%[n]	23	30.3%[n]	46	30.9%[n]	25	30.9%
	Specialist channeling	0	0.0%[n]	1	1.3%[n]	1	0.7%[n]	1	1.2%
	Private hospital	2	2.7%[n]	0	0.0%[n]	2	1.3%[n]	1	1.2%
	Other	1	1.4%[n]	0	0.0%[n]	1	0.7%[n]	0	0.0%
	Service not indicated or sought	0	0.0%[n]	0	0.0%[n]	0	0.0%[n]	0	0.0%
	Total	73	100.0%	76	100.0%	149	100.0%	81	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Figure: 4 Proportion of children under 5 years with an acute illness who utilized PHC for out-patient care in contrast to other health facilities in all strata



Clinic attendance for follow-up of long-term illness in children under 5 years

Approximately 7% of children in the pilot cluster had been diagnosed with a long-term illness. Bronchial asthma, chronic malnutrition, heart disease, cerebral palsy, and fits were the common chronic illness. Of those with a long-term illness, only 5% were followed up at the assigned PHCs, another 5% at the secondary care and 20% at a tertiary care level, while the majority (70%) has not sought any long term follow-up.

Table : 21 Prevalence of any chronic illness in children under 5 years of age

Having a chronic illness in child		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
	Yes	20	6.7%	18	6.7%	38	6.7%	25	8.1%
	No	278	93.3%	249	93.3%	527	93.3%	285	91.9%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 22 Percent of children under 5 years of age according to the chronic illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Chronic illness of child	Bronchial asthma / recurrent wheeze	5	25.0%	9	50.0%	14	36.8%	7	28.0%
	Heart disease	2	10.0%	6	33.3%	8	21.1%	5	20.0%
	Chronic malnutrition	5	25.0%	3	16.7%	8	21.1%	5	20.0%
	Recurrent urinary infection	2	10.0%	3	16.7%	5	13.2%	4	16.0%
	Epilepsy / Fits	2	10.0%	3	16.7%	5	13.2%	3	12.0%
	Other	4	20.0%	1	5.6%	5	13.2%	3	12.0%
	Cerebral palsy (movement disability caused by brain damage in early life)	3	15.0%	3	16.7%	6	15.8%	0	0.0%
	Kidney disease	0	0.0%	1	5.6%	1	2.6%	4	16.0%
	Psychological / behavioral disorders	0	0.0%	1	5.6%	1	2.6%	1	4.0%
	Total	20	100.0%	18	100.0%	38	100.0%	25	100.0%

Table : 23 Clinic follow-up among children <5 years with any chronic illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child clinic followup for chronic illness	PHCI - assigned	0	0.0%	0	0.0%	0	0.0%	1	4.0%
	PHCI - unassigned	1	5.0%	0	0.0%	1	2.6%	1	4.0%
	Secondary care (Base) hospital	1	5.0%	0	0.0%	1	2.6%	0	0.0%
	Tertiary care hospital	4	20.0%	4	22.2%	8	21.1%	7	28.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	1	4.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	1	5.6%	1	2.6%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	14	70.0%	13	72.2%	27	71.1%	15	60.0%
	Total	20	100.0%	18	100.0%	38	100.0%	25	100.0%

Emergency health care utilization in children under 5 years

Only 2.3% children under 5 years of age in the cluster areas had a medical or surgical emergency during past 6 months. Accidental injury was the commonest reason for emergency at this age. In the pilot cluster, majority of children under 5 years have accessed primary or secondary care health facilities for emergencies.

Table : 24 Percentage of children under 5 years of age who had any surgical or medical emergency

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child experience any illness / injury requiring emergency care during the past six months	No	291	97.7%	253	94.8%	544	96.3%	298	96.1%
	Yes	7	2.3%	14	5.2%	21	3.7%	12	3.9%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 25 Type of emergency in children under 5 years who had any emergency

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
What was the last emergency treatment episode	No emergency	291	97.7%	253	94.8%	544	96.3%	298	96.1%
	Accidental injury	4	1.3%	8	3.0%	12	2.1%	7	2.3%
	Exacerbation of asthma	2	0.7%	1	0.4%	3	0.5%	2	0.6%
	Allergy	0	0.0%	3	1.1%	3	0.5%	1	0.3%
	fever	1	0.3%	2	0.7%	3	0.5%	0	0.0%
	Hernia	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Heart disease	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 26 Emergency care for children <5 years with any surgical or medical emergency

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of Child emergency care	PHCI - assigned	3	42.9%	9	64.3%	12	57.1%	4	33.3%
	PHCI - unassigned	1	14.3%	0	0.0%	1	4.8%	1	8.3%
	Secondary care (Base) hospital	2	28.6%	1	7.1%	3	14.3%	1	8.3%
	Tertiary care hospital	0	0.0%	2	14.3%	2	9.5%	5	41.7%
	General practice	1	14.3%	0	0.0%	1	4.8%	0	0.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	2	14.3%	2	9.5%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	1	8.3%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	7	100.0%	14	100.0%	21	100.0%	12	100.0%

In-patient care for children under 5 years of age

Only 1% of children under 5 years of age in the pilot cluster had been admitted to a hospital during the last 3 months. In the pilot cluster, all admissions were made to a tertiary care hospital, and there were no re-admissions for the same condition. However, admission to PHCI and secondary care were reported in the other 2 strata, with few re-admissions to the same conditions.

Table : 27 Percentage of children under 5 years of age who were admitted to hospital during last 3 months

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child experience any illness requiring hospital admission	No	295	99.0%	258	96.6%	553	97.9%	302	97.4%
	Yes	3	1.0%	9	3.4%	12	2.1%	8	2.6%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 28 Reason for admission in children < 5 years

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
What was the illness the child was suffering from, during the last hospitalization	Not admitted	295	99.0%	258	96.6%	553	97.9%	302	97.4%
	Viral /Dengue fever	0	0.0%	4	1.5%	4	0.7%	3	1.0%
	Respiratory disease	1	0.3%	2	0.7%	3	0.5%	2	0.6%
	Allergy	0	0.0%	1	0.4%	1	0.2%	1	0.3%
	Diarrhoea / gastro intestinal disease	0	0.0%	1	0.4%	1	0.2%	1	0.3%
	Urinary infection	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	Neurological illness	1	0.3%	0	0.0%	1	0.2%	0	0.0%
	Eye disease	1	0.3%	0	0.0%	1	0.2%	0	0.0%
	Constipation	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 29 Place of admission during last 3 months by children under 5 years of age

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child admission	PHCI - assigned	0	0.0%	2	22.2%	2	16.7%	3	37.5%
	PHCI - unassigned	0	0.0%	1	11.1%	1	8.3%	1	12.5%
	Secondary care (Base) hospital	0	0.0%	1	11.1%	1	8.3%	2	25.0%
	Tertiary care hospital	3	100.0%	5	55.6%	8	66.7%	2	25.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	3	100.0%	9	100.0%	12	100.0%	8	100.0%

Table : 30 Readmission within 30 days of discharge from hospital among children <5 years

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child need to be readmitted for the same illness within 30 days of discharge from the hospital	Yes	0	0.0%	0	0.0%	0	0.0%	2	25.0%
	No	3	100.0%	9	100.0%	12	100.0%	6	75.0%
	Total	3	100.0%	9	100.0%	12	100.0%	8	100.0%

Care for long-term disability in children under 5 years

Less than 1% of children under 5 years of age had any disabling condition. Cerebral palsy and joint disease were reported as disabilities. PHCI were not utilized for long-term disability care.

Table : 31 Percentage of children under 5 years of age with long term disability

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child having any disabling condition that requires long term disability care	No	296	99.3%	265	99.3%	561	99.3%	308	99.4%
	Yes	2	0.7%	2	0.7%	4	0.7%	2	0.6%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 32 Type of disability as perceived by caregiver of children < 5 years

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
What is the disabling condition child is having		296	99.3%	265	99.3%	561	99.3%	308	99.4%
	Cerebral palsy / Neurological disease	1	0.3%	0	0.0%	1	0.2%	1	0.3%
	Severe wasting	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Respiratory disease	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	Eye disorder	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	Joint disease	1	0.3%	0	0.0%	1	0.2%	0	0.0%
	Total	298	100.0%	267	100.0%	565	100.0%	310	100.0%

Table : 33 Disability care in children <5 years of age

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child disability care	PHCI - assigned	0	0.0%	0	0.0%	0	0.0%	1	50.0%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Tertiary care hospital	2	100.0%	2	100.0%	4	100.0%	1	50.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	2	100.0%	2	100.0%	4	100.0%	2	100.0%

Selected preventive health services among children under 5 years

Almost all children under 5 years in the pilot cluster areas have received nutrition advice through MOH clinics. Use of PMCU, DH and BH for nutrition advices was relatively low. A great majority of children has received immunization from the MOH clinics. Immunization was also received from PMCU, DH and BH.

Table : 34 Source of nutrition advice for children under 5 years of age (multiple options)

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Received nutrition advise	from the MOH clinic / Public Health Midwife clinic	279	97.2%*	229	90.2%[n]	508	93.9%[n]	274	93.2%
	from the Primary Medical Care Units	127	44.3%[n]	103	40.6%*	230	42.5%*	151	51.4%
	from the Divisional Hospital	109	38.0%*	117	46.1%[n]	226	41.8%[n]	141	48.0%
	from the Base Hospital	103	35.9%*	115	45.3%[n]	218	40.3%[n]	129	43.9%
	Total	287	100.0%	254	100.0%	541	100.0%	294	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 35 Immunization services[a] for children under 5 years of age (multiple options)

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Immunization service provider	MOH clinic	261	90.0%	208	82.9%	469	86.7%	244	84.4%
	Primary Medical Care Units	126	43.4%	91	36.3%	217	40.1%	128	44.3%
	Divisional Hospital	110	37.9%	100	39.8%	210	38.8%	122	42.2%
	Base Hospital	102	35.2%	102	40.6%	204	37.7%	127	43.9%
	Total children	290	100.0%	251	100.0%	541	100.0%	289	100.0%

[a] More than one facility was reported since there were multiple vaccines according to age. Most clinics at the PMCU were operated by the MOH.

Part IV Health service utilization by children aged 5-17 years

Distribution of school-aged children by age and sex

Percentage of males were somewhat higher than females in the sample. About 1.8% of children in the age group 5 to 14 years in the pilot cluster were out of school.

Table : 36 Distribution of school-aged children according to sex, schooling status and age category

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Sex	Female	288	48.0%	261	44.3%	549	46.2%	315	46.5%
	Male	312	52.0%	328	55.7%	640	53.8%	362	53.5%
Schooling status[a]	Currently schooling	508	98.3%	488	96.6%	996	97.5%	550	98.2%
	Out of school - studying	7	1.4%	13	2.6%	20	2.0%	7	1.3%
	Out of school - not occupied	2	0.4%	3	0.6%	5	0.5%	3	0.5%
	Out of school - employed	0	0.0%	1	0.2%	1	0.1%	0	0.0%
Age group (years)	5-9	220	36.7%	196	33.3%	416	35.0%	215	31.8%
	10-12	146	24.3%	147	25.0%	293	24.6%	162	23.9%
	13-17	234	39.0%	246	41.8%	480	40.4%	300	44.3%
	Total	600	100.0%	589	100.0%	1189	100.0%	677	100.0%

[a] Schooling status is presented using children aged 5 to 14 years, with a total of 517

Outpatient care utilization for acute illnesses among children aged 5-17 years

In the pilot cluster, almost 23% children have experienced any acute illness during the past 6 months. However, 93.6% of them have not sought any outpatient care. Cough and cold, and fever were the common conditions. Utilization of PHCI by this age category was low compared to BH and TH.

Table : 37 Percentage of school-aged children (5-17 years) who had any acute medical or surgical illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child experience any acute illness requiring OPD treatment during the past six months	Yes	140	23.3%	162	27.5%	302	25.4%	158	23.3%
	No	460	76.7%	427	72.5%	887	74.6%	519	76.7%

Table : 38 Types of acute illness in school-aged children (5-17 years) who had any acute medical or surgical illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
What was the condition the child was suffering	No illnesses	460	76.7%	427	72.5%	887	74.6%	519	76.7%
	Fever	30	5.0%	54	9.2%	84	7.1%	46	6.8%
	Cough and cold	91	15.2%	85	14.4%	176	14.8%	85	12.6%
	Severe attack of asthma	8	1.3%	1	0.2%	9	0.8%	6	0.9%
	Diarrhea	0	0.0%	0	0.0%	0	0.0%	1	0.1%
	Skin disease	5	0.8%	5	0.8%	10	0.8%	9	1.3%
	Dental treatment	0	0.0%	4	0.7%	4	0.3%	2	0.3%
	Other	6	1.0%	13	2.2%	19	1.6%	9	1.3%
	Total	600	100.0%	589	100.0%	1189	100.0%	677	100.0%

Table : 39 Utilization of health facilities by school-aged children (5-17 years) who had any acute medical or surgical illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
OPD utilization by school-aged for acute medical or surgical illness	PHCI - assigned	1	0.7%[n]	3	1.9%[n]	4	1.3%[n]	2	1.3%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	1	0.6%
	Secondary care (Base) hospital	5	3.6%[n]	0	0.0%[n]	5	1.7%[n]	2	1.3%
	Tertiary care hospital	3	2.1%[n]	6	3.7%[n]	9	3.0%[n]	7	4.4%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	1	0.6%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	131	93.6%[n]	153	94.4%[n]	284	94.0%[n]	145	91.8%[n]
	Total	140	100.0%	162	100.0%	302	100.0%	158	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Clinic attendance for follow of long-term illness in children aged 5-17 years

In the pilot cluster, 7.8% of children aged 5-17 years were having a chronic illness. Asthma was the commonest chronic illnesses. Almost 43% of those with a chronic illness were followed up regularly at a clinic. The follow-up took place mainly at secondary or tertiary care level hospitals, and at PHCI to a lesser extent.

Table : 40 Prevalence of chronic disease among school-aged children (5-17 years)

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Chronic disease	Asthma	30	5.0%	24	4.1%	54	4.5%	47	6.9%
	Kidney disease	7	1.2%	9	1.5%	16	1.3%	20	3.0%
	Disability	8	1.3%	11	1.9%	19	1.6%	31	4.6%
	Heart disease	7	1.2%	15	2.5%	22	1.9%	25	3.7%
	Epilepsy	5	0.8%	11	1.9%	16	1.3%	21	3.1%
	Psychological problems	5	0.8%	10	1.7%	15	1.3%	27	4.0%
	Thalassemia	4	0.7%	8	1.4%	12	1.0%	18	2.7%
	Cancer	3	0.5%	8	1.4%	11	0.9%	19	2.8%
	Other	9	1.5%	16	2.7%	25	2.1%	16	2.4%
Having at least any chronic illness	Yes	47	7.8%	46	7.8%	93	7.8%	72	10.6%
	No	553	92.2%	543	92.2%	1096	92.2%	605	89.4%
	Total	600	100.0%	589	100.0%	1189	100.0%	677	100.0%

Table : 41 Regular clinic follow-up of school-aged children (5-17 years) with any chronic diseases

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Child being followed up regularly	Yes	20	42.6%^{n}	20	43.5%^{n}	40	43.0%^{n}	27	37.5%
	No	27	57.4%	26	56.5%	53	57.0%	45	62.5%
Clinic follow up	PHCI - assigned	4	8.5%^{n}	6	13.0%^{n}	10	10.8%^{n}	3	4.2%
	PHCI - unassigned	0	0.0%^{n}	2	4.3%^{n}	2	2.2%^{n}	2	2.8%
	Secondary care (Base) hospital	7	14.9%*	1	2.2%^{n}	8	8.6%^{n}	2	2.8%
	Tertiary care hospital	7	14.9%^{n}	9	19.6%^{n}	16	17.2%^{n}	14	19.4%
	General practice	1	2.1%^{n}	0	0.0%^{n}	1	1.1%^{n}	3	4.2%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	1	1.4%
	Private hospital	0	0.0%^{n}	2	4.3%^{n}	2	2.2%^{n}	1	1.4%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	28	59.6%^{n}	26	56.5%^{n}	54	58.1%^{n}	46	63.9%
	Total	47	100.0%	46	100.0%	93	100.0%	72	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Emergency health service utilization by children aged 5-17 years

In the pilot cluster, 3% of the children aged 5-17 years had experienced any illness or injury requiring emergency care, during the past 6 months. At this age, accidental injuries were the leading condition that demanded emergency care. For emergencies majority has utilized PHCI or secondary care in contrast to the tertiary care. General practices and private hospitals were also utilized to a lesser extent.

Table : 42 Emergency health condition in school aged children

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Child experience any illness / injury requiring emergency care during the past six months	Yes	18	3.0%	32	5.4%	50	4.2%	24	3.5%
	No	582	97.0%	557	94.6%	1139	95.8%	653	96.5%
What was the last emergency treatment	No emergency	582	97.0%	557	94.6%	1139	95.8%	653	96.5%
	Exacerbation of asthma	1	0.2%	1	0.2%	2	0.2%	3	0.4%
	Epileptic attack / fits	0	0.0%	0	0.0%	0	0.0%	1	0.1%
	Allergy	0	0.0%	5	0.8%	5	0.4%	0	0.0%
	Accidental injury	16	2.7%	25	4.2%	41	3.4%	18	2.7%
	Abdominal colic	1	0.2%	0	0.0%	1	0.1%	0	0.0%
	fever	0	0.0%	1	0.2%	1	0.1%	2	0.3%
	Total	600	100.0%	589	100.0%	1189	100.0%	677	100.0%

Table : 43 Emergency health sought care by school aged children

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Emergency care by school age child	PHCI - assigned	5	27.8%	17	53.1%	22	44.0%	6	25.0%
	PHCI - unassigned	1	5.6%	5	15.6%	6	12.0%	2	8.3%
	Secondary care (Base) hospital	7	38.9%	3	9.4%	10	20.0%	3	12.5%
	Tertiary care hospital	3	16.7%	5	15.6%	8	16.0%	6	25.0%
	General practice	1	5.6%	2	6.3%	3	6.0%	5	20.8%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	1	5.6%	0	0.0%	1	2.0%	2	8.3%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	18	100.0%	32	100.0%	50	100.0%	24	100.0%

In-patient care for children aged 5-17 years

Only few school-aged children required inpatient care for any illness. Of them, the highest proportion was admitted to tertiary care hospitals, followed by secondary and primary in that order. In the pilot cluster 9% (1 out of 11) was readmitted for the same condition within 30 days.

Table : 44 Type of hospital among school aged (5-17 years) children admitted to hospital due to acute or chronic illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Admission by school age child	PHCI (Assigned)	2	18.2%	3	23.1%	5	20.8%	1	5.9%
	PHCI unassigned	1	9.1%	1	7.7%	2	8.3%	4	23.5%
	Secondary (Base) hospital	3	27.3%	3	23.1%	6	25.0%	0	0.0%
	Tertiary care hospital	5	45.5%	6	46.2%	11	45.8%	12	70.6%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	not admitted / not indicated	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	11	100.0%	13	100.0%	24	100.0%	17	100.0%

Table : 45 School aged children re-admitted to hospital within 30 days due to same illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Child need to be re-admitted	Yes	1	9.1%	1	7.7%	2	8.3%	0	0.0%
	No	10	90.9%	12	92.3%	22	91.7%	17	100.0%
	Total	11	100.0%	13	100.0%	24	100.0%	17	100.0%

Care for long-term disability in children aged 5-17 years

About 1% of the school-aged children reported to have a disabling condition that needs long term follow-up. These children have sought care from tertiary and secondary care hospitals.

Table : 46 School child having any disability that needs long term follow up

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Child having any disabling condition that requires long-term disability care	Yes	6	1.0%	9	1.5%	15	1.3%	23	3.4%
	No	594	99.0%	580	98.5%	1174	98.7%	654	96.6%
	Total	600	100.0%	589	100.0%	1189	100.0%	677	100.0%

Table : 47 Place of disability care for School child having any disability

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of disability care	PHCI - assigned	0	0.0%	1	11.1%	1	6.7%	1	4.3%
	PHCI - unassigned	0	0.0%	2	22.2%	2	13.3%	2	8.7%
	Secondary care (Base) hospital	1	16.7%	0	0.0%	1	6.7%	0	0.0%
	Tertiary care hospital	4	66.7%	6	66.7%	10	66.7%	16	69.6%
	General practice	0	0.0%	0	0.0%	0	0.0%	2	8.7%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	1	4.3%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	1	16.7%	0	0.0%	1	6.7%	1	4.3%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	6	100.0%	9	100.0%	15	100.0%	23	100.0%

Healthy eating behavior in school children

On average children aged 5-17 consumed fruits 4 days a week, and vegetables 6 days a week.

Table : 48 Fruit and vegetable consumption (average days per week) by school age child

	PHC support category											
	Pilot cluster			Other ADB support group			Pilot & other ADB support group			Control group		
	Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD	Median
How many days does he/she eat fruit	4.0	1.6	4	4.2	1.9	4	4.1	1.7	4	4.3	1.8	4
How many days does he/she eat vegetables	6.2	1.5	7	5.7	1.9	7	6.0	1.7	7	5.7	2.1	7

Part V - Health status and health service utilization of adults aged 18-64 years

Socio-demographic characteristics of adults

The household survey recruited up to 2 adults in the age group 18-64 years, from each household for a detailed enquiry. In the pilot cluster, 46% were female, 80% currently married, and 59% employed. Proportions of sample with 18-44 year and 45-64 year-old age groups were 52.4% and 47.6%, respectively.

Table : 49 Distribution of adults by sex, age category, employment and marital status

		Sample group							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Gender	Female	944	45.9%	880	47.0%	1824	46.4%	1072	47.7%
	Male	1112	54.1%	991	53.0%	2103	53.6%	1176	52.3%
Age category, year (2 groups)	18-44	1077	52.4%	1016	54.3%	2093	53.3%	1218	54.2%
	45-64	979	47.6%	855	45.7%	1834	46.7%	1030	45.8%
Age category, years (3 groups)	18-34	509	24.8%	504	26.9%	1013	25.8%	552	24.6%
	35-49	822	40.0%	723	38.6%	1545	39.3%	893	39.7%
	50-64	725	35.3%	644	34.4%	1369	34.9%	803	35.7%
Employment status	Employed full time	783	38.1%	659	35.2%	1442	36.7%	840	37.4%
	Employed part time	374	18.2%	313	16.7%	687	17.5%	332	14.8%
	Retired	61	3.0%	68	3.6%	129	3.3%	61	2.7%
	Unemployed	838	40.8%	831	44.4%	1669	42.5%	1015	45.2%
Marital status	Married	1650	80.3%	1520	81.2%	3170	80.7%	1782	79.3%
	Separated	71	3.5%	54	2.9%	125	3.2%	87	3.9%
	Single	290	14.1%	255	13.6%	545	13.9%	324	14.4%
	Widowed	45	2.2%	42	2.2%	87	2.2%	55	2.4%
	Total	2056	100.0%	1871	100.0%	3927	100.0%	2248	100.0%

NCD risk factors among adults

Indicator C4: % reduction in the prevalence of NCD risk factors - alcohol use, tobacco use, high BMI, low physical activity, indoor air pollution - among the cluster served catchment populations,

Numerators:

Current alcohol drinker: No. of persons (18-64 years) who have consumed any type of alcohol drink at least once during the last 30 days.

Current smoker: No. of persons (18-64 years) who have smoked cigarettes (including hand rolled cigarettes, cigarettes, cigars, Beedi, pipes) in the last 30 days.

Smokeless tobacco user: No. of persons (18-64 years) who have used any type of tobacco that is not smoked or burned. This included chewing tobacco, betel with tobacco, babul, or such products, or snuffing tobacco in the last 30 days

Low physical activity: No. of persons (18-64 years) who don't have 'adequate' physical activity. Physical activity is considered adequate if the subject is engaged in vigorous physical activity of more than 20 minutes in ≥ 3 days a week or moderate physical activity of more than 30 minutes in ≥5 days per week.

Indoor air pollution (high risk): No. of persons (18-64 years) in households where firewood is the main cooking fuel in the house without a chimney, or presence of any indoor smoking

Denominator:

Total no. of persons in the age group 18-64 years who participated in the survey

Of the adults aged 18-64 years in the pilot cluster, 15.7% were current alcohol consumers. The proportion of current tobacco smokers and smokeless tobacco users were 17.2% and 26.9% respectively. In males, alcohol consumption, tobacco smoking and smokeless tobacco use were many times higher than females. Alcohol consumption and tobacco smoking were found in less than 1 percent in females, but use of smokeless tobacco by females was high as 10.5%. Almost 31% of the adults were reported to have low physical activity. In contrast, the level of physical inactivity was more than twice in females than in males. Thirty-nine percent of the participants were from houses at high risk for indoor air pollution. Smokeless tobacco use and physical inactivity were higher in older adults (45-64 years) than young adults (18-44 years). However, there were no marked differences in the other risk factors mentioned above between the young and older adults.

Table : 50 Prevalence of NCD risk factors in adults aged 18-64 years

NCD risk factor and category		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Current alcohol drinker	Yes	322	15.7%[n]	293	15.7%[n]	615	15.7%[n]	330	14.7%
	No	1734	84.3%	1578	84.3%	3312	84.3%	1918	85.3%
Current Tobacco smoker	Yes	353	17.2%[n]	301	16.1%[n]	654	16.7%[n]	350	15.6%
	No	1703	82.8%	1570	83.9%	3273	83.3%	1898	84.4%
Smokeless tobacco user	Yes	553	26.9%**	455	24.3%[n]	1008	25.7%*	526	23.4%
	No	1503	73.1%	1416	75.7%	2919	74.3%	1722	76.6%
Physical Activity Level[a]	Low	637	31.0%***	737	39.4%[n]	1374	35.0%***	888	39.5%
	Adequate	1419	69.0%	1134	60.6%	2553	65.0%	1360	60.5%
Exposure to indoor air pollution[b]	High risk	802	39.0%*	736	39.3%*	1538	39.2%**	799	35.5%
	Low risk	1254	61.0%	1135	60.7%	2389	60.8%	1449	64.5%
Total		2056	100.0 %	1871	100.0 %	3927	100.0 %	2248	100.0 %

[a]Physical activity level was considered adequate if the subject engaged in vigorous physical activity of more than 20 minutes in ≥ 3 days a week or moderate physical activity of more than 30 minutes in ≥5 days per week.
[b]Indoor air pollution was considered as high risk if firewood is the main cooking fuel in a house without a chimney, or presence of any indoor smoking

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 51 Prevalence of NCD risk factors in adults aged 18-64 years, by gender

NCD risk factor and category		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		Female	Male	Female	Male	Female	Male	Female	Male
		%	%	%	%	%	%	%	%
Current alcohol drinker	Yes	0.4%	28.6%	0.5%	29.2%	0.4%	28.9%	0.3%	27.8%
	No	99.6%	71.4%	99.5%	70.8%	99.6%	71.1%	99.7%	72.2%
Current Tobacco smoker	Yes	0.3%	31.5%	0.2%	30.2%	0.3%	30.9%	0.6%	29.3%
	No	99.7%	68.5%	99.8%	69.8%	99.7%	69.1%	99.4%	70.7%
Smokeless tobacco user	Yes	10.5%	40.8%	9.3%	37.6%	9.9%	39.3%	9.7%	35.9%
	No	89.5%	59.2%	90.7%	62.4%	90.1%	60.7%	90.3%	64.1%
Physical Activity Level[a]	inadequate	43.4%	20.4%	51.0%	29.1%	47.1%	24.5%	49.0%	30.9%
	adequate	56.6%	79.6%	49.0%	70.9%	52.9%	75.5%	51.0%	69.1%
Exposure to Indoor air pollution[b]	High risk	37.9%	39.9%	38.1%	40.5%	38.0%	40.2%	33.2%	37.7%
	Low risk	62.1%	60.1%	61.9%	59.5%	62.0%	59.8%	66.8%	62.3%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

[a]Physical activity level was considered adequate if the subject engaged in vigorous physical activity of more than 20 minutes in ≥ 3 days a week or moderate physical activity of more than 30 minutes in ≥5 days per week.
[b]Indoor air pollution was considered as high risk if firewood is the main cooking fuel in a house without a chimney, or presence of any indoor smoking

Table : 52 Prevalence of NCD risk factors in adults aged 18-64 years, by age category

NCD risk factor and category		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		18-44	45-64	18-44	45-64	18-44	45-64	18-44	45-64
		%	%	%	%	%	%	%	%
Current alcohol drinker	Yes	14.9%	16.4%	15.3%	16.1%	15.1%	16.3%	15.2%	14.1%
	No	85.1%	83.6%	84.7%	83.9%	84.9%	83.7%	84.8%	85.9%
Current Tobacco smoker	Yes	15.4%	19.1%	15.6%	16.7%	15.5%	18.0%	14.9%	16.4%
	No	84.6%	80.9%	84.4%	83.3%	84.5%	82.0%	85.1%	83.6%
Smokeless tobacco user	Yes	21.3%	33.1%	20.8%	28.5%	21.0%	31.0%	19.0%	28.6%
	No	78.7%	66.9%	79.2%	71.5%	79.0%	69.0%	81.0%	71.4%
Physical Activity Level[a]	inadequate	27.9%	34.3%	34.4%	45.3%	31.1%	39.4%	36.9%	42.5%
	adequate	72.1%	65.7%	65.6%	54.7%	68.9%	60.6%	63.1%	57.5%
Exposure Indoor air pollution[b]	High risk	38.0%	40.1%	39.4%	39.3%	38.7%	39.7%	36.4%	34.6%
	Low risk	62.0%	59.9%	60.6%	60.7%	61.3%	60.3%	63.6%	65.4%
Total		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

[a]Physical activity level was considered adequate if the subject engaged in vigorous physical activity of more than 20 minutes in ≥ 3 days a week or moderate physical activity of more than 30 minutes in ≥5 days per week.
[b]Indoor air pollution was considered as high risk if firewood is the main cooking fuel in a house without a chimney, or presence of any indoor smoking

Prevalence of chronic NCD in adults

In 18-64 year-age group of the pilot cluster, 22.5% of females and 12.1% of the males self-reported that they had an illness that needed long term medical care. The self-reported prevalence was about 5 times higher in the older adults than the younger adults. The prevalence of specific illnesses in 45-64 year group in the pilot cluster was as follows: diabetes 16.3%; hypertension 17.7%, dyslipidaemia 13.8%, Asthma/COPD 6.6%, ischaemic heart disease 5.4%. Males have lower self-reported prevalence of NCD than females, except for ischemic heart disease. This could be due to the high 'undiagnosed' proportion of these conditions in men in the community.

Table : 53 Prevalence of any chronic disease by age and gender of adults 18-64 years

				Sample group							
				Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category (years)	18-44	Having any chronic disease	Yes	7.0%	4.5%	10.2%	6.4%	8.6%	5.4%	11.0%	7.8%
			No	93.0%	95.5%	89.8%	93.6%	91.4%	94.6%	89.0%	92.2%
	45-64	Having any chronic disease	Yes	36.9%	21.6%	40.8%	27.9%	38.7%	24.5%	34.2%	29.2%
			No	63.1%	78.4%	59.2%	72.1%	61.3%	75.5%	65.8%	70.8%
	Total	Having any chronic disease	Yes	22.5%	12.1%	25.5%	15.4%	23.9%	13.6%	22.9%	16.6%
			No	77.5%	87.9%	74.5%	84.6%	76.1%	86.4%	77.1%	83.4%

Figure: 5 Prevalence of any chronic illness (self-reported) by age, sex and strata in adults, 18-64 years

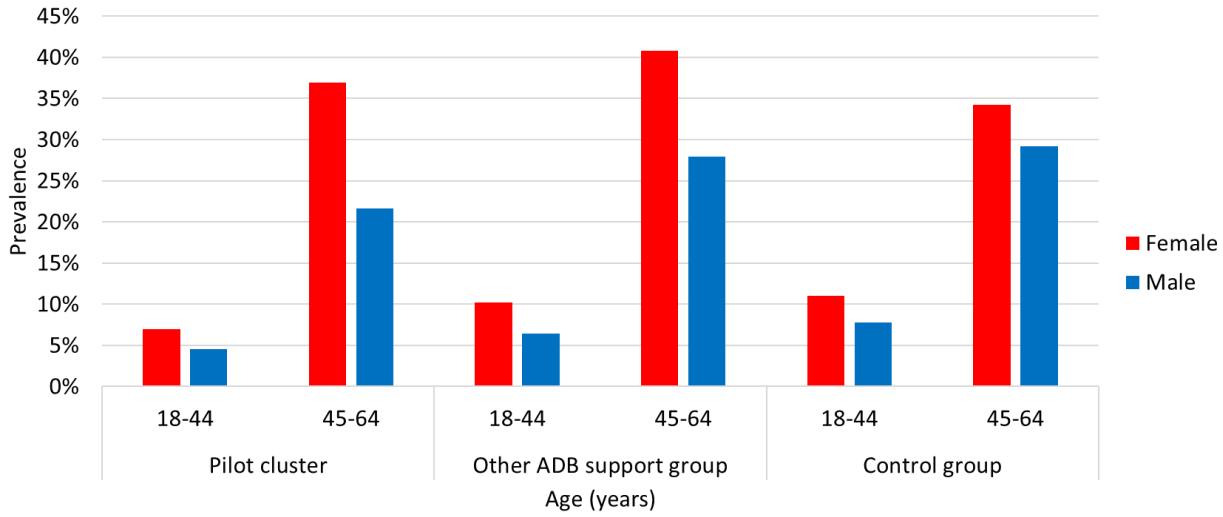


Table : 54 Prevalence of specific chronic diseases in adults 18-64 years, by age group

		Sample group							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Age category		Age category		Age category		Age category	
		18-44	45-64	18-44	45-64	18-44	45-64	18-44	45-64
		%	%	%	%	%	%	%	%
Prevalence of chronic disease (self-reported as ever diagnosed)	Diabetes Mellitus	2.5%	16.3%	2.6%	16.5%	2.5%	16.4%	2.5%	15.1%
	Hypertension	2.4%	17.7%	2.3%	22.7%	2.3%	20.0%	2.5%	16.8%
	Dyslipidaemia / high cholesterol	2.5%	13.8%	1.5%	12.3%	2.0%	13.1%	2.6%	13.7%
	Ischaemic heart disease	0.6%	5.4%	0.8%	3.6%	0.7%	4.6%	1.2%	6.4%
	Stroke	0.1%	1.5%	0.2%	1.4%	0.1%	1.5%	0.1%	1.0%
	Asthma / COPD	1.9%	6.6%	1.1%	3.2%	1.5%	5.0%	1.3%	4.0%
	Mental illness	0.7%	0.9%	0.6%	0.8%	0.7%	0.9%	1.0%	0.4%
	Chronic Kidney Disease	0.3%	1.2%	0.6%	1.5%	0.4%	1.4%	0.2%	1.7%
	Cancer	0.0%	1.0%	0.0%	0.9%	0.0%	1.0%	0.2%	0.6%
	Other	2.8%	5.4%	2.6%	3.6%	2.7%	4.6%	3.3%	5.1%

Table : 55 Prevalence of specific chronic diseases in adults in the age 18-64 years, by gender

		Sample group							
		Pilot cluster		Other ADB support group		Pilot & other ADB support group		Control group	
		Gender		Gender		Gender		Gender	
		Female	Male	Female	Male	Female	Male	Female	Male
		%	%	%	%	%	%	%	%
Prevalence of chronic disease (self-reported as ever diagnosed)	Diabetes Mellitus	11.9%	6.7%	11.0%	7.1%	11.5%	6.9%	10.5%	6.3%
	Hypertension	14.3%	5.8%	15.0%	8.6%	14.6%	7.1%	11.4%	7.0%
	Dyslipidaemia / high cholesterol	10.4%	5.8%	9.0%	4.1%	9.7%	5.0%	10.1%	5.5%
	Ischaemic heart disease	2.1%	3.5%	2.2%	2.0%	2.1%	2.8%	2.3%	4.8%
	Stroke	1.1%	0.5%	0.9%	0.6%	1.0%	0.6%	0.4%	0.6%
	Asthma / COPD	6.3%	2.4%	2.5%	1.6%	4.4%	2.0%	3.0%	2.1%
	Mental illness	1.0%	0.7%	0.7%	0.7%	0.8%	0.7%	0.3%	1.1%
	Chronic Kidney Disease	0.6%	0.8%	0.9%	1.1%	0.8%	1.0%	0.4%	1.4%
	Cancer	0.8%	0.2%	0.6%	0.3%	0.7%	0.2%	0.7%	0.1%
	Other	5.5%	2.8%	4.1%	2.1%	4.8%	2.5%	4.9%	3.4%

Care seeking for chronic NCD among adults

Indicator C5: % of the patients diagnosed with diabetes mellitus, hypertension, ischaemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas seek care at the cluster linked PHCs,
Indicator C9: % increase of diabetic patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs

Indicator C10: % increase of hypertensive patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,

Indicator C12: % of mental health patients living in the cluster catchment area that seek services from the cluster facilities,
Numerator: No. of persons aged 18-64 years living in the cluster catchment area, who were known to have a specific NCD, and seeking care at the cluster-linked PHCI
Denominator: Total No. of persons aged 18-64 years living in the cluster catchment area who were known to have the specific NCD

Of the total persons (18-64 years) known to have diabetes in the pilot cluster, 88.8% were on regular follow up from any health facility. The corresponding rates for hypertension (82.9%), dyslipidaemia (82.1%), ischaemic heart disease (89.8%) and CKD (86.7%) were also high. The follow-up rates for stroke (68.8%), asthma/COPD (68.6%), mental illness (76.5%) and other NCD (65.1%) were somewhat lower. Almost all cancer (100%) patients were followed up regularly.

The results indicated that approximately 11% of known diabetes, 17% of the known hypertensives, 18% of patients with dyslipidemia, and 10% of patients with Ischaemic Heart Disease did not have any regular clinic follow up. The non-follow up rate was high for patients with stroke (31.3%), asthma/COPD (31.4%), and mental illness (23.5%) and other chronic disease (35%).

Despite high clinic follow up, the use of PHCI for clinic services was low and varied according to the condition: lowest for mental illness (11.8% at any PHCI) to highest for hypertension (50.7% at any PHCI). The results revealed that a substantial proportion of these patients have been followed at the secondary and tertiary care hospitals.

In general, 25% of the patients with any chronic disease had received medicines from the PHCI. However, the study did not explore details of medicines intake, which was beyond the scope of this assignment.

Table : 56 Clinic follow up for diabetes in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Diabetes Mellitus regular follow up	Yes	166	88.8%[n]	142	85.0%[n]	308	87.0%[n]	155	82.9%
	No	21	11.2%	25	15.0%	46	13.0%	32	17.1%
Place of follow up for DM in adults	PHCI - assigned	62	33.2%[n]	58	34.7%[n]	120	33.9%[n]	55	29.4%
	PHCI - unassigned	15	8.0%[n]	12	7.2%[n]	27	7.6%[n]	20	10.7%
	Secondary care (Base) hospital	40	21.4%***	9	5.4%[n]	49	13.8%***	6	3.2%
	Tertiary care hospital	19	10.2%***	29	17.4%[n]	48	13.6%***	47	25.1%
	General practice	19	10.2%[n]	13	7.8%[n]	32	9.0%[n]	10	5.3%
	Specialist channeling	4	2.1%[n]	5	3.0%[n]	9	2.5%[n]	6	3.2%
	Private hospital	6	3.2%[n]	13	7.8%[n]	19	5.4%[n]	9	4.8%
	Other	1	0.5%[n]	3	1.8%[n]	4	1.1%[n]	2	1.1%
	No regular follow up	21	11.2%[n]	25	15.0%[n]	46	13.0%[n]	32	17.1%
	Total	187	100.0%	167	100.0%	354	100.0%	187	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 57 Clinic follow up for hypertension in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Hypertension, regular follow up	Yes	165	82.9%[n]	178	82.0%[n]	343	82.5%[n]	178	87.3%
	No	34	17.1%	39	18.0%	73	17.5%	26	12.7%
Place of follow up for Hypertension in adults	PHCI - assigned	83	41.7%[n]	69	31.8%[n]	152	36.5%[n]	73	35.8%
	PHCI - unassigned	18	9.0%[n]	24	11.1%[n]	42	10.1%[n]	27	13.2%
	Secondary care (Base) hospital	27	13.6%**	15	6.9%[n]	42	10.1%*	11	5.4%
	Tertiary care hospital	16	8.0%**	42	19.4%[n]	58	13.9%[n]	36	17.6%
	General practice	15	7.5%[n]	11	5.1%[n]	26	6.3%[n]	17	8.3%
	Specialist channeling	2	1.0%[n]	3	1.4%[n]	5	1.2%[n]	5	2.5%
	Private hospital	4	2.0%[n]	12	5.5%[n]	16	3.8%[n]	7	3.4%
	Other	0	0.0%[n]	2	0.9%[n]	2	0.5%[n]	2	1.0%
	No regular follow up	34	17.1%[n]	39	18.0%[n]	73	17.5%[n]	26	12.7%
	Total	199	100.0%	217	100.0%	416	100.0%	204	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 58 Clinic follow up for dyslipidaemia in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Dyslipidaemia / high cholesterol	Yes	133	82.1%[n]	95	79.2%[n]	228	80.9%[n]	144	83.2%
	No	29	17.9%	25	20.8%	54	19.1%	29	16.8%
Place of follow up for Dyslipidaemia in adults	PHCI – assigned	46	28.4%[n]	41	34.2%[n]	87	30.9%[n]	49	28.3%
	PHCI – unassigned	16	9.9%[n]	6	5.0%[n]	22	7.8%[n]	14	8.1%
	Secondary care (Base) hospital	35	21.6%***	3	2.5%[n]	38	13.5%*	12	6.9%
	Tertiary care hospital	14	8.6%*	29	24.2%[n]	43	15.2%[n]	31	17.9%
	General practice	11	6.8%[n]	7	5.8%[n]	18	6.4%[n]	14	8.1%
	Specialist chanelling	1	0.6%[n]	2	1.7%[n]	3	1.1%[n]	6	3.5%
	Private hospital	10	6.2%[n]	6	5.0%[n]	16	5.7%[n]	15	8.7%
	Other	0	0.0%[n]	1	0.8%[n]	1	0.4%[n]	3	1.7%
	No regular followup	29	17.9%[n]	25	20.8%[n]	54	19.1%[n]	29	16.8%
	Total	162	100.0%	120	100.0%	282	100.0%	173	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 59 Clinic follow up for ischaemic heart disease in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Ischaemic heart disease	Yes	53	89.8%	33	84.6%	86	87.8%	71	87.7%
	No	6	10.2%	6	15.4%	12	12.2%	10	12.3%
Place of follow up for Ischaemic heart disease in adults	PHCI - assigned	12	20.3%	6	15.4%	18	18.4%	16	19.8%
	PHCI - unassigned	4	6.8%	8	20.5%	12	12.2%	10	12.3%
	Secondary care (Base) hospital	15	25.4%	2	5.1%	17	17.3%	5	6.2%
	Tertiary care hospital	16	27.1%	12	30.8%	28	28.6%	34	42.0%
	General practice	0	0.0%	1	2.6%	1	1.0%	0	0.0%
	Specialist chanelling	2	3.4%	1	2.6%	3	3.1%	2	2.5%
	Private hospital	3	5.1%	3	7.7%	6	6.1%	3	3.7%
	Other	1	1.7%	0	0.0%	1	1.0%	1	1.2%
	No regular follow up	6	10.2%	6	15.4%	12	12.2%	10	12.3%
	Total	59	100.0%	39	100.0%	98	100.0%	81	100.0%

Table : 60 Clinic follow up for stroke in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Stroke	Yes	11	68.8%	13	92.9%	24	80.0%	9	81.8%
	No	5	31.3%	1	7.1%	6	20.0%	2	18.2%
Place of follow up for Stroke in adults	PHCI - assigned	3	18.8%	3	21.4%	6	20.0%	1	9.1%
	PHCI - unassigned	3	18.8%	0	0.0%	3	10.0%	2	18.2%
	Secondary care (Base) hospital	4	25.0%	2	14.3%	6	20.0%	1	9.1%
	Tertiary care hospital	1	6.3%	6	42.9%	7	23.3%	2	18.2%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	1	9.1%
	Private hospital	0	0.0%	1	7.1%	1	3.3%	0	0.0%
	Other	0	0.0%	1	7.1%	1	3.3%	2	18.2%
	No regular follow up	5	31.3%	1	7.1%	6	20.0%	2	18.2%
	Total	16	100.0%	14	100.0%	30	100.0%	11	100.0%

Table : 61 Clinic follow up for Asthma/COPD in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Asthma / COPD	Yes	59	68.6%	24	63.2%	83	66.9%	39	68.4%
	No	27	31.4%	14	36.8%	41	33.1%	18	31.6%
Place of follow up for Asthma in adults	PHCI - assigned	24	27.9%	11	28.9%	35	28.2%	11	19.3%
	PHCI - unassigned	3	3.5%	7	18.4%	10	8.1%	9	15.8%
	Secondary care (Base) hospital	19	22.1%	0	0.0%	19	15.3%	0	0.0%
	Tertiary care hospital	9	10.5%	3	7.9%	12	9.7%	8	14.0%
	General practice	2	2.3%	0	0.0%	2	1.6%	5	8.8%
	Specialist chanelling	2	2.3%	0	0.0%	2	1.6%	1	1.8%
	Private hospital	0	0.0%	2	5.3%	2	1.6%	5	8.8%
	Other	0	0.0%	1	2.6%	1	0.8%	0	0.0%
	No regular follow up	27	31.4%	14	36.8%	41	33.1%	18	31.6%
	Total	86	100.0%	38	100.0%	124	100.0%	57	100.0%

Table : 62 Clinic follow up for mental illness in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Mental illness	Yes	13	76.5%	8	61.5%	21	70.0%	14	87.5%
	No	4	23.5%	5	38.5%	9	30.0%	2	12.5%
Place of follow up for Mental illness in adults	PHCI - assigned	2	11.8%	2	15.4%	4	13.3%	0	0.0%
	PHCI - unassigned	0	0.0%	1	7.7%	1	3.3%	2	12.5%
	Secondary care (Base) hospital	5	29.4%	0	0.0%	5	16.7%	1	6.3%
	Tertiary care hospital	5	29.4%	3	23.1%	8	26.7%	9	56.3%
	General practice	0	0.0%	1	7.7%	1	3.3%	0	0.0%
	Specialist chanelling	1	5.9%	0	0.0%	1	3.3%	1	6.3%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	1	6.3%
	Other	0	0.0%	1	7.7%	1	3.3%	0	0.0%
	No regular follow up	4	23.5%	5	38.5%	9	30.0%	2	12.5%
	Total	17	100.0%	13	100.0%	30	100.0%	16	100.0%

Table : 63 Clinic follow up for CKD in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Chronic Kidney Disease	Yes	13	86.7%	16	84.2%	29	85.3%	18	85.7%
	No	2	13.3%	3	15.8%	5	14.7%	3	14.3%
Place of follow up for CKD in adults	PHCI - assigned	3	20.0%	1	5.3%	4	11.8%	1	4.8%
	PHCI - unassigned	2	13.3%	1	5.3%	3	8.8%	2	9.5%
	Secondary care (Base) hospital	2	13.3%	3	15.8%	5	14.7%	3	14.3%
	Tertiary care hospital	4	26.7%	10	52.6%	14	41.2%	11	52.4%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	1	5.3%	1	2.9%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	1	4.8%
	Other	2	13.3%	0	0.0%	2	5.9%	0	0.0%
	No regular follow up	2	13.3%	3	15.8%	5	14.7%	3	14.3%
	Total	15	100.0%	19	100.0%	34	100.0%	21	100.0%

Table : 64 Clinic follow up for Cancer in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Cancer	Yes	10	100.0%	7	87.5%	17	94.4%	9	100.0%
	No	0	0.0%	1	12.5%	1	5.6%	0	0.0%
Place of follow up for Cancer in adults	PHCI - assigned	2	20.0%	0	0.0%	2	11.1%	0	0.0%
	PHCI - unassigned	1	10.0%	0	0.0%	1	5.6%	2	22.2%
	Secondary care (Base) hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Tertiary care hospital	7	70.0%	6	75.0%	13	72.2%	7	77.8%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	1	12.5%	1	5.6%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	No regular follow up	0	0.0%	1	12.5%	1	5.6%	0	0.0%
	Total	10	100.0%	8	100.0%	18	100.0%	9	100.0%

Table : 65 Clinic follow up for other chronic disease in adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Other disease	Yes	54	65.1%	44	77.2%	98	70.0%	58	62.4%
	No	29	34.9%	13	22.8%	42	30.0%	35	37.6%
Place of follow up for other chronic diseases in adults	PHCI - assigned	12	14.5%	8	14.0%	20	14.3%	14	15.1%
	PHCI - unassigned	5	6.0%	2	3.5%	7	5.0%	4	4.3%
	Secondary care (Base) hospital	8	9.6%	5	8.8%	13	9.3%	3	3.2%
	Tertiary care hospital	15	18.1%	18	31.6%	33	23.6%	25	26.9%
	General practice	5	6.0%	2	3.5%	7	5.0%	3	3.2%
	Specialist chanelling	2	2.4%	2	3.5%	4	2.9%	4	4.3%
	Private hospital	3	3.6%	7	12.3%	10	7.1%	2	2.2%
	Other	4	4.8%	0	0.0%	4	2.9%	3	3.2%
	No regular follow up	29	34.9%	13	22.8%	42	30.0%	35	37.6%
	Total	83	100.0%	57	100.0%	140	100.0%	93	100.0%

Table : 66 Adult patients (aged 18-64 years) with any chronic disease receiving medicines from the assigned PHC their illness

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
Drugs provided from the PHC for the long-standing illness	Yes	88	25.4%[n]	88	23.3%[n]	176	24.3%[n]	105	23.9%
	No	258	74.6%	289	76.7%	547	75.7%	335	76.1%
	Total	346	100.0%	377	100.0%	723	100.0%	440	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

In-patient care in adults

Indicator C6: % reduction in the admission and re-admission rates due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension),

For the baseline value:

Numerator: No. of adults aged 18-64 years living in the catchment areas who were admitted to a hospital during the past year

Denominator: No. of adults aged 18-64 years living in the catchment areas

Indicator C13: % reduction of re-admission (for the same illness within 30 days) of patients (from the cluster catchment population) discharged from the cluster linked facilities or from other facilities to the cluster linked hospitals or to other hospitals,

For the baseline value:

Numerator: No. of adults aged 18-64 years living in the catchment areas who were re-admitted to a hospital for the same condition within 30 days

Denominator: No. of adults aged 18-64 years living in the catchment areas who were admitted to a hospital during the past year

In the pilot cluster catchment areas, 5.4% of the adults aged 18-64 years have been admitted to a hospital for in-patient care during the past 1 year. Admission rates were higher for females than males, and older adults than younger adults. Of those admitted, almost 40%, have received in-patient care from the Tertiary Care Hospitals, and 24% from the secondary care and another 24% from any PHCI. About 11% of those in-patients were readmitted for the same illness within 30 days of discharge.

