Final Report

Monitoring and Evaluation of ADB funded Health System Enhancement Project

Endline Survey Report

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Sri Lanka Business Development Centre

40/5, Dharmapala Place, Rajagiriya, Sri Lanka

(94) 11 287 7239, (94) 11 722 2435

info@slbdc-lk.org www.slbdc-lk.org

Monitoring and Evaluation Team

Lead investigator

Prof. Upul Senarath – Team Leader /Monitoring and Evaluation Specialist, Chair Professor & Specialist in Community Medicine, Department of Community Medicine, Faculty of Medicine

Co-investigators

Dr. Sujatha Samarakoon – Health Systems Research /Health Policy and Management Expert, Public Health Specialist and Venereologist, Freelance Consultant

Prof. Dulani Samaranayake – Biostatistician, Professor & Specialist in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo

Dr. Rohan Samarasinghe – Software Engineer, Senior Lecturer, Department of ICT, Faculty of Technology, University of Colombo

Mr. Dinesh Gunarathna – Database Manager, Geographic Information Systems Specialist, Freelance Consultant

Mr. Udara Samaratunga - Data Analyst, Freelance Consultant

Dr. Margaret Kuruppu – Editor, Freelance Consultant

Project Management

Ms. Rohanthi Perera - Project/Survey Director

Mr. Lasantha Weerasooriya – Manager, Field Operations

Mr. Pathum Sanjeewa – Manager, Finance

Mr. K. Partheepan - Data Quality Assurance Officer

Mr. R. Wanasinge - Coordinator

Mr. A. Chandrasena- Coordinator

Mr. Y. M. Nimsath – Coordinator

Mr. A. Noragolla – Coordinator

Field Team

Mr. R. Senavirathne – Team leader- Household survey, Central province

Mr. M. D. Manathunga – Team leader- Household survey, Uva province

Ms. R. T. Karunarathna – Team leader- Household survey, Sabaragamuwa province

Mr. H. M. C. Roshan – Team leader- Household survey, North Central province

Mr. I. C. Maduranga – Team leader- Facility survey, Central province

Mr. H. M. I. D. Bandara – Team leader- Facility survey, Uva province

Mr. K. M. Lakshan– Team leader- Facility survey, Sabaragamuwa province

Ms. L. S. N. Wijerathna– Team leader- Facility survey, North Central province

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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 adopting a strategy to strengthen the Primary Health Care (PHC) delivery system to be delivered through an "Essential Health Services Package". 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 by the Ministry of Health in partnership with the Asian Development Bank through the Health System Enhancement Project. Pilot clusters were established in 9 districts by the HSEP, and monitoring of the progress of the cluster-reform process and the implementation of the relevant services has been carried out through a series of Monitoring and Evaluation (M&E) studies. The baseline survey conducted in 2021 described 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. The baseline level of responsiveness, satisfaction with care and gender sensitivity of services as perceived by the users of primary health care institutions were also assessed in the baseline survey as well as subsequent annual surveys.

A comprehensive end line survey was conducted in 2025 to determine the achievement of project outcomes. The end line survey comprised 3 cross-sectional surveys (Household survey, PHC facility survey and PHC user survey) and a qualitative study. The household survey was conducted in 3677 households, targeting 5 specific groups in the life course: (i) children under 5 years; (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). There were a total of 16675 individuals in these households; and of them 1171 children under 5 years, 2195 children 5-17 years, 6345 adults 18-64 years, 3104 women in the reproductive age, and 1552 elders were included in specific enquiry about their health and heath care utilization. The Health Facility Survey was conducted in 190 PHC comprising 67 PHC from the pilot cluster, 58 from the other HSEP support group and 65 from the control group. The user survey included a total sample size of 2149 clients 753 from the pilot cluster, 647 from other ADB-supported group, and 749 from the control group. End line surveys were conducted from October 31, 2025 to January 14, 2026.

Results indicated that shared care cluster system has been established in all 9 pilot clusters, with the directives of the Ministry of Health. Addressing gaps identified through the gap analyses and training of health staff were observed to be fulfilled at varying degrees. For example, only 50% of cluster-linked health facilities have addressed gaps at least to some extent at the time of the baseline survey. Percentage of PHC staff trained in selected areas ranged from 10% to 20% for different areas such as primary health care and family medicine (20.1%), health care waste management (14.4%), GIS (13.4%), gender responsiveness and sensitivity (11.6%), and infection prevention and control (13.4%).