Table : 67 Percentage of adults aged 18-64 years admitted to a hospital for in-patient care past 12 months

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster + ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
he/she admitted to a hospital for treatment during the past one year	Yes	111	5.4%	95	5.1%	206	5.2%	139	6.2%
	No	1945	94.6%	1776	94.9%	3721	94.8%	2109	93.8%
	Total	2056	100.0%	1871	100.0%	3927	100.0%	2248	100.0%

Table : 68 Hospital admission of adults by age and gender

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category (2 groups)	18-44	he/she admitted to a hospital	Yes	4.2%	2.6%	4.1%	3.0%	4.1%	2.8%	5.7%	3.8%
			No	95.8%	97.4%	95.9%	97.0%	95.9%	97.2%	94.3%	96.2%
	45-64	he/she admitted to a hospital	Yes	8.0%	7.5%	8.2%	5.8%	8.1%	6.7%	5.9%	10.6%
			No	92.0%	92.5%	91.8%	94.2%	91.9%	93.3%	94.1%	89.4%
	Total	he/she admitted to a hospital	Yes	6.1%	4.8%	6.1%	4.1%	6.1%	4.5%	5.8%	6.5%
			No	93.9%	95.2%	93.9%	95.9%	93.9%	95.5%	94.2%	93.5%

Table : 69 Place of Hospital admissions by adults

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of admission for any illness in adults	PHCI - assigned	23	20.7%	14	14.7%	37	18.0%	29	20.9%
	PHCI - unassigned	14	12.6%	3	3.2%	17	8.3%	11	7.9%
	Secondary care (Base) hospital	27	24.3%	22	23.2%	49	23.8%	20	14.4%
	Tertiary care hospital	44	39.6%	46	48.4%	90	43.7%	75	54.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	1	0.9%	8	8.4%	9	4.4%	4	2.9%
	Other	2	1.8%	1	1.1%	3	1.5%	0	0.0%
	No admissions	0	0.0%	1	1.1%	1	0.5%	0	0.0%
	Total	111	100.0%	95	100.0%	206	100.0%	139	100.0%

Table : 70 Proportion of adults readmitted to hospitals within 30 days

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
she/he need to be readmitted within 30 days of discharge	Yes	12	10.8%[n]	7	7.4%[n]	19	9.2%[n]	17	12.2%
	No	99	89.2%	88	92.6%	187	90.8%	122	87.8%
	Total	111	100.0%	95	100.0%	206	100.0%	139	100.0%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Emergency health service utilization by adults

In the pilot cluster, 3.5% of the adults aged 18-64 years had experienced any health condition that needed emergency treatment. Emergency conditions were encountered by more older adults than younger adults. However, there is no difference between males and females. About 45% of those who experienced an emergency had reached the assigned PHCI as the first place for emergency care. The proportion who reached the secondary and tertiary care hospitals were 16.9% and 19.7%, respectively.

Table : 71 Adults aged 18-64 years who experienced any health condition that needed emergency treatment during previous one year

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
Did he/she have any health condition needing emergency treatment	Yes	71	3.5%	91	4.9%	162	4.1%	110	4.9%
	No	1985	96.5%	1780	95.1%	3765	95.9%	2138	95.1%
	Total	2056	100.0%	1871	100.0%	3927	100.0%	2248	100.0%

Table : 72 Adults who experienced any health condition that needed emergency treatment by age and gender

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category (2 groups)	18-44	he/she have any health condition needing emergency treatment	Yes	2.9%	2.4%	3.6%	3.8%	3.2%	3.1%	3.8%	3.8%
			No	97.1%	97.6%	96.4%	96.2%	96.8%	96.9%	96.2%	96.2%
	45-64	he/she have any health condition needing emergency treatment	Yes	4.7%	4.1%	7.7%	4.6%	6.1%	4.3%	5.1%	7.5%
			No	95.3%	95.9%	92.3%	95.4%	93.9%	95.7%	94.9%	92.5%
	Total	he/she have any health condition needing emergency treatment	Yes	3.8%	3.1%	5.7%	4.1%	4.7%	3.6%	4.5%	5.3%
			No	96.2%	96.9%	94.3%	95.9%	95.3%	96.4%	95.5%	94.7%

Table : 73 Place visited for emergency care during the past episode of emergency by adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
Place visited for Emergency in adults	PHCI - assigned	32	45.1%	39	42.9%	71	43.8%	43	39.1%
	PHCI - unassigned	2	2.8%	6	6.6%	8	4.9%	14	12.7%
	Secondary care (Base) hospital	12	16.9%	22	24.2%	34	21.0%	10	9.1%
	Tertiary care hospital	14	19.7%	16	17.6%	30	18.5%	26	23.6%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	3	4.2%	2	2.2%	5	3.1%	3	2.7%
	Private hospital	2	2.8%	1	1.1%	3	1.9%	4	3.6%
	Other	2	2.8%	1	1.1%	3	1.9%	0	0.0%
	Not sought care	4	5.6%	4	4.4%	8	4.9%	10	9.1%
	Total	71	100.0%	91	100.0%	162	100.0%	110	100.0%

Prevention of tobacco smoking in adults

In the pilot cluster, almost one-quarter of adult smokers had attempted to stop tobacco smoking during the past 12 months. However, only 6% of the young adult smokers, and 9.1 % of older adults smokers were advised to stop smoking by a health care provider.

Table : 74 Preventive attempts to stop tobacco smoking of adults during the past 12 months

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Count	%	Count	%	Count	%	Count	%
Age category	18-44	Tried to stop smoking	No	123	74.1%	129	81.6%	252	77.8%	139	76.8%
			Yes	43	25.9%	29	18.4%	72	22.2%	42	23.2%
		During any visit to a doctor or other health worker advised to quit smoking tobacco	No	141	84.9%	138	87.3%	279	86.1%	154	85.1%
			No visit during the past 12 month	15	9.0%	13	8.2%	28	8.6%	15	8.3%
			Yes	10	6.0%	7	4.4%	17	5.2%	12	6.6%
	45-64	Tried to stop smoking	No	136	72.7%	112	78.3%	248	75.2%	127	75.1%
			Yes	51	27.3%	31	21.7%	82	24.8%	42	24.9%
		During any visit to a doctor or other health worker advised to quit smoking tobacco	No	157	84.0%	118	82.5%	275	83.3%	131	77.5%
			No visit during the past 12 month	13	7.0%	8	5.6%	21	6.4%	8	4.7%
			Yes	17	9.1%	17	11.9%	34	10.3%	30	17.8%

Attending NCD risk factor prevention programme conducted by MOH

Indicator C8: % of the catchment area population attending NCD risk factor prevention programs conducted by the MOHs* in consultation with the PHCs,

Numerator: No. of adults aged 35-64 years in the catchment area attending NCD risk factor prevention programs conducted by the Medical Officer of Health

Denominator: Total no. of adults aged 35-64 years in the catchment area

Only 7.2% of the of adults aged 35-64 years in the pilot cluster catchment area were attending NCD risk factor prevention programmes conducted by the Medical Officer of Health. This percentage was marginally higher among older adults than younger adults, but substantially higher in females than males.

Table : 75 Adults aged 35-64 years attending NCD risk factor prevention programme conducted by MOH

Attended NCD risk factor prevention programmes conducted by the MOH during the last 12 months		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
	Yes	111	7.2%[n]	74	5.4%*	185	6.3%[n]	129	7.6%
	No	1436	92.8%	1293	94.6%	2729	93.7%	1567	92.4%
	Total	1547	100.0%	1367	100.0%	2914	100.0%	1696	100.0%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Table : 76 Adults aged 35-64 years attending NCD risk factor prevention programme conducted by MOH, by age category

Attended NCD risk factor prevention programmes conducted by the MOH during the last 12 months		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		35-49	50-64	35-49	50-64	35-49	50-64	35-49	50-64
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
	Yes	6.4%	8.0%	4.8%	6.1%	5.7%	7.1%	7.3%	8.0%
	No	93.6%	92.0%	95.2%	93.9%	94.3%	92.9%	92.7%	92.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table : 77 Adults aged 35-64 years attending NCD risk factor prevention programme conducted by MOH, by gender

Attended NCD risk factor prevention programmes conducted by the MOH during the last 12 months		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support		Control group	
		Female	Male	Female	Male	Female	Male	Female	Male
		%	%	%	%	%	%	%	%
	Yes	13.0%	2.1%	9.2%	1.8%	11.2%	2.0%	10.3%	4.9%
	No	87.0%	97.9%	90.8%	98.2%	88.8%	98.0%	89.7%	95.1%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

HLC attendance by adults aged 35 years or above

Indicator C11: % of the adult population over 35 years living in the catchment areas, using the HLC centres located in the cluster linked facilities for NCD risk factor services,

Numerator: No. of adults over 35 years in the catchment area attending HLC

Denominator: Total no. of adults aged 35-64 years in the catchment area

HLC attendance was very poor, with only 9% of females and 1.5% of males in the 35-49 years attending HLC conducted by the PMCU/DH.

Table : 78 HLC attendance by adults (35-64 years) during past 12 months

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category (2 groups)	35-49	Attended the HLC conducted by the PMCU / Divisional hospital	Yes	9.1%	1.5%	8.9%	2.2%	9.0%	1.8%	13.6%	1.6%
			No	90.9%	98.5%	91.1%	97.8%	91.0%	98.2%	86.4%	98.4%
	50-64	Attended the HLC conducted by the PMCU / Divisional hospital	Yes	9.7%	4.5%	10.3%	6.1%	10.0%	5.2%	9.5%	6.6%
			No	90.3%	95.5%	89.7%	93.9%	90.0%	94.8%	90.5%	93.4%
	Total	Attended the HLC conducted by the PMCU / Divisional hospital	Yes	9.4%	2.8%	9.7%	3.8%	9.5%	3.3%	11.5%	3.8%
			No	90.6%	97.2%	90.3%	96.2%	90.5%	96.7%	88.5%	96.2%

Advice on dietary modification and physical activity received by adults

More than 80% of the adults who attended a government health facility had received dietary advice during the past 12 months. Lesser percentage of adults had received advice to increase physical activity from a Healthy Lifestyle Centre, or a clinic conducted in a government health institution.

Table : 79 Adults who received advice on diet and physical activity from a government clinic during the past 12 months

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category	18-44	Received advice on diet and physical activity	Received any dietary modification advice from a HLC or a clinic conducted in a government health institution	87.8%	81.8%	80.0%	91.7%	83.3%	87.0%	93.6%	61.5%
			Received any advice to increase your physical activity from a Healthy Lifestyle Centre, or a clinic conducted in a government health institution	61.0%	54.5%	63.6%	50.0%	62.5%	52.2%	69.2%	69.2%
	45-64	Received advice on diet and physical activity	Received any dietary modification advice from a HLC or a clinic conducted in a government health institution	86.1%	91.2%	86.1%	90.6%	86.1%	90.9%	85.2%	80.9%
			Received any advice to increase your physical activity from a Healthy Lifestyle Centre, or a clinic conducted in a government health institution	72.2%	47.1%	73.6%	71.9%	72.9%	59.1%	79.0%	68.1%

Table : 80 Sources of dietary advice for adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
If yes, what were the facilities	HLC at PMCU/Divisional Hospital	55	39.9%	48	32.9%	103	36.3%	91	48.4%
	Clinic PMCU/Divisional Hospital	23	16.7%	36	24.7%	59	20.8%	34	18.1%
	Clinic at a general / teaching hospital	18	13.0%	33	22.6%	51	18.0%	37	19.7%
	Clinic at a base hospital	42	30.4%	29	19.9%	71	25.0%	26	13.8%
	Total	138	100.0%	146	100.0%	284	100.0%	188	100.0%

Table : 81 Sources of advice on physical activity for adults aged 18-64 years

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Count	%	Count	%	Count	%	Count	%
If yes, what were the facilities	HLC at PMCU/Divisional Hospital	32	32.3%	31	26.5%	63	29.2%	77	48.4%
	Clinic PMCU/Divisional Hospital	21	21.2%	36	30.8%	57	26.4%	28	17.6%
	Clinic at a general / teaching hospital	15	15.2%	30	25.6%	45	20.8%	36	22.6%
	Clinic at a base hospital	31	31.3%	20	17.1%	51	23.6%	18	11.3%
	Total	99	100.0%	117	100.0%	216	100.0%	159	100.0%

Efforts to maintain body weight by adults

Less than 10% of the adults in the population has taken at least some effort to reduce or maintain their body weight during past 6 months.

Table : 82 Effort to maintain body weight by adults aged 18-64 years during past 6 months

				Sample group							
				Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
				Gender		Gender		Gender		Gender	
				Female	Male	Female	Male	Female	Male	Female	Male
				%	%	%	%	%	%	%	%
Age category	18-44	Was there any effort to maintain in his/her body weight	None	89.5%	89.4%	85.9%	84.2%	87.7%	86.9%	85.7%	85.4%
			Little	6.4%	5.5%	9.3%	11.7%	7.8%	8.4%	9.1%	9.7%
			To Some extent	3.1%	3.2%	2.7%	3.5%	2.9%	3.3%	3.6%	3.6%
			High	0.9%	1.4%	1.6%	0.5%	1.2%	1.0%	1.1%	0.7%
			Very high	0.2%	0.5%	0.5%	0.2%	0.3%	0.3%	0.4%	0.6%
	45-64	Was there any effort to maintain in his/her body weight	None	92.2%	92.9%	83.4%	88.0%	88.0%	90.6%	82.6%	90.9%
			Little	5.9%	3.7%	12.8%	8.4%	9.2%	5.8%	12.1%	7.2%
			To Some extent	1.4%	2.2%	2.5%	2.9%	1.9%	2.5%	3.8%	1.7%
			High	0.2%	0.8%	0.9%	0.2%	0.5%	0.6%	1.3%	0.2%
			Very high	0.2%	0.4%	0.5%	0.5%	0.3%	0.4%	0.2%	0.0%

Adults undergone screening for selected infectious diseases

A minute percentage of adults in the population has undergone screening for selected infectious disease including TB, HIV, Malaria and Leprosy during the past 12 months.

Table : 83 Adults undergone screening for infectious diseases during past 12 months

		Sample group							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support groups		Control group	
		Gender		Gender		Gender		Gender	
		Female	Male	Female	Male	Female	Male	Female	Male
		%	%	%	%	%	%	%	%
Tested for Infectious disease	she/he been tested for TB	0.8%	0.6%	1.1%	0.9%	1.0%	0.8%	1.7%	0.9%
	she/he been tested for HIV	1.3%	0.3%	2.8%	0.7%	2.0%	0.5%	2.8%	0.9%
	she/he been tested for Malaria	0.6%	0.4%	1.1%	0.6%	0.9%	0.5%	1.2%	0.6%
	she/he been tested for Leprosy	0.4%	0.1%	0.7%	0.6%	0.5%	0.3%	0.8%	0.3%

Screening for TB, HIV are available at the respective district clinics. Screening for Leprosy is provided at the OPD.

Rehabilitative services used by adults

The percentage undergone dialysis, cataract surgery, stenting/bypass surgery and kidney transplantation were very low in this age category (18-64 years).

Table : 84 Adults aged 18-64 years who used rehabilitative care

		Sample group														
		Pilot cluster				Other ADB support group				Pilot cluster & ADB support groups				Control group			
		Gender				Gender				Gender				Gender			
		Female		Male		Female		Male		Female		Male		Female		Male	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Rehabilitative care	he/she undergone filtering of blood due to kidney disease	9	1.0%	9	0.8%	7	0.8%	6	0.6%	16	0.9%	15	0.7%	13	1.2%	7	0.6%
	he/she undergone any of the Removal/replacement of eye lens	13	1.4%	11	1.0%	14	1.6%	10	1.0%	27	1.5%	21	1.0%	19	1.8%	21	1.8%
	he/she undergone any of the Stenting of by-pass surgery in the heart	4	0.4%	5	0.4%	9	1.0%	13	1.3%	13	0.7%	18	0.9%	7	0.7%	9	0.8%
	he/she undergone any Kidney transplant	5	0.5%	0	0.0%	4	0.5%	4	0.4%	9	0.5%	4	0.2%	6	0.6%	2	0.2%

Part VI - Health status and health service utilization of elderly (65 years and above)

Socio-demographic characteristics of elderly

Majority were female in the age group 65-74 years. Approximately 80% were totally independent in all activities of daily living, almost 15% needed support on activities of daily living, and the remaining were dependent on others for all activities of daily living.

Table : 85 Distribution of elderly according to socio-demographic characteristics

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Gender	Female	193	53.9%	186	52.4%	379	53.2%	235	53.5%
	Male	165	46.1%	169	47.6%	334	46.8%	204	46.5%
Age Group	65-74	257	71.8%	259	73.0%	516	72.4%	319	72.7%
	75 & higher	101	28.2%	96	27.0%	197	27.6%	120	27.3%
Employment status	Employed full time	13	3.6%	20	5.6%	33	4.6%	24	5.5%
	Employed part time	28	7.8%	30	8.5%	58	8.1%	47	10.7%
	Retired	47	13.1%	56	15.8%	103	14.4%	52	11.8%
	Unemployed	270	75.4%	249	70.1%	519	72.8%	316	72.0%
Marital status	Married	228	63.7%	200	56.3%	428	60.0%	248	56.5%
	Separated	89	24.9%	97	27.3%	186	26.1%	146	33.3%
	Single	8	2.2%	11	3.1%	19	2.7%	16	3.6%
	Widowed	33	9.2%	47	13.2%	80	11.2%	29	6.6%
she/he living with children	No	82	22.9%	99	27.9%	181	25.4%	96	21.9%
	Yes	276	77.1%	256	72.1%	532	74.6%	343	78.1%
Current functional status	Independent in all activities of daily living	285	79.6%	302	85.1%	587	82.3%	363	82.7%
	Needs support on activities of daily living	54	15.1%	42	11.8%	96	13.5%	53	12.1%
	Dependent on others for all activities of daily living	12	3.4%	8	2.3%	20	2.8%	15	3.4%
	Bedridden	7	2.0%	3	0.8%	10	1.4%	8	1.8%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Prevalence of chronic NCD and health seeking among elderly

Indicator C5: % of the patients diagnosed with diabetes mellitus, hypertension, ischaemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas seek care at the cluster linked PHCs,

Indicator C9: % increase of diabetic patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,

Indicator C10: % increase of hypertensive patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,

Indicator C12: % of mental health patients living in the cluster catchment area that seek services from the cluster facilities,
Numerator: No. of elderly persons living in the cluster catchment area, who were known to have a specific NCD, and seeking care at the cluster-linked PHCI
Denominator: Total No. of elderly persons aged 18-64 years living in the cluster catchment area who were known to have the specific NCD

Self-reported prevalence of diabetes, hypertension, dyslipidaemia and ischaemic heart disease were 21.5%, 37.2%, 21.2% and 9.8% respectively among elderly in the pilot cluster catchment areas. Of the other chronic diseases, higher prevalence was found with arthritis/ muscular-skeletal disorders (38.8%), cataract/eye problems (19.0%) and asthma/COPD (10.9%) in the elderly. Stroke and mental disorders were found in 5.7% and 4.1% of the elders.

In general, self-reported prevalence of most of the chronic diseases was higher in females than males, except for CKD.

In general, more than 80% of the elderly with chronic diseases have been followed up at clinics, mainly those at the PHCI, and the secondary care hospitals. For example, in the pilot cluster, 91% of elders with diabetes have been followed-up at clinics, with almost half of them at the PHCI – either the assigned PHCI or other PHCI. Almost 93% of elderly with hypertension have been followed up at clinics, with two-thirds of them at the clinics of PHCI. Almost 87% of elderly with diabetes have been followed up at clinics, with almost 50% at the clinics of PHCI. The clinic follow-up rate for those elders with mental disorders was low as 40%.

Overall, 27% of the elders with any chronic illness reported that they received medicines from PHCI.

Figure: 6 Prevalence of self-reported chronic diseases in the elderly (≥65 years)

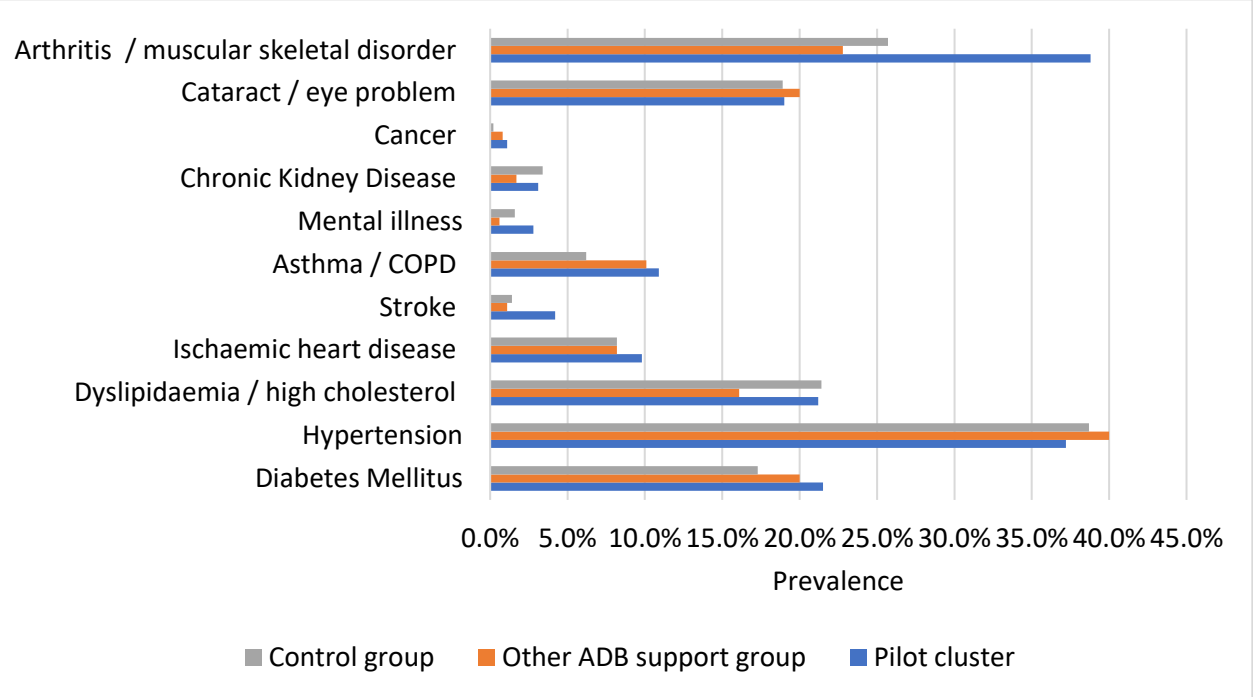


Table : 86 Prevalence of chronic illness in the elderly aged 65 years or above

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Chronic illness among elderly	Diabetes Mellitus	77	21.5%	71	20.0%	148	20.8%	76	17.3%
	Hypertension	133	37.2%	142	40.0%	275	38.6%	170	38.7%
	Dyslipidaemia / high cholesterol	76	21.2%	57	16.1%	133	18.7%	94	21.4%
	Ischaemic heart disease	35	9.8%	29	8.2%	64	9.0%	36	8.2%
	Stroke	15	4.2%	4	1.1%	19	2.7%	6	1.4%
	Asthma / COPD	39	10.9%	36	10.1%	75	10.5%	27	6.2%
	Mental illness	10	2.8%	2	0.6%	12	1.7%	7	1.6%
	Chronic Kidney Disease	11	3.1%	6	1.7%	17	2.4%	15	3.4%
	Cancer	4	1.1%	3	0.8%	7	1.0%	1	0.2%
	Cataract / eye problem	68	19.0%	71	20.0%	139	19.5%	83	18.9%
	Arthritis / muscular skeletal disorder	139	38.8%	81	22.8%	220	30.9%	113	25.7%

Table : 87 Prevalence of chronic illness in the elderly by gender

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Gender		Gender		Gender		Gender	
		Female	Male	Female	Male	Female	Male	Female	Male
		%	%	%	%	%	%	%	%
Chronic illness among elderly	Diabetes Mellitus	23.8%	18.8%	25.8%	13.6%	24.8%	16.2%	17.0%	17.6%
	Hypertension	47.7%	24.8%	49.5%	29.6%	48.5%	27.2%	41.3%	35.8%
	Dyslipidaemia / high cholesterol	28.5%	12.7%	22.6%	8.9%	25.6%	10.8%	24.3%	18.1%
	Ischaemic heart disease	11.4%	7.9%	7.0%	9.5%	9.2%	8.7%	8.1%	8.3%
	Stroke	5.7%	2.4%	1.6%	0.6%	3.7%	1.5%	1.3%	1.5%
	Asthma / COPD	11.9%	9.7%	6.5%	14.2%	9.2%	12.0%	5.5%	6.9%
	Mental illness	4.1%	1.2%	1.1%	0.0%	2.6%	0.6%	1.3%	2.0%
	Chronic Kidney Disease	1.6%	4.8%	1.1%	2.4%	1.3%	3.6%	1.7%	5.4%
	Cancer	1.0%	1.2%	1.6%	0.0%	1.3%	0.6%	0.4%	0.0%
	Cataract / eye problem	23.8%	13.3%	17.7%	22.5%	20.8%	18.0%	17.9%	20.1%
	Arthritis / muscular skeletal disorder	47.2%	29.1%	24.7%	20.7%	36.1%	24.9%	28.1%	23.0%

Table : 88 Prevalence of chronic illness in the elderly by age category

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Age Group elderly		Age Group elderly		Age Group elderly		Age Group elderly	
		65-74	75 & higher	65-74	75 & higher	65-74	75 & higher	65-74	75 & higher
		%	%	%	%	%	%	%	%
Chronic illness among elderly	Diabetes Mellitus	22.6%	18.8%	18.5%	24.0%	20.5%	21.3%	18.2%	15.0%
	Hypertension	35.0%	42.6%	35.5%	52.1%	35.3%	47.2%	35.1%	48.3%
	Dyslipidaemia / high cholesterol	19.8%	24.8%	17.0%	13.5%	18.4%	19.3%	21.0%	22.5%
	Ischaemic heart disease	10.9%	6.9%	7.3%	10.4%	9.1%	8.6%	7.5%	10.0%
	Stroke	3.1%	6.9%	0.8%	2.1%	1.9%	4.6%	0.9%	2.5%
	Asthma / COPD	10.5%	11.9%	8.5%	14.6%	9.5%	13.2%	6.9%	4.2%
	Mental illness	1.9%	5.0%	0.8%	0.0%	1.4%	2.5%	1.3%	2.5%
	Chronic Kidney Disease	3.1%	3.0%	1.9%	1.0%	2.5%	2.0%	3.1%	4.2%
	Cancer	1.6%	0.0%	0.8%	1.0%	1.2%	0.5%	0.3%	0.0%
	Cataract / eye problem	17.1%	23.8%	20.8%	17.7%	19.0%	20.8%	16.0%	26.7%
	Arthritis / muscular skeletal disorder	34.6%	49.5%	22.4%	24.0%	28.5%	37.1%	23.5%	31.7%

Table : 89 Clinic follow up of the elderly with diabetes

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	70	90.9%^{n}	62	87.3%^{n}	132	89.2%^{n}	62	81.6%
	No	7	9.1%	9	12.7%	16	10.8%	14	18.4%
Place of follow up	PHCI - assigned	33	42.9%^{n}	28	39.4%^{n}	61	41.2%^{n}	32	42.1%
	PHCI - unassigned	6	7.8%^{n}	7	9.9%^{n}	13	8.8%^{n}	8	10.5%
	Secondary care (Base) hospital	14	18.2%**	4	5.6%^{n}	18	12.2%*	2	2.6%
	Tertiary care hospital	7	9.1%^{n}	9	12.7%^{n}	16	10.8%^{n}	12	15.8%
	General practice	4	5.2%^{n}	4	5.6%^{n}	8	5.4%^{n}	5	6.6%
	Specialist chanelling	4	5.2%*	2	2.8%^{n}	6	4.1%^{n}	0	0.0%
	Private hospital	2	2.6%^{n}	8	11.3%*	10	6.8%^{n}	2	2.6%
	Other	0	0.0%	0	0.0%	0	0.0%	1	1.3%
	Service not sought	7	9.1%^{n}	9	12.7%^{n}	16	10.8%^{n}	14	18.4%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Table : 90 Clinic follow up of elderly with hypertension

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	124	93.2%**	110	77.5%^{n}	234	85.1%^{n}	135	79.4%
	No	9	6.8%	32	22.5%	41	14.9%	35	20.6%
Place of follow up	PHCI – assigned	72	54.1%^{n}	59	41.5%^{n}	131	47.6%^{n}	72	42.4%
	PHCI – unassigned	11	8.3%^{n}	11	7.7%^{n}	22	8.0%^{n}	13	7.6%
	Secondary care (Base) hospital	18	13.5%*	8	5.6%^{n}	26	9.5%^{n}	9	5.3%
	Tertiary care hospital	7	5.3%*	16	11.3%*	23	8.4%^{n}	20	11.8%
	General practice	12	9.0%^{n}	7	4.9%^{n}	19	6.9%^{n}	12	7.1%
	Specialist chanelling	1	0.8%^{n}	3	2.1%^{n}	4	1.5%^{n}	2	1.2%
	Private hospital	3	2.3%^{n}	5	3.5%^{n}	8	2.9%^{n}	5	2.9%
	Other	0	0.0%^{n}	1	0.7%^{n}	1	0.4%^{n}	2	1.2%
	Service not indicated or sought	9	6.8%**	32	22.5%^{n}	41	14.9%^{n}	35	20.6%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Table : 91 Clinic follow-up of elderly with dyslipidaemia

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & ADB support group		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	66	86.8%	52	91.2%	118	88.7%	73	77.7%
	No	10	13.2%	5	8.8%	15	11.3%	21	22.3%
Place of follow up	PHCI - assigned	35	46.1%	29	50.9%	64	48.1%	36	38.3%
	PHCI - unassigned	5	6.6%	3	5.3%	8	6.0%	9	9.6%
	Secondary care (Base) hospital	14	18.4%	5	8.8%	19	14.3%	1	1.1%
	Tertiary care hospital	4	5.3%	9	15.8%	13	9.8%	12	12.8%
	General practice	5	6.6%	2	3.5%	7	5.3%	8	8.5%
	Specialist chanelling	1	1.3%	2	3.5%	3	2.3%	1	1.1%
	Private hospital	2	2.6%	2	3.5%	4	3.0%	4	4.3%
	Other	0	0.0%	0	0.0%	0	0.0%	2	2.1%
	Service not indicated or sought	10	13.2%	5	8.8%	15	11.3%	21	22.3%

Table : 92 Clinic follow-up of elderly with Ischaemic heart disease

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	31	88.6%	25	86.2%	56	87.5%	29	80.6%
	No	4	11.4%	4	13.8%	8	12.5%	7	19.4%
Place of follow up	PHCI - assigned	12	34.3%	10	34.5%	22	34.4%	14	38.9%
	PHCI - unassigned	1	2.9%	1	3.4%	2	3.1%	1	2.8%
	Secondary care (Base) hospital	8	22.9%	4	13.8%	12	18.8%	4	11.1%
	Tertiary care hospital	7	20.0%	6	20.7%	13	20.3%	6	16.7%
	General practice	1	2.9%	0	0.0%	1	1.6%	0	0.0%
	Specialist chanelling	1	2.9%	2	6.9%	3	4.7%	1	2.8%
	Private hospital	1	2.9%	1	3.4%	2	3.1%	3	8.3%
	Other	0	0.0%	1	3.4%	1	1.6%	0	0.0%
	Service not indicated or sought	4	11.4%	4	13.8%	8	12.5%	7	19.4%

Table : 93 Clinic follow-up of elderly with a history of stroke

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed at clinics	Yes	12	80.0%	1	25.0%	13	68.4%	3	50.0%
	No	3	20.0%	3	75.0%	6	31.6%	3	50.0%
Place of follow up	PHCI - assigned	3	20.0%	1	25.0%	4	21.1%	1	16.7%
	PHCI - unassigned	2	13.3%	0	0.0%	2	10.5%	0	0.0%
	Secondary care (Base) hospital	2	13.3%	0	0.0%	2	10.5%	1	16.7%
	Tertiary care hospital	3	20.0%	0	0.0%	3	15.8%	1	16.7%
	General practice	1	6.7%	0	0.0%	1	5.3%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	1	6.7%	0	0.0%	1	5.3%	0	0.0%
	Service not indicated or sought	3	20.0%	3	75.0%	6	31.6%	3	50.0%

Table : 94 Clinic follow-up of elderly with Asthma/COPD

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	36	92.3%	25	69.4%	61	81.3%	19	70.4%
	No	3	7.7%	11	30.6%	14	18.7%	8	29.6%
Place of follow up	PHCI - assigned	19	48.7%	14	38.9%	33	44.0%	14	51.9%
	PHCI - unassigned	3	7.7%	4	11.1%	7	9.3%	1	3.7%
	Secondary care (Base) hospital	9	23.1%	3	8.3%	12	16.0%	2	7.4%
	Tertiary care hospital	2	5.1%	2	5.6%	4	5.3%	2	7.4%
	General practice	1	2.6%	0	0.0%	1	1.3%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	1	2.6%	1	2.8%	2	2.7%	0	0.0%
	Other	1	2.6%	1	2.8%	2	2.7%	0	0.0%
	Service not indicated or sought	3	7.7%	11	30.6%	14	18.7%	8	29.6%

Table : 95 Clinic follow-up of elderly with Mental illness

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	4	40.0%	1	50.0%	5	41.7%	2	28.6%
	No	6	60.0%	1	50.0%	7	58.3%	5	71.4%
Place of follow up	PHCI - assigned	3	30.0%	0	0.0%	3	25.0%	1	14.3%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	0	0.0%	1	50.0%	1	8.3%	0	0.0%
	Tertiary care hospital	1	10.0%	0	0.0%	1	8.3%	0	0.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	1	14.3%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	6	60.0%	1	50.0%	7	58.3%	5	71.4%

Table : 96 Clinic follow-up of elderly with CKD

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	10	90.9%	6	100.0%	16	94.1%	13	86.7%
	No	1	9.1%	0	0.0%	1	5.9%	2	13.3%
Place of follow up	PHCI - assigned	3	27.3%	3	50.0%	6	35.3%	1	6.7%
	PHCI - unassigned	0	0.0%	1	16.7%	1	5.9%	4	26.7%
	Secondary care (Base) hospital	7	63.6%	1	16.7%	8	47.1%	2	13.3%
	Tertiary care hospital	0	0.0%	1	16.7%	1	5.9%	6	40.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	1	9.1%	0	0.0%	1	5.9%	2	13.3%

Table : 97 Clinic follow-up of elderly with Cancer

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	4	100.0%	2	66.7%	6	85.7%	1	100.0%
	No	0	0.0%	1	33.3%	1	14.3%	0	0.0%
Place of follow up	PHCI - assigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	1	25.0%	0	0.0%	1	14.3%	0	0.0%
	Tertiary care hospital	2	50.0%	2	66.7%	4	57.1%	1	100.0%
	General practice	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Specialist chanelling	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	1	25.0%	0	0.0%	1	14.3%	0	0.0%
	Service not indicated or sought	0	0.0%	1	33.3%	1	14.3%	0	0.0%

Table : 98 Clinic follow-up of elderly with Cataract / eye problems

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	47	69.1%	26	36.6%	73	52.5%	38	45.8%
	No	21	30.9%	45	63.4%	66	47.5%	45	54.2%
Place of follow up	PHCI - assigned	9	13.2%	7	9.9%	16	11.5%	10	12.0%
	PHCI - unassigned	5	7.4%	3	4.2%	8	5.8%	2	2.4%
	Secondary care (Base) hospital	14	20.6%	1	1.4%	15	10.8%	3	3.6%
	Tertiary care hospital	10	14.7%	13	18.3%	23	16.5%	14	16.9%
	General practice	0	0.0%	1	1.4%	1	0.7%	0	0.0%
	Specialist chanelling	2	2.9%	0	0.0%	2	1.4%	1	1.2%
	Private hospital	6	8.8%	1	1.4%	7	5.0%	6	7.2%
	Other	1	1.5%	0	0.0%	1	0.7%	2	2.4%
	Service not indicated or sought	21	30.9%	45	63.4%	66	47.5%	45	54.2%

Table : 99 Clinic follow-up of elderly with Arthritis / muscular skeletal disorders

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Followed up at clinic	Yes	85	61.2%^{n}	31	37.8%*	116	52.5%^{n}	63	55.8%
	No	54	38.8%	51	62.2%	105	47.5%	50	44.2%
Place of follow up	PHCI – assigned	40	28.8%^{n}	18	22.0%^{n}	58	26.2%^{n}	27	23.9%
	PHCI – unassigned	6	4.3%^{n}	3	3.7%^{n}	9	4.1%^{n}	6	5.3%
	Secondary care (Base) hospital	24	17.3%***	0	0.0%^{n}	24	10.9%*	4	3.5%
	Tertiary care hospital	4	2.9%*	3	3.7%^{n}	7	3.2%*	11	9.7%
	General practice	4	2.9%^{n}	3	3.7%^{n}	7	3.2%^{n}	4	3.5%
	Specialist chanelling	1	0.7%^{n}	1	1.2%^{n}	2	0.9%^{n}	3	2.7%
	Private hospital	2	1.4%^{n}	0	0.0%^{n}	2	0.9%^{n}	3	2.7%
	Other	4	2.9%^{n}	3	3.7%^{n}	7	3.2%^{n}	5	4.4%
	Service not indicated or sought	54	38.8%^{n}	51	62.2%*	105	47.5%^{n}	50	44.2%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Table : 100 Elderly with any chronic illness who received drugs provided from a Primary Health Care Institute

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Were the drugs provided from the PHC for the long-standing illness	Yes	63	27.9%^{n}	45	23.2%^{n}	108	25.7%^{n}	67	28.4%
	No	163	72.1%	149	76.8%	312	74.3%	169	71.6%
	Total	226	100.0%	194	100.0%	420	100.0%	236	100.0%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

In-patient care in elderly

Indicator C6: % reduction in the admission and re-admission rates due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension),

For the baseline value:

Numerator: No. of elderly (≥65 years) living in the catchment areas who were admitted to a hospital during the past year

Denominator: No. of elderly (≥65 years) living in the catchment areas

Indicator C13: % reduction of re-admission (for the same illness within 30 days) of patients (from the cluster catchment population) discharged from the cluster linked facilities or from other facilities to the cluster linked hospitals or to other hospitals,

For the baseline value:

Numerator: No. of elderly living in the catchment areas who were re-admitted to a hospital for the same condition within 30 days

Denominator: No. of elderly living in the catchment areas who were admitted to a hospital during the past year

In the pilot cluster catchment areas, 14.2% of the elderly have been admitted to a hospital for in-patient care during the past 1 year. Of those admitted, almost 20% has received in-patient care from the Tertiary Care Hospitals, and 31% from the secondary care and 35% from any PHCI. About 16% of the admitted patients were readmitted for the same illness within 30 days of discharge.

Table : 101 Percentage of elders admitted to a hospital for inpatient care during past 12 months

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Was the elderly person admitted to a hospital for treatment	Yes	51	14.2%	48	13.5%	99	13.9%	59	13.4%
	No	307	85.8%	307	86.5%	614	86.1%	380	86.6%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Table : 102 Place of admissions by elders

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of admission by elderly	PHCI - assigned	18	35.3%	13	27.1%	31	31.3%	12	20.3%
	PHCI - unassigned	2	3.9%	2	4.2%	4	4.0%	7	11.9%
	Secondary care (Base) hospital	16	31.4%	8	16.7%	24	24.2%	7	11.9%
	Tertiary care hospital	10	19.6%	23	47.9%	33	33.3%	25	42.4%
	Private hospital	3	5.9%	0	0.0%	3	3.0%	3	5.1%
	Other	0	0.0%	0	0.0%	0	0.0%	4	6.8%
	Service not indicated or sought	2	3.9%	2	4.2%	4	4.0%	1	1.7%

Table : 103 Proportion of elders re admitted to hospital within 30 days

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Did the elderly person needed to be readmitted	Yes	8	15.7%[n]	1	2.1%[n]	9	9.1%[n]	4	6.8%
	No	43	84.3%	47	97.9%	90	90.9%	55	93.2%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Emergency health service utilization by elderly

In the pilot cluster, 8.1% of the elderly experienced any condition that required emergency health services. All three levels, namely the primary (48%), secondary (24%), and tertiary (10%) have been accessed in emergencies of elders.

Table : 104 Proportion of elders who experienced any medical emergency during the past 1 year

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Elderly person develop any health condition requiring emergency care	Yes	29	8.1%	28	7.9%	57	8.0%	30	6.8%
	No	329	91.9%	327	92.1%	656	92.0%	409	93.2%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Table : 105 Places of health seeking for emergency in elders

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of emergency health service	PHCI assigned	14	48.3%	7	25.0%	21	36.8%	10	33.3%
	PHCI unassigned	0	0.0%	1	3.6%	1	1.8%	4	13.3%
	Secondary care (Base Hospital)	7	24.1%	6	21.4%	13	22.8%	5	16.7%
	Tertiary care	3	10.3%	9	32.1%	12	21.1%	9	30.0%
	General practice	2	6.9%	4	14.3%	6	10.5%	1	3.3%
	Specialist channeled Consultation	2	6.9%	0	0.0%	2	3.5%	1	3.3%
	Private Hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	1	3.4%	1	3.6%	2	3.5%	0	0.0%
	Service not indicated / not sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Auxiliary care for long-term disability among elderly

Physiotherapy, catheter care, pain relief, nutrition therapy and mental health rehabilitation were the **health needs among the disabled.**

Table : 106 Elderly persons with longstanding health problems requiring auxiliary services

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Elderly person having any long standing health problems requiring auxiliary medical services	Yes	10	2.8%	11	3.1%	21	2.9%	29	6.6%
	No	348	97.2%	344	96.9%	692	97.1%	410	93.4%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Table : 107 Type of auxiliary services required by elderly persons

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Type of auxiliary services	Physiotherapy	4	40.0%	3	27.3%	7	33.3%	8	27.6%
	Catheter care	3	30.0%	1	9.1%	4	19.0%	4	13.8%
	Pain relief	8	80.0%	2	18.2%	10	47.6%	14	48.3%
	Nutrition therapy	1	10.0%	1	9.1%	2	9.5%	2	6.9%
	Mental health rehabilitation	0	0.0%	2	18.2%	2	9.5%	1	3.4%
	Other	2	20.0%	0	0.0%	2	9.5%	2	6.9%

Surgical treatment received by elderly

Cataract surgery was the commonest surgical procedure undergone by 12% of elders.

Table : 108 Common surgical procedures undergone by elders

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Removal/replacement of eye lens	Yes	44	12.3%	32	9.0%	76	10.7%	43	9.8%
	No	314	87.7%	323	91.0%	637	89.3%	396	90.2%
Stenting or by-pass surgery in heart	Yes	2	0.6%	4	1.1%	6	0.8%	5	1.1%
	No	356	99.4%	351	98.9%	707	99.2%	434	98.9%
Kidney transplant	No	358	100.0%	355	100.0%	713	100.0%	439	100.0%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Screening among elderly for selected infectious diseases

Number of elders in who have undergone screening for selected infectious diseases such as tuberculosis, malaria, HIV/AIDS and leprosy were very low.

Table : 109 Elders screened for infectious diseases

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB		Control group	
		Count	%	Count	%	Count	%	Count	%
Tuberculosis	Yes	2	0.6%	2	0.6%	4	0.6%	8	1.8%
	No	356	99.4%	353	99.4%	709	99.4%	431	98.2%
Malaria	Yes	3	0.8%	0	0.0%	3	0.4%	4	0.9%
	No	355	99.2%	355	100.0%	710	99.6%	435	99.1%
HIV / AIDS	No	358	100.0%	355	100.0%	713	100.0%	439	100.0%
Leprosy	Yes	0	0.0%	1	0.3%	1	0.1%	1	0.2%
	No	358	100.0%	354	99.7%	712	99.9%	438	99.8%
	Total	358	100.0%	355	100.0%	713	100.0%	439	100.0%

Part VII - Services for women in reproductive age

Socio-demographic characteristics of women in reproductive age

In the household survey, a sub-sample of 2629 women in the age 15-49 years were further studied to assess the services related the Reproductive, Maternal, Neonatal and Child Health (RMNCH). In the pilot cluster, 6.9% of the sample were women in the 15-19 year group, and 49% were 35 years or above. Almost 78% were currently married or in union.

Table : 110 Distribution of women in reproductive age, by age category and marital status

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Age category (years)	15-19	60	6.9%	61	7.4%	121	7.2%	82	8.8%
	20-34	382	44.2%	374	45.3%	756	44.7%	397	42.4%
	35-49	423	48.9%	391	47.3%	814	48.1%	458	48.9%
Marital status	Currently married / living together	671	77.6%	652	78.9%	1323	78.2%	702	74.9%
	Divorced / Separated	8	0.9%	8	1.0%	16	0.9%	17	1.8%
	Unmarried	171	19.8%	157	19.0%	328	19.4%	205	21.9%
	Widowed	15	1.7%	9	1.1%	24	1.4%	13	1.4%
	Total	865	100.0%	826	100.0%	1691	100.0%	937	100.0%

Use of contraceptives

Almost half (49.5%) of married women in the reproductive age group were either using a modern method of family planning or were expecting a conception in the pilot cluster, while 8.0% were not using a family planning method since they were expecting a baby. Oral contraceptive pills were the most popular contraceptive method, followed by DMPA injection, hormonal implants, DMPA injection, and LRT and IUCD in that order in the pilot cluster.

Table : 111 Contraceptive prevalence in women in reproductive age or their partner

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
currently using a modern family planning method by married women in the reproductive age or her partner	Yes	332	49.5%	273	41.7%	605	45.6%	311	44.2%
	No, expecting a baby	54	8.0%	68	10.4%	122	9.2%	41	5.8%
	No	285	42.5%	314	47.9%	599	45.2%	351	49.9%
	Total	671	100.0%	655	100.0%	1326	100.0%	703	100.0%

Figure : 7 Method-mix of contraceptives among married women in the reproductive age who use a modern method of contraceptives, in all 3 strata (n=916)

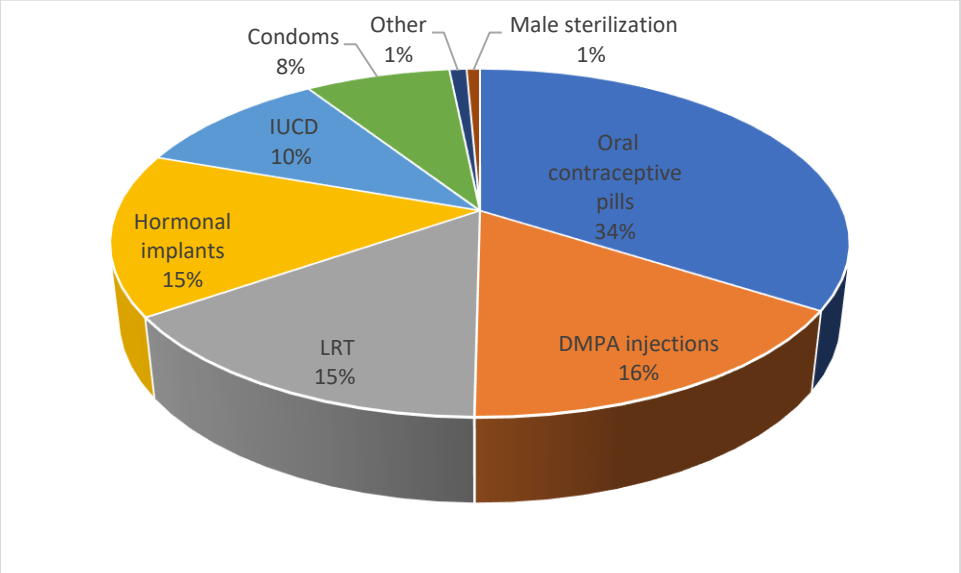


Table : 112 Method-mix of contraceptives in married (or in union) women in reproductive age

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Method of family planning that you or your partner is using at present	LRT	47	14.2%	48	17.6%	95	15.7%	44	14.1%
	Male sterilization	4	1.2%	1	0.4%	5	0.8%	1	0.3%
	Oral contraceptive pills	128	38.6%	84	30.8%	212	35.0%	100	32.2%
	Hormonal implants (e.g. Jadelle)	45	13.6%	49	17.9%	94	15.5%	44	14.1%
	DMPA injections	43	13.0%	48	17.6%	91	15.0%	57	18.3%
	IUCD / Copper T / Loops	29	8.7%	23	8.4%	52	8.6%	43	13.8%
	Condoms	33	9.9%	19	7.0%	52	8.6%	18	5.8%
	Other	3	0.9%	1	0.4%	4	0.7%	4	1.3%
	Total	332	100.0%	273	100.0%	605	100.0%	311	100.0%

Maternal care

Of the married women aged 15-49 years, 93.5% (n=2095) were ever pregnant, and of them 98.3% (n=1924) had ever given birth to a live baby. Of those who were ever become pregnant, more than 50% had visited a PHCI for antenatal care. With respect to the last child birth, approximately 25% of the deliveries were Caesarean sections. Of women in the pilot cluster, 44% had delivered the last-born child in a tertiary care hospital, 38% in a secondary care hospital and 15.5% in a PHCI.

Table : 113 Married Women in Reproductive Age who have ever become pregnant and given birth to a child

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Ever become pregnant	Yes	651	93.8%	623	93.1%	1274	93.5%	684	93.4%
	No	43	6.2%	46	6.9%	89	6.5%	48	6.6%
	Total	694	100.0%	669	100.0%	1363	100.0%	732	100.0%
Ever given birth to a child (out of ever pregnant)	Yes	637	97.8%	615	98.7%	1252	98.3%	672	98.2%
	No	14	2.2%	8	1.3%	22	1.7%	12	1.8%
	Total	651	100.0%	623	100.0%	1274	100.0%	684	100.0%

Table : 114 Antenatal clinic visits to PHCI, mode of delivery and place of child birth related to the latest child birth

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Visited PMCU/DH for antenatal care	Yes	338	53.1%	318	51.7%	656	52.4%	345	51.3%
	No	299	46.9%	297	48.3%	596	47.6%	327	48.7%
Mode of delivery	Caesarean	155	24.3%	157	25.5%	312	24.9%	197	29.3%
	Vaginal	482	75.7%	458	74.5%	940	75.1%	475	70.7%
Place of delivery	Divisional Hospital	99	15.5%	71	11.5%	170	13.6%	65	9.7%
	Base Hospital	244	38.3%	93	15.1%	337	26.9%	83	12.4%
	District / Provincial General Hospital	145	22.8%	287	46.7%	432	34.5%	255	37.9%
	Teaching Hospital	135	21.2%	147	23.9%	282	22.5%	242	36.0%
	Private Hospital	13	2.0%	16	2.6%	29	2.3%	25	3.7%
	Ayurvedic hospital	1	0.2%	1	0.2%	2	0.2%	1	0.1%
	Home delivery	0	0.0%	0	0.0%	0	0.0%	1	0.1%
	Total	637	100.0%	615	100.0%	1252	100.0%	672	100.0%

Awareness and utilization of well women clinic services (women aged 35-49 years)

Only 78.5% of women in the age group 35-49 years in the population were aware of the Well Women Clinic (WWC) services. Awareness rate was somewhat higher (84%) in the pilot cluster catchment population than in the other 2 strata. Of the women in 35-49 year category, 66% had ever attended WWC. The corresponding rate was marginally higher in the pilot cluster (69.0%). Of these ever attendees, 30.4% had visited WWC more than 5 years ago. Of the WWC ever attendees, almost 83% had visited the WWC at MOH Office, and 15.5% WWC at a PHCI. In the pilot cluster, the percentage visiting WWC at PHCI was higher (19.5%).

In the 35-49 year age group, 80.5% of women had undergone breast examination, and 80% a PAP smear test of the cervix. Majority were not referred to any health facility following the results of PAP, or breast examination, probably due to the negative results.

Majority (86.3%) of women in the pilot cluster area had come to know about the WWC through PHM. In this cluster, 37.3% were highly satisfied and 61% satisfied with the WWC services.

Figure : 8 Awareness about the Well Woman Clinic by women aged 35-49 years, in all strata (n=1272)

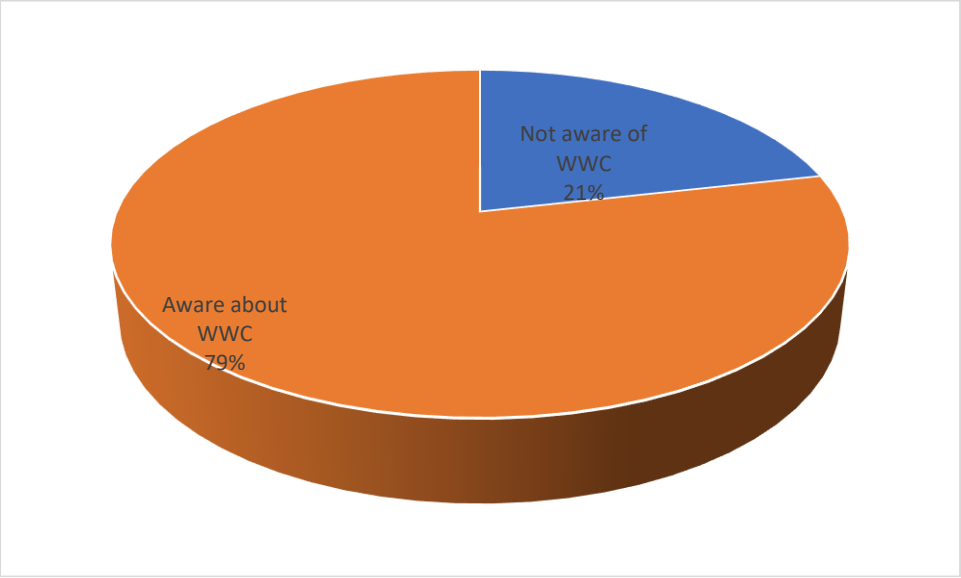


Table : 115 Awareness about Well Woman Clinic by women aged 35-49 years

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Have you heard about the Well Woman Clinic	Yes	355	83.9%[n]	282	72.1%[n]	637	78.3%[n]	362	79.0%
	No	68	16.1%	109	27.9%	177	21.7%	96	21.0%
	Total	423	100.0%	391	100.0%	814	100.0%	458	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant in contrast to control group.

Figure : 9 Women aged 35-49 years who had ever attended Well Women Clinic, in all strata (n=1272)

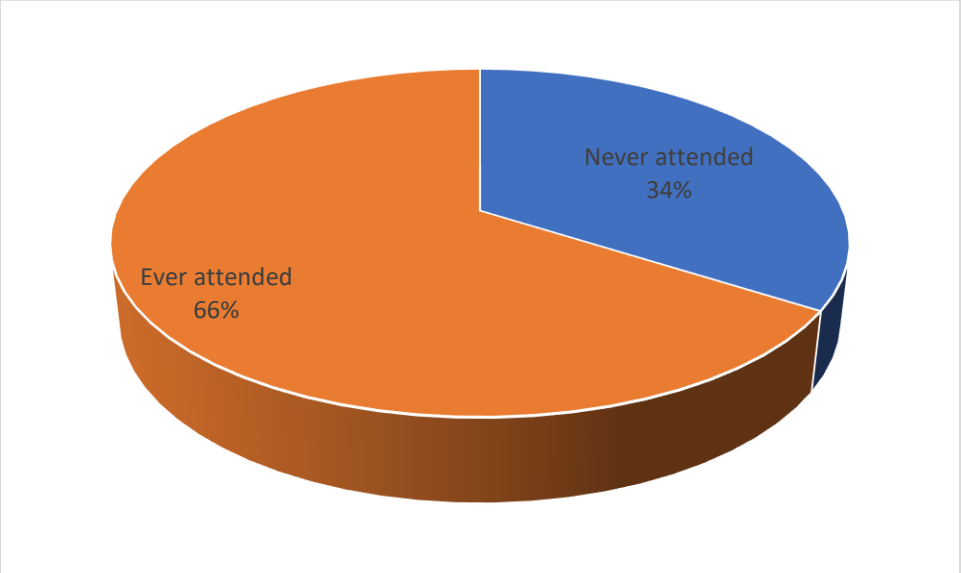


Table : 116 Women aged 35-49 years who had ever attended a Well Women Clinic (WWC)

	PHC support category							
	Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
	Count	%	Count	%	Count	%	Count	%
Ever attended	292	69.0%[n]	239	61.1%[n]	531	65.2%[n]	308	67.2%
Never attended	131	31.0%	152	38.9%	283	34.8%	150	32.8%
Total	423	100.0%	391	100.0%	814	100.0%	458	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 117 Place of WWC and timing of clinic attendance by women aged 35-49 years who ever attended WWC

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Place of Well Woman Clinic	MOH office	233	79.8%	208	87.0%	441	83.1%	253	82.1%
	PMCU / DH	57	19.5%	25	10.5%	82	15.4%	48	15.6%
	Private sector	2	0.7%	5	2.1%	7	1.3%	5	1.6%
	Base hospital	0	0.0%	1	0.4%	1	0.2%	0	0.0%
	General hospital	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	Teaching hospital	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Timing of Well Woman Clinic attendance	Less than 1 year ago	50	17.1%	31	13.0%	81	15.3%	45	14.6%
	1-2 years back	55	18.8%	48	20.1%	103	19.4%	79	25.6%
	3-5 years back	104	35.6%	79	33.1%	183	34.5%	93	30.2%
	More than 5 years back	83	28.4%	81	33.9%	164	30.9%	91	29.5%
	Total	292	100.0%	239	100.0%	531	100.0%	308	100.0%

Table : 118 Breast examination and PAP smear testing at WWC among women aged 35-49 years who ever attended WWC

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
Undergone breast examination	Yes	235	80.5%**	186	77.8%^{n}	421	79.3%*	218	70.8%
	No	57	19.5%	53	22.2%	110	20.7%	90	29.2%
Action following breast examination	Not examined	57	19.5%	53	22.2%	110	20.7%	90	29.2%
	Referred to Government Hospital	21	7.2%	20	8.4%	41	7.7%	18	5.8%
	Referred to Private hospital	2	0.7%	2	0.8%	4	0.8%	3	1.0%
	Not Referred	212	72.6%	164	68.6%	376	70.8%	197	64.0%
Undergone PAP smear test	Yes	234	80.1%***	173	72.4%*	407	76.6%***	200	64.9%
	No	58	19.9%	66	27.6%	124	23.4%	108	35.1%
Action following the results of PAP test	Not tested	58	19.9%	66	27.6%	124	23.4%	108	35.1%
	Referred to Government Hospital	18	6.2%	13	5.4%	31	5.8%	13	4.2%
	Referred to Private hospital	2	0.7%	1	0.4%	3	0.6%	2	0.6%
	Not Referred	214	73.3%	159	66.5%	373	70.2%	185	60.1%
Total		292	100.0%	239	100.0%	531	100.0%	308	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group. Tested only for the indicators 'undergone breast examination' and 'undergone PAP test'

Table : 119 Source of information on WWC and satisfaction with WWC services by women aged 35-49 years and above and ever attended WWC

		PHC support category							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	%	Count	%	Count	%	Count	%
How did you know about the Well Woman Clinic	PHM	252	86.3%	204	85.4%	456	85.9%	248	80.5%
	Friends/ relatives / Neighbors	32	11.0%	16	6.7%	48	9.0%	33	10.7%
	Health Staff at PHC	8	2.7%	19	7.9%	27	5.1%	27	8.8%
Are you satisfied with the service you got from the Well Woman Clinic	Highly satisfied	109	37.3%	93	38.9%	202	38.0%	149	48.4%
	Satisfied	178	61.0%	140	58.6%	318	59.9%	151	49.0%
	Not sure	3	1.0%	5	2.1%	8	1.5%	6	1.9%
	Unsatisfied	1	0.3%	1	0.4%	2	0.4%	2	0.6%
	Highly unsatisfied	1	0.3%	0	0.0%	1	0.2%	0	0.0%
	Total	292	100.0%	239	100.0%	531	100.0%	308	100.0%

Results of Primary Health Care User Survey

Basic Characteristics of the sample

Table : 120 Geographical distribution of the sample of PHC users

District	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Anuradhapura	105	10.3%	105	12.3%	135	13.6%	210	11.2%
Badulla	120	11.8%	90	10.5%	135	13.6%	210	11.2%
Kandy	120	11.8%	90	10.5%	135	13.6%	210	11.2%
Kegalle	135	13.2%	60	7.0%	75	7.6%	195	10.4%
Matale	120	11.8%	90	10.5%	105	10.6%	210	11.2%
Monaragala	90	8.8%	90	10.5%	90	9.1%	180	9.6%
Nuwara Eliya	135	13.2%	135	15.8%	75	7.6%	270	14.4%
Polonnaruwa	75	7.4%	135	15.8%	45	4.5%	210	11.2%
Ratnapura	120	11.8%	60	7.0%	195	19.7%	180	9.6%
Total	1020	100.0%	855	100.0%	990	100.0%	210	11.2%

Total sample studied in the user survey was 2865, representing all nine districts of the project. In the pilot cluster, a total of 1020 users were studied and 7% to 13% of the users were selected from each district.

Table : 121 Age distribution of the sample of PHC users

Age category	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Less than 18 yrs	41	4.0%	16	1.9%	28	2.8%	57	3.0%
18 - 44 yrs	362	35.5%	281	32.9%	337	34.0%	643	34.3%
45 - 64 yrs	418	41.0%	394	46.1%	458	46.3%	812	43.3%
65 yrs or above	199	19.5%	164	19.2%	167	16.9%	363	19.4%
Total	1020	100.0%	855	100.0%	990	100.0%	57	3.0%

Age distribution of the sample showed the largest percentage of users representing 45 – 64 years age group, followed by 18 – 44 years age group. A similar age distribution pattern was seen in all three sample groups. In the pilot cluster, 41% of the users belonged to 45-64 years age group, while 35.5% belonged to 18-44 years age group.

Table : 122 Gender distribution of the sample of PHC users

Gender	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Female	577	56.6%	491	57.4%	576	58.2%	1068	57.0%
Male	443	43.4%	364	42.6%	414	41.8%	807	43.0%
Total	1020	100.0%	855	100.0%	990	100.0%	1068	57.0%

In the sample, majority were females, which was 56.6% in the pilot cluster, 57.4% in the other ADB-supported group and 58.2% in the control group.

Table : 123 Distribution of PHC users by health service access related characteristics

Health service-related characteristics	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Type of facility								
Apex Hospital (Referred from PMCU or Divisional hospital	135	13.2%	0	0.0%	0	0.0%	135	7.2%
Divisional Hospital	630	61.8%	510	59.6%	705	71.2%	1140	60.8%
PMCU	255	25.0%	345	40.4%	285	28.8%	600	32.0%
Type of service accessed								
Clinic	265	26.0%	233	27.3%	302	30.5%	498	26.6%
Emergency Treatment Unit	50	4.9%	12	1.4%	28	2.8%	62	3.3%
Healthy Lifestyle Center	21	2.1%	13	1.5%	46	4.6%	34	1.8%
Other services	19	1.9%	24	2.8%	18	1.8%	43	2.3%
Out Patient Department	656	64.3%	560	65.5%	575	58.1%	1216	64.9%
Primary Care Unit	4	0.4%	10	1.2%	21	2.1%	14	0.7%
Well woman clinic	5	0.5%	3	0.4%	0	0.0%	8	0.4%

A majority of the sample was recruited from the Divisional Hospitals and this was about 60% in each sampling group. In the pilot cluster, 61.8% were selected from the Divisional Hospitals, 25% from PMCUs and 13.2% out of the patients referred to the apex hospital, from the primary care facilities in the cluster.

In each sampling group, a majority of about 65% of the users were recruited from the out patients' department, followed by the clinics. Out of the pilot cluster users, 64.3% were from the OPD while 26% were from the clinics.

Table : 124 Services accessed by the PHC users during the current visit

Services received in the current visit	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Consultation with a doctor	993	97.4%	817	95.6%	950	96.0%	1810	96.5%
Lab investigations like blood tests etc. (specify the tests)	77	7.5%	50	5.8%	35	3.5%	127	6.8%
Receive medicines	907	88.9%	799	93.5%	901	91.0%	1706	91.0%
Wound care	121	11.9%	98	11.5%	97	9.8%	219	11.7%
Wound suturing	19	1.9%	12	1.4%	11	1.1%	31	1.7%
Medical advice or counseling	360	35.3%	266	31.1%	329	33.2%	626	33.4%
Emergency treatment	57	5.6%	22	2.6%	25	2.5%	79	4.2%
Referral to another facility for care	34	3.3%	41	4.8%	27	2.7%	75	4.0%
Other services	29	2.8%	25	2.9%	24	2.4%	54	2.9%

The pattern of the services received during the current visit was also similar in the three sampling groups. The commonest service received was a consultation with a doctor, which was received by 97.4% of the pilot cluster users. Next common service received by the users was getting medicines followed by medical advices or counselling. In the pilot cluster, 89% and 35% of the users had received these services, while in the other two sample groups also the percentage of users receiving these services were almost the same.

Table : 125 Pattern of previous use of the health facility in the sample of PHC users

Previous use of this health facility	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Regularly using this health facility								
No	140	13.7%	67	7.8%	98	9.9%	207	11.0%
Yes	880	86.3%	788	92.2%	892	90.1%	1668	89.0%
Duration of regular use of this facility (n=2560)								
More than five years	689	67.5%	661	77.3%	719	72.6%	1350	72%
2-5 years	141	13.8%	97	11.3%	139	14.0%	238	12.7%
Six months up to 2 yrs	41	4.0%	20	2.3%	18	1.8%	61	3.3%
Less than six months	9	0.9%	10	1.2%	16	1.6%	19	1.0%

A large majority of the participants in all three groups were regular users of the current health care facility. The duration of previous use of the health facility also showed a similar pattern in the three sampling groups. In the pilot cluster, 86.3% respondents were regular users of the same health facility, and out of them, 67.5% have been using it for more than 5 years.

Responsiveness, Satisfaction, Awareness and Attitudes of PHC users

Indicator B16: Patient responsiveness – Percentage of patients who scored 70% or more in a tool that comprised 33 responsiveness statements, rated using 5-point Likert scale (defined by the M&E team in consultation with project Consultants)

Table : 126 Distribution of the responsiveness score in the sample of PHC users

Responsiveness score[#]	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Less than 60%	145	14.2%***	157	18.4%[n]	201	20.3%	302	16.1%**
60%-69%	568	55.7%*	455	53.2%[n]	501	50.6%	1023	54.6%*
70%-79%	277	27.2%**	219	25.6%*	210	21.2%	496	26.5%**
80% or above	30	2.9%***	24	2.8%***	78	7.9%	54	2.9%***
Total	1020	100.0%	855	100.0%	990	100.0%	1875	100.0%

[#]Responsiveness was assessed using 33 statements, each marked in a 5-point scale. Total mark out of 165 was converted to a percentage (Refer Annex 1 for details)
*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Responsiveness scores in the three sampling groups showed a similar distribution. A majority rated the responsiveness of the health facility between 60-69%. This was 55.7% in the pilot cluster, 53.2% in the other ADB-supported group and 50.6% in the control group. In the pilot cluster, 27.2% rated the responsiveness of the facility between 70%-79%, while 2.9% rated it as 80% or more.

Indicator C2: % of patients reporting knowledge and satisfaction of using cluster-linked PHC services.

- Satisfaction was defined as percentage of patients reporting 70% or more marks in a 10-item satisfaction tool using 5-point scale.
- Knowledge on the PHC services was assessed in three domains, awareness of investigations (14 items), awareness of curative and preventive services (10 items) and awareness of counselling services (5 items), which was later combined into an overall awareness score. Overall awareness score of 70% or more was considered as adequately aware.

Table : 127 Distribution of the satisfaction score in the sample of PHC users

Satisfaction score[#]	Sample group							
	Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%	Count	%
Less than 60%	70	6.9%**	99	11.6%[n]	106	10.7%	169	9.0%[n]
60%-69%	372	36.5%[n]	378	44.2%***	327	33.0%	750	40.0%***
70%-79%	492	48.2%[n]	313	36.6%***	443	44.7%	805	42.9%[n]
80% or above	86	8.4%*	65	7.6%**	114	11.5%	151	8.1%**
Total	1020	100.0%	855	100.0%	990	100.0%	1875	100.0%

[#]Satisfaction was assessed using 10 statements, each marked in a 5-point scale. Total mark out of 50 was converted to a percentage

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Satisfaction with the services of the health facility was assessed as a composite variable, and analysed as a score. The satisfaction scores of the three sampling groups showed a similar distribution. About 57% users in the pilot cluster, 44% in the other ADB-supported group and 56% in the control group have a satisfaction score of 70% or above.

Table : 128 Distribution of the attitude score in the users of pilot cluster PHC and other ADB supported facilities

Attitude score*	Sample group					
	Pilot cluster		Other ADB-supported group		Pilot cluster and Other ADB-supported	
	Count	%	Count	%	Count	%
Less than 60%	14	1.4%	9	1.1%	23	1.2%
60%-69%	190	18.6%	218	25.5%	408	21.8%
70%-79%	561	55.0%	416	48.7%	977	52.1%
80% or above	255	25.0%	212	24.8%	467	24.9%
Total	1020	100.0%	855	100.0%	1875	100.0%

*Attitudes were assessed using 11 statements, each marked in a 5-point scale. Total mark out of 55 was converted to a percentage

Attitudes towards the primary care services were assessed only in the pilot cluster and other ADB-supported groups, as a composite variable, by calculating an overall attitude score. The attitude scores in the two groups showed a similar distribution. A large majority of 80% in the pilot cluster and 73.5% in the other ADB-supported group had an attitude score of 70% or above.

Table : 129 Distribution of the awareness scores in the users of pilot cluster PHC and other ADB supported facilities

Characteristics		Sample group							
		Pilot cluster				Other ADB-Supported			
		Awareness of Services				Awareness of Services			
		<70%		>=70%		<70%		>=70%	
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Age	Less than 18 yrs	14	34.1%	27	65.9%	8	50.0%	8	50.0%
	18 - 44 yrs	171	47.2%	191	52.8%	132	47.0%	149	53.0%
	45 - 64 yrs	181	43.3%	237	56.7%	189	48.0%	205	52.0%
	65 yrs or above	108	54.3%	91	45.7%	69	42.1%	95	57.9%
	Total	474	46.5%	546	53.5%	398	46.5%	457	53.5%
Gender	Female	243	42.1%	334	57.9%	204	41.5%	287	58.5%
	Male	231	52.1%	212	47.9%	194	53.3%	170	46.7%
	Total	474	46.5%	546	53.5%	398	46.5%	457	53.5%
District	Anuradhapura	38	36.2%	67	63.8%	47	44.8%	58	55.2%
	Badulla	28	23.3%	92	76.7%	3	3.3%	87	96.7%
	Kandy	49	40.8%	71	59.2%	34	37.8%	56	62.2%
	Kegalle	113	83.7%	22	16.3%	39	65.0%	21	35.0%
	Matale	36	30.0%	84	70.0%	33	36.7%	57	63.3%
	Monaragala	45	50.0%	45	50.0%	46	51.1%	44	48.9%
	Nuwara Eliya	66	48.9%	69	51.1%	81	60.0%	54	40.0%
	Polonnaruwa	48	64.0%	27	36.0%	76	56.3%	59	43.7%
	Ratnapura	51	42.5%	69	57.5%	39	65.0%	21	35.0%
	Total	474	46.5%	546	53.5%	398	46.5%	457	53.5%

Awareness on the PHC services was assessed in three domains, awareness of investigations, awareness of curative and preventive services and awareness of counselling services, which was later combined into an overall awareness score. Only 53.5% users in the pilot cluster and also in the other ADB-supported group (same percentage) reported an overall awareness score of 70% or more.

Responsiveness, Satisfaction, Awareness and Attitudes by age

Table : 130 Level of responsiveness according to the age of the users of primary health care services

Age category	Level of Responsiveness	Sample group							
		Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%	Count	%
Less than 18 yrs	Less than 60%	7	17.1%	4	25.0%	9	32.1%	11	19.3%
	60%-69%	20	48.8%	8	50.0%	13	46.4%	28	49.1%
	70%-79%	13	31.7%	3	18.8%	5	17.9%	16	28.1%
	80% or above	1	2.4%	1	6.2%	1	3.6%	2	3.5%
	Total	41	100.0%	16	100.0%	28	100.0%	57	100.0%
18 - 44 yrs	Less than 60%	49	13.5%	58	20.6%	74	22.0%	107	16.6%
	60%-69%	198	54.7%	141	50.2%	160	47.5%	339	52.7%
	70%-79%	102	28.2%	74	26.3%	78	23.1%	176	27.4%
	80% or above	13	3.6%	8	2.8%	25	7.4%	21	3.3%
	Total	362	100.0%	281	100.0%	337	100.0%	643	100.0%
45 - 64 yrs	Less than 60%v	56	13.4%	72	18.3%	95	20.7%	128	15.8%
	60%-69%	241	57.7%	221	56.1%	232	50.7%	462	56.9%
	70%-79%	108	25.8%	90	22.8%	91	19.9%	198	24.4%
	80% or above	13	3.1%	11	2.8%	40	8.7%	24	3.0%
	Total	418	100.0%	394	100.0%	458	100.0%	812	100.0%
65 yrs or above	Less than 60%	33	16.6%	23	14.0%	23	13.8%	56	15.4%
	60%-69%	109	54.8%	85	51.8%	96	57.5%	194	53.4%
	70%-79%	54	27.1%	52	31.7%	36	21.6%	106	29.2%
	80% or above	3	1.5%	4	2.4%	12	7.2%	7	1.9%
	Total	199	100.0%	164	100.0%	167	100.0%	363	100.0%

Responsiveness, satisfaction, awareness and attitudes about PHC services were analysed after stratifying by the age of the users. All age groups showed a similar level of responsiveness, with close to 30% of the users rating the PHC services as having a responsiveness of 70% or more. In the pilot cluster, 34.1% in the less than 18 years age group, 31.8% users in the 18-44 years age group, 28.9% users in the 45-64 years age group and 28.6% users in the 65 years or above age group, rated the PHC facilities as having a responsiveness score of 70% or more.

Table : 131 Level of satisfaction according to the age of the users of primary health care services

Age Category	Level of Satisfaction	Sample group							
		Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%	Count	%
Less than 18 yrs	Less than 60%	4	9.8%	1	6.2%	3	10.7%	5	8.8%
	60%-69%	12	29.3%	7	43.8%	10	35.7%	19	33.3%
	70%-79%	22	53.7%	8	50.0%	11	39.3%	30	52.6%
	80% or above	3	7.3%	0	0.0%	4	14.3%	3	5.3%
	Total	41	100.0%	16	100.0%	28	100.0%	57	100.0%
18 - 44 yrs	Less than 60%	22	6.1%	41	14.6%	35	10.4%	63	9.8%
	60%-69%	115	31.8%	126	44.8%	118	35.0%	241	37.5%
	70%-79%	187	51.7%	100	35.6%	150	44.5%	287	44.6%
	80% or above	38	10.5%	14	5.0%	34	10.1%	52	8.1%
	Total	362	100.0%	281	100.0%	337	100.0%	643	100.0%
45 - 64 yrs	Less than 60%	30	7.2%	42	10.7%	49	10.7%	72	8.9%
	60%-69%	167	40.0%	189	48.0%	151	33.0%	356	43.8%
	70%-79%	189	45.2%	136	34.5%	196	42.8%	325	40.0%
	80% or above	32	7.7%	27	6.9%	62	13.5%	59	7.3%
	Total	418	100.0%	394	100.0%	458	100.0%	812	100.0%
65 yrs or above	Less than 60%	14	7.0%	15	9.1%	19	11.4%	29	8.0%
	60%-69%	78	39.2%	56	34.1%	48	28.7%	134	36.9%
	70%-79%	94	47.2%	69	42.1%	86	51.5%	163	44.9%
	80% or above	13	6.5%	24	14.6%	14	8.4%	37	10.2%
	Total	199	100.0%	164	100.0%	167	100.0%	363	100.0%

Age disaggregated satisfaction scores showed that a majority of users in the pilot cluster reported a satisfaction level of 70% or above. About 61% in the below 18 years age group, 62% in the 18-44 years age group, 53% in the 45-64 years age group and 54% in the 65 years or above age group, were satisfied with the PHC services at a level of 70% or more.

Table : 132 Level of overall awareness according to the age of the users of primary health care services in the pilot cluster and other ADB-supported group

Age category	Overall Awareness Level	Sample group					
		Pilot cluster		Other ADB-supported group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%
Less than 18 yrs	Less than 60%	30	73.2%	15	93.8%	45	78.9%
	60%-69%	4	9.8%	1	6.2%	5	8.8%
	70%-79%	2	4.9%	0	0.0%	2	3.5%
	80% or above	5	12.2%	0	0.0%	5	8.8%
	Total	41	100.0%	16	100.0%	57	100.0%
18 - 44 yrs	Less than 60%	297	82.0%	259	92.2%	556	86.5%
	60%-69%	35	9.7%	17	6.0%	52	8.1%
	70%-79%	16	4.4%	5	1.8%	21	3.3%
	80% or above	14	3.9%	0	0.0%	14	2.2%
	Total	362	100.0%	281	100.0%	643	100.0%
45 - 64 yrs	Less than 60%	333	79.7%	357	90.6%	690	85.0%
	60%-69%	44	10.5%	29	7.4%	73	9.0%
	70%-79%	27	6.5%	7	1.8%	34	4.2%
	80% or above	14	3.3%	1	0.3%	15	1.8%
	Total	418	100.0%	394	100.0%	812	100.0%
65 yrs or above	Less than 60%	172	86.4%	150	91.5%	322	88.7%
	60%-69%	14	7.0%	6	3.7%	20	5.5%
	70%-79%	6	3.0%	8	4.9%	14	3.9%
	80% or above	7	3.5%	0	0.0%	7	1.9%
	Total	199	100.0%	164	100.0%	363	100.0%

Age stratified analysis of awareness showed that a very low percentage in each age group had an awareness level of 70% or more. In the pilot cluster, 17% in the below 18 years age group, 9% in the 18-44 years age group, 10% in the 45-64 years age group and 6.5% in the 65 years or above age group, reported a knowledge level of 70% or above.

Table : 133 Level of overall attitudes according to the age of the users of primary health care services in the pilot cluster and other ADB-supported group

Age category	Attitude score	Sample group					
		Pilot cluster		Other ADB-supported group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%
Less than 18 yrs	Less than 60%	1	2.4%	0	0.0%	1	1.8%
	60%-69%	6	14.6%	3	18.8%	9	15.8%
	70%-79%	23	56.1%	10	62.5%	33	57.9%
	80% or above	11	26.8%	3	18.8%	14	24.6%
	Total	41	100.0%	16	100.0%	57	100.0%
18 - 44 yrs	Less than 60%	3	0.8%	2	0.7%	5	0.8%
	60%-69%	73	20.2%	79	28.1%	152	23.6%
	70%-79%	199	55.0%	135	48.0%	334	51.9%
	80% or above	87	24.0%	65	23.1%	152	23.6%
	Total	362	100.0%	281	100.0%	643	100.0%
45 - 64 yrs	Less than 60%	7	1.7%	6	1.5%	13	1.6%
	60%-69%	78	18.7%	102	25.9%	180	22.2%
	70%-79%	223	53.3%	197	50.0%	420	51.7%
	80% or above	110	26.3%	89	22.6%	199	24.5%
	Total	418	100.0%	394	100.0%	812	100.0%
65 yrs or above	Less than 60%	3	1.5%	1	0.6%	4	1.1%
	60%-69%	33	16.6%	34	20.7%	67	18.5%
	70%-79%	116	58.3%	74	45.1%	190	52.3%
	80% or above	47	23.6%	55	33.5%	102	28.1%
	Total	199	100.0%	164	100.0%	363	100.0%

Age-stratified analysis showed that a large majority in all age groups had satisfactory attitudes with a score of 70% or more. In the pilot cluster, 83% in the below 18 years age group, 79% in the 18-44 years age group, 80% in the 45-64 years age group and 82% in the 65 years or above age group, reported a favourable attitude level of 70% or above.

Responsiveness, Satisfaction, Awareness and Attitudes by gender

Table : 134 Level of responsiveness according to the gender of the users of primary health care services

Gender	Responsiveness score	Sample group							
		Pilot cluster		Other ADB-supported group		Control group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%	Count	%
Female	Less than 60%	86	14.9%	94	19.1%	105	18.2%	180	16.9%
	60%-69%	309	53.6%	254	51.7%	303	52.6%	563	52.7%
	70%-79%	159	27.6%	127	25.9%	120	20.8%	286	26.8%
	80% or above	23	4.0%	16	3.3%	48	8.3%	39	3.7%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%
Male	Less than 60%	59	13.3%	63	17.3%	96	23.2%	122	15.1%
	60%-69%	259	58.5%	201	55.2%	198	47.8%	460	57.0%
	70%-79%	118	26.6%	92	25.3%	90	21.7%	210	26.0%
	80% or above	7	1.6%	8	2.2%	30	7.2%	15	1.9%
	Total	443	100.0%	364	100.0%	414	100.0%	807	100.0%

Gender-stratified analysis showed that the responsiveness rating of PHC services was similar among males and females in all three sample groups. In the pilot cluster, 31.6% female users and 28.2% male users rated the PHC services as having a responsiveness level of 70% or above.

Table : 135 Level of satisfaction according to the gender of the users of primary health care services

Gender	**Satisfaction score**	**Sample group**							
		Pilot cluster		**Other ADB-supported group**		**Control group**		**Pilot cluster and Other ADB-supported**	
		Count	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
Female	Less than 60%	39	6.8%	53	10.8%	63	10.9%	92	8.6%
	60%-69%	215	37.3%	227	46.2%	193	33.5%	442	41.4%
	70%-79%	272	47.1%	175	35.6%	260	45.1%	447	41.9%
	80% or above	51	8.8%	36	7.3%	60	10.4%	87	8.1%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%
Male	Less than 60%	31	7.0%	46	12.6%	43	10.4%	77	9.5%
	60%-69%	157	35.4%	151	41.5%	134	32.4%	308	38.2%
	70%-79%	220	49.7%	138	37.9%	183	44.2%	358	44.4%
	80% or above	35	7.9%	29	8.0%	54	13.0%	64	7.9%
	Total	443	100.0%	364	100.0%	414	100.0%	807	100.0%

Satisfaction with the PHC services also showed a similar distribution between males and females in all three sampling groups. In the pilot cluster, 56% female users and 58% male users were satisfied with the PHC services at a level of 70% or above.

Table : 136 Level of overall awareness according to the gender of the users of primary health care services in the pilot cluster and other ADB-supported group

Gender	Overall awareness score	Sample group					
		Pilot cluster		Other ADB-supported group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%
Female	Less than 60%	451	78.2%	430	87.6%	881	82.5%
	60%-69%	67	11.6%	46	9.4%	113	10.6%
	70%-79%	34	5.9%	14	2.9%	48	4.5%
	80% or above	25	4.3%	1	0.2%	26	2.4%
	Total	577	100.0%	491	100.0%	1068	100.0%
Male	Less than 60%	381	86.0%	351	96.4%	732	90.7%
	60%-69%	30	6.8%	7	1.9%	37	4.6%
	70%-79%	17	3.8%	6	1.6%	23	2.9%
	80% or above	15	3.4%	0	0.0%	15	1.9%
	Total	443	100.0%	364	100.0%	807	100.0%

Overall awareness of PHC services was low in both males and females. In the pilot cluster, 10.2% female users and 7.2% male users reported an awareness level of 70% or above.

Table : 137 Level of attitudes according to the gender of the users of primary health care services in the pilot cluster and other ADB-supported group

Gender	Attitude score	Sample group					
		Pilot cluster		Other ADB-supported group		Pilot cluster and Other ADB-supported	
		Count	%	Count	%	Count	%
Female	Less than 60%	7	1.2%	5	1.0%	12	1.1%
	60%-69%	92	15.9%	111	22.6%	203	19.0%
	70%-79%	321	55.6%	243	49.5%	564	52.8%
	80% or above	157	27.2%	132	26.9%	289	27.1%
	Total	577	100.0%	491	100.0%	1068	100.0%
Male	Less than 60%	7	1.6%	4	1.1%	11	1.4%
	60%-69%	98	22.1%	107	29.4%	205	25.4%
	70%-79%	240	54.2%	173	47.5%	413	51.2%
	80% or above	98	22.1%	80	22.0%	178	22.1%
	Total	443	100.0%	364	100.0%	807	100.0%

In the gender-stratified analysis of attitudes, 83% female users and 76% male users of the pilot cluster had an attitude score of 70% or above.

Perceptions of gender equity did not show much variation between genders among the three sampling groups. In the pilot cluster, 14% females and 14% males felt that a person's gender influenced care provided in the health facility sometimes or often. Only 3% males and 1.6% males in the pilot cluster had experienced embarrassment or discomfort when they were examined by health staff sometimes or more frequently. In the pilot cluster, 6% females and 5% males had experienced embarrassment or fear when using toilet facilities sometimes or more frequently while, 4% females and 2% males reported feeling embarrassment or discomfort when interacting with health staff at least sometimes.