Household survey revealed that, 48.5% of the population living in the cluster catchment areas have used cluster-linked facility (the assigned PHC) for outpatient department curative services. Utilization of the cluster-linked facility for outpatient services was higher among females than males (57.4% vs 47.6%), and also high in children under 5 years of age (62.3%), children aged 5-17 years (54.6%) and the elderly (65.6%). The percentage of the population that used cluster-linked facility (assigned PHC) for medical and surgical emergencies, inpatient services, clinic services and other auxiliary services (physiotherapy etc.) were 1.3%, 3.0%, 7.8% and 0.3%. This report presents a detailed account on health care seeking not only at the assigned PHC, but also at other health facilities for specific health conditions, according to age category and gender. More than one-third of the diabetic patients and about 40% of hypertensive patients aged 18-64 years in the cluster catchment area attend regular follow-up care at the cluster linked PMCUs and DHs. About one fourth of the patients who required hospital admission in the past year in the pilot cluster had received inpatient care at the cluster-linked divisional hospitals. About 36% of the adults who required emergency care has received services at the assigned PMCU/DH. Adult population in the age group 35-49 years living in the catchment areas attending Healthy Lifestyle Centres located in the cluster linked facilities for NCD risk factor screening was lower for males (7.0%) than females (21.7%).

Prevalence of chronic NCD was higher among elderly: Approximately 47% of the elderly in the pilot cluster reported to have hypertension, 28% diabetes, 20% dyslipidemia, 22% musculoskeletal disorders, and 14% cataract, 11% ischaemic heart disease, 4.5% chronic kidney disease, 4.5% chronic respiratory disease, 3% stroke, and 2.3% cancer. The common places of follow-up of elderly with diabetes in the pilot cluster were PHCI (57.5%), and Base Hospitals (24.6%); and the common place of follow-up of elderly with hypertension were PHCI (55.5%), and Base Hospitals (20.7%). Regular follow up of elderly with ischaemic heart disease was predominantly taking place at the Tertiary Care Hospitals and Base Hospitals. About 47% of women

in the age 35-49 years had attended WWC within the last 5 years. The majority (84.5%) attended WWC of the Medical Officer of Health (MOH), whereas 14.5% attended WWC at a PHMCI (15.0%).

The PHC user survey found that 91.1% of clients in the pilot cluster were regular users of the same health facility, and out of them, 68.7% have been using it for more than 5 years. Responsiveness of the services was rated as 70% or above by 74.4% users of the pilot cluster, 75.9% users of the other ADB-supported group and 69.6% users of the control group. About 68% users in the pilot cluster, the other ADB-supported group and the control group were satisfied (with score of 70% or above) with the PHC services. With regard to the attitudes on PHC services, about 55% in the pilot cluster and the other ADB-supported group had favorable attitude towards the PHC.

Health Facility Survey revealed that the use unique patient identification number (8.8%), use of electronic health information system (1.5%), and sending notifiable disease surveillance information via an electronic system (37.3%) across the cluster facilities were not fully established. An electronic Health Information System using Open MRS has been established in 2 out of the 9 clusters, namely Dambulla cluster in Matale District and Thambuttegama Cluster in Anuradhapura district.

More than three fourth (77.6%) of cluster linked PHCs have separate toilets for females and males at OPD, however only 10.4% has separate changing areas for females and males. More than one third of the facilities (34.3%) offer gender-inclusive family planning services. Of the 67 health facilities in the Pilot Cluster 58 (86.6%) were classified as “providing gender responsive and inclusive essential care package” according to a 20-item scale covering gender dimensions in different aspects of out-patient care and facilities.

In the whole project area 135 PMCUs and DH were identified for upgrading the OPD, and of them 111 have been upgraded and renovated with gender-responsive designs. Wheel-chair access to all service areas in the OPD including toilets was observed in 70.1% of cluster-linked health facilities, while 80.6% had ramp access at the entrance. 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, 94% had a nebulizer, 31.3% had a defibrillator, 77.6% had a cardiac monitor, and more than 70% had Oxygen supply. Emergency tray with all recommended items, was found in 94.0% of the health facilities.