Gender equity status of PHC services

Table : 138 Perceptions of gender-equity of the services according to the respondent's gender

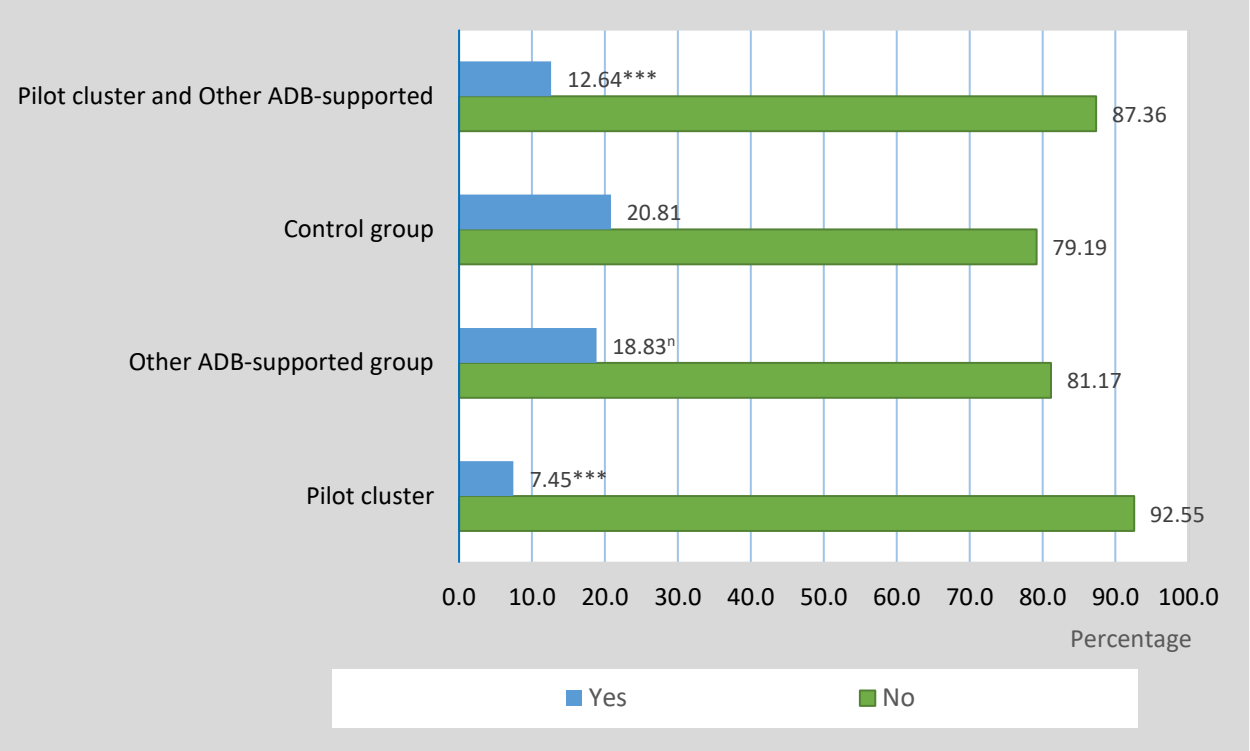
Perceptions of Gender Equity		Gender															
		Female								Male							
		Pilot Cluster		Other ADB-supported		Control		Pilot cluster and Other ADB-supported		Pilot Cluster		Other ADB-supported		Control		Pilot cluster and Other ADB-supported	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you think a person's gender influenced care provided in this health facility	Often	0	0.0%	2	.4%	2	.3%	2	.2%	0	0.0%	1	.3%	0	0.0%	0	0.0%
	Sometimes	5	.9%	16	3.3%	7	1.2%	21	2.0%	10	2.3%	10	2.7%	5	1.2%	5	1.2%
	Rarely	76	13.2%	65	13.2%	85	14.8%	141	13.2%	50	11.3%	37	10.2%	56	13.5%	56	13.5%
	Never	496	86.0%	408	83.1%	482	83.7%	904	84.6%	383	86.5%	316	86.8%	353	85.3%	353	85.3%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%
Did you feel any embarrassment or discomfort when you were examined by health staff?	Always	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	.2%	1	.2%
	Often	1	.2%	4	.8%	2	.3%	5	.5%	0	0.0%	1	.3%	0	0.0%	0	0.0%
	Sometimes	15	2.6%	29	5.9%	9	1.6%	44	4.1%	7	1.6%	12	3.3%	7	1.7%	7	1.7%
	Rarely	66	11.4%	58	11.8%	83	14.4%	124	11.6%	40	9.0%	49	13.5%	56	13.5%	56	13.5%
	Never	495	85.8%	400	81.5%	482	83.7%	895	83.8%	396	89.4%	302	83.0%	350	84.5%	350	84.5%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%
Did you feel any embarrassment or fear when using toilet facilities?	Always	0	0.0%	0	0.0%	3	.5%	0	0.0%	0	0.0%	0	0.0%	4	1.0%	4	1.0%
	Often	9	1.6%	2	.4%	4	.7%	11	1.0%	5	1.1%	1	.3%	4	1.0%	4	1.0%
	Sometimes	27	4.7%	22	4.5%	21	3.6%	49	4.6%	16	3.6%	16	4.4%	9	2.2%	9	2.2%
	Rarely	58	10.1%	52	10.6%	79	13.7%	110	10.3%	30	6.8%	42	11.5%	52	12.6%	52	12.6%
	Never	483	83.7%	415	84.5%	469	81.4%	898	84.1%	392	88.5%	305	83.8%	345	83.3%	345	83.3%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%
Did you feel any embarrassment or discomfort when interacting with health staff?	Often	0	0.0%	1	.2%	2	.3%	1	.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Sometimes	23	4.0%	30	6.1%	5	.9%	53	5.0%	8	1.8%	10	2.7%	4	1.0%	4	1.0%
	Rarely	57	9.9%	43	8.8%	75	13.0%	100	9.4%	34	7.7%	35	9.6%	47	11.4%	47	11.4%
	Never	497	86.1%	417	84.9%	494	85.8%	914	85.6%	401	90.5%	319	87.6%	363	87.7%	363	87.7%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%

Perceptions of Gender Equity		Gender															
		Female								Male							
		Pilot Cluster		Other ADB-supported		Control		Pilot cluster and Other ADB-supported		Pilot Cluster		Other ADB-supported		Control		Pilot cluster and Other ADB-supported	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Were you treated differently just because you are a woman / man	Often	0	0.0%	1	.2%	0	0.0%	1	.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Sometimes	2	.3%	16	3.3%	0	0.0%	18	1.7%	0	0.0%	2	.5%	3	.7%	3	.7%
	Rarely	53	9.2%	39	7.9%	56	9.7%	92	8.6%	34	7.7%	31	8.5%	38	9.2%	38	9.2%
	Never	522	90.5%	435	88.6%	520	90.3%	957	89.6%	409	92.3%	331	90.9%	373	90.1%	373	90.1%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%
Did you feel insecure in this health facility just because you are a woman / man	Often	0	0.0%	2	.4%	1	.2%	2	.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Sometimes	4	.7%	16	3.3%	4	.7%	20	1.9%	0	0.0%	5	1.4%	2	.5%	2	.5%
	Rarely	60	10.4%	41	8.4%	58	10.1%	101	9.5%	36	8.1%	33	9.1%	37	8.9%	37	8.9%
	Never	513	88.9%	432	88.0%	513	89.1%	945	88.5%	407	91.9%	326	89.6%	375	90.6%	375	90.6%
	Total	577	100.0%	491	100.0%	576	100.0%	1068	100.0%	443	100.0%	364	100.0%	414	100.0%	414	100.0%

Unique patient identification number

Indicator B4 % of patients who use the PMCUs and DHs that are linked to the clusters receive a unique patient identification number

Figure : 10 Distribution of health care users issued a unique patient identification number to access health care



*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

About 7.5% of the PHC users of the pilot cluster reported getting a unique identification number to access health care services.

Results of Health Facility Survey

Part I Health Service Provision

Basic description of health facilities included in the survey

A total of 191 health facilities were visited by pre-intern medical graduates for the health facility survey. The sample included PMCU, all categories of DH and outpatient services of 9 Apex hospitals linked to the pilot cluster.

Table : 139 Distribution of the PHCI in the sample according to the type and location of health facility

		PHC support category							
		Pilot cluster		ADB supported group		Pilot cluster & ADB supported group		Control group	
		Count	%	Count	%	Count	%	Count	%
Type of Health Facility	PMCU	17	25.0%	24	42.1%	41	32.8%	19	28.8%
	Divisional Hospital A	9	13.2%	2	3.5%	11	8.8%	14	21.2%
	Divisional Hospital B	10	14.7%	15	26.3%	25	20.0%	12	18.2%
	Divisional Hospital C	23	33.8%	16	28.1%	39	31.2%	21	31.8%
	Base Hospital (Apex)	9	13.2%	0	0.0%	9	7.2%	0	0.0%
Province	Uva	14	20.6%	12	21.1%	26	20.8%	15	22.7%
	Central	25	36.8%	21	36.8%	46	36.8%	21	31.8%
	North Central	12	17.6%	16	28.1%	28	22.4%	12	18.2%
	Sabaragamuwa	17	25.0%	8	14.0%	25	20.0%	18	27.3%
District	Anuradhapura	7	10.3%	7	12.3%	14	11.2%	9	13.6%
	Badulla	8	11.8%	6	10.5%	14	11.2%	9	13.6%
	Kandy	8	11.8%	6	10.5%	14	11.2%	9	13.6%
	Kegalle	9	13.2%	4	7.0%	13	10.4%	5	7.6%
	Matale	8	11.8%	6	10.5%	14	11.2%	7	10.6%
	Monaragala	6	8.8%	6	10.5%	12	9.6%	6	9.1%
	Nuwara Eliya	9	13.2%	9	15.8%	18	14.4%	5	7.6%
	Polonnaruwa	5	7.4%	9	15.8%	14	11.2%	3	4.5%
	Ratnapura	8	11.8%	4	7.0%	12	9.6%	13	19.7%
Sector	Urban	11	16.2%	6	10.5%	17	13.6%	10	15.2%
	Rural	53	77.9%	45	78.9%	98	78.4%	51	77.3%
	Estate	4	5.9%	6	10.5%	10	8.0%	5	7.6%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

The number of health facilities assessed was 68, 57 and 66 for the 3 PHC support categories. Majority are Divisional Hospitals. Approximately 80% of these health facilities are located in rural settings.

Table : 140 Distribution of health facilities according to outpatient and inpatient care

Nature of services provided by the facility		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster & ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Outpatient only	24	35.3%[n]	25	43.9%[n]	49	39.2%[n]	22	33.3%
	Both in and out patient	44	64.7%[n]	32	56.1%[n]	76	60.8%[n]	44	66.7%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Almost 65% cluster-linked facilities in the pilot cluster offer both in-patient and out-patient care services.

Table : 141 Opening hours of the Out-patient Department in a usual week day

No. of hours		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster & ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	4 hours	2	2.9%[n]	1	1.8%[n]	3	2.4%[n]	0	0.0%
	8 hours	62	91.2%[n]	54	94.7%[n]	116	92.8%[n]	65	98.5%
	12 hours	4	5.9%[n]	2	3.5%[n]	6	4.8%[n]	1	1.5%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Most facilities, i.e., 91.2% in the cluster-linked facilities, are open for 8 hours. Only 6% of the cluster-linked facilities operate 12 hours a day.

Services provided by health facilities according to Essential Service Package

Emergency services

Emergency Treatment Unit /Preliminary Care Unit was available in 76.5% of the health facilities in the pilot cluster. More than 90% of health facilities in the pilot cluster managed minor emergencies. However, patient stabilization (practiced 85.3%), and giving basic life support (practiced 86.8%) in case of life-threatening emergencies were not practiced by some PHCI.

Table : 142 Type of emergency care services provided by PHCI

Type of emergency care		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Emergency Treatment Unit /Preliminary Care Unit	No	16	23.5%	17	29.8%	33	26.4%	13	19.7%
	Yes	52	76.5%^{n}	40	70.2%^{n}	92	73.6%^{n}	53	80.3%
Management of minor emergencies	No	6	8.8%	5	8.8%	11	8.8%	2	3.0%
	Yes	62	91.2%^{n}	52	91.2%^{n}	114	91.2%^{n}	64	97.0%
Identification and stabilization of life-threatening emergency patients	No	10	14.7%	6	10.5%	16	12.8%	2	3.0%
	Yes	58	85.3%*	51	89.5%^{n}	109	87.2%*	64	97.0%
Resuscitation with basic life support	No	9	13.2%	7	12.3%	16	12.8%	3	4.5%
	Yes	59	86.8%^{n}	50	87.7%^{n}	109	87.2%^{n}	63	95.5%
Transfer with communication and transport	No	16	23.5%	13	22.8%	29	23.2%	12	18.2%
	Yes	52	76.5%^{n}	44	77.2%^{n}	96	76.8%^{n}	54	81.8%
Post-exposure rabies vaccine	No	44	64.7%	43	75.4%	87	69.6%	45	68.2%
	Yes	24	35.3%^{n}	14	24.6%^{n}	38	30.4%^{n}	21	31.8%
Anti-venom for snake bites	No	55	80.9%	55	96.5%	110	88.0%	61	92.4%
	Yes	13	19.1%^{n}	2	3.5%^{n}	15	12.0%^{n}	5	7.6%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Post-exposure rabies vaccine and anti-venom for snake bites were available only in 35% and 19.1% of cluster-linked facilities in the pilot cluster. During emergencies, 76.5% of the pilot cluster PHCI performed appropriate patient transfer with communication,.

Out-patient care services

All health facilities managed common medical illnesses among adults, and common childhood illness through non-specialized health services. Of the cluster-linked facilities in the pilot cluster, 94% have provided care for minor injuries or surgical conditions, 82% for certain Obstetric / Gynecological conditions, 65% for certain eye problems, and 60% for certain ENT problems, all at non-specialist level. This should not be misinterpreted as such conditions can be totally managed through non-specialized services.

Table : 143 Provision of non-specialized out-patient care services by PHCI

Non-specialized out-patient Service		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Management common medical illnesses in adults	Yes	68	100.0%	57	100.0%	125	100.0%	66	100.0%
Minor surgical conditions/injuries	No	4	5.9%	3	5.3%	7	5.6%	1	1.5%
	Yes	64	94.1%^{n}	54	94.7%^{n}	118	94.4%^{n}	65	98.5%
Certain Obstetric / Gynaecological conditions	No	12	17.6%	18	31.6%	30	24.0%	14	21.2%
	Yes	56	82.4%^{n}	39	68.4%^{n}	95	76.0%^{n}	52	78.8%
Common childhood illness	No	0	0.0%	1	1.8%	1	0.8%	0	0.0%
	Yes	68	100.0%	56	98.2%^{n}	124	99.2%^{n}	66	100.0%
Certain Eye problems	No	24	35.3%	17	29.8%	41	32.8%	21	31.8%
	Yes	44	64.7%^{n}	40	70.2%^{n}	84	67.2%^{n}	45	68.2%
Certain Ear Nose Throat problems	No	27	39.7%	22	38.6%	49	39.2%	24	36.4%
	Yes	41	60.3%^{n}	35	61.4%^{n}	76	60.8%^{n}	42	63.6%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Clinic services

Medical clinic services for NCD were available in 76.3% of health facilities in pilot clusters, obstetrics/ gynecology specialist clinic in 57.6% of facilities in pilot clusters. However, paediatric, surgical mental health specialist clinics were available in very few health facilities.

HLCs were available in 87% of the cluster-linked health facilities in the pilot cluster, and a dental clinic in 57% of such facilities. Availability of preventive clinics in the pilot cluster were as follows: Family planning clinic in 54%, antenatal in 77%, Child Welfare Clinic in 69%, and WWC in 41% of the facilities. Such clinics were operated jointly with the staff of MOH of the area.

Table : 144 Provision of specific clinics at PHCI

Specialized clinic services		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster[a]		ADB supported group		Pilot cluster &ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Medical clinics (Hypertension/ Diabetes etc)	No	14	23.7%	20	35.1%	34	29.3%	15	22.7%
	Yes	45	76.3%[n]	37	64.9%[n]	82	70.7%[n]	51	77.3%
Obstetrics / Gynaecology Specialist clinic	No	34	57.6%	38	66.7%	72	62.1%	39	59.1%
	Yes	25	42.4%[n]	19	33.3%[n]	44	37.9%[n]	27	40.9%
Paediatrics Specialist clinic	No	51	86.4%	53	93.0%	104	89.7%	59	89.4%
	Yes	8	13.6%[n]	4	7.0%[n]	12	10.3%[n]	7	10.6%
Surgical Specialist clinic	No	58	98.3%	57	100.0%	115	99.1%	65	98.5%
	Yes	1	1.7%[n]	0	0.0%[n]	1	0.9%[n]	1	1.5%
Mental health clinic		2	3.4%[n]	1	1.8%[n]	3	2.6%[n]	1	1.5%
STD clinic		0	0.0%[n]	0	0.0%[n]	0	0.0%[n]	1	1.5%
Total[a]		59	100.0%	57	100.0%	116	100.0%	66	100.0%

[a] 9 Apex Hospitals were excluded from the Pilot cluster since they already have Specialist Services
*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 145 Availability of preventive health clinics at PHCI

Clinic service		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Family planning clinic	No	31	45.6%	26	45.6%	57	45.6%	27	40.9%
	Yes	37	54.4%[n]	31	54.4%[n]	68	54.4%[n]	39	59.1%
Well Women Clinic	No	40	58.8%	38	66.7%	78	62.4%	39	59.1%
	Yes	28	41.2%[n]	19	33.3%[n]	47	37.6%[n]	27	40.9%
Antenatal clinic	No	16	23.5%	13	22.8%	29	23.2%	13	19.7%
	Yes	52	76.5%[n]	44	77.2%[n]	96	76.8%[n]	53	80.3%
Child Welfare / Postnatal clinics	No	21	30.9%	26	45.6%	47	37.6%	23	34.8%
	Yes	47	69.1%[n]	31	54.4%[n]	78	62.4%[n]	43	65.2%
Healthy Lifestyle Centre	No	9	13.2%	9	15.8%	18	14.4%	10	15.2%
	Yes	59	86.8%[n]	48	84.2%[n]	107	85.6%[n]	56	84.8%
Dental clinic	No	29	42.6%	22	38.6%	51	40.8%	21	31.8%
	Yes	39	57.4%[n]	35	61.4%[n]	74	59.2%[n]	45	68.2%
Total		68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Auxiliary services

Pharmacy was functioning in almost all except one health facility in the pilot cluster at the time of survey. A laboratory was available in one-third of (32.4%) facilities. X-ray department and Physiotherapy units were confined to Apex hospitals in the pilot cluster.

Table : 146 Availability of pharmacy, laboratory, X-ray and physiotherapy services in PHCI

Service		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Pharmacy	No	1	1.5%	0	0.0%	1	0.8%	2	3.0%
	Yes	67	98.5%[n]	57	100.0%[n]	124	99.2%[n]	64	97.0%
Laboratory services	No	46	67.6%	45	78.9%	91	72.8%	45	68.2%
	Yes	22	32.4%[n]	12	21.1%[n]	34	27.2%[n]	21	31.8%
Radiology / X-ray department	No	59	86.8%	57	100.0%	116	92.8%	65	98.5%
	Yes	9	13.2%*	0	0.0%[n]	9	7.2%[n]	1	1.5%
Physiotherapy services	No	59	86.8%	56	98.2%	115	92.0%	65	98.5%
	Yes	9	13.2%*	1	1.8%[n]	10	8.0%[n]	1	1.5%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Referrals to higher level hospitals

Almost 96% of cluster-linked facilities in the pilot cluster reported that they refer outpatients to higher level hospitals if there is any indication for referral.

Table : 147 Health facilities that make referrals of outpatients to higher level hospitals

Referral of outpatients to higher level hospitals	Group of Health Facility (according to the Evaluation Protocol)							
	Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
No	3	4.4%	1	1.8%	4	3.2%	0	0.0%
Yes	65	95.6%^{n}	56	98.2%^{n}	121	96.8%^{n}	66	100.0%
Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Part II Assessing the process of establishing the clusters

By the time of the baseline survey (April to September 2021), all pilot clusters have initiated cluster reform activities, and are in very early stage of its implementation.

Gap analysis

Indicator A4

% of facilities that have carried out gap analysis to identify the infrastructure / physical space gaps, medical equipment and medical furniture gaps, other general equipment gaps, laboratory service gaps, pharmaceuticals gaps, health technology related gaps, at each of the 9 clusters for providing each of the selected services to be provided via a cluster approach (interventions package)

Only 35 out of 68 health facilities (51.5%) in the pilot cluster were aware that a gap analysis was carried out prior to commencement of the project. The informants were unaware of any gap analysis in 33 health facilities (48.5%).

Of the 35 health facilities which carried out the gap analysis, the key areas covered were: Infrastructure/physical space gaps in 94.3%, medical equipment and medical furniture gaps in 91.4%, and other general equipment gaps in 88.6%. Gap analysis also covered laboratory service gaps (80%), pharmaceutical gaps (88.6%) and health technology gaps (88.6%) in the cluster-linked facilities. Radiology related gaps were included only in a 71.4% of gap analysis tasks.

Table : 148 Health facilities that have carried out a gap analysis for providing the services according to the “shared care cluster” approach

Carried out a gap analysis for providing the services according to the “shared care cluster” approach		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	Yes	35	51.5%**	14	24.6%	49	39.2%
	Not aware about this	33	48.5%**	43	75.4%	76	60.8%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ⁿnon-significant, in contrast to ADB supported group

Table : 149 Areas covered in the gap analysis among health facilities that have carried-out gap analysis

Area covered in the gap analysis		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
Infrastructure / physical space gaps	No	2	5.7%	1	7.1%	3	6.1%
	Yes	33	94.3%[n]	13	92.9%	46	93.9%
Medical equipment and medical furniture gaps	No	3	8.6%	2	14.3%	5	10.2%
	Yes	32	91.4%[n]	12	85.7%	44	89.8%
Other general equipment gaps	No	4	11.4%	2	14.3%	6	12.2%
	Yes	31	88.6%[n]	12	85.7%	43	87.8%
Laboratory service gaps	No	7	20.0%	3	21.4%	10	20.4%
	Yes	28	80.0%[n]	11	78.6%	39	79.6%
Radiology related gaps	No	10	28.6%	3	21.4%	13	26.5%
	Yes	25	71.4%[n]	11	78.6%	36	73.5%
Pharmaceuticals gaps	No	4	11.4%	4	28.6%	8	16.3%
	Yes	31	88.6%[n]	10	71.4%	41	83.7%
Health technology related gaps	No	4	11.4%	3	21.4%	7	14.3%
	Yes	31	88.6%[n]	11	78.6%	42	85.7%
	Total	35	100.0%	14	100.0%	49	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Service level assessment

Indicator A5:
% of facilities that have carried out service level assessment to identify the service gaps related to availability, accessibility and practices related to use of clinical referral pathways, availability and usage of PHC level clinical service guidelines, management and distribution of PHC level pharmaceuticals, availability and usage of communication material on health promotion practices, HCWM guidelines, Infection prevention and control related services, etc. at each of the clusters.

Only 32 out of 68 health facilities (47.1%) in the pilot cluster were aware that a service level assessment was carried out prior to the establishment of the project. The key informants in 36 health facilities in pilot clusters were unaware of the service level assessment (52.9%).

Of the 32 health facilities which carried out service level assessment, several service areas were covered in more than 90%. These included management and distribution of PHC level

pharmaceuticals (96.9%), clinical referral pathways (93.8%), availability and usage of PHC level clinical service guidelines (93.8%), availability and usage of communication material on health promotion practices (93.8%), and Infection prevention and control related services (93.8%).

Table : 150 Health facilities that carried out service level assessment as per the "shared care cluster" approach to identify service gaps

Carried out service level assessment as per the "shared care cluster" approach to identify service gaps		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	Yes	32	47.1%**	12	21.1%	44	35.2%
	Not aware about this	36	52.9%	45	78.9%	81	64.8%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Table : 151 Areas covered in the service-level assessment among health facilities that have carried-out service related assessment.

Area covered in the service level assessment		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
Clinical referral pathways	No	2	6.2%	0	0.0%	2	4.5%
	Yes	30	93.8%[n]	12	100.0%	42	95.5%
Availability and usage of PHC level clinical service guidelines,	No	2	6.2%	2	16.7%	4	9.1%
	Yes	30	93.8%[n]	10	83.3%	40	90.9%
Management and distribution of PHC level pharmaceuticals,	No	1	3.1%	1	8.3%	2	4.5%
	Yes	31	96.9%[n]	11	91.7%	42	95.5%
Availability and usage of communication material on health promotion practices,	No	2	6.2%	4	33.3%	6	13.6%
	Yes	30	93.8%*	8	66.7%	38	86.4%
Health Care Waste Management guidelines	No	5	15.6%	2	16.7%	7	15.9%
	Yes	27	84.4%*	10	83.3%	37	84.1%
Infection prevention and control related services	No	2	6.2%	3	25.0%	5	11.4%
	Yes	30	93.8%[n]	9	75.0%	39	88.6%
	Total	32	100.0%	12	100.0%	44	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Circulars and guidelines

Indicator A6:
% of facilities that have introduced clinical guidelines, circulars, standard operating procedures for providing selected shared care services based on the services to be provided (interventions package) across the clusters.

Enquiry was made to see availability of the following 5 specific circulars:

a. Reorganization and Strengthen of Primary Care Service Delivery System to Achieve Universal Health Coverage

b. Physical Space Norm for Primary Health Care Facilities Established under the HSEP

c. Implementation of shared care clusters at District Level for Improvement of Service

d. Supervision and Coordination of the Clusters established under HSEP

e. Management Services Circular No: 01/2019

According to the key informant, only 28 out of 68 health facilities (41.2%) in the pilot cluster group reported that at least one of these circulars are available in their institution. Majority (58.8%) reported that they are not aware of these circulars / guidelines.

Availability of different circulars ranged from 29% to 40% in the cluster-linked health facilities.

Table : 152 Availability of circulars related to shared care cluster services as reported by the principal informant of the health facility

Circulars available (at least one of the 5 specific circulars)		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	None	40	58.8%	43	75.4%	83	66.4%
	Yes at least one	28	41.2%[n]	14	24.6%	42	33.6%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Table : 153 Subject of circular related to shared care cluster services as reported by the principal informant at the health facility

Type of Circular		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	%	Count	%	Count	%
Reorganization and Strengthen of Primary Care Service Delivery System to Achieve Universal Health Coverage	No	41	60.3%	44	77.2%	85	68.0%
	Yes	27	39.7%*	13	22.8%	40	32.0%
Physical Space Norm for Primary Health Care Facilities Established under the HSEP	No	42	61.8%	46	80.7%	88	70.4%
	Yes	26	38.2%*	11	19.3%	37	29.6%
Implementation of shared care clusters at District Level for Improvement of Service	No	43	63.2%	47	82.5%	90	72.0%
	Yes	25	36.8%*	10	17.5%	35	28.0%
Supervision and Coordination of the Clusters established under HSEP	No	46	67.6%	46	80.7%	92	73.6%
	Yes	22	32.4%ⁿ	11	19.3%	33	26.4%
Management Services Circular No: 01/2019	No	48	70.6%	48	84.2%	96	76.8%
	Yes	20	29.4%ⁿ	9	15.8%	29	23.2%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ⁿnon-significant, in contrast to ADB supported group

Addressing gaps at PHC

Indicator A7:

% of facilities that have addressed (to be defined) service related, infrastructure, equipment, materials gaps that are addressed prior to introducing shared care cluster services.

At the time of baseline survey, 50% of the health facilities (34 out of 68) in the pilot cluster have addressed service related, infrastructure, equipment, materials gaps at least to some extent.

Table : 154 Health facilities that have addressed service related, infrastructure, equipment, materials gaps, based on the opinion of the principal informant of the health facility

Addressed the services related gaps and infrastructure, equipment, and material gaps (overall opinion)		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
Extent	All were addressed	3	4.4%ⁿ	1	1.8%	4	3.2%
	To a greater extent	4	5.9%	3	5.3%	7	5.6%
	To some extent	27	39.7%	21	36.8%	48	38.4%
	To a lesser extent	18	26.5%	8	14.0%	26	20.8%
	Not addressed at all	16	23.5%	24	42.1%	40	32.0%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ⁿnon-significant, in contrast to ADB supported group

Part III Assessing the effectiveness of the pilot reform

Staff training

Indicator B1

% of PHC staff (various categories) trained in selected areas like primary healthcare/family medicine, health care waste management, use of Geographic information systems in health planning and management, gender responsiveness and sensitivity in primary care and in Infection prevention and control

Table : 155 Percentage of PHC staff trained on primary health care and family medicine

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	36	23.5%[n]	26	18.1%	62	21.1%
Total MOs	149		144		293	
Nurses and Midwives trained	24	8.1%**	8	2.4%	32	5.1%
Total Nurses and Midwives	296		337		633	
Attendants /Health Assistants trained	12	5.3%[n]	7	2.5%	19	3.7%
Total Health Assistants	228		282		510	
Total Staff trained (MO, Nurses, Midwives)	60	13.3%**	34	7.1%	93	10.0%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total Health Facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Percentage of all staff (Medical Officers, and Nurses, Midwives, n=445) trained in primary health care and family medicine was 13.3% in the pilot cluster. Percentage trained was higher among Medical Officers in contrast to other categories.

Table : 156 Percentage of PHC staff trained on health care waste management

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	24	16.1%[n]	24	16.7%	48	16.4%
Total MOs	149		144		293	
Hospital Nurses and Midwives trained	09	3.0%[n]	13	3.9%	22	33.5%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	09	4.0%[n]	7	2.5%	16	3.1%
Total Health Assistants	228		282		510	
Other staff trained	3	2.5%[n]	3	2.5%	6	2.5%
Total other staff	118		118		236	
Total Staff trained (MO, Nurses, Midwives)	33	7.4%[n]	37	7.6%	70	7.6%
Total Staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Percentage of all staff (Medical Officers, Nurses, Midwives, n=445) trained on health care waste management was 7.4% in the pilot cluster. Percentage trained was higher among Medical Officers in contrast to other categories. Low percentage of training (2.5%) in the other staff category which included labourers is noted.

Table : 157 Percentage of PHC staff trained on GIS

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	25	16.8%**	8	5.6%	33	11.2%
Total MOs	149		144		293	
Hospital Nurses and Midwives trained	1	0.4%[n]	5	1.5%	6	0.9%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	0	-	5	1.8%	5	1.0%
Total Health Assistants	228		282		510	
Other staff trained	1	0.8%[n]	1	0.8%	2	0..8%
Total other staff	118		118		236	
Total Staff trained (MO, Nurses, Midwives)	26	5.8%*	13	2.7%	39	4.2%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Percentage of all staff (Medical Officers, Nurses, Midwives, n=445) trained in GIS was 5.8% in the pilot cluster. Percentage trained was higher in Medical Officers in contrast to other categories.

Table : 158 Percentage of PHC staff trained on gender responsiveness and sensitivity

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	23	15.4%[n]	15	10.4%	38	3.0%
Total MOs	149		144		293	
Hospital Nurses and Midwives trained	3	1.0%[n]	6	1.8%	9	1.4%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	0	-	6	2.1%	6	3.9%
Total Health Assistants	228		282		510	
Other staff trained	0	-	1	0.8%	1	1.2%
Total other staff	118		118		236	
Total Staff trained (MO, Nurses, Midwives)	26	5.8%[n]	21	4.4%	47	5.1%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Percentage of all staff (Medical Officers, Nurses, Midwives and Health Assistants, n=445) trained in gender responsiveness and sensitivity was 5.8% in the pilot cluster. Percentage trained was higher in Medical Officers in contrast to other categories.

Table : 159 Percentage of PHC staff trained on prevention and control of infections

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	28	18.8%[n]	21	14.6%	49	16.7%
Total MOs	149		144		293	
Hospital Nurses and Midwives trained	06	2.0%[*]	17	5.0%	23	3.6%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	0	-	6	2.1%	6	1.2%
Total Health Assistants	228		282		510	
Other staff trained	0	-	0	-	0	-
Total other staff	118		118		236	
Total Staff trained (MO, Nurses, Midwives)	34	7.6%[n]	38	7.9%	72	7.8%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Percentage of all staff (Medical Officers, Nurses, Midwives, n=445) trained on gender responsiveness and sensitivity was 7.6% in the pilot cluster. Percentage trained was higher in Medical Officers in contrast to other categories.

PHC staff training by Apex hospital staff

Indicator B2

% of PHC staff trained by the Apex hospital on emergency care, use of PHC guidelines for NCDs, management of stroke patients, etc. (as relevant to each cluster)

PHC staff has been trained by the staff of the Apex hospital in different aspects: Percentage of total staff (MO, Nurses, Midwives) trained were 8.8% in emergency care, 7.9% on use of PHC guidelines for NCDs, and 2.9% on management of stroke patients. In contrast to Medical Officers, the training coverage by other staff categories was lower.

Table : 160 Percentage of PHC staff trained on emergency care by Apex hospital staff

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	21	14.1%[n]	15	10.4%	36	12.3%
Total MOs	149		144		293	
Nurses and Midwives trained	18	6.1%[n]	10	3.0%	28	4.4%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	4	1.8%[n]	12	4.3%	16	3.1%
Total Health Assistants	228		282		510	
Total Staff trained (MO, Nurses,)	39	8.8%*	25	5.2%	64	6.9%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Table : 161 Percentage of PHC staff trained on use of PHC guidelines on NCD management, by Apex hospital staff

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	20	13.4%[n]	14	9.7%	34	11.6%
Total MOs	149		144		293	
Nurses and Midwives trained	15	5.1%[n]	9	2.7%	24	3.8%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	4	1.8%[n]	6	2.1%	10	2.0%
Total Health Assistants	228		282		510	
Total Staff trained (MO, Nurses, Midwives)	35	7.9%[n]	23	4.8%	58	6.3%
Total staff (MO, Nurses, Midwives)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Table : 162 Percentage of PHC staff trained on management of stroke patients, by Apex hospital staff

Staff category	Group of Health Facility (according to the Evaluation Protocol)					
	Pilot cluster[a]		ADB supported		Pilot cluster & ADB supported	
	Count	%	Count	%	Count	%
Medical officers trained	7	4.7%[n]	6	4.2%	13	4.4%
Total MOs	149		144		293	
Nurses and Midwives trained	6	2.0%[n]	9	2.7%	15	2.4%
Total Nurses and Midwives	296		337		633	
Health Assistants trained	3	1.3%[n]	5	1.8%	8	1.6%
Total Health Assistants	228		282		510	
Total Staff trained (MO, Nurses, Midwives)	13	2.9%[n]	15	3.1%	28	3.0%
Total staff (MO, Nurses, Midwives s)	445		481		926	
Total health facilities	59		57		116	

[a] 9 Apex hospitals were excluded

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Notification via electronic system

Indicator B3

% of PMCUs and DHs in the clusters sending notifiable disease surveillance information via an electronic system to the Medical Officers of Health areas

In the pilot cluster group, 2 health facilities (2.9%) were sending notifications to MOH via an electronic system (These are 2 Apex Hospitals BH Thambuttegama and BH Teldeniya).

Table : 163 Health Facilities sending notifications of communicable diseases via an electronic system to Medical Officers of Health

Sending notifications of communicable disease via an electronic system to Medical Officers of Health		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	66	97.1%	54	94.7%	120	96.0%
	Yes	2	2.9%[n]	3	5.3%	5	4.0%
	Total	68	100.0%	57	100.0%	125	100.0%

[a] Included 9 Apex hospitals

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Use of unique patient identification number

Giving some form of unique patient identification number (HID) was reported in 6 out of 68 health facilities (8.8%) in the pilot cluster. Four of them are apex hospitals (BH Thambuttegama, BH Teldeniya, BH Karawanella, BH Medirigiriya). The findings are consistent with results of the PHC user survey.

(Refer PHC user Survey for the indicator related to use of unique patient identification number)

Table : 164 Health facilities providing a patient identification number (HID)

Giving unique patient identification number (HID)		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster[a]		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	62	91.2%	56	98.2%	118	94.4%
	Yes	6	8.8%[n]	1	1.8%	7	5.6%
	Total	68	100.0%	57	100.0%	125	100.0%

a Included 9 Apex hospitals

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to ADB supported group

Electronic system to share patient information

Indicator B5

% of PMCUs and DHs and Medical Officer of Health* areas linked to a cluster use electronic patient information sharing system across the cluster facilities

None of the health facilities reported having an electronic system to share patient information across the health facilities in the cluster.

Table : 165 Health facilities using an electronic system to share patient information across the health facilities in the cluster

Having an electronic system to share patient information across the health facilities in the cluster		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster[a]		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	68	100.0%	57	100.0%	125	100.0%
	Yes	0	0.0%	0	0.0%	0	0.0%
	Total	68	100.0%	57	100.0%	125	100.0%

[a] Included 9 Apex hospitals; MOH offices were not assessed in the survey

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Reporting gender disaggregated data

Indicator B6

% of PHCs linked to the clusters that report on gender disaggregated data to the provinces and districts

Only 2 health facilities (2 Apex hospitals BH Teldeniya and BH Karawanella) reported gender disaggregated data to the provinces and districts.

Table : 166 Health facilities reporting gender disaggregated data to the provinces and districts

Report gender disaggregated data to the provinces and/or districts		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster[a]		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	66	97.1%	57	100.0%	123	98.4%
	Yes	2	2.9%[n]	0	0.0%	2	1.6%
	Total	68	100.0%	57	100.0%	125	100.0%

[a] Included 9 Apex hospitals*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Gender sensitive facilities

Indicator B7: % of cluster linked PHCs having gender sensitive facilities (male female toilets, privacy during consultations with health personnel, separate changing areas prior to examination, etc.)

Of the 68 health facilities in the pilot cluster, 54% have separate toilets for females and males at OPD, 4.4% have separate changing areas for females and males, and 36.8% always maintained privacy during consultations with health personnel.

Table : 167 Availability of separate toilets and changing areas for males and females at OPD of PHCI

Gender sensitive facility		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Female toilet at OPD	Yes	37	54.4%[n]	34	59.6%[n]	71	56.8%[n]	28	42.4%
	No	31	45.6%	23	40.4%	54	43.2%	38	57.6%
Male toilet at OPD	Yes	37	54.4%[n]	34	59.6%[n]	71	56.8%[n]	28	42.4%
	No	31	45.6%	23	40.4%	54	43.2%	38	57.6%
A separate changing area for females	Yes	3	4.4%[n]	1	1.8%[n]	4	3.2%[n]	3	4.5%
	No	65	95.6%	56	98.2%	121	96.8%	63	95.5%
A separate for males	Yes	3	4.4%[n]	3	5.3%[n]	6	4.8%[n]	3	4.5%
	No	65	95.6%	54	94.7%	119	95.2%	63	95.5%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 168 Privacy during consultation and clinical examination at the OPD of PHCI

Privacy is maintained during		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
consultations with health personnel	Always	25	36.8%[n]	29	50.9%[*]	54	43.2%[n]	22	33.3%
	Often	30	44.1%	20	35.1%	50	40.0%	34	51.5%
	Sometimes	12	17.6%	7	12.3%	19	15.2%	9	13.6%
	Rarely	1	1.5%	1	1.8%	2	1.6%	1	1.5%
clinical examination /procedure	Always	31	45.6%[n]	30[n]	52.6%	61	48.8%[n]	25	37.9%
	Often	28	41.2%	19	33.3%	47	37.6%	36	54.5%
	Sometimes	9	13.2%	7	12.3%	16	12.8%	5	7.6%
	Rarely	0	0.0%	1	1.8%	1	0.8%	0	0.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Disability friendly services

Indicator B8: % of cluster linked PHCs having disability friendly services (access to all services, disability-friendly toilets, disability clinical services like availability of trained staff for physiotherapy, nursing care for disabled)

Out of 68 health facilities in the pilot cluster, 36.8% demonstrated accessibility to all service areas including toilets through wheelchair. However, only 10.3% had disability-friendly toilets, Physiotherapy services were available in 13.2% of cluster-linked health facilities.

Table : 169 Availability of disability friendly services at PHCI

disability friendly service		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Accessible ramp at the entrance	Yes	31	45.6%^{n}	31	54.4%^{n}	62	49.6%^{n}	29	43.9%
	No	37	54.4%	26	45.6%	63	50.4%	37	56.1%
Wheel-chair available at the entrance	Yes	50	73.5%*	39	68.4%*	89	71.2%**	59	89.4%
	No	18	26.5%	18	31.6%	36	28.8%	7	10.6%
Wheelchair is accessibility to all areas including toilets, canteen etc.	Yes	25	36.8%^{n}	27	47.4%^{n}	52	41.6%^{n}	28	42.4%
	No	43	63.2%	30	52.6%	73	58.4%	38	57.6%
physical access to the out-patient service areas	Excellent	4	5.9%^{n}	8	14.0%^{n}	12	9.6%^{n}	6	9.1%
	Good	24	35.3%	24	42.1%	48	38.4%	26	39.4%
	Average	28	41.2%	20	35.1%	48	38.4%	29	43.9%
	Poor	11	16.2%	5	8.8%	16	12.8%	5	7.6%
	Very poor	1	1.5%	0	0.0%	1	0.8%	0	0.0%
Disability friendly toilet	yes	7	10.3%^{n}	13	22.8%^{n}	20	16.0%^{n}	8	12.1%
	no	61	89.7%	44	77.2%	105	84.0%	58	87.9%
Physiotherapy services	Yes	9	13.2%^{n}	1	1.8%^{n}	10	8.0%^{n}	1	1.5%
	No	59	86.8%	56	98.2%	115	92.0%	65	98.5%
Total		68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Laboratory testing

Indicator B10: % of institutions offering the prescribed / defined laboratory tests at a given time

About 30% of the health facilities in the pilot cluster offered for full blood count, urine full report and venous blood glucose testing. Onsite testing for serum cholesterol was available in outpatient areas in almost half (48.5%) of health facilities. Overall, availability of other tests was low.

Table : 170 Health facilities conducting laboratory tests within the institution

Laboratory test	Group of Health Facility (according to the Evaluation Protocol)							
	Pilot cluster		ADB supported group		Pilot cluster &ADB supported group		Control group	
	Count	%	Count	%	Count	%	Count	%
Full Blood Count	21	30.9%[n]	11	19.3%[n]	32	25.6%[n]	18	27.3%
Venous Blood Glucose	19	27.9%[n]	11	19.3%[n]	30	24.0%[n]	15	22.7%
Erythrocyte Sedimentation Rate (ESR)	21	30.9%	10	17.5%	31	24.8%	18	27.3%
Cholesterol (on-site test)	33	48.5%[n]	19	33.3%[n]	52	41.6%[n]	29	43.9%
Lipid Profile	9	13.2%	0	0.0%	9	7.2%	8	12.1%
HbA1C	1	1.5%	0	0.0%	1	0.8%	2	3.0%
Urine Full Report	21	30.9%[n]	12	21.1%[n]	33	26.4%[n]	20	30.3%
Blood Urea	13	19.1%	4	7.0%	17	13.6%	9	13.6%
Serum electrolyte testing	9	13.2%	2	3.5%	11	8.8%	6	9.1%
Serum creatinine testing	15	22.1%	8	14.0%	23	18.4%	14	21.2%
ALT/AST testing	12	17.6%	3	5.3%	15	12.0%	10	15.2%
Other liver function testing (such as bilirubin)	10	14.7%	1	1.8%	11	8.8%	6	9.1%
Alkaline phosphatase	8	11.8%	0	0.0%	8	6.4%	3	4.5%
Serum total protein and albumin	9	13.2%	1	1.8%	10	8.0%	3	4.5%
Gram stain testing	5	7.4%	0	0.0%	5	4.0%	2	3.0%
Troponin I or T	6	8.8%	1	1.8%	7	5.6%	3	4.5%
Urine for culture	6	8.8%	0	0.0%	6	4.8%	1	1.5%
Wound swab for culture	3	4.4%	0	0.0%	3	2.4%	1	1.5%
Sputum for AFB	12	17.6%	6	10.5%	18	14.4%	8	12.1%
HIV Rapid Test	4	5.9%	0	0.0%	4	3.2%	2	3.0%
ABO blood grouping and Rh	7	10.3%	0	0.0%	7	5.6%	2	3.0%
Total Health Facilities	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant in contrast to control group. Significance was calculated only for Full Blood Count, Venous Blood Glucose, Cholesterol (on-site test) and Urine Full Report.

Availability of emergency equipment and NCD screening equipment

Indicator B11: % of cluster linked PHCs having the required emergency equipment, NCD screening equipment

Emergency tray with all recommended items was available in 58.8% of health facilities in the pilot cluster, and this rate was lower compared to the health facilities in the control group (81.8%). Two-thirds of pilot cluster health facilities had oxygen supply, and 41%, cardiac monitors.

Table : 171 Availability of emergency equipment (ready-to-use) at PHCI

Equipment	Group of Health Facility (according to the Evaluation Protocol)							
	Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
	Count	%	Count	%	Count	%	Count	%
Emergency tray with all items[a]	40	58.8%**	39	68.4%[n]	79	63.2%**	54	81.8%
Thermometer	63	92.6%	53	93.0%	116	92.8%	63	95.5%
Stethoscope	64	94.1%	53	93.0%	117	93.6%	60	90.9%
Blood pressure apparatus (digital or manual sphygmomanometer)	67	98.5%[n]	57	100.0 %	124	99.2%[n]	66	100.0 %
Spot lamp	45	66.2%	42	73.7%	87	69.6%	44	66.7%
Intravenous infusion kits	38	55.9%	34	59.6%	72	57.6%	52	78.8%
Ophthalmoscope	48	70.6%	41	71.9%	89	71.2%	48	72.7%
Peak flow meter	8	11.8%	6	10.5%	14	11.2%	12	18.2%
Spirometer	2	2.9%	2	3.5%	4	3.2%	3	4.5%
Nebulizing machine	60	88.2%	51	89.5%	111	88.8%	64	97.0%
Spacers for inhalers	25	36.8%	30	52.6%	55	44.0%	30	45.5%
Infusion pump	12	17.6%	8	14.0%	20	16.0%	9	13.6%
Pulse oximeter	34	50.0%	29	50.9%	63	50.4%	36	54.5%
Speculum	29	42.6%	28	49.1%	57	45.6%	41	62.1%
Spatula	20	29.4%	15	26.3%	35	28.0%	22	33.3%
Cardiac Monitor	28	41.2%	15	26.3%	43	34.4%	32	48.5%
Defibrillator	20	29.4%	10	17.5%	30	24.0%	15	22.7%
Oxygen concentrators	12	17.6%	10	17.5%	22	17.6%	16	24.2%
Oxygen cylinders	45	66.2%	42	73.7%	87	69.6%	56	84.8%
Central oxygen supply	6	8.8%	1	1.8%	7	5.6%	0	0.0%
Flowmeter for oxygen therapy (with humidification)	31	45.6%	33	57.9%	64	51.2%	44	66.7%
Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	42	61.8%	44	77.2%	86	68.8%	56	84.8%
Total Health Facilities	68	100%	57	100%	125	100%	66	100%

[a] All items included adrenaline (injectable), 1 ml syringe, hydrocortisone (injectable), 2ml syringe, distilled water, oxygen mask, ambu bag, and portable oxygen.