In summary, this report presents the endline 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: Design and Monitoring Framework

DMF indicators for the whole project area, 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	Outcome: Efficiency, equity, and responsiveness of the PHC system improved			
DMF : a	By 2026 for all indicators: Outpatient utilization at PHC facilities (PMCUs and divisional hospitals) (disaggregated by age, sex, place of residence, district, and province) increased by at least 20.0% (2021 baseline: 28.4% of female and 22.0% of male) b (OP 1.1 and OP 1.1.2)	Percentage of persons in the population who utilized outpatient services at the endline: 2025 Females: 47.9% Males: 39.1%	For age subgroups females and males respectively < 5year 50.9%, 47.5% 5-17 years 46.7%, 44.0% 18-44 years 43.9%, 31.2% 45-64 years 51.7%, 36.7% ≥65 years 53.8%, 53.3%	Household survey 2025
DMF : b	Patients reporting knowledge of and satisfaction with PHC services (disaggregated by age, sex, and district) increased by at least 20.0% (2021 baseline: 28.5% of females and 19.5% of males reported knowledge of PHC services, and 61.0% of females and 63.2% of males reported satisfaction with PHC services) b (OP 1.1)	Satisfaction: (PHC users who reported a satisfaction score of 70 or more at the baseline): Overall : 65.6%	Satisfied % by age categories: <18 yrs – 80.0% 18 – 44 yrs – 65.6% 45 – 64 yrs – 65.2% 65 yrs and above – 65.4% Satisfaction by gender Females - 65.7% Males – 65.5%	PHC user survey (Annual update 2025)
		Knowledge of PHC services (PHC users who had a knowledge score of 70 or more) Overall : 41.6%	Knowledge % by age <18 yrs – 13.3% 18 – 44 yrs – 41.5% 45 – 64 yrs –45.0% 65 yrs and above – 31.8% Knowledge % by gender Females – 44.1% Males - 38.6%	

	Indicator	Overall value	Disaggregation (If relevant)	Data source
DMF : c	Notifiable diseases notified by cluster linked hospitals to the medical officers of health offices, within the stipulated time, in the target provinces increased to at least 90% (2018 baseline: Not available) (OP 6.1) Definition: percentage of patients admitted to PHC with the stated notifiable disease (Dengue, Leptospirosis, Hepatitis, Leishmaniasis Tuberculosis and Measles), that have been notified to a MOH, during the first 3 quarters of the year) *66 PHC which do not provide patient admissions were excluded in the analysis. These results were from 124 PHC+Apex	Dengue fever = 90.4% Leptospirosis = 90.4% Leishmaniasis= 100% Hepatitis= 84% Tuberculosis= 99.6% Measles = 93.3%		Health Facility Survey, 2025
DMF : d	Cluster system reform implemented and evaluated in all nine clusters (2018 baseline: 0) (OP 5.1.3 and OP 6.2)	Implemented 100% Evaluated 100%		Qualitative study and by endline survey
DMF : e	The average response time of 1990 Suwa Sariya ambulance system in all districts reduced by 25% (2021 baseline: 11 minutes 41 seconds) (OP 5.1.3 and OP 1.1.2)	16 minutes and 48 seconds		Suwa Sariya statistics (2025)
	Output: 1. PHC enhanced in Central, North Central, Sabaragamuwa, and Uva provinces			
DMF 1a	By 2025, at least 40% of PMCUs and divisional hospitals in target provinces upgraded and renovated with gender-responsive designs (2018 baseline: 0) (OP 2.3.2, OP 3.1 and OP 6.1)		Out of 135 PMCUs and DH, 10 have been put on hold due to insufficient funds, and 111 have been completed. (111/469).	Q4 DMF report 2025
DMF : 1b	By 2025, gender-responsive and inclusive essential service package for outpatient and clinic services provided by at least 75% of PHC facilities supported in target provinces (2018 baseline: 0)	69.5% of all PHC in the project area A composite index was developed by the M&E Consultants in collaboration with the Gender Consultant and PMU staff. The index is calculated using data from both health facility survey (11 items) and user survey (9 items).	86.6% in cluster group 63.8% in non-cluster group 56.9% in control group	Health Facility Survey 2025 and Health Care User Survey 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
		A PHC with a value of 70% more of the total score (14 out of 20) is considered as a PHC with gender responsive and inclusive essential service package		
DMF : 1c	By 2025, gender-responsive and inclusive nutrition services provided in at least 75% of cluster linked medical officer of health (2018 baseline: 0)	94.16%	As per the second interim report submitted by the Nutrition firm, 94.16% of cluster linked medical officer of health areas provide a gender responsive and inclusive nutrition service. (conducted in-person training sessions in 129 out of the 137 MOH offices) In total, 113 MOH offices (82%) were reached either through direct visits or by engaging staff in district-level reviews	Q4 DMF report 2025
DMF 1 d	By 1 July 2024 a gender sensitive behavior change communication plan to increase PHC utilization is initiated by all target provinces		The package was dropped	Q4 DMF report 2025
	Output: 2. Health information and disease surveillance capacity strengthened			
DMF ; 2a	By 2025, the electronic patient information sharing system across cluster facilities used by at least 25% of PMCUs and divisional hospitals and medical officers of health areas in selected two clusters (Thambuttegama and Dambulla)	Cumulative Achievements 50%		Q4 DMF report 2025
DMF 2b	By 2025, notifiable disease surveillance information via an electronic system sent to medical	Cumulative Achievements 16% 16.3%	of the 190 PHC sending notifications via email (6.3%) (2.1%) or	Q4 DMF report 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	officers of health areas by at least 25% of PMCUs and divisional hospitals in selected two clusters (Thambuttegama and Dambulla)		WhatsApp/Viber (16.4%) (13.2%) and web-based system (1.1%)	Health Facility Survey 2025
DMF : 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)	4.0	Year 2023	JEE Report 2023 Epidemiology Unit, Ministry of Health
DMF : 2d	By December 2020, capacity to screen and diagnose COVID-19 diseases (infectious diseases) increased by 90% from the baseline (April 2020 baseline: 4,000)	Completed	By December 2020, the number of tests performed was 29764 (increased by 86.5% from baseline).	Q4 DMF report 2025
DMF : 2e	By 2025, at least 25% of secondary and tertiary level hospitals' capacity to treat and manage COVID-19 patients upgraded	Completed		Q4 DMF report 2025
DMF : 2f	By 2025, the 1990 Suwa Sariya ambulance system in all districts upgraded	In progress	The total allocation for ongoing activities amounts to USD 2.9 million. Several procurement and capacity-building activities are currently in progress under the JFPR Grant. Procurement of 20 Ambulances – bids under evaluation. Procurement of Training Equipment (G17) is currently under rebidding. Procurement of Works Improvement of Facilities for Paramedical Staff at 20 Regional Stations – All constructions were awarded, 14 were completed and 5 Constructions are in progress.	Q4 DMF report 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
			Capacity Building Programmes Suwa Sariya continues to implement both local and international training programmes aimed at strengthening the capacity of its emergency response staff. Refresher Training: 1087 Staff members have completed initial refresher trainings. New Staff Training: 120 EMTs and 72 Pilots have completed training.	
	Output: 3. Policy development, capacity building, and project management supported			
DMF 3a	By 2025, operational policies, strategy plan, regulation, or guidelines with gender dimensions are completed for (i) delivering a comprehensive package of PHC (incorporating the essential service package), (ii) management and functioning of cluster hospitals, and (iii) geographic information system-based planning and monitoring in health sector (2018 baseline: Not available) (OP 2.3.2, OP 6.2.1)	In Progress	ongoing	Q4 DMF report 2025
DMF 3b	By 2025, 11 units of Family Health Bureau have integrated or updated gender dimensions into all their policies, strategic plans, or guideline (2018 baseline: 0) (OP 2.3.2)	In Progress	Discussions with the FHB Director and advocacy meeting with the 11 programme managers held. In the process of identifying the policies, strategic plans and guidelines to conduct the gender analysis.	Q4 DMF report 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
DMF 3c	By 2025, at least 30% of medical officers and other staff of PMCUs and Divisional Hospitals (of whom 35% are women) in target provinces with increased knowledge in PHC (family medicine)	In progress	It is suggested to conduct a Google survey among Medical Officers and other PMCU staff in the target provinces to assess their increased knowledge on Primary Health Care (PHC).	Q4 DMF report 2025
DMF 3d	By 2025, at least 30% of PHC staff from PMCUs, divisional hospitals, and medical officer of health areas (of whom 35% are women) in the target provinces with increased knowledge in gender sensitivity, and gender related guidelines and interventions (2018 baseline: 0) (OP 6.1.1)	70%	An assessment tool has been developed in the form of a Google Form. The assessment tool has been shared with the medical officers and other staff of the PMCUs and Divisional Hospitals by June 2025. Google survey on increased knowledge of gender sensitivity, and gender related guidelines and interventions done, findings. Questionnaire analysis – 70 responses 39.4% - Medical Staff 25.8% - Nursing Staff 16.7% - Other Staff 18.2% - Not given gender training Gender Training was useful for improving the Quality of work, 51(96.7%) out of 61 participants.	Q4 DMF report 2025
DMF 3e	By 2025, National Institute of Health Sciences upgraded and renovated to provide distance learning to provinces and district-based staff	In progress	DLC at NIHS and 4 provinces established. Training programmes are ongoing	Q4 DMF report 2025