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to control group

Table : 172 Availability of NCD screening equipment and guidelines at HLC or OPD of PHCI

Equipment of facility	Group of Health Facility (according to the Evaluation Protocol)							
	Pilot cluster		ADB supported group		Pilot cluster & ADB supported group		Control group	
	Count	Column Total N %	Count	Column Total N %	Count	Column Total N %	Count	Column Total N %
Guidelines on CVD risk screening and prevention (HLC)	55	80.9%^{n}	47	82.5%^{n}	102	81.6%^{n}	52	78.8%
WHO Cardiovascular risk assessment Chart	44	64.7%^{n}	23	40.4%^{n}	67	53.6%^{n}	33	50.0%
Adult weighing scale	58	85.3%^{n}	53	93.0%^{n}	111	88.8%^{n}	58	87.9%
Measuring tape-height board/stadiometer	54	79.4%^{n}	52	91.2%^{n}	106	84.8%^{n}	57	86.4%
Stethoscope	64	94.1%^{n}	53	93.0%^{n}	117	93.6%^{n}	60	90.9%
Blood pressure apparatus (digital or manual sphygmomanometer)	67	98.5%^{n}	57	100.0%	124	99.2%^{n}	66	100.0%
Glucometer	31	45.6%*	36	63.2%^{n}	67	53.6%^{n}	43	65.2%
Venous Blood Glucose testing (within health facility)	19	27.9%^{n}	11	19.3%^{n}	30	24.0%^{n}	15	22.7%
Serum cholesterol	33	48.5%^{n}	19	33.3%^{n}	52	41.6%^{n}	29	43.9%
Lipid Profile Conduct tests within (within health facility)	9	13.2%^{n}	0	0.0%*	9	7.2%^{n}	8	12.1%
Conduct tests within this health institution - HbA1C (within health facility)	1	1.5%^{n}	0	0.0%^{n}	1	0.8%^{n}	2	3.0%
Total Health Facilities	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Gender responsive and inclusive family planning services

Indicator B12: % of PHC facilities in the clusters in target provinces provide gender responsive and inclusive family planning services as outpatient and clinic services,

In the pilot cluster, 19.1% of health facilities offer family planning services for both males and females.

Table : 173 Provision of gender inclusive family planning services as outpatient and clinic service

Type of clients served by family planning clinics	Group of Health Facility (according to the Evaluation Protocol)							
	Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
No family planning services	33	48.5%^{n}	31	54.4%^{n}	64	51.2%^{n}	30	45.5%
Both females and males	13	19.1%^{n}	15	26.3%^{n}	28	22.4%^{n}	14	21.2%
Females only	22	32.4%^{n}	11	19.3%^{n}	33	26.4%^{n}	22	33.3%
Males only	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Dietary services for clients in the cluster catchment areas

Indicator B13: % of PHCs linked to clusters in target provinces that provide dietary services (including counselling) to children, adults and elders living in the cluster catchment population

Dietary services for the elderly (44.1%) were lower in contrast to children (70.6%) and adults (77.9%) in the pilot cluster.

Table : 174 Health facilities providing dietary counseling for children, adults and elderly

provide dietary services (including counselling) for		Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		ADB supported		Pilot cluster & ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Children	Yes	61	89.7%**	41	71.9%^{n}	89	71.2%^{n}	45	68.2%
	No	7	10.3%	16	28.1%	36	28.8%	21	31.8%
Adults	Yes	53	77.9%^{n}	45	78.9%^{n}	98	78.4%^{n}	52	78.8%
	No	15	22.1%	12	21.1%	27	21.6%	14	21.2%
Elderly	Yes	30	44.1%^{n}	27	47.4%^{n}	57	45.6%^{n}	33	50.0%
	No	38	55.9%	30	52.6%	68	54.4%	33	50.0%
	Total	68	100.0%	57	100.0%	125	100.0%	66	100.0%

*p<0.05, **P<0.01, ***p<0.001, or ^{n}non-significant, in contrast to control group

Family planning services

Indicator B14 % of cluster linked PMCUs and DHs that provide family planning services as defined in the essential service package (ESP)

Family planning services, as per ESP were provided in 54% of the health facilities in the pilot cluster.

Table : 175 Health facilities providing family planning services as defined in the ESP

Provide family planning services for clients		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	31	45.6%	31	54.4%	62	49.6%
	Yes	37	54.4%[n]	26	45.6%	63	50.4%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Elderly care services

Indicator B15 % of cluster linked PMCUs and DHs that provide elderly care services

Elderly care services were provided by 81% of the health facilities in the pilot cluster. Even though a majority provided elderly care, the different aspects of elderly care as specified in the ESP were met by lesser number of health facilities.

Table : 176 Health facilities providing elderly care services

Provide elderly care services		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	13	19.1%	5	8.8%	18	14.4%
	Yes	55	80.9%[n]	52	91.2%	107	85.6%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Table : 177 Different aspects of elderly care services provided by health facilities

Aspect of elderly care		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
Does this facility provide priority for senior citizens in giving appointments for consultation	No	25	36.8%	13	22.8%	38	30.4%
	Yes	43	63.2%[n]	44	77.2%	87	69.6%
Does this facility provide priority for senior citizens in dispensing drugs in pharmacy	No	24	35.3%	10	17.5%	34	27.2%
	Yes	44	64.7%[*]	47	82.5%	91	72.8%
Has this facility Identified the elderly requiring care (home or institution) in the catchment area	No	42	61.8%	36	63.2%	78	62.4%
	Yes	26	38.2%[n]	21	36.8%	47	37.6%
Identification of Dementia requiring care	No	36	52.9%	28	49.1%	64	51.2%
	Yes	32	47.1%[n]	29	50.9%	61	48.8%
Provides dietary services (including counselling) for elderly	No	38	55.9%	30	52.6%	68	54.4%
	Yes	30	44.1%[n]	27	47.4%	57	45.6%
Provides Information and promotion of active (successful) ageing	No	44	64.7%	35	61.4%	79	63.2%
	Yes	24	35.3%[n]	22	38.6%	46	36.8%
Delivery of home health care for elderly	No	58	85.3%	52	91.2%	110	88.0%
	Yes	10	14.7%[n]	5	8.8%	15	12.0%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Part III Other Indicators

Cluster-linked PHC representation at Medical Officer of Health meetings

Indicator definition:

Number of Medical Officer of Health meetings attended by cluster hospital representing staff

It was reported that a representative from PHC attend meetings at the Medical Officer of Health regularly (monthly basis) in 65% of PHC in the pilot cluster.

Table : 178 Cluster-linked health facility representative attending at Medical Officer of Health meetings

A representative from PHC attend meetings at the Medical Officer of Health regularly		Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		ADB supported group		Pilot cluster &ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
	No	24	35.3%	31	54.4%	55	44.0%
	Yes	44	64.7%*	26	45.6%	70	56.0%
	Total	68	100.0%	57	100.0%	125	100.0%

*p<0.05, **P<0.01, ***p<0.001, or [n]non-significant, in contrast to ADB supported group

Supplementary Tables for DMF indicators

Table : 179 Outpatient utilization of Primary Health Care Facilities among females and males by age, district and province (Indicator DMF a)

				All outpatient services			
				Not utilized		Utilized	
				Count	%	Count	%
Age Category	< 5 years	Gender	Female	321	64.8%	174	35.2%
			Male	327	65.1%	175	34.9%
	5-17 years	Gender	Female	1084	75.0%	361	25.0%
			Male	1201	74.5%	410	25.5%
	18-44 years	Gender	Female	2191	78.6%	596	21.4%
			Male	2370	85.2%	412	14.8%
	45-64 years	Gender	Female	1153	65.6%	604	34.4%
			Male	1211	74.2%	422	25.8%
	≥ 65 years	Gender	Female	436	56.5%	335	43.5%
			Male	426	61.3%	269	38.7%
District	Anuradhapura	Gender	Female	523	65.2%	279	34.8%
			Male	582	73.6%	209	26.4%
	Badulla	Gender	Female	649	70.8%	268	29.2%
			Male	672	75.5%	218	24.5%
	Kandy	Gender	Female	578	74.6%	197	25.4%
			Male	646	81.3%	149	18.7%
	Kegalle	Gender	Female	462	69.8%	200	30.2%
			Male	555	76.4%	171	23.6%
	Matale	Gender	Female	630	78.2%	176	21.8%
			Male	619	85.3%	107	14.7%
	Monaragala	Gender	Female	572	71.1%	233	28.9%
			Male	609	74.2%	212	25.8%
	Nuwara Eliya	Gender	Female	609	68.5%	280	31.5%
			Male	649	73.6%	233	26.4%
	Polonnaruwa	Gender	Female	619	74.0%	217	26.0%
			Male	670	77.8%	191	22.2%
	Ratnapura	Gender	Female	543	71.2%	220	28.8%
			Male	533	72.9%	198	27.1%
Province	Central	Gender	Female	1817	73.6%	653	26.4%
			Male	1914	79.7%	489	20.3%
	North central	Gender	Female	1142	69.7%	496	30.3%
			Male	1252	75.8%	400	24.2%
	Sabaragamuwa	Gender	Female	1005	70.5%	420	29.5%
			Male	1088	74.7%	369	25.3%
	Uva	Gender	Female	1221	70.9%	501	29.1%
			Male	1281	74.9%	430	25.1%
	Total	Gender	Female	5185	71.5%	2070	28.5%
			Male	5535	76.6%	1688	23.4%

Table : 180 Distribution of the level of satisfaction with PHC services according to age, gender, district and province of the users

Characteristics		Level of satisfaction			
		Score <70%		Score >=70%	
		Count	Row N %	Count	Row N %
Age category	Less than 18 yrs	37	43.5%	48	56.5%
	18 - 44 yrs	457	46.6%	523	53.4%
	45 - 64 yrs	628	49.4%	642	50.6%
	65 yrs or above	230	43.4%	300	56.6%
	Total	1352	47.2%	1513	52.8%
Gender	Female	790	48.1%	854	51.9%
	Male	562	46.0%	659	54.0%
District	Anuradhapura	186	53.9%	159	46.1%
	Badulla	150	43.5%	195	56.5%
	Kandy	191	55.4%	154	44.6%
	Kegalle	117	43.3%	153	56.7%
	Matale	102	32.4%	213	67.6%
	Monaragala	140	51.9%	130	48.1%
	Nuwara Eliya	194	56.2%	151	43.8%
	Polonnaruwa	138	54.1%	117	45.9%
	Ratnapura	134	35.7%	241	64.3%
Province	North central	324	54.0%	276	46.0%
	Central	487	48.5%	518	51.5%
	Sabaragamuwa	251	38.9%	394	61.1%
	Uva	290	47.2%	325	52.8%

Table : 181 Distribution of the level of awareness of PHC services according to age, gender, district and province of the users

Characteristics		Awareness of PHC services			
		<70%		>=70%	
		Count	Row N %	Count	Row N %
Age	Less than 18 yrs	22	38.6%	35	61.4%
	18 - 44 yrs	303	47.1%	340	52.9%
	45 - 64 yrs	370	45.6%	442	54.4%
	65 yrs or above	177	48.8%	186	51.2%
	Total	872	46.5%	1003	53.5%
Gender	Female	447	41.9%	621	58.1%
	Male	425	52.7%	382	47.3%
	Total	872	46.5%	1003	53.5%
District	Anuradhapura	85	40.5%	125	59.5%
	Badulla	31	14.8%	179	85.2%
	Kandy	83	39.5%	127	60.5%
	Kegalle	152	77.9%	43	22.1%
	Matale	69	32.9%	141	67.1%
	Monaragala	91	50.6%	89	49.4%
	Nuwara Eliya	147	54.4%	123	45.6%
	Polonnaruwa	124	59.0%	86	41.0%
	Ratnapura	90	50.0%	90	50.0%
	Total	872	46.5%	1003	53.5%

Table : 182 Upgraded and renovated outpatient department with gender responsive design (Indicator DMF 1 a)

		Update cycle					
		Round 1		Round 2		Total	
		Count	Column N %	Count	Column N %	Count	Column N %
OPD upgraded or renovated with gender sensitive design	No	15	34.8%	92	100%	107	79.3%
	Yes	28	65.2	0	0%	28	20.7%
Total identified for upgrading / renovation by ADB HSEP[a]		43	100%	92	100%	135	100%

[a] Results are based on secondary data provided by the PMU

Note: The baseline health facility survey was conducted after the project was commenced, from April to September 2021. By that time some of the construction / renovation works especially those which are identified as round one construction works, have been completed, while most were under construction.

Table : 183 Medical Officers of Health units in target provinces providing nutrition services, (received by children < 5 years according to household survey) (Indicator DMF 1 c)

	PHC support category							
	Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
	Count	%	Count	%	Count	%	Count	%
Received nutrition services from the MOH clinic / Public Health Midwife clinic	279	97.20%*	229	90.20%n	508	93.90%n	274	93.20%
Total	287	100.00%	254	100.00%	541	100.00%	294	100.00%

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Table : 184 Availability separate toilets, separate examination and changing areas for improved privacy for male and female patients in the upgraded or renovated PMCU and divisional hospital OPD (Indicator GAP 1.1.1)

		Count[a]	Column N %
Availability of separate toilets for males and females outpatients	Not available	12	30.0%
	Available	28	70.0%
Separate examination areas are available for improved privacy for male and female patients	Not available	24	60.0%
	Available	16	40.0%
A separate changing area are available for males and females	Not observed	40	100.0%
	Total	40	100.0%

These results are given only for the health facilities where the OPD was upgraded/renovated. There were 40 in the sample

Table : 185 Availability separate toilets, separate examination and changing areas for male and female patients at the OPD in all PMCU and divisional hospital (Indicator GAP 1.1.1)

Gender sensitive facility		Group of Health Facility							
		Pilot cluster		ADB supported		Control		All PHC	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Colum n N %
Separate toilets for males and females at OPD	Yes	37	54.4%n	34	59.6%n	28	42.4%	99	51.8
	No	31	45.6%	23	40.4%	38	57.6%	92	48.2
A separate changing area for females at OPD	Yes	3	4.40%n	1	1.80%n	3	4.50%	7	3.7
	No	65	95.60%	56	98.20%	63	95.50%	184	96.3
A separate changing area for males and females at OPD	Yes	3	4.4%n	3	5.3%n	3	4.5%	9	4.7
	No	65	95.6%	54	94.7%	63	95.5%	182	95.3
	Total	68	100.0%	57	100.0%	66	100.0%	191	100.0

All PHC were included

*p<0.05, **P<0.01, ***p<0.001, or nnon-significant, in contrast to control group

Table : 186 Male engagement approach is designed to promote reproductive health (Indicator 1.5.1)

		Count	Column N %
Gender inclusive FP services	No services	94	49.2%
	Both females and males	42	22.0%
	Females only	55	28.8%
	Males only	0	0.0%

Table : 187 Medical officers and other staff of PMCUs and DHs in target provinces who are trained in family medicine (Indicator DMF 3c)

	Group of Health Facility (according to the Evaluation Protocol)								
	Pilot cluster		ADB supported		Control		Total		
Staff category	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	%
Medical Officers	149	36	144	26	252	0	545	62	11.4%
Nursing/midwifery staff	296	24	337	8	513	0	1146	32	2.8%

Table : 188 Medical officers and other staff of PMCUs and DHs in target provinces who are trained in in gender sensitivity, gender related policies and intervention (Indicator DMF 3d)

	Group of Health Facility (according to the Evaluation Protocol)								
	Pilot cluster		ADB supported		Control		Total		
Staff category	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	Total staff at PHC	Total staff trained	%
Medical Officers	149	23	144	15	252	0	545	38	7.0%
Nursing/midwifery staff	296	3	337	6	513	0	1146	9	0.8%

Qualitative Findings

Indicator A1
A directive is issued by the Ministry of Health to operationalize the policy on reorganizing health care delivery for universal health coverage in selected newly established clusters

The cluster heads, medical officer (Planning) of the PDHS office and RDHSs who are involved at a higher level considers the directive issued by the Ministry of Health as a guiding document to their involvement in implementation and monitoring of the shared care cluster performance. The **Policy on Healthcare Delivery for Universal Health Coverage** (2018) issued by the Ministry of Health complements the directive by providing more knowledge of the policy implementation.

Indicator A2
A directive is issued by the Ministry of Health to appoint a Deputy Regional Director Health Services as the cluster head for each of the clusters.

Some officers were appointed after the preliminary planning process was over. Thus this document was not available with them and knowledge on terms of reference (TOR) was lacking as a result. Nevertheless, since almost all are experienced officers with a very good knowledge on the ground level operations of the health system they are able to carry duties.

Indicator A3
A directive is issued by the Ministry of Health authorizing sharing of human resources, materials and equipment and finances within each of the clusters.

Informants who participated representing the PIU were not aware of such a directive issued by the Ministry of Health.

Lessons Learned

- **Policy & governance**
    - The Ministry of Health has laid the foundation for the establishment of the shared care cluster system by issuing directives for operationalizing the policy on reorganizing primary healthcare system adopting the "Shared Care" cluster system for universal health coverage without which the provinces will not be able to plan and implement interventions.

- **Healthcare management level activities**
    - A directive is issued by MoH to appoint a deputy Regional Director Health Services to be the Cluster Head for each of the clusters. Since some of the Cluster Heads and administration staff have been changed and to avoid any gaps the newly appointed staff should be sensitized of the shared care cluster concept and the terms of reference. The Cluster Head should be appointed as per the directive given in the DGHS circular.

    - Quarterly reporting by the Cluster Head should be discussed with the project implementation officer, M&E officer and the MO/Planning at PDHS office and thereafter a discussion should be held with the consultant firms undertaking various consultancies such as waste care management, GIS, E-MIS, civil works, M&E.

    - Adhering to the circular on sharing human resources, material, equipment, finances needs to be taken into consideration during the implementation process. The extent to which these have been fulfilled should be reported by the cluster head.

    - Essential service package - the respective Directorates provide training in the different areas which are addressed in the clinical activities section

    - Gap analysis and situation analysis – these documents need to be updated with national directives for each specialty e.g. referral pathways: the national referral pathway may say – acute scrotal pain refer to apex hospital X but if US scan or MRI facilities are not available in apex hospital X, the alternatives should be stated to help PMCI doctors to act fast and appropriately. All circulars including pharmaceutical related circulars, PHC service guidelines, waste management guidelines need to spell out the approach specific to the Cluster.

    - Communication material to inform public of all services that would be available via the shared care cluster - the baseline survey observed that public awareness of cluster services is not optimal and target group specific material should be developed. e.g. in the Central province- there are no target specific communication material - all three clusters should have material that address the needs of plantation workers (nutrition, chronic NCD, cancer early detection, HIV testing). e.g. Rikillagaskada cluster population should be provided with information that they need to visit the early detection cancer

center in X hospital, if they need to get a HIV test to visit the STD clinic Nuwara Eliya, a pregnant woman should get the HIV test at the MOH clinic. This information should be made available to healthcare workers as well. Cluster specific information will provide more benefits than producing general communication material.

- **Clinical services**
  - Provisions are being made to deliver essential clinical services for diabetes, cardio-vascular disease, chronic respiratory disease and asthma, care for selected cancers, mental illnesses through the shared care cluster system. Yet, it may not be possible to provide continuum of care until the recommended standards are available at each institution and referral guidelines are made available and adhered to.

  - The results revealed that approximately 11% of known diabetes, 17% of known hypertensives, 18% of dyslipidaemic patients and 10% of patients with Ischaemic Heart Disease did not have any regular clinic follow up. The non-follow up rates were high for patients with stroke (31.3%), Asthma/COPD (31.4%), and mental illness (23.5%) and other chronic disease (35%). Findings indicate the need for promoting clinic services at the PHCIs.

- **Effectiveness of the pilot reform**
  - As per the baseline survey, nearly a third (33%) of patients diagnosed with diabetes mellitus and 42% diagnosed with hypertension living in the cluster catchment areas seek care at the cluster linked PHCs. Lesser numbers have accessed for respiratory diseases (28%), ischemic heart disease (20.3%) and mental health (12%).

  - For the cluster to effectively perform in providing above services and attract more clients there are several components that have to be completed. The infrastructure (clinic and hospital physical spaces, furniture, communication systems, hospital transport such as ambulance services, and supply chains), human resources (cadres, capacity building), health and non-health products, finances etc. all have to be in place.

  - The baseline survey observed that across clusters capacity building in the proposed fields of primary healthcare/family medicine, health care waste management, and use of geographic information systems in health planning and management, gender responsiveness and sensitivity in primary care and in infection control have been extremely poor.

  - Training in emergency care, use of PHC guidelines on NCDs, Management of stroke patients have been commenced. The Apex hospital (Base Hospital) is the overarching clinical institution which has the benefit of being served by experts in different specialties and is responsible in training the staff at PMCIs. Across all clusters only 8.8% have had training in emergency care, 7.9% on use of PHC guidelines for NCDs, and 2.9% on management of stroke patients. Although training in emergency care was commenced some PHCs linked to clusters do not have an emergency tray with the

recommended items. Only 58.8% PHCs across all clusters have an emergency tray with all recommended items.

- Similarly, 7.9% clusters have been trained on use of NCD guidelines but only around 30% PMCs across the nine clusters are able to offer urine full reporting and venous blood glucose testing while serum cholesterol testing is available at OPD/HLC in 48.5%. In order to apply the cardio-vascular disease risk assessment blood needs to be tested for glucose and cholesterol. A CVD risk assessment cannot be done without the results of both these parameters. Full blood count (FBC) is the basic test that has to be done when suspecting dengue fever and this facility is only available in about a third of all PHC linked clusters.

- **Supply chain**
  - Further, medical equipment should be made available to the PHC units as per the service expected of them to perform.

  - Following medical equipment are available at PHC linked to the cluster system under study nebulizers (88.2%), defibrillators (29.4%), cardiac monitors (41.2%) and oxygen cylinders (66.2%). e.g. in Thambuttegama and Medirigiriya, only 57.1% and 20% cluster linked PHCs respectively had oxygen cylinders. In Bibile, all PHCs linked to the cluster were equipped with nebulizers but only 50% of the PHCs had defibrillators, cardiac monitors and oxygen cylinders. This inequality could be addressed by identifying priorities e.g. oxygen cylinders and providing all cluster PHCs oxygen cylinders as it's a basic requirement. Supplying other equipment could be on patient load, available resources at the individual PHC.

  - The M&E officer of each province should include the status of all these variables in the quarterly report.

- **Nutriton services to children, adults and elderly**
  - Provision of dietary counseling to children, adults and elderly, provision of family planning services as defined in the Essential Services Package are interventions identified in the project.

  - Across all nine clusters, this service is provided at 77.9% of PHCs for adults and 44.1% of PHCs for the elderly. Nearly 90% of PHCs linked to clusters in target provinces provide nutrition services to children, which includes growth monitoring, or diagnosis and treatment of malnutrition in children under 5 years. NCP, CP, Uva provinces are providing this service in most of the PHCs linked to clusters, however provision is low in Kahawatte with only 62.5% PHCs linked to the cluster is providing this service.

  - Almost 81% of cluster linked PMCs provide elderly care services. In Medirigiriya, Welimada, Bibile and Karawanella almost all the PMCs linked to clusters are providing elderly care. In Dambulla only 25% of PMCs linked to the cluster are providing elderly

care. However except in the Teldeniya cluster all the clusters, nutrition service provision to elderly is lower compared to the adults.

- Only 54.4% of cluster linked PMCUs and DH provide family planning services as defined in the ESP. Only 100% of PMCs linked to Thambuttegama cluster is providing FP services as defined in the ESP. The national contraceptive prevalence rate has been stagnating for almost a decade and fluctuates between 68-65% from 2012 to 2019 and the DHS 2016 has highlighted the sub national disparities.

- Chronic NCD related risk factor reduction programmes are also addressed in this project. The baseline survey observed that 7.2 % of the catchment area population have attended NCD risk factor prevention programs conducted by the MOHs in consultation with the PHCs. Highest has been in Karawanella (17%) and lowest in Medirigiriya (1.3%). About 9.4 % of female and 2.8% of male adult population over 35 years living in the catchment areas, are using the HLC centres located in the cluster linked facilities for NCD risk factor services.

- **Gender and disability sensitive activities**

  The baseline survey observed that the following civil works have taken place.

  - The baseline survey observed that gender sensitive washroom facilities (separate facilities for males and females) are made available at 54.4% PMCIs across all 9 clusters. In the NCP- Thambuttegama (71.6%) as opposed to 20% of Medirigiriya cluster PHCs were providing these facilities. In Sabaragamuwa province: Karawanella (89%) and Kahawatte (62.5%) were able to establish gender sensitive washroom facilities. In the Uva province, PHCI in Bibile were providing these facilities to 16.7% and a higher number in Welimada (50%). In the central province only about half of the PHCI across all three clusters were providing this facility.

  - Across all clusters only 4.4% PHCI had separate changing areas for females and males and 36.8% always maintained privacy during consultations with health personnel

  - The baseline survey observed that provision of disability friendly services at PHCI linked to clusters were poor. These facilities are not provided in 5 out of 9 clusters. Only 10.3% of PHCI linked to the nine clusters have disability friendly toilets. Providing these facilities have been initiated only in the following clusters Dambulla (25%), Rikillagaskada (22.2%), Welimada (12.5%) and Kahawatte (25%).

  - Across the nine clusters, physiotherapy services are available only in 13.2% PHCs linked to clusters. The highest availability was in the Medirigiriya cluster with 20% of PHCs linked to the cluster having physiotherapy services while the lowest was in Karawanella (11.1%).

- **Health information technology system**
  - The project aims to improve the electronic data management system. At the time baseline survey, none of PMCUs and DHs linked to a cluster used electronic patient information sharing system across the cluster facilities. Out of the 9 clusters only 14.3% of PHC in Thambuttegama cluster are having the e-MIS. Only 7.5% of clusters were issued with UIC. Dambulla, Welimada and Kahawatte were not issued with UICs. Only 2.9 % of PHCs linked to the clusters report on gender disaggregated data to the provinces and districts (Teldeniya 12.5% and Karawanella 11.5%). Only 2.9% of clusters were sending data on notifiable diseases via the electronic system. Only Thambuttegama cluster (14.3%) and Teldeniya (12.5%) cluster have commenced sending notifiable disease surveillance information via an electronic system. The reason probably is because Teldeniya was supported by JICA project to establish an electronic information management system.

  - Nearly a third (33.2%) of patients diagnosed with diabetes mellitus and 42% diagnosed with hypertension living in the cluster catchment areas seek care at the cluster linked PHCs. Lesser numbers have accessed PHCI for respiratory diseases (28%), ischemic heart disease (20.3%) and mental health (12%).

  - The culture of by-passing the primary healthcare system could be mitigated through improving clinical services to the satisfaction of people and thereby enhancing retention of people. Across the clusters, 56.6% of users have been satisfied overall with the services provided to them. It ranges from 49.2% in Teldeniya to 61% in Thambuttegama. There has been 33.2 % of diabetic patients and 41.7% of hypertension patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs.

  - A 10.8% re-admission rate due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension) was noted across all PHCs linked to clusters. The factors to improve these services should be studied per cluster to provide maximum benefit to the people.

  - Further, when patients have confidence in the system an increase in accessing the services provided closer to their homes could be expected which would reduce the out of pocket patient expenditure. It was observed that across all clusters 6.3% of households had higher than 40% household expenditure on health care. The highest, was observed in the Medirigiriya cluster (15.8%) and the least in Rikillagaskade (1.5%) and Welimada (1.5%). The baseline survey results will not be able to explain the actual reasons for example, Rikillagaskade cluster served nearly 83% patients with diabetes and 44% with hypertension whereas Medirigiriya did not serve such a large clientele. An in-depth study is needed to throw light on the actual reasons as there are several service related and patient related factors which determine the improvement to accessibility.

- **Others**
  - There was high prevalence of asthma, especially in children. But exact reasons are unknown. Thus, we suggest an in-depth survey or case control study to find the risk factors and also develop guidelines for management of asthma at PMCIs.

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Annex 1 – Indicator Score

PHC User Survey – Scoring scheme and Cut-offs

A. Awareness

Awareness domains

I. Awareness of investigations (14 questions)– Total score 14 – Cut off 10 (70%)

1. Full blood count for suspected dengue fever 4.1.1
2. Blood tests to screen for diabetes mellitus 4.1.2
3. Blood tests for serum cholesterol levels 4.1.3
4. Blood test for malaria 4.1.4
5. Urine full report 4.1.5
6. Body Mass Index 4.1.6
7. Blood pressure 4.1.7
8. ECG 4.1.8
9. Breast examination 4.1.9
10. Pap smear 4.1.10
11. X-ray 4.1.11
12. Sputum test for tuberculosis 4.1.12
13. HIV /AIDS 4.1.13
14. Leprosy 4.1.14

II. Awareness of preventive and curative care services (10 questions)– Total score 10 – Cut off 7 (70%)

1. Treatment for mild/moderate cases of respiratory infections, asthma and diarrhea in children 4.1.15
2. Suturing for a laceration / cut injury 4.1.16
3. Incision and drainage of an abscess 4.1.17
4. Family planning services like IUCD, DMPA and sub-dermal implants 4.1.18
5. Immunization clinics providing immunization for children and adolescents 4.1.19
6. Basic dental care services 4.1.20
7. Follow up care for patients with hypertension 4.1.21
8. Follow up care for patients with diabetes mellitus 4.1.22
9. Follow up care for uncomplicated mental health problems 4.1.23
10. Referral to higher level institutions for complications on NCDs 4.1.24

III. Awareness of Counseling and advice (5 questions)-Total score 5 – Cut off 3.5 (70%)

1. Mental health counseling 4.1.25
2. Family planning counseling 4.1.26
3. Dietary and lifestyle advice for reducing cardiovascular disease risk 4.1.27
4. HIV counseling 4.1.28
5. Counseling for cancer patients 4.1.29

IV. Awareness of unique ID – 1 question

A unique patient identification number that helps linking all your records in any of the cluster linked hospitals 4.1.30

Overall Awareness (30 questions) – Cut off 21 (70%)

B. Satisfaction

Total score -10 questions X 5 marks = 50, Cut off 35 (70%)

1. Availability of an adequate number of service providers :: (Answer) - 3.1.1
2. Competency of the service providers (e.g. doctors) to mange your health condition :: (Answer) - 3.1.2
3. Availability of required investigation facilities :: (Answer) - 3.1.3
4. Availability of medicines :: (Answer) - 3.1.4
5. Availability of equipment needed for patient care E.g. Nebulizers, Oxygen :: (Answer) - 3.1.5
6. Availability of facilities for medical / surgical procedures (e.g. wound dressing / suturing) :: (Answer) - 3.1.6
7. System to refer the patient to a higher level of care when needed :: (Answer) - 3.1.7
8. Overall safety of the services provided by the facility :: (Answer) - 3.1.8
9. Overall quality of the services provided by the facility :: (Answer) - 3.1.9
10. Overall satisfaction about your experience at this health facility :: (Answer) - 3.1.10

C. Responsiveness

Total responsiveness score 33 questions*5 = 165 Cut off 70% (115.5)

Unique ID Issued – single question (analysed separately)

1. Time taken to reach this hospital :: (Answer) - 2.1.1
2. Were you issued a unique identification number (similar to an ID number) to be used when accessing health services :: (Answer) - 2.1.2
3. Directions given as sign boards in the hospital premises for you to find your destination :: (Answer) - 2.1.3
4. Waiting time to be seen by the doctor :: (Answer) - 2.1.4
5. Waiting time to get the investigations done :: (Answer) - 2.1.5
6. Helpfulness of the staff at the laboratory :: (Answer) - 2.1.6
7. Helpfulness of the staff at the radiology unit (X ray room) :: (Answer) - 2.1.7
8. Helpfulness of the staff at the pharmacy :: (Answer) - 2.1.8
9. Convenience of the clinic / OPD hours to you :: (Answer) - 2.1.9
10. Overall time spent on this hospital visit :: (Answer) - 2.1.10
11. Being treated with dignity by the service provider (e.g. doctor) :: (Answer) - 2.1.11
12. Being treated with dignity by the nursing staff :: (Answer) - 2.1.12
13. Being treated with dignity by other staff (e.g. health assistants) :: (Answer) - 2.1.13
14. Being treated with kindness :: (Answer) - 2.1.14
15. Being treated in a way that is appropriate for your culture and religion :: (Answer) - 2.1.15
16. Information given by the doctor on your health condition :: (Answer) - 2.1.16
17. Information given on the management of your condition :: (Answer) - 2.1.17
18. Ability to clarify your doubts by asking questions from the doctor :: (Answer) - 2.1.18
19. Extent the doctor / health provider listened to you :: (Answer) - 2.1.19
20. Doctor considering your opinion also on deciding your management :: (Answer) - 2.1.20
21. Adequacy and quality of seating facilities in the waiting areas :: (Answer) - 2.1.21

22. Facilities for examination of patients :: (Answer) - 2.1.22
23. Overall cleanliness of the facility :: (Answer) - 2.1.23
24. Toilet facilities :: (Answer) - 2.1.24
25. pace and ventilation of the facility :: (Answer) - 2.1.25
26. Ability to have a family member present during consultation / examination :: (Answer) - 2.1.26
27. Privacy during the consultation :: (Answer) - 2.1.27
28. Privacy during examination and preparation for examination (e.g. changing clothes) :: (Answer) - 2.1.28
29. Maintaining confidentiality of the information about your illness :: (Answer) - 2.1.29
30. Ensuring safety from any accident or physical harm within the premises :: (Answer) - 2.1.30
31. Measures to protect from contracting any infectious diseases :: (Answer) - 2.1.31
32. Availability of a place with privacy to breastfeed a baby :: (Answer) - 2.1.32
33. Availability of safe drinking water :: (Answer) - 2.1.33
34. Waiting time to get the medicines :: (Answer) - 2.1.34

D. Gender Equity (6 questions) – 6.1.2 to 6.1.7 – Analysed separately

E. Attitudes

Total Attitude score = 11 items x5= 55, Cut off – 38.5 (70%)

Health care workers in PHC facilities are as competent as those in larger hospitals :: (Answer) - 5.1.1

Primary health care services are a good way of providing care for uncomplicated health problems in nearby facilities :: (Answer) - 5.1.2

Uncomplicated diabetes mellitus can be effectively followed up at primary health care facilities :: (Answer) - 5.1.3

Uncomplicated hypertension can be effectively followed up at primary health care facilities :: (Answer) - 5.1.4

I think the nearby primary care hospital provides good care for my for minor illnesses :: (Answer) - 5.1.5

If my health problem is complicated there is an effective system to refer me to a higher level institution :: (Answer) - 5.1.6

Since there is a method to link all my health records, there is better continuity of care :: (Answer) - 5.1.7

In case of an emergency, I would opt to go to the nearby primary care hospital than to a larger hospital far away. :: (Answer) - 5.1.8

Appearance and the environment of the primary care hospital make me feel like going there. :: (Answer) - 5.1.9

Smaller hospitals that come under Primary Health Care facilities are usually poor in resources and facilities to provide services expected from them :: (Answer) - 5.1.10

Building and maintaining PHC facilities is a waste of resources :: (Answer) - 5.1.11

Annex 2 – Household Questionnaire

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT

Household Questionnaire

Serial Number	
Date of Survey	dd/mm/yyyy

Part 1: Registration Page

Instructions: Interview the most knowledgeable person in the household

1.1 Household identification and location		
1.1.1	Household ID	(auto generated number)
1.1.2	GPS (latitude)	(autocapture)
1.1.3	GPS (longitude)	(autocapture)
1.1.4	District	(drop down will appear)
1.1.5	Divisional Secretary division	(drop down will appear)
1.1.6	Medical Officer of Health area	(Drop down will appear)
1.1.7	Public Health Midwife area	
1.1.8	*Grama Niladhari* division	(this will appear from the sample)
1.1.9	Assigned PHC for the area	(this will appear from the sample)
1.1.10.1 1.1.10.2 1.1.10.3 1.1.10.4	Household address	Number, Street/division Village /estate town

1.2 Instructions: List all individuals who has been living in this household during the **last 3 months** (from the youngest to oldest)

Enter each person's name, age, and whether a female or male

Line No. (auto)	Name	Age	Sex (F/M)	Selected for survey (tick off)

1.2 Summary of household members (System to summarize automatically)

No.	Question	Males (No.)	Females (No.)	Total
1.2.1	All individuals			
1.2.2	Less than 5 years			
1.2.3	5-18 years			
1.2.4	19-34 years			
1.2.5	35-64 years			
1.2.6	65 years and above			
1.2.7	15-49 years female			

Part 2: Household Characteristics

Instructions: Interview the most knowledgeable person in the household (The enumerator may confirm certain information through observations)

2.1. Characteristics of Household		
2.1.1	Ownership of residence	1. Family owned 2. Rented 3. Quarters 4. Estate house 5. Other
2.1.2	Number of occupants	
2.1.3	Number of bedrooms	
2.1.4	Main Material used for walls	1. Bricks 2. Stones 3. Cement Blocks 4. Cabook 5. Pressed soil blocks 6. Mud 7. Plank 8. Metal sheet 9. Cadjan
2.1.5	Main Type of roofing used	1. Tiles 2. Asbestos 3. Concrete 4. Metal sheet 5. Tar sheet 6. Cardboard 7. Cadjan/ Palmyrah / Straw
2.1.6	Main Type of flooring used	1. Tiles 2. Terazzo 3. Polished wood 4. Cement 5. Concrete 6. Wood or Bamboo 7. Dung 8. Sand
2.1.7	Main type of cooking fuel used	1. Electricity 2. LPG 3. Kerosene 4. Wood 5. Saw dust or Paddy husk 6. Other
2.1.8	What is the main source of water for drinking purposes in this household? (In case of tap water look for the source)	1. Protected dug well 2. Unprotected dug well 3. Pipe-born water to dwelling (Water Board) 4. Pipe-born water (community water projects) 5. Public tap 6. Tube well 7. Bowser 8. River/ tank / spring / stream 9. Rain water 10. Bottled water

2.1.9	What is the type of latrine of this household?	1. Water sealed toilet connected to sewerage system 2. Water sealed toilet with septic tank 3. Water sealed toilet without sewerage system or septic tank 4. Pit latrine 5. No toilet facilities for the household
2.1.10	Who uses the latrine?	1. Visitors only 2. Household members 3. Shared with neighbours
2.1.11	What are the ways of disposing wastes in this household (multiple responses allowed)	1. Dumping on the premises 2. Burning 3. Burying 4. Dumping on the road 5. Handing over to truck 6. Segregate and recycle 7. Composting of organic refuse
2.1.12	Is there a chimney or a system to remove the smoke in the kitchen	Yes/ No
2.1.13	Does anyone smoke cigarettes or any tobacco products (e.g. beedi) inside the house?	Yes/ No
2.1.14	Household Assets (Does your household have, 1. Clock 2. Electricity 3. Solar power 4. Radio 5. Television 6. Mobile phone (Standard or Smart phone) 7. Land phone 8. Refrigerator 9. Computer (Laptop/ Tab/Desktop) 10. Internet facilities	Yes / No
2.1.15	Household transport: Does anyone in your family own? 1. Push Bicycle 2. Motor cycle/Scooter 3. Trishaw 4. Tractor / Land master 5. Motor car / Van / Bus / Lorry / truck 6. Motor boat	Yes / No
2.1.16	What are the sources of your household income? (multiple responses allowed)	1. Wages 2. Business / Rented property 3. Selling crops / agricultural products 4. Self-employment 5. Interest on savings 6. Loans 7. Others
2.1.17	What is your total household income during the last month?	1. <10,000 2. 10000-20,000 3. 20,000-50,000 4. 50,000-100,000 5. >100,000

2.2. Health care facilities		
2.2.1	How frequently do your household members utilize health services of the assigned Primary Health Care Centre (name) ?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
2.2.2	Distance to the assigned Primary Health Care Centre (name) (km)	[include one decimal]
2.2.3	The last time you visited this facility how did you travel?	1. Bus (or public transport) 2. Hired vehicle 3. Own vehicle 4. Motorcycle/ scooter 5. Push bicycle 6. On foot 7. Never visited
2.2.4	Cost of travel to the assigned Primary Health Care Centre (name) per visit	
2.2.5	How frequently do your household members utilize health services of any other government health care centre ? (Other than the assigned Primary Health Care Centre and Medical Officer of Health clinics)	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
2.2.6	How frequently do your household members utilize the services of a private medical centres?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never

2.3 Utilization of health care

2.3.1 to 2.3.10 Can you tell me whether any member of this house obtained health services from the (Name of the assigned PHC) during the past one year?

Line No. (auto)	Name (auto)	a) Obtained health services (tick if Yes)	b) Reason (Select from drop down menu for each person separately; multiple answers possible)
2.3.1		☐	1. Emergency treatment for injury or illness 2. Admission to ward 3. Out Patient Department treatment 4. Healthy Lifestyle Center 5. Well Woman Clinic 6. Medical clinic / Blood pressure checkup 7. Dental clinic 8. Maternal and child health or family planning clinic 9. Laboratory testing / ECG 10. Other services (physiotherapy, kidney disease etc.)
2.3.2		☐	
2.3.3		☐	
2.3.4		☐	
…			
2.3.10			

2.4 Health expenditure

	During the last six months how much money did your family spend on	(Rs.)

2.4.1 2.4.2 2.4.3 2.4.4 2.4.5 2.4.6 2.4.7 2.4.8 2.4.9 2.4.10	following health-related events: 1. Fees to non-specialist private medical practitioners (including medicines) 2. Fees to Ayurvedic practitioners (including medicines) 3. Fees for consulting specialists 4. Investigations 5. Payments to admissions to private hospitals / nursing homes 6. Purchasing medicines and pharmaceuticals 7. Spectacles and other appliances (eg urinary catheters) 8. Traveling for health care 9. Cost of bystanders / food etc. during illness episode 10. Income lost due to illness and health care visits	1. …… 2. …… 3. …… 4. …… 5. …… 6. …… 7. …… 8. …… 9. …… 10. ……

2.4.11	During the last six months, was any amount of your family's health care expenditure covered by any other party (e.g. personal insurance, company insurance, welfare)?	Yes / No **(if 'No' skip to 2.4.14)**
2.4.12	If yes, what was the source of such funds, which covered your health care expenses?	1. Personal insurance 2. Company insurance 3. Welfare society 4. Family member living outside home 5. Other
2.4.13	How much of your family's health care expenditure last three months was covered by any other party?	Rs.
2.4.14	What is the average monthly consumption expenditure of the household in normal times?	Rs.

2.5 Awareness and Attitudes regarding availability of services of the Primary Healthcare Centre (PHC). PHC in this survey means a Primary Medical Care Unit, a Divisional Hospital or an Out-Patient Department in a Base Hospital

2.5.1	This set of questions is about the (The Name of the assigned PHC institution) in your area	……(appear automatically) (This can be a Primary Medical Care Unit, Divisional Hospital or a Base Hospital)
2.5.2	Are you aware of the services of this Primary Health Care institution?	Yes - **Skip to 2.5.5** No
2.5.3	If not, are you aware about the services of another PHC that people in this area usually seek care ?	Yes No – **Skip to Part 3**
2.5.4	What is the name of that PHC?	……

2.5.5	Are you aware that the following services are available at the Primary Health Care centre? (name of the PHC as in 2.5.1 or 2.5.4)?	1. OPD treatment for minor physical illness E.g. fever, cough, diarrhoea etc.
		2. Emergency treatment services E.g. Accidental injuries, worsening of asthma
		3. Healthy Lifestyle Centre / screening services for Non Communicable Diseases such as high blood pressure, diabetes

		4. Screening for Chronic Kidney Disease	
		5. Clinic follow up for patients with Non Communicable Diseases	
		6. Basic laboratory testing E.g. Full Blood Count, Blood Sugar, Urine Full Report	
		7. ECG test	
		8. Dental services	
		9. Admission to ward	
		10. Possibility of sending a patient to a higher level hospital with relevant specialists	
		11. Possibility of sending a patient or his/her specimens to a higher center for an investigation like MRI/CT scan, or biopsy reports etc.	
		12. Possibility of retrieving patient records through an interlinked computer system, enabling continued care	
	Indicate to what extent you would agree with the following statements with regard to services of the (name of PHC). Mark 'Not Applicable' if you have no experience in using the PHC		
2.6.1	I believe that the PHC in my area (name of PHC) is providing a good quality service	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.2	I would opt to go to the PHC institution in my area in case of a medical emergency	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.3	PHC institution close to my home has adequate facilities to treat my acute illnesses	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.4	Basic medical equipment needed for patient care are available in the PHC institution in my area	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.5	PHC institution in my area have adequate staff	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.6	Staff in the PHC institution in my area are capable and motivated	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.7	Staff in the PHC institution in my area served me with dedication	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.8	My health records can be accessed through the computer even from other hospitals so it is very useful when I have to visit other institutions for care	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.9	I feel that the PHC institution in my area has become attractive to the people	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.10	PHC institution in my area has a good system to refer me to a larger hospital when needed	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.11	I don't like to visit the PHC institution because of it's poor outward appearance	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.12	Most of the basic lab tests are not available in the PHC institution in my area	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.13	I think the PHC institution does not have an adequate supply of drugs	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable	
2.6.14	I don't believe that the PHC institution provide	Strongly agree / agree / neutral / disagree/	

	good care, so I would directly visit the larger hospitals	strongly disagree / Not applicable
2.6.15	I don't like to visit this health institution because I feel discriminated	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable
2.6.16	I think the staff in this facility has no concern for patients, so I go to the private sector.	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable
2.6.17	I don't like to visit this facility because of long waiting hours	Strongly agree / agree / neutral / disagree/ strongly disagree / Not applicable

Part 3: Child under 5 years (If there are no children under 5 years, skip to Part 4)

Instructions: Interview the mother/care giver of the youngest child under 5 years of age.