Key indicators: Gender Action Plan

GAP indicators for the whole project area, 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	Output: 1. Primary and secondary health care services enhanced in Central, North Central, Sabaragamuwa, and Uva provinces			
	Activity 1: Incorporate gender responsive construction features into all upgraded or renovated PMCUs and divisional hospitals			
	1.1.1 At least 80% PMCUs and divisional hospitals upgraded or renovated under the project have separate toilets for male and female patients	In progress (March 2026)	Out of the 125 PMCUs and DHs to be upgraded or renovated under the project, 88.8% (111 numbers) construction has been completed. Out of those completed (111) PMCUs and Divisional Hospital, 98.19% (109 numbers) have separate toilets for male and female patients. Upgrading and renovation of the balance PMCUs and DHs is ongoing.	Q4 GAP report 2025 Page 03
	1.1.2 All ADB-funded cluster linked facilities have gender responsive designs with facilities for privacy during patient examination and for changing clothes (Baseline: less than 10%)	In progress	According to health facility survey 2025, 19.4% had a separate examination area for females and males; and 10.4% a separate changing area for females and males	Health Facility Survey 2025
	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 At least 90% of ADB funded cluster linked facilities in target provinces provide essential services in a gender responsive and inclusive manner (Baseline: 0)	In progress	Of the total of 190 cluster-linked facilities in target provinces, 53 out of 67 sample from the pilot cluster (79.1%) provide the essential services package in a gender-responsive manner.	Health Facility Survey 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	1.2.2 At least 80% of health staff in ADB-funded cluster linked facilities are trained on gender sensitivity and responsiveness when providing essential services (Baseline health staff:2950 as of February, 2024)	Indicator achieved, activity continuing because funds are available	A total of 2,950 staff members across the four provinces were targeted for training on gender sensitivity and responsiveness in the provision of essential services; however, 3,394 personnel were ultimately trained, representing achievement of over 100% of the planned target. The training programme addressed core thematic areas including gender-based discrimination, the interrelationship between gender and health outcomes, and standards for gender-responsive health care delivery. Structured question-and-answer sessions and facilitated interactive discussions were conducted to promote practical understanding of how gender-responsive approaches can be operationalized within routine service delivery. Particular emphasis was placed on the application of acquired knowledge to enhance service accessibility, user-friendliness, and effectiveness for both female and male service users.	Q4 GAP report 2025 Page 10
	1.2.3 At least 75% of women and men report increased satisfaction over the gender sensitivity of healthcare services provided at PHC facilities (Baseline: 52% women and 54% women report satisfaction) In the baseline survey by the Monitoring and Evaluation Firm, out of a total of 443 men, 57.6% expressed satisfaction over gender responsive health care services provided at PHC facilities. Out of a total of 577 women, 56% expressed similar views.	Overall, 98.7% (2025) of patients are satisfied with services Satisfaction in the pilot cluster by gender Females – 97.9% (2025) Males – 98.4% (2025)	(Scored 70% or more in the multi-item satisfaction scale,)	PHC User Survey, 2025
	Activity 3. Increase the utilizations of the PHC facilities by women and men			