3.1.1	Line number of the child from household list	
3.1.2	Line number of the mother from household list	
3.1.3	Age (in months)	
3.1.4	Gender	Male / Female
3.1.5	Who are the caregivers of this child at home? (multiple responses allowed)	1) Mother 2) Father 3) Grandparent(s) 4) Others
3.1.6	From whom do you get advice regarding a place to go for health care when your child is sick? (multiple responses allowed)	1) None 2) Father 3) Grand parents 4) Other relatives 5) Public Health Midwife 6) Others _____
3.1.7 3.1.8 3.1.9 3.1.10 3.1.11 3.1.12 3.1.13 3.1.14 3.1.15	Is the child suffering from any of the following long-term health problems? 1. Bronchial asthma / recurrent wheeze 2. Recurrent urinary infection 3. Kidney disease 4. Cerebral palsy (movement disability caused by brain damage in early life) / developmental delay 5. Heart disease 6. Epilepsy / Fits 7. Psychological / behavioural disorders 8. Chronic malnutrition 9. Other (specify) _____	Yes / No [to be verified by inspecting diagnosis card, heath records or prescriptions]
3.1.16	Is the child being followed up at a clinic regularly for any of the long-term health problems?	Yes No **[Skip to 3.1.19]**
3.1.17	What is the name of the clinic?	
3.1.18	Where is the clinic child being followed up for the long-term health problem?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital

		7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
3.1.19	Is the child having any disabling condition that requires long term disability care?	Yes No **[Skip to 3.1.23]**
3.1.20	If yes, what is the disabling condition child is having? [to be verified by inspecting diagnosis card, heath records or prescriptions]	1. Cerebral palsy / Neurological disease 2. Joint disease 3. Psychological / behavioural disorder 4. Speech / Hearing defect 5. Other (specify)
3.1.21	What are the disability services required by the child?	1. Physiotherapy 2. Speech therapy 3. Occupational therapy 4. Other (specify)
3.1.22	From where does the child obtain the disability care services?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
3.1.23	Did the child experience any acute illness requiring out-patient treatment (but not requiring hospital admission) during the past six months?	Yes No **[Skip to 3.1.27]**
3.1.24	How many acute episodes did the child experience during the past 6 months?	
3.1.25	What was the condition the child was suffering from (at the last episode)?	1. Fever 2. Cough and cold 3. Exacerbation of asthma 4. Diarrhoea 5. Skin disease 6. Dental treatment 7. Other (specify)
3.1.26	Where was the child treated for the acute illness episodes? (If multiple episodes refer to the last episode)	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice

		10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
3.1.27	Did the child experience any illness (acute illness or exacerbation of chronic illness) requiring hospital admission during the past three months?	Yes No **[Skip to 3.1.33]**
3.1.28	How many such hospitalization episodes did the child experience during the past 3 months?	Numeral
3.1.29	What was the illness the child was suffering from, during the last hospitalization episode?	1. Viral /Dengue fever 2. Respiratory disease 3. Diarrhoea / gastro intestinal disease 4. Heart disease 5. Arthritis / Joint disease 6. Neurological disease 7. Kidney disease 8. Other (specify)
3.1.30	Where did the child initially present to, during the last hospitalization episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
3.1.31	Where was the child admitted and treated during last the hospitalization episode?	1. Divisional Hospital (Assigned for the area) 2. Divisional Hospital (Not assigned for the area) 3. Base Hospital 4. District / Provincial General Hospital 5. Teaching Hospital 6. Private Hospital 7. Ayurvedic clinic or hospital 8. Other
3.1.32	Did the child need to be readmitted for the same illness within 30 days of discharge from hospital?	Yes / No
3.1.33	Did the child experience any illness / injury requiring emergency care during the past six months?	Yes No **[Skip to 3.1.27]**
3.1.34	How many such emergency episodes did the child experience during the past 6 months?	Numeral

3.1.35	What was the last emergency treatment episode?	1. Exacerbation of asthma 2. Epileptic attack / fits 3. Allergy 4. Accidental injury 5. Other (specify)
3.1.36	Where was the child treated for the most recent emergency episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
Following questions are only for those who have attended any primary health care centre for preventive services.		
3.1.37 3.1.38 3.1.39 3.1.40 3.1.41	From which of the following facilities did you receive nutrition advice regarding appropriate feeding of your baby? 1. Primary Medical Care Unit 2. Divisional Hospital 3. Base Hospital 4. MOH clinic / Public Health Midwife 5. Other (specify)	Received / Not received / Not attended this facility
3.1.42 3.1.43 3.1.44 3.1.45 3.1.46	From which of the following facilities did your child receive immunization? 1. Primary Medical Care Unit 2. Divisional Hospital 3. Base Hospital 4. MOH clinic 5. Other (specify)	Received / Not received / Not attended this facility

Part 4: Females of the reproductive age group (15-49 years) [If there are no females in the 15-49 years age group, skip to Part 5)

4.1.1	Line number of the female person from the household list	
4.1.1	Age	
4.1.2	Marital status	1. Unmarried **(If unmarried skip to 4.1.10)** 2. Currently married / living together 3. Widowed **4.** Divorced / Separated
4.1.3	If ever married, Number of pregnancies	number **(If never pregnant skip to 4.1.10)**
4.1.4	If ever married, Number of children	Open ended number
4.1.5	During the antenatal period did you visit the PMCU/DH in your area	Yes/No - **If No, skip to 4.1.7**
4.1.6	During that antenatal period were the following tests done in your PMCU/DH [To be verified with Pregnancy Record] 1. Anaemia (Haemoglobin) 2. Diabetes (blood sugar) 3. Blood pressure 4. HIV	Yes/ No
4.1.7	When did you have your last childbirth	(Year)
4.1.8	Where did you deliver the baby	2. Divisional Hospital 3. Base Hospital 4. District / Provincial General Hospital 5. Teaching Hospital 9. Private Hospital 10. Ayurvedic hospital 11. Other (specify)
4.1.9	Mode of delivery	1. Vaginal 2. Caesarean
If the participant **is 35 years or older**, administer the following questions on well-woman clinic utilization, **if not move to question 4.1.20**		
4.1.10	Are you 35 years or older?	Yes / No **(If No Skip to Section 4.1.20)**
4.1.11	Have you heard about the Well Woman Clinic?	Yes / No **(If No Skip to Section 4.1.20)**
4.1.12	When was the last time you attended Well Woman Clinic	1. Less than 1 year ago 2. 1-2 years back 3. 3-5 years back 4. More than 5 years back
4.1.13	If yes, where have you attended the well woman clinic / undergone screening?	1. MOH office 2. PMCU / DH 3. Private sector 4. Other (specify)
4.1.14	At the Well Woman Clinic have you ever undergone	

	screening for breast cancer	Yes / No **(if 'no' skip to 4.1.16)**
4.1.15	Were you referred to any other center after the results	1. Government Hospital 2. Private hospital 3. Other (Specify)
4.1.16	At the Well Woman Clinic have you ever undergone screening for Cervical cancer	Yes / No **(if 'no' skip to 4.1.18)**
4.1.17	Were you referred to any other center after the results	1 Government Hospital 2 Private hospital 3. Other (Specify)
4.1.18	How did you know about the Well Woman Clinic	1. Friends/ relatives / Neighbours 2. PHM 3. Health Staff at PHC 4. Other (Specify)
4.1.19	Are you satisfied with the service you got from the Well Woman Clinic	1. Highly satisfied 2. Satisfied 3. Not sure 4. Unsatisfied 5. Highly unsatisfied
If the participant **is married or cohabiting**, administer the following questions on family planning.		
4.1.20	Are you married or living together?	Yes No **[Skip to Part 5]**
4.1.21	Are you/ your partner currently using a modern family planning method?	Yes No **[Skip to Part 5]** No, expecting a baby **[Skip to Part 5]**
4.1.22	If yes, what is the method of family planning that you or your partner is using at present? (Interviewer should check with the Family Planning Clinic card)	1. LRT 2. Male sterilization 3. Oral contraceptive pills 4. Hormonal implant (e.g. Jadelle) 5. DMPA injections 6. IUCD / Copper T / Loop 7. Condoms 8. Other (specify)
4.1.23	From where do you obtain family planning services? (multiple responses allowed)	1. MOH clinic 2. PMCU / DH 3. Private sector 4. Other (specify)

Part 5: Child 5-17 years of age [If there are **no children 5-17 years** of age, **Skip to Part 6**]

Instructions: Select **one child** of 5-17 years of age and interview the mother of the child.

5.1.1	Line number of child from household list	
5.1.2	Line number of mother from household list	
5.1.1	Age	
5.1.2	Sex	Male / Female
5.1.3	Schooling status	1. Currently schooling 2. Out of school studying 3. Out of school employed 4. Out of school not occupied
5.1.4 5.1.5 5.1.6 5.1.7 5.1.8 5.1.9 5.1.10 5.1.11 5.1.12	Is the child suffering from any of the following long-term health problems: 1. Bronchial asthma 2. Kidney disease 3. Disability from birth / developmental delay 4. Heart disease 5. Epilepsy 6. Psychological / behavioural disorders 7. Thalassemia 8. Cancers / Leukemia 9. Other (specify)_____	1. Yes (Health record) 2. Yes (told by mother) 3. No
5.1.13	Is the child being followed up regularly for any of the long-term health problems?	Yes / **No (If No, skip to 5.1.15)**
5.1.14	Where is the child being followed up for the long-term health problem?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
5.1.15	Is the child having any disabling condition that requires long-term disability care?	Yes / No **(If No, skip to 5.1.19)**
5.1.16	If yes, what is the condition child is having?	1. Cerebral palsy / Neurological disease 2. Joint disease 3. Psychological / behavioural disorder 4. Speech / Hearing defect 5. Other (specify)_____
5.1.17	What are the disability services required by the child?	1. Physiotherapy 2. Speech therapy 3. Occupational therapy 4. Other (specify)_____

5.1.18	From where does the child obtain the disability care services?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
5.1.19	Did the child experience any acute illness requiring out-patient treatment (but not hospital admission) during the past one year?	Yes / No **(If No, skip to 5.1.23)**
5.1.20	How many acute episodes did the child experience during the past one year?	Open ended
5.1.21	What was the condition the child was suffering from (at the last episode)?	1. Fever 2. Cough and cold 3. Severe attack of asthma 4. Diarrhoea 5. Skin disease 6. Dental treatment 7. Other (specify)_____
5.1.22	Where was the child treated for the acute illness episodes? (If multiple episodes refer to the last episode)	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
5.1.23	Did the child experience any illness (acute illness or exacerbation of chronic illness) requiring hospital admission during the past the past one year?	Yes / No **(If No, skip to 5.1.29)**
5.1.24	How many such hospitalization episodes did the child experience during the past one year ?	
5.1.25	What was the illness the child was suffering from, during the last hospitalization episode?	1. Viral /Dengue fever 2. Respiratory disease 3. Diarrhoea / gastro intestinal disease 4. Heart disease

		5. Arthritis / Joint disease 6. Neurological disease 7. Kidney disease 8. Other (specify)_____
5.1.26	Where did the child initially present to, during the last hospitalization episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
5.1.27	Where was the child admitted and treated during last the hospitalization episode?	1. Divisional Hospital (Assigned for the area) 2. Divisional Hospital (Not assigned for the area) 3. Base Hospital 4. District / Provincial General Hospital 5. Teaching Hospital 6. Private Hospital 7. Ayurvedic clinic or hospital 8. Other
5.1.28	Did the child need to be readmitted for the same illness within 30 days of discharge from hospital?	Yes / No
5.1.29	Did the child experience any illness / injury requiring emergency care during the past six months?	Yes / No **(If No, skip to 5.1.33)**
5.1.30	How many such emergency episodes did the child experience during the past 6 months?	
5.1.31	What was the last emergency treatment episode?	1. Exacerbation of asthma 2. Epileptic attack / fits 3. Allergy 4. Accidental injury 5. Other (specify)_____

5.1.32	Where was the child treated for the most recent emergency episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. Other
5.1.33	In a typical week, on how many days does he/she eat fruit?	Open ended
5.1.34	In a typical week, on how many days does he/she eat vegetables?	Open ended
5.1.35	How often does he/she eat processed food high in salt and fat such as sausages, chips, bites, salted biscuits?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
5.1.36	How often does he/she consume sugar sweetened beverages ?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
	The following questions are applicable to those **aged 13-17 years ONLY**	**SKIP to Part 6** If the age is **less than 13 years**
5.1.37	Is the child's age between 13 to 17 years?	Yes No (Skip to Section 6)
5.1.38	Has the 13-17 year old child ever smoked either with a tobacco product or any other product?	Yes / No / Don't know
5.1.39	Does the 13-17 year old child consume any alcohol within the past 30 days?	Yes / No / Don't know

Part 6: Adult 18-65 years [If there are **no adults in 18-65 years** age group, **skip to Part 7**]

Instructions: **Select 2 adults** per household representing different age groups (18-34, 35-64 years, 64-65) and sex in the cluster and administer the questionnaire to that person / knowledgeable informant

6.1.1	Line number of the adult person in the household list		
6.1.2	Age		
6.1.3	Gender		Male / Female
6.1.4	Employment status	1. Employed full time 2. Employed part time 3. Retired 4. Unemployed	
6.1.5	Marital status	1. Single 2. Married 3. Separated 4. Widowed	
6.1.6	Is (Name of the selected person) having any chronic disease?	Yes / No	
	State whether he/she is having any of the chronic diseases mentioned here and on regular clinic follow up? (Check medical records and indicate whether the disease is present)		
6.2.1	Diabetes Mellitus	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.2)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.2)
		Place of follow up	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. other
		Frequency of Follow up	
6.2.2	Hypertension	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.3)
		If yes, newly detected during the past one year?	Yes / No

		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.3)
		Place of follow up	**(add same options as above)**
		Frequency of Follow up	
6.2.3	Dyslipidaemia / high cholesterol	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.4)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.4)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.4	Ischaemic heart disease	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.5)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.5)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.5	Stroke	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.6)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.6)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.6	Asthma / COPD	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.7)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.7)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.7	Mental illness	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.8)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.8)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.8	Chronic Kidney Disease	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.9)
		If yes, newly detected during the	Yes / No

		past one year?	
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.9)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.9	Cancer	**Ever diagnosed ?**	Yes / No (If No Skip to 6.2.10)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.2.10)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	
6.2.10	Other	**Ever diagnosed ?**	Yes / No (If No Skip to 6.4.1)
		If yes, newly detected during the past one year?	Yes / No
		Whether on regular clinic follow up	Yes / No (If No Skip to 6.4.1)
		Place of follow up	**(add same options as above)**
		Frequency of Follow	

6.3.1	What is the disease you mentioned above as "other"?	
6.4.1	Were the drugs provided from the PHC for the long-standing illness that is being followed-up at the Primary Health Care facility	Yes/ no
6.4.2	Was he/she admitted to a hospital for treatment during the past one year?	Yes / No **(If 'No' Skip to Q 6.4.6)**
6.4.3	If yes, what were the reasons for hospital admission (Answer according to the most recent admission)	1. Diabetes Mellitus 2. Hypertension 3. Dyslipidaemia 4. Ischaemic heart disease 5. Stroke 6. Asthma / COPD / respiratory illness 7. Mental illness 8. Chronic Kidney Disease 9. Cancer 10. Other (Specify)_____
6.4.4	If yes, where was the she/he admitted and treated (Answer according to the most recent admission)	1. Divisional Hospital Assigned for the area 2. Divisional Hospital not assigned for the area 3. Base Hospital 4. District / Provincial General Hospital 5. Teaching Hospital 6. Private Hospital 7. Ayurvedic clinic or hospital 8. Other (specify)_____
6.4.5	Did she/he need to be readmitted (within 30 days of discharge) for the same illness	Yes / No

6.4.6	Did he/she have any health condition needing emergency treatment, during the past one year?	Yes / No **(If no, skip to Q 6.5.1)**
6.4.7	What was the health condition that required most recent **emergency treatment**?	1. Exacerbation of Asthma 2. Chest pain / Angina / heart attack 3. Accidental injury 4. Stroke / Neurological condition 5. Other (specify)_____
6.4.8	Where did he/she present to, with the most recent emergency episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. other
	NCD Risk Factors	
6.5.1	Does he/she currently (last 30 days) smoke any tobacco or other products, such as cigarettes, cigars, Beedee, pipes?	Yes No **(Skip to 6.5.5)**
6.5.2	Does he/she currently smoke daily?	Yes / No
6.5.3	During the past 12 months, have you tried to stop smoking?	Yes / No
6.5.4	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes / No / No visit during the past 12 month
6.5.5	Does he/she currently use any smokeless tobacco products such as [chewing tobacco, betel with tobacco, babul, snuff]?	Yes / No
6.5.6	Has he/he ever consumed any alcohol such as arrack, kasippu, toddy, beer, spirits or wine	Yes No **(Skip to 6.5.10)**
6.5.7	Has he/she consumed any alcohol within the past 30 days?	Yes No **(Skip to 6.5.9)**
6.5.8	During the past 30 days, on how many occasions did he/she have at least one standard alcoholic drink?	1. Daily 2. 5-6 days per week 3. 3-4 days per week 4. 1-2 days per week 5. 1-3 days per month

6.5.9	This question is for those participants who did not drink during the past 12 months, but that have drunk in their lifetime. What are the reasons for him/her to stop drinking alcohol?	1. Harmful effects on health 2. Family or friends pressure 3. Demand by job 4. Advise by doctor 5. Advise by other health staff 6. Other _____
6.5.10	In a typical week, on how many days does he/she eat fruit?	
6.5.11	How many servings of fruit does he/she eat on one of those days?	
6.5.12	During the past 30 days on how many days did he/she eat fruits?	1. Daily 2. 5-6 days per week 3. 3-4 days per week 4. 1-2 days per week 5. 1-3 days per month
6.5.13	In a typical week, on how many days does he/she eat vegetables?	
6.5.14	How many servings of vegetables does he/she eat on one of those days?	
6.5.15	How often does the person who cooks add salt when she/he cooks rice?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
6.5.16	How often does he/she add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
6.5.17	How often does he/she eat processed food high in salt and fat such as sausages, chips, bites, salted biscuits?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
6.5.18	How often does he/she consume sugar-sweetened beverages (e.g. Fanta, Coke)?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
6.5.19	Has he/she attended NCD risk factor prevention programmes conducted by the MOH during the last 12 months?	Yes / No
6.5.20	Has he/she attended the Healthy Lifestyle Center conducted by the PMCU / Divisional hospital of your area, during the past 12 months?	Yes / No
6.5.21	Did he/she receive any dietary modification advice from a Healthy Lifestyle Centre (*Suwa Divi Madhyasthanaya*), or a clinic conducted in a government health institution during the last 12 months?	Yes / No

6.5.22	If yes, what were the facilities	1. HLC at PMCU/Divisional Hospital 2. Clinic PMCU/Divisional Hospital 3. Clinic at a base hospital 4. Clinic at a general / teaching hospital
6.5.23	Did he/she receive any advice to increase your physical activity from a Healthy Lifestyle Centre, or a clinic conducted in a government health institution during the last 12 months?	Yes / No
6.5.24	If yes, what were the facilities	1. HLC at PMCU/Divisional Hospital 2. Clinic PMCU/Divisional Hospital 3. Clinic at a base hospital 4. Clinic at a general / teaching hospital

	From which health institution does he/she usually check the following? Give the latest values (within last six months) for each test.	1. I don't check this 2. Self check at home 3. PMCU 4. Divisional hospital 5. Base hospital 6. General / Teaching hospital 7. Family doctor 8. Ayurvedic doctor 9. Private lab	
6.6.1	**A) Test**	**B) Place of check (mark according to above options)**	**C) Latest value (within 6 months)**
6.6.2	1. Body mass index		
6.6.3	2. Blood pressure		
6.6.4	3. Blood glucose		
6.6.5	4. HbA1c		
6.6.6	5. Serum cholesterol		
6.6.7	6. Lipid profile		
	7. Other		

6.7.1	Was there any effort to maintain in his/her body weight during the last 6 months?	1. None 2. Little 3. To Some extent 4. High 5. Very high
	Has she/he been tested for the following diseases during the past 12 months:	
6.7.2	1. TB	Yes/no
6.7.3	2. HIV	Yes/no
6.7.4	3. Malaria	Yes/no
6.7.5	4. Leprosy	Yes/no
6.7.6	Has he / she undergone filtering of blood due to kidney disease	Yes/no
	Has he/she undergone any of the following surgeries	Yes/no
6.7.7	1. Removal/replacement of eye lens (due whitening of it)	Yes/no
6.7.8	2. Stenting of by-pass surgery in heart	Yes/no
6.7.9	3. Kidney transplant	Yes/no

Physical activity (Click here for the template for standard questions) (Annex)

	Type of physical activity	At least 10 minutes at a stretch	How many days	How much time per day (minutes)
6.8.1	Vigorous-intensity activity	Yes No (Skip to 6.8.2)		
6.8.2	Moderate-intensity activity	Yes No (Skip to 6.8.3)		
6.8.3	Walk to and from places or at work	Yes No (Skip to 6.8.4)		
6.8.4	Sitting or reclining at one place	Yes No (Skip to Section 7)		

Part 7: Elderly 65 years and above

Instructions: Select one elderly person of 65 years or above from the household and administer the questionnaire.

7.1.1	Line number of the elderly person in the household list		
7.1.2	Age		
7.1.3	Sex		Male / Female
7.1.4	Employment status	1. Employed full time 2. Employed part time 3. Retired 4. Unemployed	
7.1.5	Marital status	1. Single 2. Married 3. Separated 4. Widowed	
7.1.6	Current functional status	1. Independent in all activities of daily living 2. Needs support on activities of daily living 3. Dependent on others for all activities of daily living 4. Bedridden	
7.1.7	Is she/he living with his/her children	Yes/ No	
7.1.8	Current disability status (Indicate any disabilities the elderly person is having. Multiple answers possible)	1. Mobility 2. Vision 3. Hearing 4. Speech 5. Psychological status 6. Others (specify)	
	State whether he/she is having any of the chronic diseases mentioned here and on regular clinic follow up? (Check medical records and indicate whether the disease is present)		
7.2.1	Diabetes Mellitus	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.2)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.2)

		Place of follow up	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. other
7.2.2	Hypertension	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.3)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.3)
		Place of follow up	**(add same options as above)**
7.2.3	Dyslipidaemia / high cholesterol	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.4)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.4)
		Place of follow up	**(add same options as above)**
7.2.4	Ischaemic heart disease	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.5)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.5)
		Place of follow up	**(add same options as above)**
7.2.5	Stroke ආඝාතය / අංශභාගය	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.6)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.6)
		Place of follow up	**(add same options as above)**
7.2.6	Asthma / COPD	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.7)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.7)
		Place of follow up	**(add same options as above)**
7.2.7	Mental illness	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.8)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.8)

		Place of follow up	**(add same options as above)**
7.2.8	Chronic Kidney Disease	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.9)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.9)
		Place of follow up	**(add same options as above)**
7.2.9	Cancer	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.10)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.10)
		Place of follow up	**(add same options as above)**
7.2.10	Cataract / eye problem	**Ever diagnosed ?**	Yes / No (If No Skip to 7.2.11)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.2.11)
		Place of follow up	**(add same options as above)**
7.2.11	Arthritis / muscular skeletal disorder	**Ever diagnosed ?**	Yes / No (If No Skip to 7.3.1)
		Whether on regular clinic follow up	Yes / No (If No Skip to 7.3.1)
		Place of follow up	**(add same options as above)**

7.3.1	Were the drugs provided from the PHC for the long-standing illness that is being followed-up at the Primary Health Care facility	Yes/ No
7.3.2	Was the elderly person admitted to a hospital for treatment during the past one year?	Yes / No **(If 'No' skip to Q 7.3.6)**
7.3.3	If yes, what were the reasons for hospital admission (Answer according to the most recent admission)	1. Diabetes Mellitus 2. Hypertension 3. Arthritis / Musculoskeletal problem 4. Ischaemic heart disease 5. Stroke 6. Asthma / COPD / respiratory illness 7. Mental illness 8. Chronic kidney disease 9. Cancer 10. Other (specify)_____
7.3.4	If yes, where was the elderly person admitted and treated (Answer according to the most recent admission)	1. Divisional Hospital (Assigned for the area) 2. Divisional Hospital (Not assigned for the area) 3. Base Hospital 4. District / Provincial General Hospital 5. Teaching Hospital

		6. Private Hospital 7. Ayurvedic clinic or hospital 8. other
7.3.5	Did the elderly person needed to be readmitted (within 30 days of discharge) for the same illness	Yes / No
7.3.6	Did the elderly person develop any health condition needing emergency treatment, during the past one year?	Yes / No **(If No, skip to 7.3.9)**
7.3.7	What was the health condition that required most recent emergency treatment?	1. Exacerbation of Asthma 2. Chest pain / Angina / heart attack 3. Accidental injury 4. Stroke / Neurological condition 5. Other (specify)_____
7.3.8	Where did the elderly person present to, with the most recent emergency episode?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. other
7.3.9	Is the elderly person having any other long standing health problems requiring auxiliary medical services (e.g. physiotherapy)	Yes / No **(If No, skip to 7.5.1)**

If yes, indicate the auxiliary medical services he/she is in need of and where those services are accessed.

	Service	**A) Whether needed**	**B) Place of service**
7.4.1	1. Physiotherapy	Yes / No	
7.4.2	2. Catheter care	Yes / No	
7.4.3	3. Pain relief	Yes / No	
7.4.4	4. Nutrition therapy	Yes / No	
7.4.5	5. Mental health rehabilitation	Yes / No	
7.4.6	6. Speech therapy	Yes / No	
7.4.7	7. Other (specify)		
	***Options for B**		

	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area) 3. Divisional Hospital (Assigned for the area) 4. Divisional Hospital (Not assigned for the area) 5. Base Hospital 6. District / Provincial General Hospital 7. Teaching Hospital 8. MOH clinic 9. General Practice 10. Specialist channel service 11. Private Hospital 12. Ayurvedic clinic or hospital 13. other	
	Has he/she undergone any of the following surgeries	Yes/ No
7.5.1	1. Removal/replacement of eye lens (due whitening of it)	Yes/ No
7.5.2	2. Stenting or by-pass surgery in heart	Yes/ No
7.5.3	3. Kidney transplant	Yes/ No

	Has she/he been tested for the following?	Yes/ No
7.6.1	1. Tuberculosis	
7.6.2	2. Malaria	
7.6.3	3. HIV / AIDS	
7.6.4	4. Leprosy	

Annex 3 – Health Facility Survey Checklist

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT
Checklist/Questionnaire for Health Facility Survey

Serial Number	
Date of Survey	dd/mm/yyyy

Section A: General Information

No	Question		
A1	Date of visit	dd/mm/yyyy	
A2	Group of Health Facility (according to the Evaluation Protocol)	Group 1 .....1 Group 2 .....2 Group 3..... 3	
A3	Survey phase	Baseline.....1 2nd Year.....2 3rd Year..... 3 Other (specify).....4	
A4	Name of Health Facility		
A5	Category of Health Facility	1. PMCU 2. Divisional Hospital A 3. Divisional Hospital B 4. Divisional Hospital C 5. Base Hospital (Apex)	
A6	Code of the Health Facility		
A7	Province		
A8	District		
A9	MOH area		
A10	Sector	1. Urban 2. Rural 3. Estate	
A11	Location	(GPS Coordinates will appear automatically)	
A12	Designation of Informant/s	1..... 2..... 3..... 4..... 5.....	
A13	Nature of service provided by the facility	1. Out patient only 2. Inpatient only 3. Both in and out patient	

A14	How many hours does the Out Patient Department open in a usual day?	Up to 4 hours .....1 Up to 8 hours .....2 Up to 12 hours ..... 3 24 hours..... 4	
A15	Does this Health Facility provide **Emergency Care** as given below? (multiple answers)	1. Identification and stabilization of emergency patients 2. Resuscitation with basic life support 3. Transfer with communication and transport 4. Management of minor emergencies 5. Post-exposure rabies vaccine 6. Anti-venom for snake bites	
A16	Does this Health Facility manage the following conditions as out-patient care **without any specialist**? (multiple answers)	1. Common medical illnesses 2. Minor surgical conditions/injuries 3. Obstetric / Gynaecological conditions 4. Common childhood illness 5. Eye problems 6. Ear Nose Throat problems	
A17	Does this Health Facility provide **specialized clinic services** in the following areas? (multiple answers)	1. Medical Specialist clinics (Hypertension/ Diabetes etc) 2. Obstetric / Gynaecology Specialist clinic 3. Paediatrics Specialist clinic 4. Surgical Specialist clinic 5. Specialist clinics in other areas	
A18	Does this Health Facility make referral of outpatients to higher level hospitals?	Yes / No	
A19	Does this Health Facility provide **clinic services** in the following areas? (multiple answers)	1. Family planning clinic 2. Well Women Clinic 3. Antenatal clinic 4. Child Welfare / Postnatal clinics 5. Healthy Lifestyle Centre 6. Dental clinic	
A20	Other services available in the Health Facility (multiple answers)	1. Emergency Care /Preliminary Care Unit 2. Pharmacy 3. Laboratory services 4. Radiology / X-ray department 5. Physiotherapy services	
A21	What are the special projects that supports to improve the primary health care services in this health institution ?	1. ADB funded Health Sector Enhancement Project 2. World Bank funded Primary Care Services Strengthening Project 3. Other (Specify)	

Section B: Staffing

No	Question	No. of staff	
	List the number of staff members in each of the following categories who are **currently employed** at this facility?		
B1	Administrative Grade Medical Officers		
B2	Specialist Medical Officers		
B3	Medical Officers (including Intern Medical Officers if available		
B4	Dental Surgeons		
B5	Registered Medical Officers/ Assistant Medical Officers		
B6	Nursing Officers (including trainees), Ward Sisters		
B7	Health Education Nurses		
B8	Public Health Nursing Officers		
B9	Hospital Midwives		
B10	Pharmacists		
B11	Dispensers		
B12	Medical Laboratory Technologists		
B13	Public Health Laboratory Technicians PHLTs		
B14	Physiotherapist		
B15	Other Professionals Supplementary to Medicine		
B16	Health Assistants / Attendants		
B17	Labourers (Ordinary)		
B18	Medical Recording Officer		
B19	Computer Application Assistants		
B20	Other (Specify)		
B21	Other (Specify)		
B22	Other (Specify)		

Section C: Activities related to cluster reform

No	Question			
	Skip from Health Facilities in Group 3	**Group 3➔ Section D**		
	Ask the following questions from the most knowledgeable person about the ADB funded HSEP project	**Yes / No**	**Date completed (mm/yyyy)**	
C1	Carried out a gap analysis for providing the services according to the "shared care cluster" approach	Yes / No	**No ➔ C3**	
C2	Gap analysis covered all aspects as per the project a. Infrastructure / physical space gaps b. medical equipment and medical furniture gaps c. other general equipment gaps d. laboratory service gaps e. Radiology related gaps f. pharmaceuticals gaps g. health technology related gaps	Yes / No	(multiple answers)	
C3	Carried out service level assessment as per the "shared care cluster" approach to identify service gaps	Yes / No	**No ➔ C5**	
C4	Service level assessment covered availability, accessibility and practices of the following areas: a. Clinical referral pathways b. availability and usage of PHC level clinical service guidelines, c. Management and distribution of PHC level pharmaceuticals, d. Availability and usage of communication material on health promotion practices, e. Health Care Waste Management guidelines, f. Infection prevention and control related services	Yes / No	(multiple answers)	
C5	Introduced circulars related to ADB HSEP project	Reported (Yes / No)	Verified availability (Yes / No)	
	a. Reorganization and Strengthen of Primary Care Service Delivery System to Achieve Universal Health Coverage			
	b. Physical Space Norm for Primary Health Care Facilities Established under the HSEP			
	c. Implementation of shared care clusters at District Level for Improvement of Service			
	d. Supervision and Coordination of the Clusters established under HSEP			

	e. Management Services Circular No: 01/2019						
C6	Trained staff on the following services related areas	Y/N	Number trained among the present staff				
			Medical	Nursing/ midwife	Atten dant	Other relevant	
	a. Primary Health Care/ Family Medicine						
	b. Health care waste management						
	c. Use of Geographic Information Systems in health planning and management						
	d. Gender responsiveness and sensitivity						
	e. Infection prevention and control						
	f. Family planning						
	g. Patient safety						
C7	Staff trained by Apex hospital on the following areas	Y/N	Number trained among the present staff				
			Medical	Nursing/ midwife	Atten dant	Other relevant	
	a. Emergency / Resuscitation						
	b. Use of PHC guidelines for NCDs						
	c. Management of stroke patients						
	d. Family Planning						
	e. Other (specify)						
C8	Were orientation meetings related to cluster reforms held for the staff	Yes / No					
C9	Are the review meetings related to cluster reforms in this health institution held on a regular basis?	Yes / No					
C10	Does a representative from this institution attend meetings at the Medical Officer of Health regularly?	Yes / No					
C11	Were the services related gaps and infrastructure, equipment, and material gaps addressed at present? (This is an overall opinion)	All were addressed……..……..1 To a greater extent……..2 To some extent ……..3 To a lesser extent ……4 Not addressed at all……..……5					
C12	Are the cluster supervision checklists used at this health facility?	Yes / No					
C13	Is the special referral form used for referrals to higher level hospitals?	Yes / No					
C14	A register for referral patients is maintained ?	Yes / No					
	Use of electronic Information systems EACH OF THE FOLLOWING SHOULD BE VERIFIED BY	**Yes / No**		**Month started (mm/yyyy)**			

	OBSERVATIONS			
C15	Sending notifications of communicable disease via an electronic system to Medical Officers of Health			
C16	Giving unique patient identification number (HID)			
C17	Having an electronic system to share patient information across the health facilities in the cluster			
C18	Report on gender disaggregated data to the provinces and districts			
	Physical outlook	**Yes / No**	**Month done (mm/yyyy)**	
C19	Out-patient department has been renovated recently			
C20	Out-patient department is newly built			
C21	A new name board of the hospital is displayed			
C22	Directional signages are placed appropriately			
C23	Overall outlook – exterior (Refer the building standards)	Excellent..... 1 Good ..... 2 Average ..... 3 Poor..... 4 Very poor 5		
C24	Overall outlook – interior (Refer the building standards)	Excellent..... 1 Good ..... 2 Average ..... 3 Poor..... 4 Very poor 5		

Section D: Physical facilities and Infrastructure

No	**Question**		
D1	How is the physical access to the out-patient service areas	Excellent……1 Good……2 Average……3 Poor……4 Very poor……5	
D2	Accessible ramp at the entrance	Yes / No	
D3	Wheel-chair available at the entrance	Yes / No	
D4	Wheelchair is accessibility to all areas including toilets, canteen etc.	Yes / No	
D5	Space in the common waiting area (length x width) in		

	feet		
D6	No. of seats in the waiting areas of the out-patient services		
D7	Digital screen in the waiting area providing health information to patients	Yes / No	
D8	Health Education Unit is available	Yes / No	
D9	Number of tables for the staff at the out patient services.		
D10	Number of chairs for the staff at the out patient services.		
D11	No. of in-patient beds in total (excluding delivery beds, and beds used for examination, observations and investigations)		
D12	No. of beds in the Preliminary Care Unit (PCU)		
D13	No. of beds available for out-patient services (OPD and clinics)		
D14	functioning telephone that is available for incoming and outgoing calls all times	Yes / No	
D15	Computers (4 per PMCU,5 per DH, 1 per MOH office, 4 per Apex H)	Yes / No	
D16	Uninterrupted Power Supply (UPS) unit	Yes / No	
D17	Server	Yes / No	
D18	Laser printers (2 per PMCU and DH, 1 per MOH office, 4 per Apex H)	Yes / No	
D19	Sticker printer	Yes / No	
D20	Web Cam	Yes / No	
D21	Dedicated computer for patient registration at OPD	Yes / No	
D22	Inter-linked computer network (Intranet)	Yes / No	
D23	Ability to retrieve patient records using individual client number	Yes / No	
D24	Active internet facilities to OPD/wards/Pharmacy/Laboratory/Radiology	Yes / No	
D25	Functional ambulance for patients that is stationed at this facility	Yes / No	
D26	Ability to acquire emergency patient transport facilities from an outside institution or agent which is on-call 24 hours	Yes / No	
D27	What is the facility's main source of electricity?	National grid .....1 Generator.....2 Solar system.....3	
D28	Other than the main or primary source, does the facility have a secondary or backup source of electricity?	Yes / No	

D29	What is the most commonly used source of water for the facility at this time?	Piped into facility ..... 1 Piped onto facility grounds ..... 2 Public tap/standpipe ..... 3 Tubewell/borehole ..... 4 Protected dug well ..... 5 Unprotected dug well ..... 6 Protected spring ..... 7 Unprotected spring ..... 8 Rainwater collection 9		
D30	Total number of toilets available for out-patient clients (excluding toilets in Wards)			
D31	No. of separate toilets for male			
D32	No. of separate toilets for female			
D33	No. of separate toilets for disabled/ wheelchair bound clients			
D34	A separate changing area is available for females	Yes / No		
D35	A separate changing area is available for males	Yes / No		
D36	Privacy is maintained during consultations with health personnel	Always ..... 1 Often ..... 2 Sometimes ..... 3 Rarely ..... 4 Never 5		
D37	Privacy is maintained during clinical examination / procedure	Always ..... 1 Often ..... 2 Sometimes ..... 3 Rarely ..... 4 Never 5		
	Infection control and waste disposal			
D38	Does this facility have any guidelines on standard precautions for infection prevention? IF YES, ASK TO SEE THE DOCUMENT	Yes, reported Yes, verified Not available		
	Please tell me if the following items used for processing of equipment for reuse are available and functional in the facility today. IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT I	**Available Yes / No**	**Functioning Yes / No**	
D39	Autoclave (pressure & wet heat)			
D40	Electric dry heat sterilizer			
D41	Electric boiler or steamer (no pressure)			
	Please tell me if the following resources/supplies used for infection control are available in this service area today. ASK TO SEE THE ITEMS			
D42	Clean running water (piped water and sink with tap)			

D43	Tap with foot control			
D44	Hand-washing soap/liquid soap			
D45	Alcohol based hand rub			
D46	Disposable latex gloves			
D47	Disposable surgical masks			
	HEALTHCARE WASTE MANAGEMENT Equipment and medical furniture			
D48	Needle Cutters (1 per PMCU, 6 per DH, 3 to Rehab Hosp, 10 per BH, 1 per MOH)			
D49	Heavy duty gloves			
D50	Waste Carts (1 per PMCU, 2 per DH, 2 to Rehab Hosp, 4 per BH, 1 per MOH)			
D51	Color Coded Bins (2 per PMCU, 7 per DH, 3 to Rehab Hosp, 10 per BH, 1 per MOH)			
D52	Waste receptacle (pedal bin) with lid and plastic bin liner (appropriate storage of infection waste)			
D53	Sharps container ("safety box") (appropriate storage for sharp waste)			
D54	Environmental disinfectant (e.g., chlorine, alcohol)			
D55	Single use disposable syringes with disposable needles			
D56	Auto-Disable (AD) syringes			
D57	How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?	Burn incinerator ..... 1 Hydroclave and shredder..... 2 Open burning ..... 3 Dump without burning ..... 4 Remove offsite 5		
D58	How does this facility finally dispose of medical waste other than sharps, such as used bandages?	Burn incinerator ..... 1 Hydroclave and shredder..... 2 Open burning ..... 3 Dump without burning ..... 4 Remove offsite 5		
D59	Is there is a functioning incinerator?	Yes / No		
D60	Guideline for health care waste management	Yes, reported / Yes, verified / not available		
	OTHER COMMON AMENITIES	**Yes / No**		
D61	Fire safety facilities			
D62	Police Post			
D63	Mortuary facilities			
D64	Telephone booth for patients/ visitors			
D65	Other			

Section E: Reproductive, Maternal and Child Health, Elderly and Disability services (as per SLESP)

No	Question		
	FAMILY PLANNING		
E1	Does this facility provide any family planning services for clients	Yes/No **No ➔ E27**	
E2	Does this service include the following clients (multiple answers)	1. Married females 2. Unmarried females 3. Married males 4. Unmarried males 5. Adolescents	
E3	Does this facility provide or prescribe any of the following modern methods of family planning:	Yes / No	
E4	Combined oestrogen progesterone oral contraceptive pills		
E5	Progestin-only injectable contraceptives		
E6	Male condoms		
E7	Intrauterine contraceptive device (IUD)		
E8	Implants		
E9	Emergency contraceptive pills		
E10	Male sterilization (Vasectomy)		
E11	Female sterilization (LRT)		
E12	Does this facility offer emergency management for adverse reactions related to contraceptive methods?		
	Please tell me if the following documents are available in the facility today: **IF AVAILABLE, ASK TO SEE THE DOCUMENT**	Yes, reported / Yes, verified / not available	
E13	National family planning guidelines on methods		
E14	Flash cards on Family Planning		
E15	Medical eligibility criteria wheel		
	Let me know whether the following equipment are available in the clinic facility today? IF YES, ASK TO SEE THE EQUIPMENT	Yes / No	
E16	Blood pressure apparatus		
E17	Instrument pack for IUCD insertion		
E18	Instrument pack for Hormone Implant insertion		
	Are any of the following medicines and commodities available in this service site today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)**	**Yes / No**	

E19	Combined oestrogen progesterone oral contraceptive pills		
E20	Male condoms		
E21	Injectable contraceptives (DMPA)		
E22	Implant (e.g. Jadelle)		
E23	Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)		
E24	Intrauterine contraceptive device (IUD)		
E25	Emergency tray		
E26	Adrenaline (Injectable)		
	ANTENATAL CARE SERVICES	**Yes / No**	
E27	Does this facility offer antenatal care (ANC) services?	Yes / No **No ➔ E46**	
E28	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?		
E29	Monitoring for hypertensive disorder of pregnancy		
E30	Iron supplementation		
E31	Folic acid supplementation		
E32	Tetanus toxoid immunization		
E33	Provision of Calcium supplementation		
E34	Monitoring for blood sugar in pregnancy		
E35	Monitoring of weight in pregnancy		
	Let me know whether the following equipment are available in the clinic facility (If yes, ask to see the equipment)	**Yes / No**	
E36	Blood pressure apparatus		
E37	Adult weighing scale (Beam balance type)		
E38	Urine Albumin strips		
E39	Pinnard		
	Let me know whether the following drugs are available in the clinic today (Check to see if at least one of each medicine is valid)	**Yes / No**	
E40	Iron tablets		
E41	Folic acid tablets		
E42	Tetanus toxoid vaccine		

E43	Calcium tablets		
E44	Worm treatment (Mebendazole)		
E45	Guidelines on conducting Antenatal Clinic	Yes, reported / Yes, verified / not available	
	BASIC OBSTETRIC AND NEW BORN CARE	**Yes / No**	
E46	Does this facility offer delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or new-born care services?	Yes / No **No → E88**	
	Please tell me if the following interventions are routinely carried out by providers of delivery services in this facility:		
E47	Administration of oxytocin injection immediately after birth to all women for the prevention of post-partum haemorrhage		
E48	Monitoring and management of labour using partograph		
E49	Immediate and exclusive breastfeeding		
E50	Hygienic cord care (cut with sterile item and apply disinfectant to tip and stump, and no application of other substances)		
E51	Thermal protection (drying baby immediately after birth and wrapping)		
E52	Lactation management services		
E53	Is there a Mother-Baby centre in this facility? ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE THE MOTHER-BABY CENTRE IS		
E54	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility.	Yes / No	
E55	Parenteral administration of antibiotics (IV or IM) for mothers		
E56	Parenteral administration of oxytocic drugs for treatment of post-partum haemorrhage (IV or IM)		
E57	Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia(IV or IM)		
E58	Neonatal resuscitation with bag and mask		
E59	Antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection		
E60	Corticosteroids in preterm labour		
E61	Kangaroo mother care for premature/very small babies		
E62	Injectable antibiotics for neonatal sepsis		

E63	A documented referral system for high risk mothers			
E64	24-hour operational Blood transfusion service			
	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. **ASK TO SHOW THE ITEMS**	**Available Yes / No**	**Functional Yes / No**	
E65	Examination light (or flashlight)			
E66	Delivery pack			
E67	Disposable latex gloves			
E68	Blank partograph			
E69	Delivery bed			
E70	New-born bag and mask size 1 for term babies (for new-born resuscitation)			
E71	New-born bag and mask size 0 for pre-term babies (for new-born resuscitation)			
E72	Electric suction pump (for suction apparatus)			
E73	Suction catheter (for suction apparatus) for suctioning new-born			
E74	Infant weighting scale			
E75	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)			
E76	Clean running water (piped, bucket with tap, or pour pitcher)			
E77	Hand-washing soap/liquid soap OR alcohol based hand rub			
E78	Sterilization equipment			
E79	Ophthalmoscope for new-born care			
E80	Oxygen cylinders			
E81	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)			
	Are any of the following medicines and commodities available in this service site today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)**	**Yes / No**		
E82	Skin disinfectant			
E83	Normal saline IV solution			
E84	Ringers lactate IV solution			

E85	5% dextrose IV solution		
E86	Guideline for Basic Emergency Obstetric Care	Yes, reported / Yes, verified / not available	
E87	Guideline for Essential Newborn Care	Yes, reported / Yes, verified / not available	
	Gender responsive and inclusive services		
E88	Are husbands/partners included in the consultations on dedicated service provision points on reproductive health issues at the following clinics? a. Antenatal clinic b. Family planning c. Well women clinics	1. Discouraged 2. Left to their wish 3. Promoted 4. Formally requested but not mandatory	
E89	Is there a dedicated space ensuring privacy, available for the following? a. Breast feeding b. Postnatal clinics c. Out patients department	Yes / No	
E90	Are Adequate IEC material displayed on the given reproductive health issues : a. Well women clinics b. Pap Smear testing c. Breast examination d. Family planning, e. Gender-based Violence	Yes / No	
E91	Is Emergency contraception offered to women who under go sexual violence such as alleged rape, domestic violence (Intimate partner Violence) with sexual violence as a policy of the PMCU	Yes / No	
E92	Does this facility Identify of gender-based violence during care	Yes / No	
E93	Does this facility Provide support and counselling of victims of GBV	Yes / No	
E94	Does this facility have a Mithuru Piyasa	Yes / No	
E95	Guideline for GBV management	Yes, reported / Yes, verified / not available	
E96	Conducted Training Of Trainers (TOT) targeting health officials and/or local organizations for male engagement?	Yes / No	
E97	How many men and women were reached in public awareness programmes on male engagement? a. Females b. Males	_____ _____	
	Care for the elderly	**Yes / No**	
E98	Does this facility provide priority for senior citizens in giving appointments for consultation		

E99	Does this facility provide priority for senior citizens in dispensing drugs in pharmacy		
E100	Has this facility Identified the elderly requiring care (home or institution) in the catchment area		
E101	Identification of Dementia requiring care		
E102	Provides dietary services (including counselling) for elderly		
E103	Provides Information and promotion of active (successful) ageing		
E104	Delivery of home health care for elderly		
E105	Guideline for elderly care	Yes, reported / Yes, verified / not available	
	Care for the disabled / Palliative care	**Yes / No**	
E106	Assessment of rehabilitation requirements among patients		
E107	Provides nursing care for the disabled		
E108	Provides urinary catheter change		
E109	Provides change of nasogastric tubes etc.,		
E110	Provides physiotherapy		
E111	Makes referral to higher hospitals / centers for rehabilitation/ special therapies		
E112	Community-based rehabilitation by home visits		
E113	Information and counseling on the role of families in the provision of palliative care		
E114	Control of acute and chronic pain		
E115	Delivery of palliative care at the PHC		
E116	Delivery of home-based palliative care		
E117	Guideline rehabilitation services	Yes, reported / Yes, verified / not available	
E118	Guideline for palliative care	Yes, reported / Yes, verified / not available	
E119	What type of training have they received		

	MEDICAL EQUIPMENT FOR REPRODUCTIVE HEALTH AND NUTRITION	Available Yes / No	Functional Yes / No	
M01	Standard weight set			
M02	Length board			
M03	Spring balance			
M04	Height Rod (wall mounted height measuring tape)			
M05	Beam infant scale			
	Equipment for Well Woman Clinic			
M06	Large instrument sterilizer 50x30x25 cm (1 per clinic)			
M07	Forceps jar (1 per clinic)			
M08	Cheatle forceps 27 cm (2 per clinic)			
M09	Rectangular tray with lid - 35x25x6 cm (2 per clinic)			
M10	Cusco's bivalve specula - medium - 90x35 cm (20 per clinic)			
M11	Pap smear kits			
M12	Sponge holders 24 cm (6 per clinic)			
M13	Vulsellum forceps 25 cm curved (6 per clinic)			
M14	Scissors - 14.5 cm blunt/sharp curved (6 per clinic)			
M15	Long artery forceps - for IUD removal - 20 cm (2 per clinic)			
M16	Kidney trays - large - 825 ml (2 per clinic)			
M17	Lotion bowl - 600 ml (2 per clinic)			
M18	Dressing jars (2 per clinic)			
M19	Stainless steel bowl 180 ml (2 per clinic)			
M20	Examination Lamp (spot) (1 per clinic)			
M21	Pail Plastic - 15 litre (1 per clinic)			
M22	Adjustable revolving stool (1 per clinic)			
M23	Coplin jar (2 per clinic)			

Section F Prevention and management of Communicable Disease (As per SLESP)

No	Question		
	Immunization	**Yes / No**	
F1	Does this facility offer routine immunization services?	**Yes/No** **No ➔ F11**	
F2	Emergency tray contains basic needs to address anaphylactic reaction: adrenaline (injectable), 1 ml syringe, hydrocortisone (injectable), 2ml syringe, distilled water, paediatric oxygen mask, paediatric ambu bag, portable oxygen) ALL ITEMS MUST BE PRESENT	All items present.....1 Only some present .....2 Not available 3	
F3	Is the cold chain maintained during storage, transportation and at the time of vaccination?	Yes, observed.....1 Yes, reported not seen .....2 No 3	
	Are any of the following vaccines available in this service site today?	Yes / No	
F4	BCG vaccine and diluents		
F5	DPT+Hib+HepB (pentavalent)		
F6	Oral polio vaccine		
F7	IPV (Injectable polio vaccine)		
F8	Measles vaccine and diluents		
F9	MMR vaccine		
F10	HPV (Human papillomavirus vaccine)		
	Please tell me if this facility provides the following services for children under 5 years:	Yes / No	
F11	Diagnose and/or treat child malnutrition		
F12	Provide vitamin A supplementation		
F13	Provide iron supplementation		
F14	Provide ORS to children with diarrhoea		
F15	Child growth monitoring		
F16	Guideline for immunization	Yes, reported / Yes, verified / not available	
F17	Guideline for adverse events following immunization	Yes, reported / Yes, verified / not available	
F18	Guideline for emergency management of anaphylaxis	Yes, reported / Yes, verified / not available	
	Tuberculosis	**Yes / No**	
F19	Does this facility offer screening, referral, diagnosis, treatment prescription or treatment follow-up of tuberculosis?	Yes / No **No ➔ F22**	

F20	Is there a sputum collecting cubicle		
F21	Which of the following methods are used at this facility for diagnosing TB?	Yes / No	
F22	By Clinical symptoms		
F23	By Sputum smear microscopy examination		
F24	Does this facility prescribe drugs for TB patients?		
F25	Guideline for TB screening and management	Yes, reported / Yes, verified / not available	
F26	What is the referral center for suspected TB		
	Dengue	**Yes / No**	
F27	Does this facility offer clinical diagnosis of dengue?		
F28	Does this facility provide FBC testing for dengue?		
F29	Does this facility offer lab confirmation for dengue?		
F30	Does this facility offer in-patient case management services for dengue?		
F31	Dengue management guideline	Yes, reported / Yes, verified / not available	
	Malaria	**Yes / No**	
F32	Do providers in this facility diagnose malaria?	Yes / No **No ➔ F38**	
	Which of the following methods are used at this facility for diagnosing malaria:		
F33	History and/or Clinical symptoms		
F34	Rapid diagnostic testing (RDT)		
F35	Microscopy		
F36	Do providers in this facility prescribe treatment for malaria?		
F37	Guideline for malaria testing and treatment	Yes, reported / Yes, verified / not available	
	STD/HIV/AIDS	**Yes / No**	
F38	HIV counseling		
F39	Screen test for HIV		
F40	Is the HIV counseling room or area a private room/area with auditory and visual privacy?		
F41	Guideline for HIV testing	Yes, reported / Yes, verified / not available	
	Leprosy	**Yes / No**	
F42	Screening for leprosy		

F43	Guideline for leprosy	Yes, reported / Yes, verified / not available	
	Leptospirosis	**Yes / No**	
F44	Does this facility offer clinical diagnosis of leptospirosis		
F45	Management of LS in OPD or high dependency unit		
F46	Guideline for Leptospirosis	Yes, reported / Yes, verified / not available	

Section G: Noncommunicable disease

No	Question	Yes / No		
	Cardiovascular disease and diabetes MENTION WHETHER FOLLOWING SERVICES ARE PROVIDED AT THE OUT PATIENT DEPARTMENT AND HEALTHY LIFESTYLE CENTRE SEPARATELY	**OPD**	**HLC**	
G1	Services for the screening and/or diagnosis of cardiovascular diseases?			
G2	Cardiovascular risk assessment using the WHO ISH Chart			
G3	Monitoring Body Mass Index			
G4	Blood pressure monitoring			
G5	Serum cholesterol			
G6	Lipid profile monitoring, either the lab test was done in this facility or another facility			
G7	Nutrition advice or counselling			
G8	Smoking cessation advice and support			
G9	Does this facility offer services for the management of patients with cardiovascular disease risk?			
G10	Does this facility offer services for the management of patients with myocardial infarction?			
G11	Does this facility offer services for the management of patients with stroke?			
G12	ECG			
G13	Does this facility offer services for the screening or diagnosis of diabetes?			
G14	Capillary blood glucose by glucometer			
G15	Venous blood glucose			
G16	HbA1c			
G17	Does this facility have a medical or diabetes clinic to manage patients with diabetes?	Yes / No		
G18	Foot care and examinations	Yes / No		
G19	Screening for retinopathy	Yes / No		

G20	Screening for diabetic nephropathy	Yes / No	
G21	Screening for peripheral neuropathy	Yes / No	
	Chronic respiratory disease	**Yes / No**	
G22	Clinical diagnosis of chronic respiratory disease		
G23	Management of mild/moderate cases		
G24	Management of exacerbations		
	CKD	**Yes / No**	
G25	Screening for CKD by Serum creatinine		
G26	Screening for CKD by estimated Glomerular Filtration Rate (eGFR)		
G27	Management of CKD patient		
G28	Hemodialysis		
	Cancer	**Yes / No**	
G29	Immunization with HPV vaccine at 10-11 year		
G30	PAP smear		
G31	What is the referral center identified for PAP smear reporting in the cluster		
G32	Teaching of self-breast examination		
G33	clinical examination of breasts		
G34	What is the referral center identified for breast abnormality in the cluster		
G35	Does this facility offer clinical examination of oral cavity for Oral Potentially Malignant Disorders (OPMD) and oral cancer?		
G36	Counselling for avoidance of risk factors for oral cancer (betel chewing)		
G37	Identification and referral of people with risk factors for oral cancer to Dental Surgeon		
	Mental Health	**Yes / No**	
G38	Does this facility provide outpatient mental health services?		
G39	Detection / diagnosis of Mental Health conditions including --substance abuse --depression --behavioural issues in adolescents and youth --determinants of deliberate self-harm		
G40	Prescription of medication		

G41	Psychological counselling		
G42	Making referral to Mental Health Clinics (MO/MH, MO-Diploma)		
	Availability of Guidelines related to chronic NCD		
	Availability Guidelines on the following aspects of care		
G43	CVD risk screening and prevention (HLC)	Yes, reported / Yes, verified / not available	
G44	Diabetes management	Yes, reported / Yes, verified / not available	
G45	Cancer screening/detection	Yes, reported / Yes, verified / not available	
G46	Well women clinic	Yes, reported / Yes, verified / not available	
G47	Asthma / COPD management	Yes, reported / Yes, verified / not available	
G48	Chronic Kidney Disease screening and management	Yes, reported / Yes, verified / not available	
G49	Detection and management of Mental Health disorders	Yes, reported / Yes, verified / not available	

Section H: Surgical and Trauma care, and Dental services

No	**Question**		
	Surgical and trauma care	**Yes / No**	
H1	Incision and drainage of abscesses		
H2	Suture of lacerations		
H3	Suture removals		
H4	Wound debridement		
H5	Acute burn management		
H6	Closed repair of fracture		
H7	Male circumcision		
H8	Chest tube insertion		
H9	Reduction of dislocated joint		
H10	Biopsy of lymph node or mass or other lumps		
H11	Removal of foreign body (throat, eye, ear or nose)		
H12	Tracheostomy		
H13	Abdominal surgery, including repair of perforations, appendectomy, gallbladder diseases, hernia, hydrocele or urinary obstruction?		

H14	Drainage of breast abscess			
H15	Dilatation & Curettage			
H16	Evacuation of retained products of conception			
	Please tell me if the following surgical equipment and supplies are available and functional in this facility today.	**Available Yes / No**	**Functional Yes / No**	
H17	Resuscitator bag and mask- adult			
H18	Resuscitator bag and mask- paediatric			
H19	Needle holder			
H20	Scalpel handle with blades			
H21	Retractor			
H22	Surgical scissors			
H23	Nasogastric tubes			
H24	Tourniquet			
H25	Suction pump (manual or electric) with catheter			
	Dental services	**Yes / No**		
H26	Screening for Dental Caries, Periodontal disease, Oral cancer, Malocclusions or any oral health problems			
H27	Management of simple dental trauma			
H28	Early management of dental caries			
H29	Early management of periodontal disease			
H30	Simple restorations			
H31	Emergency surgical dressings, GIC, Light cure composite restorations			
H32	Scaling (with ultrasonic scalar)			
H33	Providing Oral Hygiene Instructions			
	DENTAL EQUIPMENT	**Yes / No**		
H34	Dental Chair and Unit			
H35	Light Cure Machine			
H36	Ultrasonic Scalar			
H37	Mobile Dental Box			
H38	Air Rotor Hand Piece			
H39	Dental X-ray processing unit			
H40	Mobile Dental Chair and unit			

Section J: Basic equipment at the Out Patient Department

No	Question			
	Please tell me if the following basic equipment and supplies used in the provision of OUT PATIENT client services are available and functional at this facility today. ASK TO SEE THE ITEMS	**Available Yes / No**	**Functional Yes / No**	
J1	Adult weighing scale			
J2	Child weighing scale- 250 gram gradation			
J3	Infant weighing scale – 100 gram gradation			
J4	Measuring tape-height board/stadiometer			
J5	Thermometer			
J6	Stethoscope			
J7	Blood pressure apparatus (digital or manual sphygmomanometer)			
J8	Spot lamp			
J9	Intravenous infusion kits			
J10	Ophthalmoscope			
J11	Emergency tray contains basic needs to address anaphylactic reaction: adrenaline (injectable), 1 ml syringe, hydrocortisone (injectable), 2ml syringe, distilled water, oxygen mask, ambu bag, portable oxygen) ALL ITEMS MUST BE PRESENT			
J12	Peak flow meter			
J13	Spirometer			
J14	Nebulizing machine			
J15	Spacers for inhalers			
J16	Infusion pump			
J17	Pulse oximeter			
J18	Speculum			
J19	Spatula			
J20	Cardiac Monitor			
J21	Defibrillator			
J22	Oxygen concentrators			
J23	Oxygen cylinders			

J24	Central oxygen supply			
J25	Flowmeter for oxygen therapy (with humidification)			
J26	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)			
J27	At any time during the past 3 months has oxygen been unavailable for any reason?			

Section: K Laboratory and diagnostic services

No	Question			
	VISIT THE LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE			
K1	Does this facility conduct the following tests onsite (OPD) or offsite (laboratory)?	**Onsite Yes / No**	**Offsite Yes / No**	
K2	Urine protein dipstick testing			
K3	Blood glucose using glucometer			
K4	Haemoglobin testing			
K5	General microscopy			
K6	Malaria Rapid Diagnostic Test			
	Does this facility conduct the following tests within the Health Institution or by collecting specimens and sending outside ?	**Within this health institution Yes / No**	**Collecting specimens and sending Yes / No**	
K7	Full Blood Count			
K8	Venous Blood Glucose			
K9	Erythrocyte Sedimentation Rate (ESR)			
K10	Lipid Profile			
K11	HbA1C			
K12	Urine Full Report			
K13	Blood Urea			
K14	Serum electrolyte testing			
K15	Serum creatinine testing			
K16	ALT/AST testing			
K17	Other liver function testing (such as bilirubin)			
K18	Alkaline phosphatase			
K19	Serum total protein and albumin			

K20	Gram stain testing			
K21	Troponin I or T			
K22	Urine for culture			
K23	Wound swab for culture			
K24	Sputum for AFB			
K25	HIV Rapid Test			
K26	ABO blood grouping and Rh			
	I would like to know if the following general equipment items are available and functional today.	**Available Yes / No**	**Functional Yes / No**	
K27	Light microscope			
K28	Glass slides and cover slips			
K29	Refrigerator			
K30	Glucometer			
K31	Glucometer test strips (compatible to the glucometer and with valid expiration date)			
K32	Colorimeter or haemoglobinometer			
K33	Portable haemoglobin test machine			
	Please tell me if the following equipment items and reagents are available and functional today. **Package 1: LABORATORY, PHYSIOTHERAPY AND X – RAY EQUIPMENT (Apex Hospitals Only)**	**Available Yes / No**	**Functional Yes / No**	
K34	Fully Automated Biochemistry Analyser			
K35	Semi Automated Biochemistry Analyser			
K36	Semi-Automated Coagulation Analyser			
K37	Five-Part Haematology Analyser			
K38	Three-Part Haematology Analyser with reagent			
K39	Incubator			
K40	Hot air oven			
K41	Autoclave			
K42	Microscope Binocular			
K43	Centrifuge (16 bucket)			
K44	Digital Radiographic panel			
K45	Infra red lamp (750w) with stand			
K46	Short Wave Diathermy			

K47	Combination Therapy machine			
K48	Wax Bath for hand			
K49	Interferential & nerve stimulator machines			
K50	Postural mirror			
K51	Wall bar			
K52	Adjustable parallel bars			
K53	Stair case			
K54	Static Bicycle			
K55	Suspension unit			
K56	Gym ball			
K57	Balance board shoulder wheel			
K58	Titling bed			
	ETU EQUIPMENT	**Available Yes / No**	**Functional Yes / No**	
K59	ECG machines			
K60	Sphygmomanometer			
K61	Multipara monitors			
K62	Peak flow Meter			
K63	Suction Apparatus			
K64	Oxygen Concentrator			
K65	Spot lamp			
K66	Mini Autoclave			
K67	Portable Ventilator			
	Please tell me if the following imaging equipment items are available and functional today.	**Available Yes / No**	**Functional Yes / No**	
K68	X-ray machine			
K69	Ultrasound equipment			
K70	ECG			

Section L: Drugs and commodities

No	Question			
	Are any of the following medicines for the treatment of infectious diseases available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L1	Co-trimoxazole cap/tab (Oral antibiotic)			
L2	Fluconazole cap/tab			
L3	Albendazole or Mebendazole cap/tab			
L4	Metronidazole cap/tab			
L5	Amoxicillin cap/tab			
L6	Ceftriaxone injection			
L7	Ciprofloxacin cap/tab			
L8	C. Penicillin			
L9	Doxycycline			
	Are any of the following medicines for the management of non-communicable diseases available in the facility today?			
L10	Metformin cap/tab			
L11	Insulin regular injection			
L12	Glucose 50% injection			
L13	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)			
L14	Thiazide (e.g. hydrochlorothiazide (HCT))			
L15	Beta blocker (e.g.bisoprolol, metoprolol, carvedilol, atenolol)			
L16	Calcium channel blocker (e.g. amlodipine)			
L17	Aspirin cap/tab			
L18	Beclomethasone inhaler			
L19	Prednisolone cap/tab			
L20	Hydrocortisone injection			
L21	Adrenaline/Epinephrine injection			
L22	Furosemide cap/tab			
L23	Frusemide injection			
L24	Glibenclamide cap/tab			

L25	Gliclazide tablet or glipizide tablet			
L26	Glyceryl trinitrate sublingual tablet			
L27	Ibuprofen tablet			
L28	Diclofenac sodium			
L29	Isosorbide dinitrate tablet (ISDN)			
L30	Omeprazole tablet or alternative such as pantoprazole, rabeprazole			
L31	Paracetamol cap/tab (adult oral formulation)			
L32	Salbutamol inhaler			
L33	Simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin			
L34	Spironolactone tablets			
L35	Salmetrol/fluticasone inhalor			
L36	Budesonide/formetrol inhalor			
L37	Theophylline tab			
L38	Salbutamol tab			
L39	Salbutamol nebulising solution			
L40	Ipratropium bromide nebulizing solution			
L41	Aminophylline injection			
L42	Angiotensin receptor blockers (e.g. losartan, olmesartan, telmisartan, and valsartan)			
L43	Allopurinol			
L44	Oral bicarbonate supplements (sodium bicarbonate)			
L45	Vitamin D analogues (ergocalciferol (calciferol, vitamin D2), colecalciferol (vitamin D3), dihydrotachysterol, alfacalcidol (1a-hydroxycholecalciferol), and calcitriol (1,25-dihydroxycholecalciferol))			
L46	Perenteral iron/sucrose supplements			
L47	Erythropoetin injections			
L48	Chlorpinaramine tablet/syrup			
	Are any of the following maternal health medicines available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE ISVALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L49	Iron tablets			
L50	Folic acid tablets			

L51	Iron and folic acid combined tablets			
L52	Tetanus toxoid vaccine			
L53	Sodium chloride injectable solution			
L54	Calcium gluconate injection			
L55	Magnesium sulphate injectable			
L56	Ampicillin powder for injection			
L57	Gentamicin injection			
L58	Hydralazine injection			
L59	Metronidazole injection			
L60	Misoprostol 200µg tablets			
L61	Azithromycin cap/tab or oral liquid			
L62	Cefixime cap/tab			
L63	Benzathine benzylpenicillin powder for injection			
L64	Betamethasone injection			
L65	Dexamethasone injection			
L66	Nifedipine cap/tab (10mg)			
L67	Methyldopa tablet			
L68	Oxytocin injection			
	Are any of the following child health medicines available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L69	Procaine benzylpenicillin injection			
L70	Oral Rehydration Salts (ORS) sachets			
L71	Zinc sulphate tablets			
L72	Zinc sulphate syrup or dispersible tablets			
L73	Vitamin A (retinol) capsules			
L74	Intra venous parental nutrition			
L75	Caffeine (injectable)			
L76	Oral anti fungal syrup			
L77	Antibiotic eye ointment/drops			

L78	Co-trimoxazole syrup/suspension			
L79	Paracetamol syrup/suspension			
L80	Amoxicillin 250 mg or 500 mg dispersible tablet or syrup/suspension			
	Are any of the following **other** medicines and commodities available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L81	Normal saline IV solution			
L82	Ringers lactate IV solution			
L83	5% dextrose IV solution			
L84	Intravenous infusion kits (IV sets)			
L85	IV treatment for fungal infections			
L86	Skin disinfectant			
L87	Chlorhexidine 4% gel or solution			
L88	Gowns			
L89	Eye protection (goggles, face shields)			
L90	Medical (surgical or procedural) masks			
L91	Absorbable suture material			
L92	Non-absorbable suture material			
L93	Ketamine (injection)			
L94	Lidocaine 1% or 2% (anaesthesia)			
L95	Diazepam (injection)			
	Are any of the following mental health and neurological medicines available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L96	Amitriptyline tablet			
L97	Carbamazepine tablet			
L98	Chlorpromazine injection			
L99	Diazepam tablet			
L100	Diazepam injection or diazepam rectal tubes			
L101	Fluoxetine capsule			

L102	Fluphenazine injection			
L103	Haloperidol tablet			
L104	Lithium tablet			
L105	Phenobarbital tablet			
L106	Phenytoin tablet			
L107	Valproate sodium tablet			
L108	Lorazepam injection			
L109	Levodopa + carbidopa tablet			
L110	Imipramine tab			
L111	Benzhexol tablet			
L112	Trifluoroperazine tablet			
L113	Clomipramine tablet			
L114	Risperidone tablet			
L115	Venlafaxine tablet			
L116	Thiamine tablet			
	Are any of the following palliative care medicines available in the facility today? **CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)**	**Observed Available**	**Not Observed**	
L117	Dexamethasone injection			
L118	Haloperidol injection			
L119	Hyoscine butylbromide injection			
L120	Lorazepam tablet			
L121	Metoclopramide injection			
L122	Morphine granules, tablet			
L123	Morphine injection			
L124	Tramadol			
L125	Senna preparation (laxative)			
L126	Loperamide tab/cap			

Status of survey	COMPLETED ..... 1 RESPONDENT NOT AVAILABLE ..... 2 REFUSED ..... 3 PARTIALLY COMPLETED 4		
Comments by observer **Name:** **Signature**			
Comments by Supervisor **Name:** **Signature**			
Date			

Annex 4 – PHC User Questionnaire

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT

Questionnaire for users of Primary Health Care facilities

Serial Number	
Date of interview	dd/mm/yyyy

Questionnaire should be administered at the point of exit after obtaining services.

1. Facility and User Characteristics		
1.1.1	District	
1.1.1	Name of the Health care facility	
1.1.2	Type of Facility	1. PMCU 2. Divisional Hospital 3. OPD services of Base hospitals 4. Apex Hospital (Referred from PMCU or Divisional hospital)
1.1.3	Place of Health service accessed	11. Emergency Treatment Unit 12. Primary Care Unit 13. Out Patient Department 14. Healthy Lifestyle Center 15. Well woman clinic 16. Clinic 17. Other services
1.1.4	Clinic (Specify)	
1.1.5	Other services (specify)	
1.1.6	Age of the respondent	
1.1.7	Gender of the respondent	Female / Male
1.1.8	Grama Niladhari division of residence	
1.1.9	Reason for the current visit	1. Treatment for short-term illness 2. Treatment for injury/wound 3. Emergency medical care 4. Emergency surgical care 5. Screening for chronic diseases 6. Follow up visit for chronic disease 7. Referred for further investigations / care 8. Injury due to intimate partner violence
1.1.10	Do you attend this hospital regularly for health needs of yourself / your family members	Yes / No **(If 'No' skip to 1.1.12)**
1.1.11	If yes, since how long have you been attending this facility?	1. Less than six months 2. Six months up to 2 year 3. 2-5 years

		4. More than five years
1.1.12	Have you received any of the following services during this visit? (more than one response allowed)	1. Consultation with a doctor 2. Lab investigations like blood tests etc. (specify the tests) 3. Receive medicines 4. Wound care 5. Wound suturing 6. Medical advice / counseling 7. Emergency treatment 8. Referral to another facility for care 9. Other services
1.1.13	Other services (specify)	

2**. Responsiveness of the services**		
Indicate how you would rate the following aspects of service at this hospital		
2.1.1	Time taken to reach this hospital	Excellent / Good / Satisfactory / Poor / Very poor
2.1.2	Were you issued a unique identification number (similar to an ID number) to be used when accessing health services	Yes / No
2.1.3	Directions given as sign boards in the hospital premises for you to find your destination	Excellent / Good / Satisfactory / Poor / Very poor
2.1.4	Waiting time to be seen by the doctor	Excellent / Good / Satisfactory / Poor / Very poor
2.1.5	Waiting time to get the investigations done	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.6	Helpfulness of the staff at the laboratory	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.7	Helpfulness of the staff at the radiology unit (X ray room)	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.8	Helpfulness of the staff at the pharmacy	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.9	Convenience of the clinic / OPD hours to you	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.10	Overall time spent on this hospital visit	Excellent / Good / Satisfactory / Poor / Very poor
2.1.11	Being treated with dignity by the service provider (e.g. doctor)	Excellent / Good / Satisfactory / Poor / Very poor
2.1.12	Being treated with dignity by the nursing staff	Excellent / Good / Satisfactory / Poor / Very poor
2.1.13	Being treated with dignity by other staff (e.g. health assistants)	Excellent / Good / Satisfactory / Poor / Very poor
2.1.14	Being treated with kindness	Excellent / Good / Satisfactory / Poor / Very poor
2.1.15	Being treated in a way that is appropriate for your culture and religion	Excellent / Good / Satisfactory / Poor / Very poor
2.1.16	Information given by the doctor on your health condition	Excellent / Good / Satisfactory / Poor / Very poor

2.1.17	Information given on the management of your condition	Excellent / Good / Satisfactory / Poor / Very poor
2.1.18	Ability to clarify your doubts by asking questions from the doctor	Excellent / Good / Satisfactory / Poor / Very poor
2.1.19	Extent the doctor / health provider listened to you	Excellent / Good / Satisfactory / Poor / Very poor
2.1.20	Doctor considering your opinion also on deciding your management	Excellent / Good / Satisfactory / Poor / Very poor
2.1.21	Adequacy and quality of seating facilities in the waiting areas	Excellent / Good / Satisfactory / Poor / Very poor
2.1.22	Facilities for examination of patients	Excellent / Good / Satisfactory / Poor / Very poor
2.1.23	Overall cleanliness of the facility	Excellent / Good / Satisfactory / Poor / Very poor
2.1.24	Toilet facilities	Excellent / Good / Satisfactory / Poor / Very poor
2.1.25	Space and ventilation of the facility	Excellent / Good / Satisfactory / Poor / Very poor
2.1.26	Ability to have a family member present during consultation / examination	Excellent / Good / Satisfactory / Poor / Very poor
2.1.27	Privacy during the consultation	Excellent / Good / Satisfactory / Poor / Very poor
2.1.28	Privacy during examination and preparation for examination (e.g. changing clothes)	Excellent / Good / Satisfactory / Poor / Very poor
2.1.29	Maintaining confidentiality of the information about your illness	Excellent / Good / Satisfactory / Poor / Very poor
2.1.30	Ensuring safety from any accident or physical harm within the premises	Excellent / Good / Satisfactory / Poor / Very poor
2.1.31	Measures to protect from contracting any infectious diseases	Excellent / Good / Satisfactory / Poor / Very poor
2.1.32	Availability of a place with privacy to breastfeed a baby	Excellent / Good / Satisfactory / Poor / Very poor
2.1.33	Availability of safe drinking water	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.34	Waiting time to get the medicines	Excellent / Good / Satisfactory / Poor / Very poor

3. Satisfaction of the users		
Indicate your level of satisfaction with the following aspects of care / services you have received from this facility		
3.1.1	Availability of an adequate number of service providers	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.2	Competency of the service providers (e.g. doctors) to mange your health condition	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.3	Availability of required investigation facilities	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.4	Availability of medicines	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.5	Availability of equipment needed for patient care E.g. Nebulizers, Oxygen	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.6	Availability of facilities for medical / surgical procedures (e.g. wound dressing / suturing)	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.7	System to refer the patient to a higher level of care when needed	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.8	Overall safety of the services provided by the facility	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.9	Overall quality of the services provided by the facility	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.10	Overall satisfaction about your experience at this health facility	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
3.1.11	Having a mechanism to express your concerns / suggestions (such as a complaint box)	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied

4. Awareness about PHC services (These questions are relevant only for the users of the cluster group (Group 1) of facilities). For Groups 2 and 3, Go To Section 5			
Indicate whether you are aware of the following services are available at the primary health care facilities in your area and whether you have ever utilized those services			
	Services	**Aware of the services**	**Ever utilized the services**
	Blood tests		
4.1.1	Full blood count for suspected dengue fever	Yes / No/ DK	Yes / No
4.1.2	Blood tests to screen for diabetes mellitus	Yes / No/ DK	Yes / No
4.1.3	Blood tests for serum cholesterol levels	Yes / No/ DK	Yes / No
4.1.4	Blood test for malaria	Yes / No/ DK	Yes / No
	Urine tests		
4.1.5	Urine full report	Yes / No/ DK	Yes / No
	Tests for heart disease risk		
4.1.6	Body Mass Index	Yes / No/ DK	Yes / No
4.1.7	Blood pressure check	Yes / No/ DK	Yes / No
4.1.8	ECG	Yes / No/ DK	Yes / No
	Screening tests for cancer in women		
4.1.9	Breast examination	Yes / No/ DK	Yes / No
4.1.10	Pap smear	Yes / No/ DK	Yes / No
	Other tests		
4.1.11	X-ray	Yes / No/ DK	Yes / No
4.1.12	Sputum test for tuberculosis	Yes / No/ DK	Yes / No
4.1.13	HIV /AIDS	Yes / No/ DK	Yes / No
4.1.14	Leprosy	Yes / No/ DK	Yes / No
4.1.15	Treatment for mild/moderate cases of respiratory infections, asthma and diarrhea in children	Yes / No/ DK	Yes / No
4.1.16	Suturing for a laceration / cut injury	Yes / No/ DK	Yes / No
4.1.17	Incision and drainage of an abscess	Yes / No/ DK	Yes / No
4.1.18	Family planning services like IUCD, DMPA and sub-dermal implants	Yes / No/ DK	Yes / No
4.1.19	Immunization clinics providing immunization for children and adolescents	Yes / No/ DK	Yes / No
4.1.20	Basic dental care services	Yes / No/ DK	Yes / No
4.1.21	Follow up care for patients with hypertension	Yes / No/ DK	Yes / No
4.1.22	Follow up care for patients with diabetes mellitus	Yes / No/ DK	Yes / No
4.1.23	Follow up care for uncomplicated mental health problems	Yes / No/ DK	Yes / No
4.1.24	Referral to higher level institutions for complications on NCDs	Yes / No/ DK	Yes / No
	Counseling		

4.1.25	Mental health counseling	Yes / No/ DK	Yes / No
4.1.26	Family planning counseling	Yes / No/ DK	Yes / No
4.1.27	Dietary and lifestyle advice for reducing cardio-vascular disease risk	Yes / No/ DK	Yes / No
4.1.28	HIV counseling	Yes / No/ DK	Yes / No
4.1.29	Counseling for cancer patients	Yes / No/ DK	Yes / No
4.1.30	A unique patient identification number that helps linking all your records in any of the cluster linked hospitals	Yes / No/ DK	Yes / No

5. Attitudes towards primary health care services (For users of cluster group of facilities)		
Indicate to what extent you would agree with the following statements on primary health care services in your area (Primary Health Care facilities means Primary Medical Care Units or Divisional Hospitals)		
5.1.1	Health care workers in PHC facilities are as competent as those in larger hospitals	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.2	Primary health care services are a good way of providing care for uncomplicated health problems in nearby facilities	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.3	Uncomplicated diabetes mellitus can be effectively followed up at primary health care facilities	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.4	Uncomplicated hypertension can be effectively followed up at primary health care facilities	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.5	I think the nearby primary care hospital provides good care for my for minor illnesses	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.6	If my health problem is complicated there is an effective system to refer me to a higher level institution	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.7	Since there is a method to link all my health records, there is better continuity of care	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.8	In case of an emergency, I would opt to go to the nearby primary care hospital than to a larger hospital far away.	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.9	Appearance and the environment of the primary care hospital make me feel like going there.	Strongly agree / agree / neutral / disagree/ strongly disagree
5.1.10	Smaller hospitals that come under Primary Health Care facilities are usually poor in resources and facilities to provide services expected from them	Strongly agree / agree / neutral / disagree/ strongly disagree

5.1.11	Building and maintaining PHC facilities is a waste of resources	Strongly agree / agree / neutral / disagree/ strongly disagree

6. The following questions are related to gender issues (issues encountered purely because of you are a woman or a man)		
6.1.1	Are there separate toilets for males and females	Yes/ No
6.1.2	Do you think a person's gender (being a woman or man) influenced care provided in this health facility in general	Always/ Often/ Sometimes / Rarely / Never
6.1.3	Did you feel any embarrassment or discomfort when you were examined by health staff?	Always/ Often/ Sometimes / Rarely / Never
6.1.4	Did you feel any embarrassment or fear when using toilet facilities?	Always/ Often/ Sometimes / Rarely / Never
6.1.5	Did you feel any embarrassment or discomfort when interacting with health staff?	Always/ Often/ Sometimes / Rarely / Never
6.1.6	Were you treated differently just because you are a woman / man	Always/ Often/ Sometimes / Rarely / Never
6.1.7	Did you feel insecure in this health facility just because you are a woman / man	Always/ Often/ Sometimes / Rarely / Never

7.1.1	Do you have any other opinion about the care provided by this health facility? (You may voice record with permission)	Open ended

Thank you very much for participation in this survey

	Enumerator	Supervisor
Observations		
Signature		
Name		
Date		

Annex 5 – IDI Guide

Monitoring and evaluation of 'shared care cluster approach' in the Primary Health Care implemented by the Health System Enhancement Project

Guide for In-Depth Interviews with stakeholders

Basic Information:

Data Collector Name: _____ Date: _____

Location: _____

Respondent characteristics: Age: ___ Gender: ___

Level of involvement with the Health System Enhancement Project (HSEP): National / Provincial / District / Health institutional level

Overview of involvement with HSEP

1. **To begin with Can you explain your role in the Health System Enhancement Project?**
   Probe on:

1.1 Since when have you been involved in the HSEP
1.2 Probe on the initial experience with the HSEP
1.3 the PHC structure and leadership hierarchy
1.4 Probe on the roles and responsibilities towards the HSEP – have you been given a TOR and a contract/ to whom do you report on a daily basis/ how is your work monitored and evaluated

2. **Can you please tell us the recent developments in the primary health care system (PHC) in your area initiated by the Ministry of Health?**

3. **Can you describe the basis and process of establishing the PHC clusters?**
   Probe on:

3.1 What was the reason to establish the "shared care cluster "system
3.2 Briefly describe how it was established in your province and what is the objective and expected outcome
3.3 Directives issued by the Ministry of Health (MoH) to operationalize the policy on reorganizing health care delivery for universal health coverage in selected newly established clusters (request to show document)
3.4 Directive issued by the MoH to appoint a Deputy Regional Director Health Services as the cluster head for each of the clusters. (request to show document)
3.5 Directive issued by the MoH authorizing sharing of human resources, materials and equipment and finances within each of the clusters. (request to show document)

3.6 Was a gap analysis done in your province to identify the various gaps (infrastructure /physical space/diagnostics/ pharmaceutical etc)? Is a copy available with you?
3.7 Was a service level assessment done related to availability and practices related to clinical up and back referral pathways for intervention packages e.g guidelines for management of chronic NCDs, RMNCAH, communicable diseases (TB/dengue)? Is a copy available with you?
3.8 Have you rectified the issues raised in the GAP analysis?

4. Describe the guidelines applicable to cluster reform
(Interviewer has to keep a list of guidelines relevant to this project)

At PMCI level: (PMU and DH)

4.1 List the guidelines required for this project (administrative, infrastructure management, HR management, Clinical, Data management)
4.2 Was there any training on any of these guidelines?
4.3 Who are the recipients of these guidelines?

At RDHS level:

4.4 Have you received the guidelines? Guidelines received from central authorities
4.5 To whom have you sent them?
4.6 Have you discussed each guideline with the relevant stakeholders?
4.7 Were training carried out

At PHC (Apex hospital level) -level

4.8 Did you receive the guidelines (confirm availability)?
4.9 Were they useful?

5. Can you explain about your perception on the efficiency of the pilot cluster?
Probe on:
5.1 How was the staff selected to the respective posts?
5.2 The training given to the respective staff
5.3 Quantity/quality of PHC staff (various categories) trained in selected areas like primary healthcare/family medicine, maternal and child health, sexual and reproductive Health/ family planning, health care waste management, use of Geographic Information Systems in health planning and management, gender responsiveness and sensitivity in primary care and in infection control, patient safety
5.4 At district level were there any training done for PHC staff by the Apex hospital staff
5.5 As of now how they are performing? What are the evaluations done so far?

6. Can you explain about the effects of the pilot reform on the population?
Probe on:

6.1 Utilization of cluster-linked facilities for medical and surgical emergencies, outpatient services, clinic services, inpatient services, other auxiliary services (physiotherapy, etc.) by the population living in the cluster catchment areas
6.2 Is a referral system in place/is there a certified document?
6.3 How your role helped in achieving the objectives
6.4 Have the services improved in the facility itself
6.5 Have cluster linked facilities through referral system improved services
6.6 Is there a mechanism to determine patient satisfaction?
6.7 Equity of the pilot reform on the population

7. Can you explain about health information and disease surveillance capacity of PHC institutions?

Probe on:

7.1 Do you send notifications via electronic system to the MOH
7.2 Explain the pathway & flow of information
7.3 Sex-disaggregated data included in the electronic Reproductive Health Management Information System (eRHMIS) and Annual Health Bulletin (Check with Family Health Bureau)
7.4 Sex-disaggregated data included in the eHealth surveillance system
7.5 Sex-disaggregated data analyzed, and gender related health issues identified for programming in the maternal and child health, chronic NCDs and epidemiological services
7.6 Quantity/quality of PHC and Medical Officer of Health areas linked to a cluster use electronic patient information sharing system across the cluster facilities

8. Can you describe whether PHC institutions have streamlined gender issues?

Probe on according to the involvement of the respondent:

8.1 Medical officers and other staff of PHC institutions in target provinces are trained in gender sensitivity, gender related policies and interventions
8.2 A team of experts on health and gender are consulted during the preparation of policies / gender expert recruited
8.3 Operational polices and guidelines with gender dimensions are developed for (i) delivering a comprehensive package of PHC; (ii) management and functioning of cluster hospitals; and (iii) GIS-based planning and monitoring in health sector
8.4 Family Health Bureau has integrated gender dimensions into all their policies and strategic plans
8.5 The package for newly married couples is reviewed and finalized (Check with the FHB)
8.6 Advocacy workshops conducted as one per district with registrars of marriages
8.7 A gender training needs assessment conducted and a training -of-trainers module for PHC staff developed and conducted in each district
8.8 Public Health Midwives (PHM) trained on gender sensitive nutrition counselling program (obtain % from gender specialist)

8.9 Was a gender sensitive behavior change communication plan initiated at provincial level

9. Can you describe some advantages of PHC cluster reforms that you have observed?

10. Can you tell me the disadvantages of PHC cluster reforms, if any?

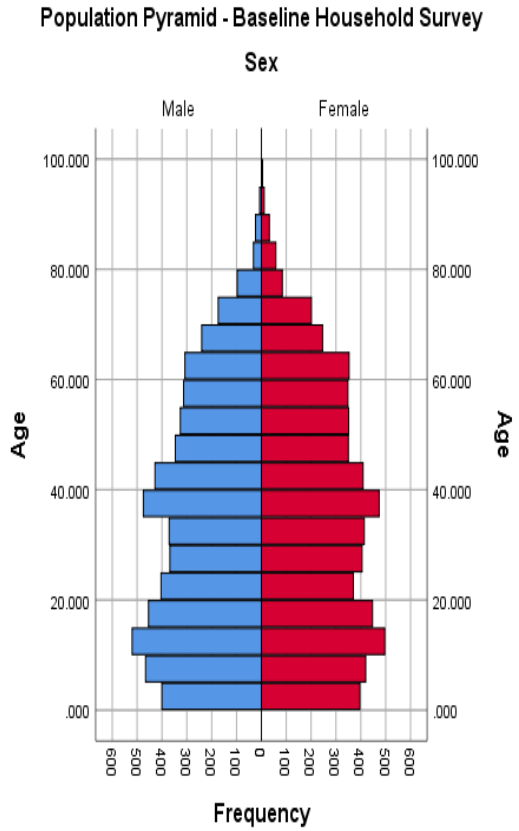
11. Did you (PHC) hold any orientation & review meetings?

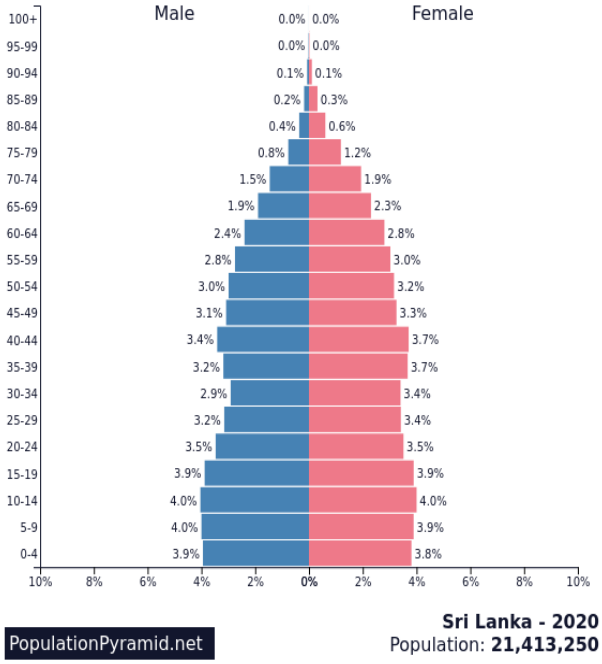
11.1 Did anyone from the cluster hospital attend meetings of MOH on a regular basis?

12. Is there anything else about the topics we talked about today that we missed or that you would like to tell us about?

Thank you very much for your valuable information.