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	1.3.1 BCC campaign strategy and materials (such as leaflets, video clips, and/or street dramas) developed and implemented.	In progress (February 2026)	A consultative discussion was undertaken by the BCC and Male Engagement Consultant with the involvement of the FHB and Medical Officer of Health from the 4 provinces to develop the BCC campaign strategy as per the end user requirement. drafted with input from a consultative discussion with the involvement of the FHB/MOHH from the 4 provinces, reviewed and approved by the Human Resource Development Committee of the HSEP project. Digital media video scripts, theater scripts developed, drafted awareness creation mini booklet, developed PHC for men, Training manual in Sinhala, English, and Tamil)	Q4 GAP report 2025 Page 17
	1.3.2 Use of PHC facilities is increased by 20% each for women and men	Females: 47.9% Males: 39.1%	Out of 8640 Females, 4135 indicated that they are using the PHC facilities Out of 8035 males, 3144 indicated that they are using the PHC facilities	Household survey 2025
	Activity 4. Establish cooperative partnerships with local organizations to promote 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)	In progress (March 2026)	Mapping of the CSOs have been completed and submitted. Two Training of Trainers have been conducted during the 2nd and 4th Quarters 2024. Sabaragamuwa and North Central provinces with 55 participants & Central and Uva provinces with 55 participants in Q2 Uva province with 25 participants in Q4 Number to be achieved 80 participants & already done for 135 participants	Q4 GAP report 2025 Page 18

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	1.4.2 Conduct at least 30 awareness raising sessions for local organizations on the advantages of PHC utilization with a focus on encouraging male participation	In progress ((March 2026)	Awareness creation workshops will be conducted from July to August in selected 30 cluster locations. It includes 9 theater-based workshops and 21 inhouse programs. (To be started)	Q4 GAP report 2025 Page 18
	1.4.3 At least 75% of ADB funded cluster linked medical officer of health areas provide gender responsive and inclusive nutritional services (2018 baseline: 0)	Completed	According to the first interim report submitted by the Nutrition firm, 124 out of 138 (89.86%) of the cluster-linked medical officer of health areas provide a gender-responsive and inclusive nutrition service. Nutritional services provided by the preventive health staff is essentially awareness raising and guidance on balanced nutrition and identifying the individuals with deficiencies and referral for relevant eservices. This activity was to capacitate the staff to provide this service The training included determinants of nutrition improvement including gender norms and attitudes through a process of collective reflection, promoting them to build on the determinants including gender norms attitudes, and debunking myths based on gender, improving their awareness on factors operating at different levels (individual, household, community and society) and different stages of life cycle. Under Family support section how gender affects fulfilling nutritional aspects of family wellbeing has been discussed. As an intermediate outcome “Mutually supportive gender equitable families” which includes gender responsive and inclusive nutrition services.	Q4 GAP report 2025 Page 19
	Activity 5. Strengthen male engagement approaches to promote reproductive health, maternal and child health/nutrition, PHC, and diminish violence against women			

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	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	Completed	Training Manual designed and developed in Sinhala/ Tamil and English. Printing versions were disseminated in August during the awareness workshops.	Q4 GAP report 2025 Page 19
	1.5.2 At least 50 health officials and/or local organizations who can transfer knowledge to men at PHC facilities trained in TOT programs	Completed	Two Training of Trainers have been conducted during the Q2 & Q4 2024. Sabaragamuwa and North Central provinces with 55 participants & Central and Uva provinces with 55 participants in Q2. In Q4 25 participants in Uva province	Q4 GAP report 2025 Page 20
	1.5.3 Over 1,500 men reached though training and awareness	In progress	Awareness creation workshops will be conducting July to August for 30 cluster locations. It includes 9 theater-based programs and 21 inhouse workshops.	Q4 GAP report 2025 Page 20
	Output: 2. Health information system, disease surveillance capacity, and COVID-19 response strengthened			
	Activity 1. Provide sex-disaggregated data in health information systems			
	2.1.1. Sex-disaggregated data included in the Health Information System (HIS) developed and implemented by the project (Open MRS) on the 29 notifiable diseases in Sri Lanka for the newly established clusters (Baseline: 0)	Completed	A list of 29 Notifiable diseases was obtained from the Epidemiology Unit - Ministry of Health and the request was made through to the HIIT firm to include the sex-disaggregated data for the notifiable diseases.	Q4 GAP report 2025 Page 21
	2.1.2. Analyze sex disaggregated data collected from the HIS (Open MRS) and identify gaps in access to health for women and men, and integrate in programming by the regional epidemiology unit/MOMCH, FHB and Epidemiology Unit (Baseline: 0)	Completed	The report was already prepared by the Gender Consultant, HSEP	Q4 GAP report 2025 Page 21
	Output: 3. Policy development, capacity building, and project management supported			
	Activity 1. Build institutional capacity to integrate gender mainstreaming into all operation policies and guidelines developed for health sector (FHB)			
	3.1.1 Develop guidelines on inclusive consultative processes and incorporating gender considerations into operational	Completed	The guideline on gender mainstreaming in health policies has been developed and finalized by the Director General of Health Services. It was officially launched in August.	Q4 GAP report 2025 Page 22

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	policies, strategic plans and guidelines for use by FHB		.	
	3.1.2 At least 40 relevant officials (50% are women) who are involved in developing operational policies, strategic plans and guidelines of all 11 units of FHB are trained and report increased knowledge on guidelines developed for integrating gender and inclusive dimensions (3.1.1 above) (Baseline: 42 officials, including 21 women)	In progress (March 2026)	The guidelines were officially launched, and we plan to commence the training programmes after further discussion with the Family Health Bureau (Propose a high-level workshop.)	Q4 GAP report 2025 Page 22
	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 2025, develop operational policies, strategic plans or guidelines with gender dimensions for delivering a comprehensive package of PHC, and management and functioning of cluster hospitals	In progress (March 2026)	Guidelines for the functioning of the cluster system are in the process of being developed. After which the developed guidelines would be assessed from a gender perspective. (Progress – As discussed with the Project Director, the PHC Guidelines will be requested from the Director of Primary Health Care, Ministry of Health. Once received, relevant gender dimensions will be incorporated into their development)	Q4 GAP report 2025 Page 22
	3.2.2 By 2025, recommendations provided to 11 units of the FHB of the ministry to integrate gender dimensions into all their policies, strategic plans or guidelines (Baseline: 0)	In progress	Discussions with Director FHB and Programme Officer Gender Unit successful. Awareness raising discussion was held with 11 units The Programme Manager Gender Unit of the FHB, has requested all other units to identify the policies, strategic plans, and guidelines to conduct the gender analysis.	Q4 GAP report 2025 Page 23
	3.2.3 By 2025, the package for newly married couples is reviewed and recommendations to be incorporated into the package agreed upon, with FHB	In progress	Draft Review report has been developed by the consultant and shared with the Director FHB and awaiting comments (refer to attachment 2). Once their comments are integrated it will be finalized and submitted to FHB.	Q4 GAP report 2025 Page 24
	3.2.4 By 2024, nine advocacy workshops conducted as one per district (9 districts) with registrars of marriages (Baseline: 0)	Completed All 9 workshops completed	They were trained on the following topics: 1. Overview: Marriage, relationships, gender and a health family life 2. Introduction to the package of newly married couples. 3. Why is the package so valuable to the newly married couples? 4. Question and answers	Q4 GAP report 2025 Page 25