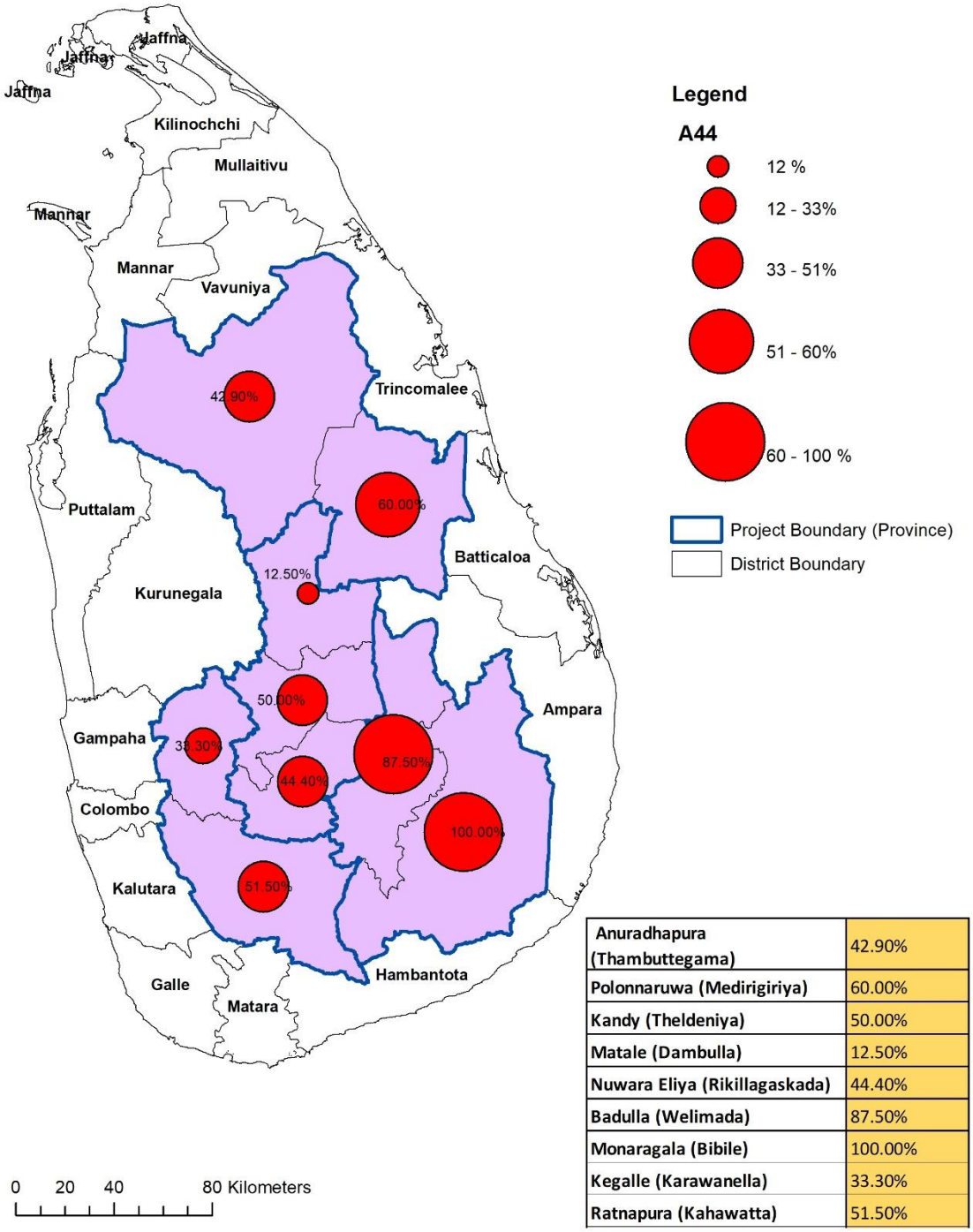
Annex 6 – Comparison of population pyramid of the survey sample (Left) vs Sri Lanka population 2020 (Right)





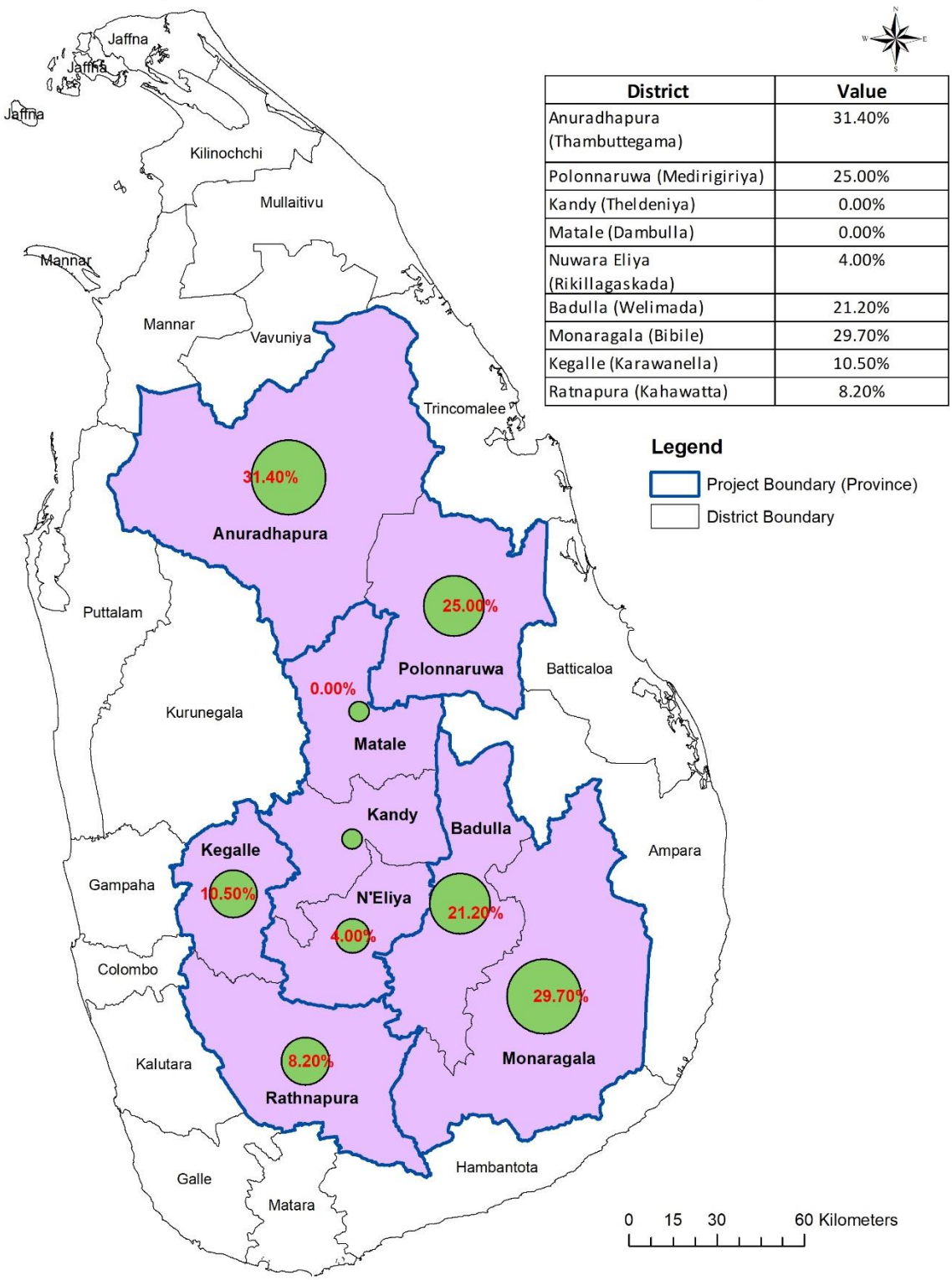
Annex 7 – Maps illustrating selected indicators of Cluster performance according to 9 pilot clusters

% of facilities that have carried out gap analysis to identify the infrastructure / physical space gaps, medical equipment and medical furniture gaps, other general equipment gaps, laboratory service gaps, pharmaceuticals gaps, health technology related gaps, at each of the 9 clusters for providing each of the selected services to be provided via a cluster approach (interventions package)



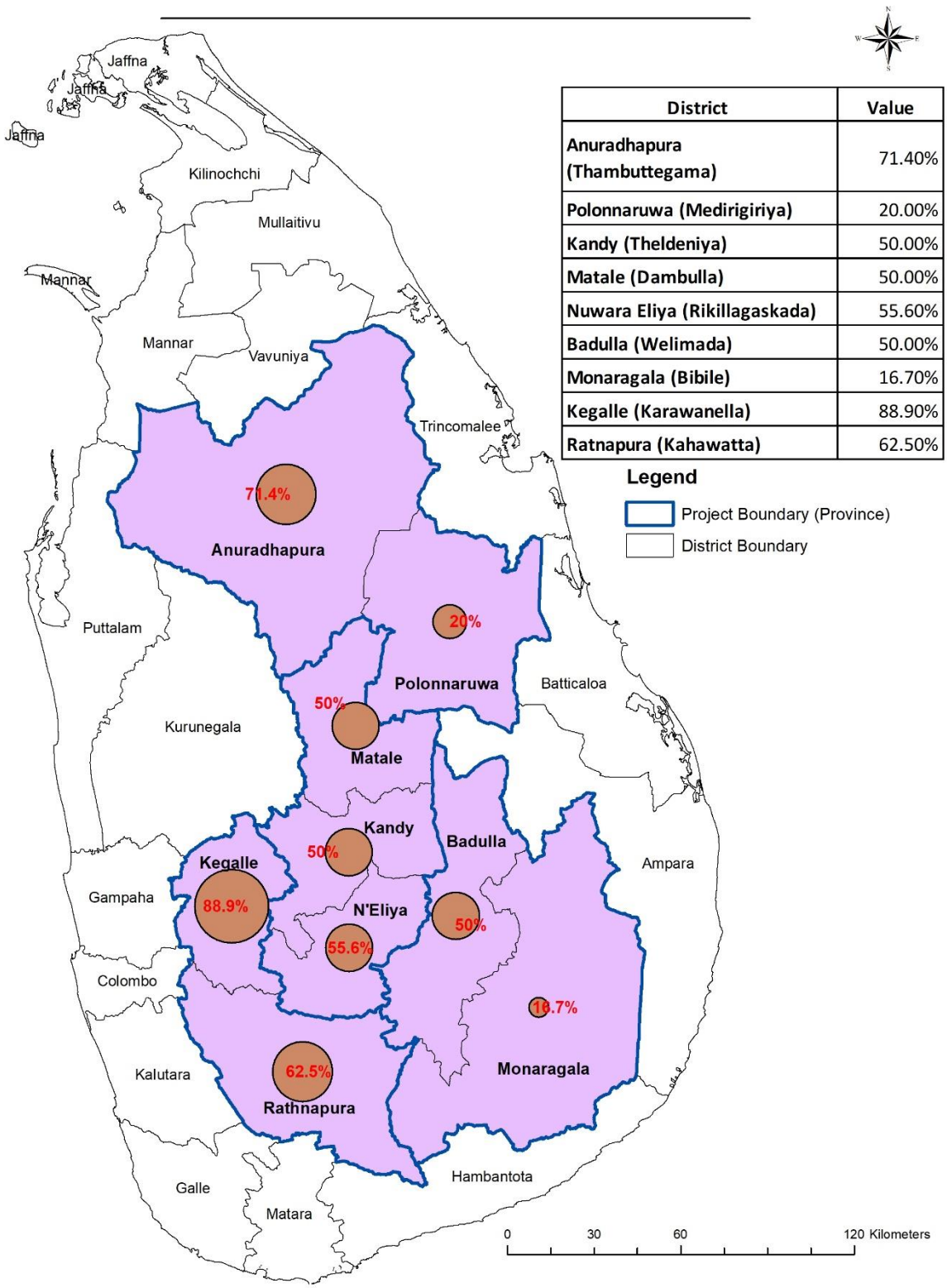
Anuradhapura (Thambuttegama)	42.90%
Polonnaruwa (Medirigiriya)	60.00%
Kandy (Theldeniya)	50.00%
Matale (Dambulla)	12.50%
Nuwara Eliya (Rikillagaskada)	44.40%
Badulla (Welimada)	87.50%
Monaragala (Bibile)	100.00%
Kegalle (Karawanella)	33.30%
Ratnapura (Kahawatta)	51.50%

% of PHC staff (various categories) trained in selected areas like primary healthcare/family medicine, health care waste management, use of Geographic information systems in primary health care and family medicine



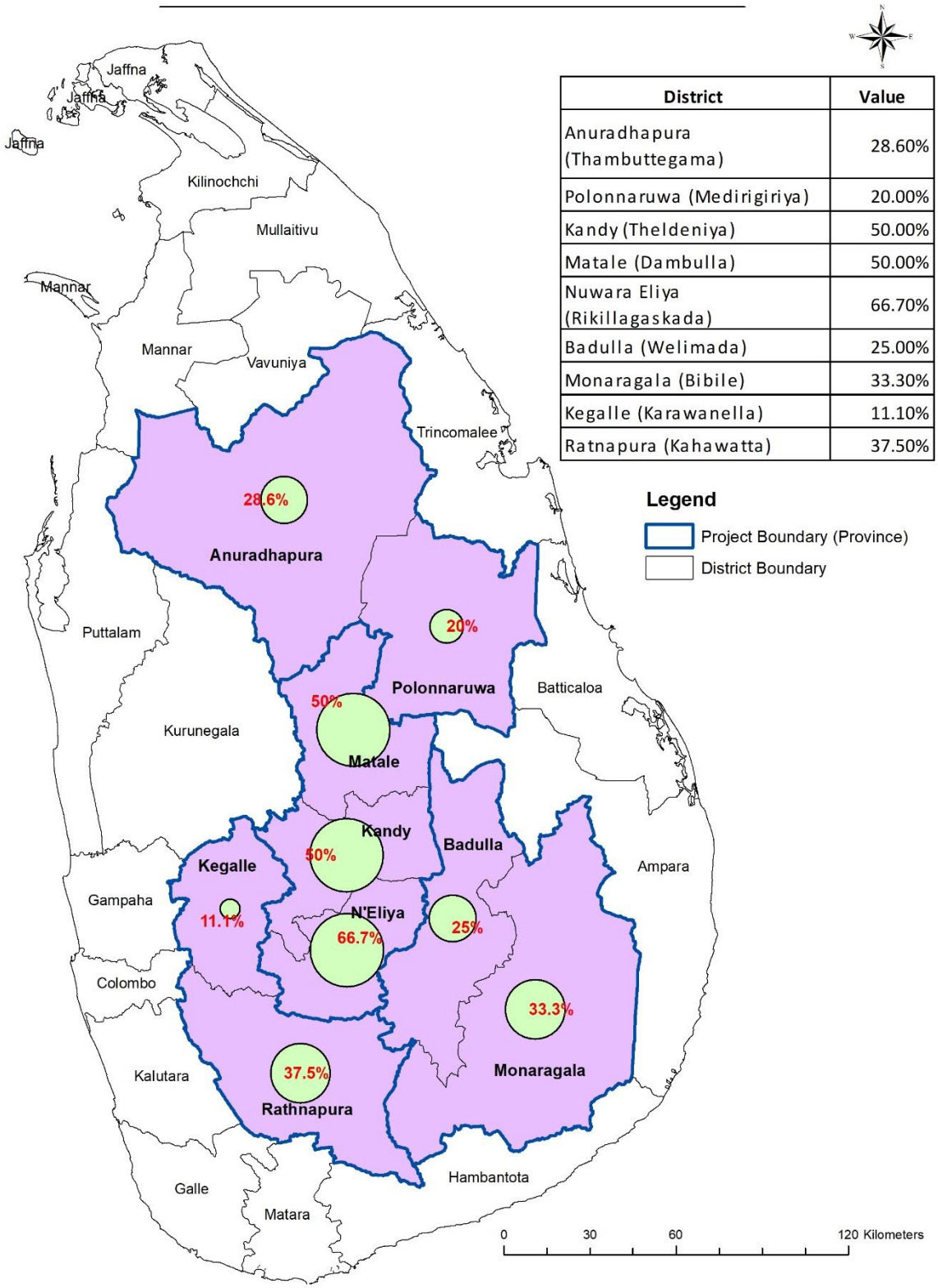
District	Value
Anuradhapura (Thambuttegama)	31.40%
Polonnaruwa (Medirigiriya)	25.00%
Kandy (Theldeniya)	0.00%
Matale (Dambulla)	0.00%
Nuwara Eliya (Rikillagaskada)	4.00%
Badulla (Welimada)	21.20%
Monaragala (Bibile)	29.70%
Kegalle (Karawanella)	10.50%
Ratnapura (Kahawatta)	8.20%

% of cluster linked PHCs having gender sensitive facilities (male female toilets, privacy during consultations with health personnel, separate changing areas prior to examination, etc.) -separate toilets for females and males at OPD



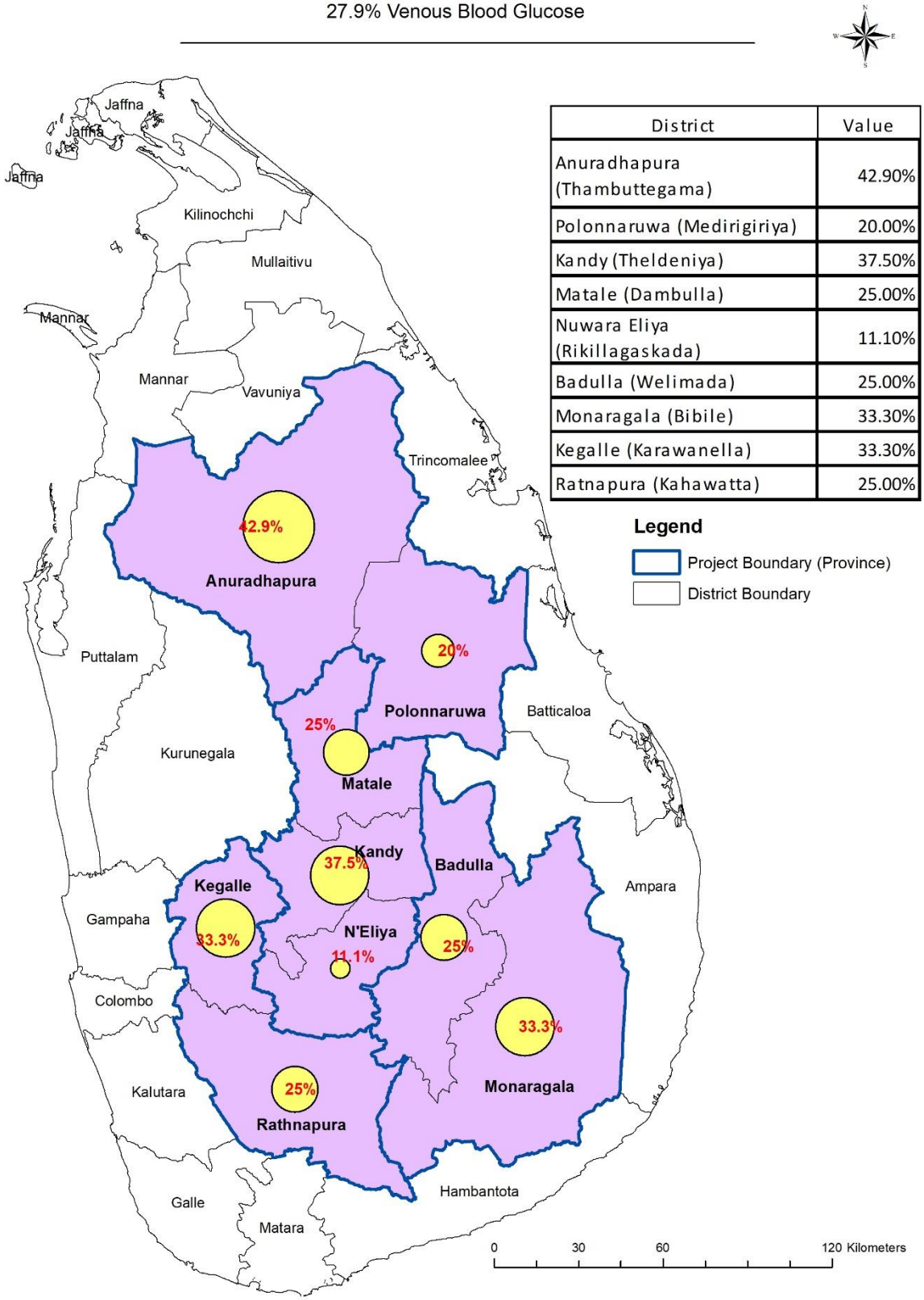
District	Value
Anuradhapura (Thambuttegama)	71.40%
Polonnaruwa (Medirigiriya)	20.00%
Kandy (Theldeniya)	50.00%
Matale (Dambulla)	50.00%
Nuwara Eliya (Rikillagaskada)	55.60%
Badulla (Welimada)	50.00%
Monaragala (Bibile)	16.70%
Kegalle (Karawanella)	88.90%
Ratnapura (Kahawatta)	62.50%

% of cluster linked PHCs having disability friendly services (access to all services, disability-friendly toilets, disability clinical services like availability of trained staff for physiotherapy, nursing care for disabled)
- 36.8% for access to all service



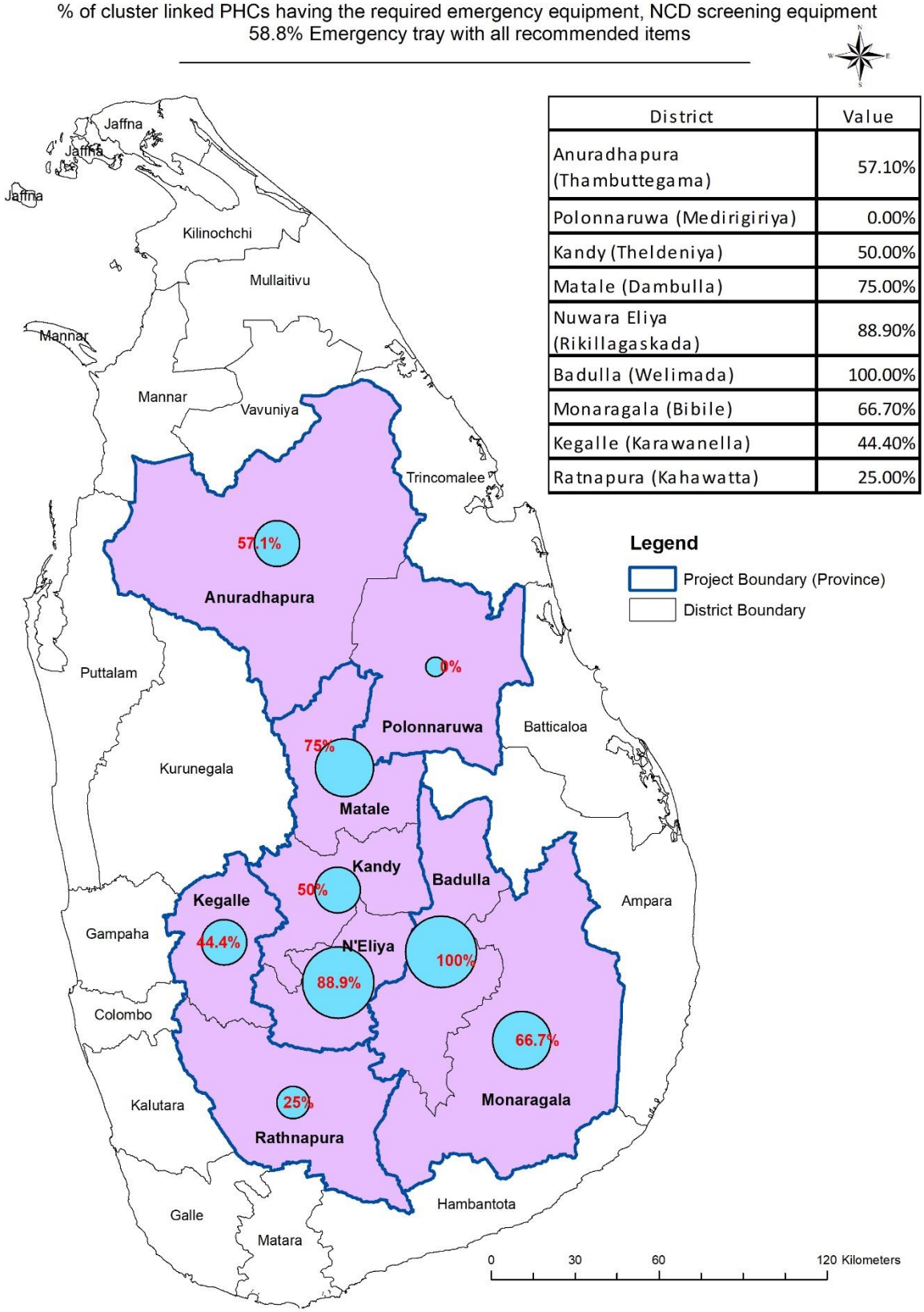
District	Value
Anuradhapura (Thambuttegama)	28.60%
Polonnaruwa (Medirigiriya)	20.00%
Kandy (Theldeniya)	50.00%
Matale (Dambulla)	50.00%
Nuwara Eliya (Rikillagaskada)	66.70%
Badulla (Welimada)	25.00%
Monaragala (Bibile)	33.30%
Kegalle (Karawanella)	11.10%
Ratnapura (Kahawatta)	37.50%

% of institutions offering the prescribed / defined laboratory tests at a given time
27.9% Venous Blood Glucose



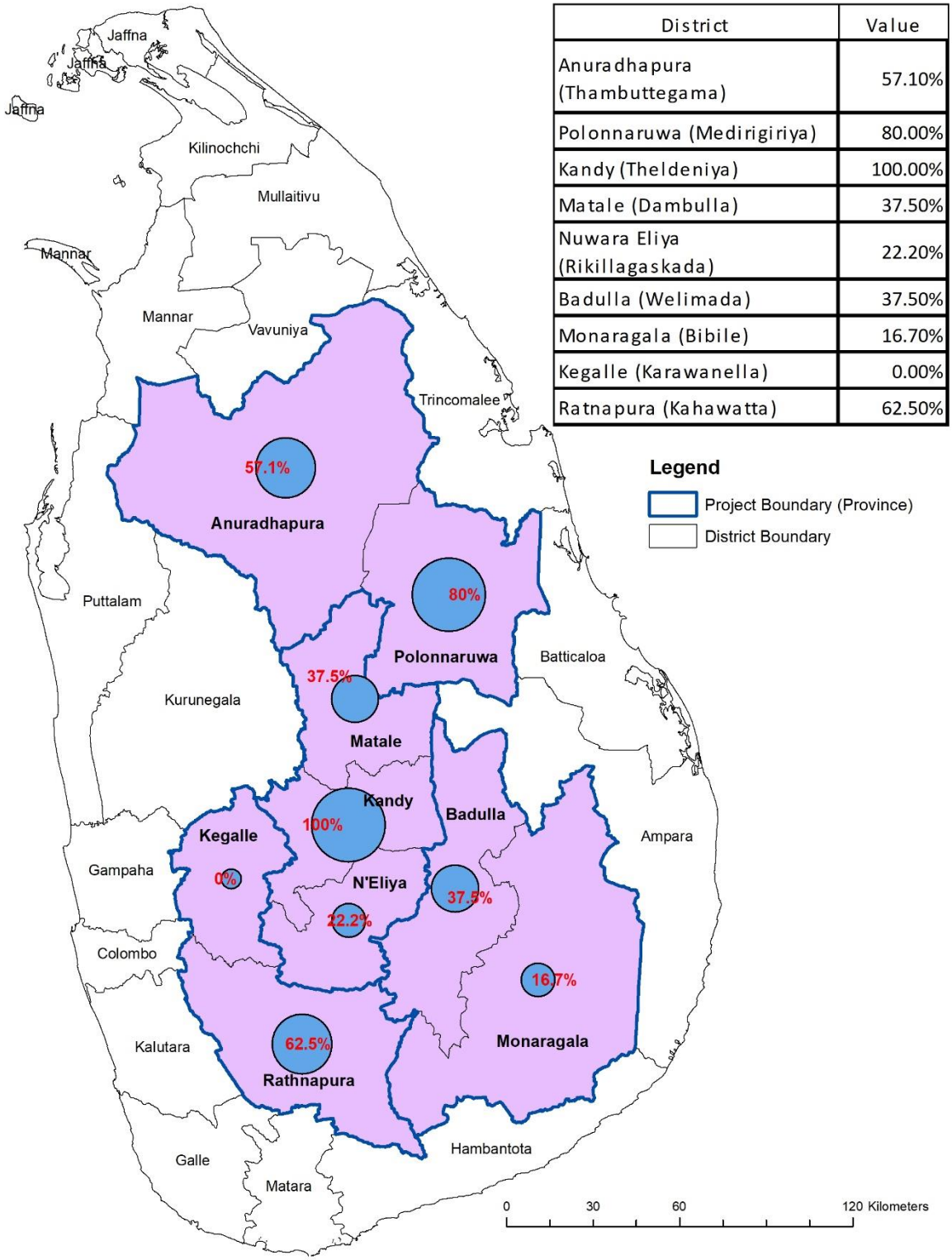
District	Value
Anuradhapura (Thambuttegama)	42.90%
Polonnaruwa (Medirigiriya)	20.00%
Kandy (Theldeniya)	37.50%
Matale (Dambulla)	25.00%
Nuwara Eliya (Rikillagaskada)	11.10%
Badulla (Welimada)	25.00%
Monaragala (Bibile)	33.30%
Kegalle (Karawanella)	33.30%
Ratnapura (Kahawatta)	25.00%

% of cluster linked PHCs having the required emergency equipment, NCD screening equipment
58.8% Emergency tray with all recommended items



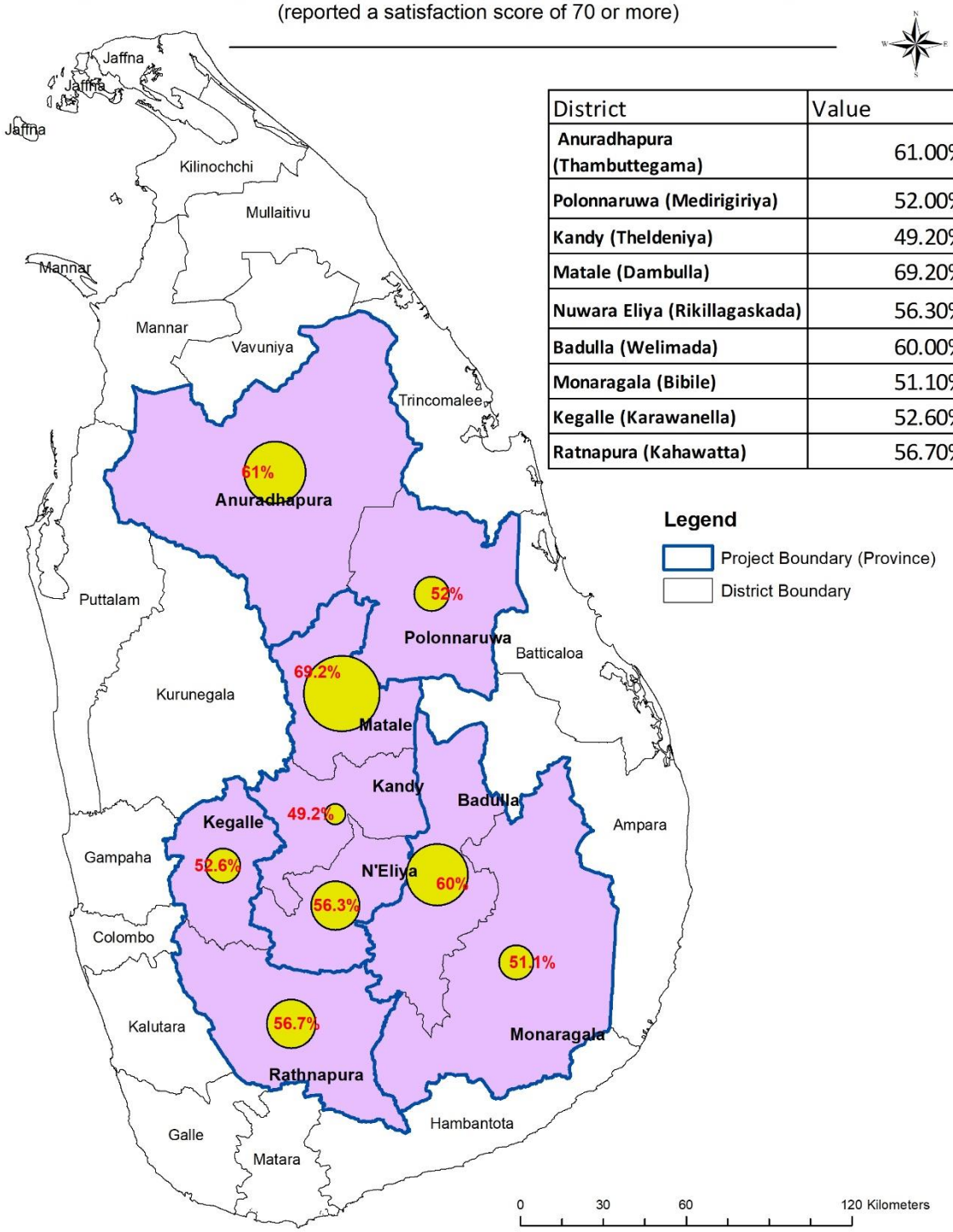
District	Value
Anuradhapura (Thambuttegama)	57.10%
Polonnaruwa (Medirigiriya)	0.00%
Kandy (Theldeniya)	50.00%
Matale (Dambulla)	75.00%
Nuwara Eliya (Rikillagaskada)	88.90%
Badulla (Welimada)	100.00%
Monaragala (Bibile)	66.70%
Kegalle (Karawanella)	44.40%
Ratnapura (Kahawatta)	25.00%

% of PHCs linked to clusters in target provinces that provide dietary services (including counselling) to children, adults and elders living in the cluster catchment population - 44.1% for elderly



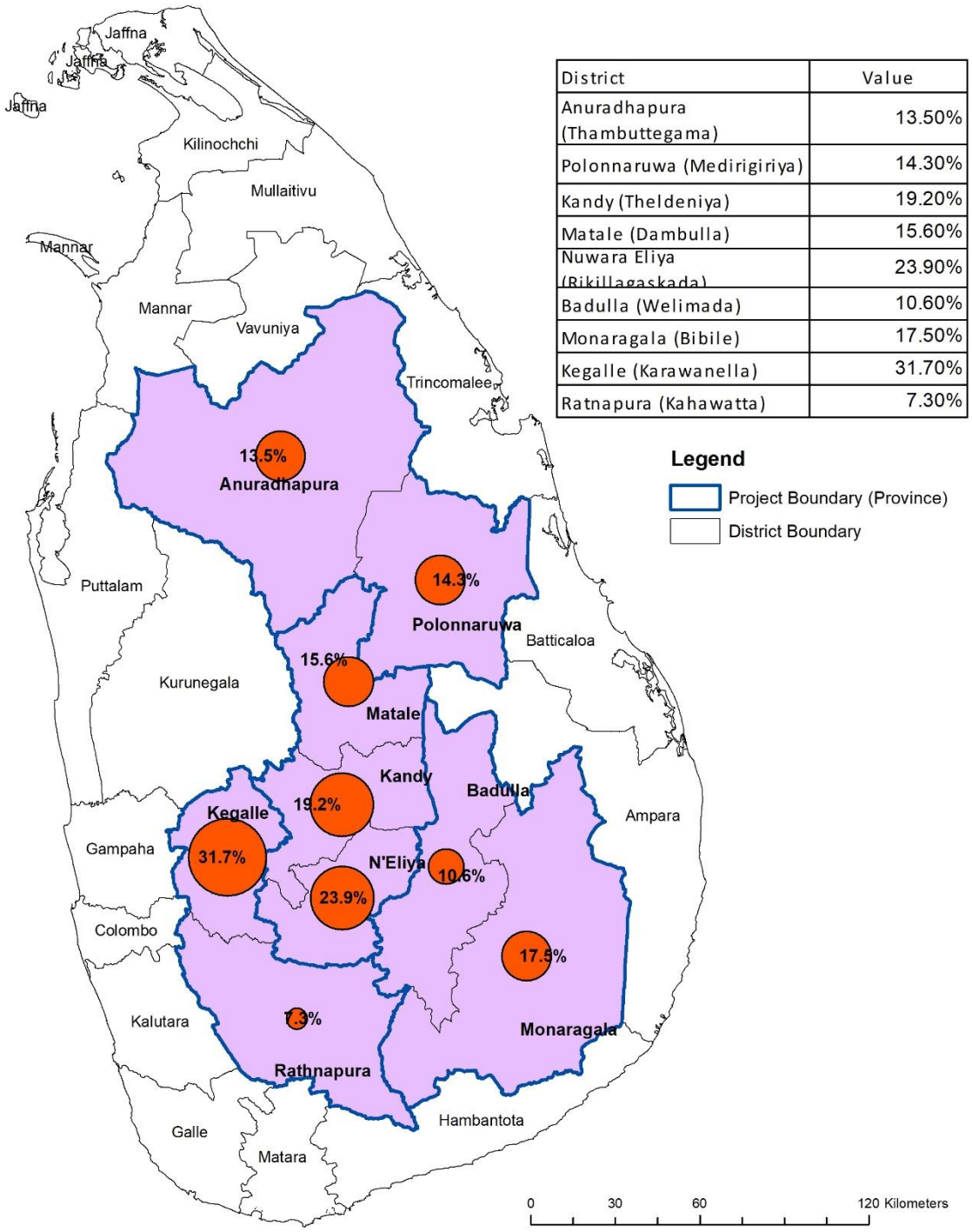
District	Value
Anuradhapura (Thambuttegama)	57.10%
Polonnaruwa (Medirigiriya)	80.00%
Kandy (Theldeniya)	100.00%
Matale (Dambulla)	37.50%
Nuwara Eliya (Rikillagaskada)	22.20%
Badulla (Welimada)	37.50%
Monaragala (Bibile)	16.70%
Kegalle (Karawanella)	0.00%
Ratnapura (Kahawatta)	62.50%

% increase in patients reporting knowledge of and satisfaction of using cluster-linked PHC services, (Satisfaction was defined as percentage of patients reporting 70% or more marks in a 10-item satisfaction tool using 5-point scale. - Knowledge on the PHC services was assessed in three domains, awareness of investigations (14 items), awareness of curative and preventive services (10 items) and awareness of counselling srvices (5 items),which was later combined into an overall awareness score. overall awareness score of 70% or more was considered as adequately aware) 56.6% of users satisfied overall (reported a satisfaction score of 70 or more)



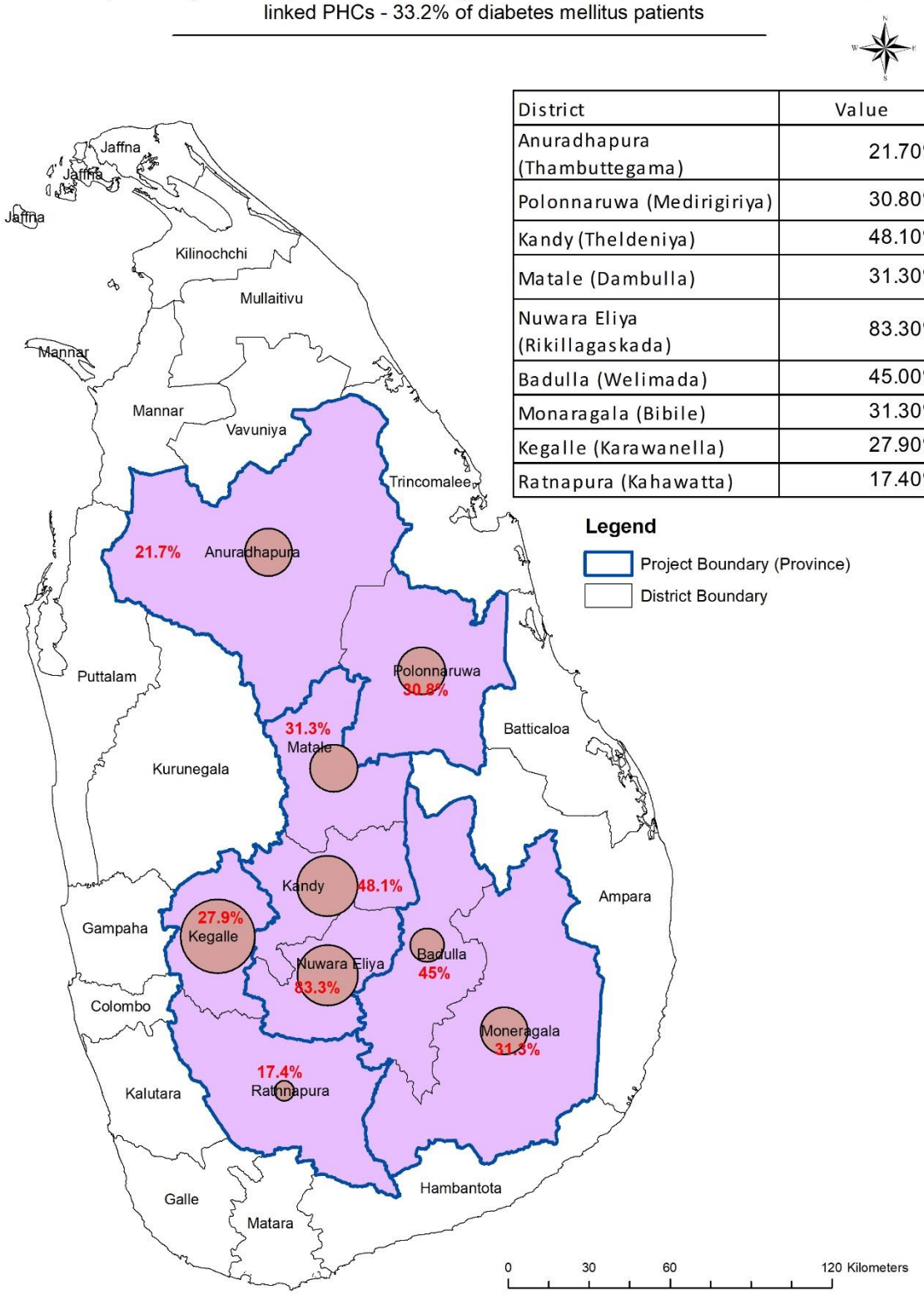
District	Value
Anuradhapura (Thambuttegama)	61.00%
Polonnaruwa (Medirigiriya)	52.00%
Kandy (Theldeniya)	49.20%
Matale (Dambulla)	69.20%
Nuwara Eliya (Rikillagaskada)	56.30%
Badulla (Welimada)	60.00%
Monaragala (Bibile)	51.10%
Kegalle (Karawanella)	52.60%
Ratnapura (Kahawatta)	56.70%

% reduction in the prevalence of NCD risk factors - alcohol use, obacco use, high BMI, low physical activity, indoor air pollution - among the cluster served catchment populations -17.2% current tobacco smokers



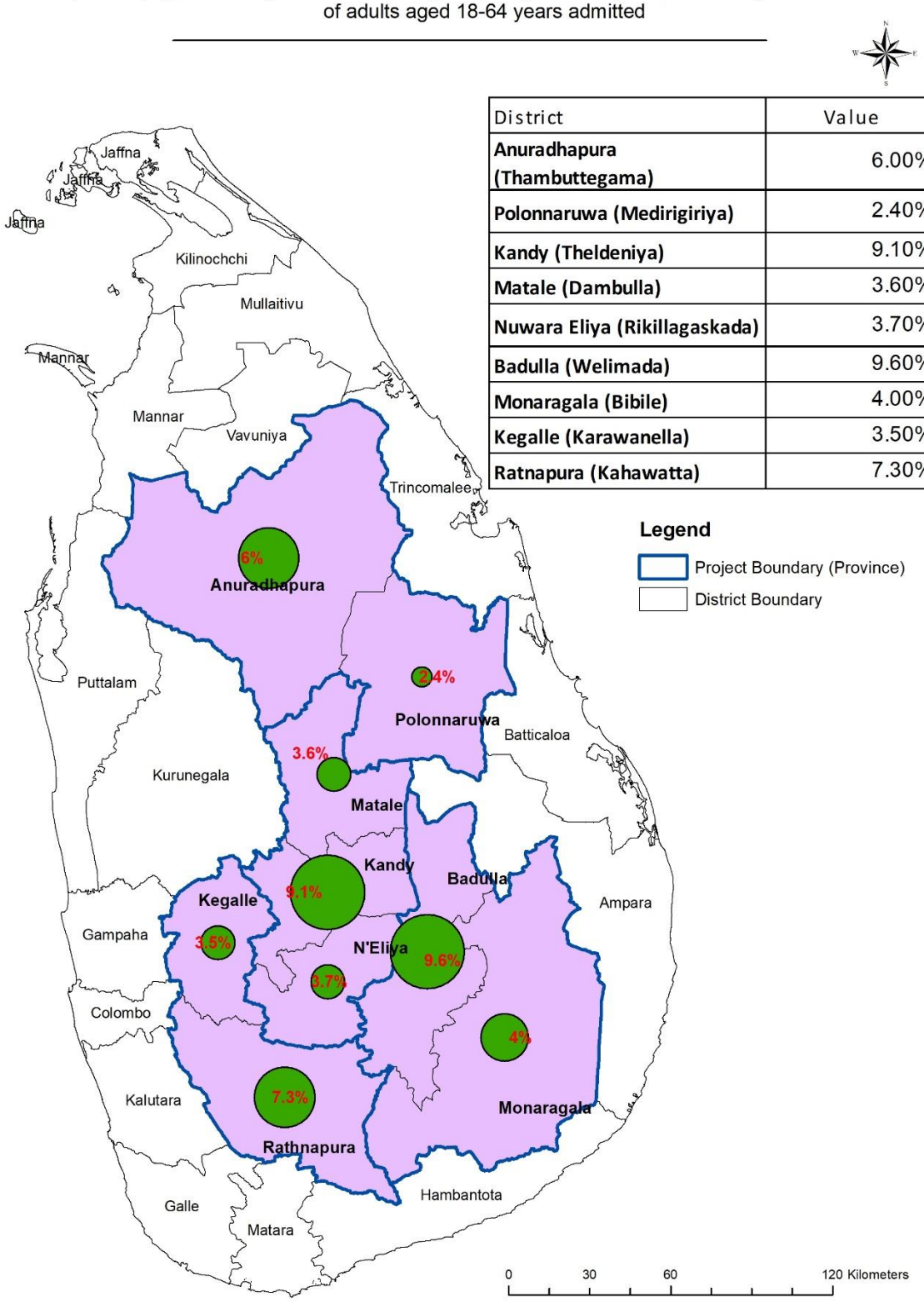
District	Value
Anuradhapura (Thambuttegama)	13.50%
Polonnaruwa (Medirigiriya)	14.30%
Kandy (Theldeniya)	19.20%
Matale (Dambulla)	15.60%
Nuwara Eliya (Rikillagaskada)	23.90%
Badulla (Welimada)	10.60%
Monaragala (Bibile)	17.50%
Kegalle (Karawanella)	31.70%
Ratnapura (Kahawatta)	7.30%

% of the patients diagnosed with diabetes mellitus, hypertension, ischaemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas seek care at the cluster linked PHCs - 33.2% of diabetes mellitus patients



District	Value
Anuradhapura (Thambuttegama)	21.70%
Polonnaruwa (Medirigiriya)	30.80%
Kandy (Theldeniya)	48.10%
Matale (Dambulla)	31.30%
Nuwara Eliya (Rikillagaskada)	83.30%
Badulla (Welimada)	45.00%
Monaragala (Bibile)	31.30%
Kegalle (Karawanella)	27.90%
Ratnapura (Kahawatta)	17.40%

% reduction in the admission and re-admission rates due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension) -Admission during the past year to any hospital for any health condition:5.4% of adults aged 18-64 years admitted



District	Value
Anuradhapura (Thambuttegama)	6.00%
Polonnaruwa (Medirigiriya)	2.40%
Kandy (Theldeniya)	9.10%
Matale (Dambulla)	3.60%
Nuwara Eliya (Rikillagaskada)	3.70%
Badulla (Welimada)	9.60%
Monaragala (Bibile)	4.00%
Kegalle (Karawanella)	3.50%
Ratnapura (Kahawatta)	7.30%

% of the catchment area population attending NCD risk factor prevention programs conducted by the MOHs* in consultation with the PHCs - 7.2% of adults aged 35-64 years

District	Value
Anuradhapura (Thambuttegama)	12.80%
Polonnaruwa (Medirigiriya)	1.30%
Kandy (Theldeniya)	11.00%
Matale (Dambulla)	4.10%
Nuwara Eliya (Rikillagaskada)	3.90%
Badulla (Welimada)	3.00%
Monaragala (Bibile)	5.60%
Kegalle (Karawanella)	17.00%
Ratnapura (Kahawatta)	3.50%