	Indicator	Overall value	Disaggregation (If relevant)	Data source
			5. Group work: to identify the challenges in implementing and suggestions to promote the package. A total of 434 Registrars of marriage (94 male and 340 female) participated in the workshops. The advocacy workshops were a one-day programme.	
	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 2021, a gender expert recruited	Completed		Q4 GAP report 2025 Page 26
	3.3.2 By 2021 a gender training needs assessment conducted and a TOT training module for PHC staff developed (Baseline: 0)	Completed	Gender training needs assessment conducted and a TOT training module for PHC staff developed.	Q4 GAP report 2025 Page 26
	3.3.3 By 2022 nine TOTs on gender conducted as one per district (at least 40% women) (Baseline: 0)	In progress	On account of the Covid 19 situation in the country it was agreed to have one National TOT covering all 9 Districts and have a hands-on TOT for district trainers when a gender training is conducted by the Consultant in those districts An additional TOT for selected Trainers from all seven districts were conducted during the 1st Quarter 2024. Out of the number of trainers trained, 27% are women (59 total participants)	Q4 GAP report 2025 Page 26
	3.3.4 At least 30% of medical officers and other staff of PMCUs and divisional hospitals (of whom 35% are women) in the target provinces with increased knowledge on PHC (2018 baseline: 0)	In progress (March 2026)	Suggest doing a Google survey among MO and other PMCU staff in target provinces with increased knowledge on PHC	Q4 GAP report 2025 Page 27
	Activity 4. Introduce an updated training program on gender sensitive nutrition counselling and primary health care			
	3.4.1 At least 75% of PHMs in ADB-funded cluster linked facilities trained on gender sensitive nutrition counselling program (Baseline: 0)	Completed	77.04% of PHM were trained on gender sensitive nutrition counselling. Total Number of PHM = 2400 Number trained = 1849 (All Female)	Q4 GAP report 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
			Overview of the contents of the program: • Real-life practice and feedback guidance on how improved nutrition practices can be made a part of everyday routines of families and communities. • Addressing the underlying factors that facilitate or impede the preparation and consumption of healthy meals. • To improve their current capabilities and to encourage them to be more active in promoting better nutrition.	
	3.4.2. At least 30% of PHC staff from PMCUs, divisional hospitals, and medical officer of health areas (of whom 35% are women) in target provinces report increased knowledge on gender sensitivity, and gender related guidelines and interventions (2018 baseline:0)		An assessment tool has been developed in the form of a Google Form. The assessment tool has been shared with the medical officers and other staff of the PMCUs and Divisional Hospitals by June 2025. Google survey on increased knowledge of gender sensitivity, and gender related guidelines and interventions done, findings. Questionnaire analysis – 70 responses 39.4% - Medical Staff 25.8% - Nursing Staff 16.7% - Other Staff 18.2% - Not given gender training Gender Training useful for improving the Quality of work 51(96.7%) out of 61 participants.	Q4 GAP report 2025
	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	In Progress (March 2026)	Gender analysis of the module on Life training course conducted by the Gender Consultant and the draft report with the recommendations submitted for comments to FHB Once their comments are integrated, it will be finalized and submitted to FHB.	Q4 GAP report 2025
	3.5.2 A basic family counselling module developed for PHMs and PHIs (Baseline: Not available)	Completed	The Basic Family Counselling module was developed by the Gender Consultant and prepared in both English and Sinhala.	Q4 GAP report 2025
	3.5.3 75% of PHMs and PHIs in ADB-funded cluster linked facilities trained on providing life skills and family counselling, violence against women prevention and services, including referral systems (at least 50%	Completed	The training programmes are being planned and will be conducted virtually by the Gender Consultant on 21st and 28th October 2025. PHMs, PHIs, and other	Q4 GAP report 2025

	Indicator	Overall value	Disaggregation (If relevant)	Data source
	women) (Baseline: 873 female PHMs and 173 male PHIs as of February, 2024)		relevant staff are expected to participate in the training sessions from their respective MOH offices and Distance Learning Centres (DLCs). The Family Counselling modules have been distributed to the four PIUs by the PMU, HSEP.	

Key indicators: Cluster Performance Indicators

Cluster Performance Indicators for pilot cluster areas, 2025

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
	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	Completed		Qualitative study
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.	Completed		Qualitative study
A3	A directive is issued the Ministry of Health authorizing sharing of human resources, materials and equipment and finances within each of the clusters.	Completed		Qualitative study
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)	77.9% of the informants were aware of the gap analysis (20.1% of informants unaware of gap analysis) * Since this was a one-time event that took place at the inception, it was decided not to re-assess in both 2024 & 2025	Anuradhapura 85.7% Badulla 85.7% Kandy 100.0% Kegalle 66.7% Matale 62.5% Monaragala 83.3% Nuwara Eliya 66.7% Polonnaruwa 100.0% Ratnapura 62.5%	Health Facility Survey, 2023
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	75.0% of the informants is aware of the service level assessment (25.0% of informants unaware of this) * Since this was a one-time event that took place at the inception, it was decided not to	Anuradhapura 85.7% Badulla 75.0% Kandy 100.0% Kegalle 55.6% Matale 62.5% Monaragala 83.3% Nuwara Eliya 66.7% Polonnaruwa 100.0% Ratnapura 62.5%	Health Facility Survey, 2023

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
	control related services, etc. at each of the clusters.	re-assess in both 2024 & 2025		
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.	85.1%	Anuradhapura 85.7% Badulla 100.0% Kandy 100.0% Kegalle 44.4% Matale 100.0% Monaragala 66.7% Nuwara Eliya 88.9% Polonnaruwa 100.0% Ratnapura 87.5%	Health Facility Survey, 2025
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.	82.1% responded that these were addressed to a greater or some extent (17.9% addressed to a lesser extent or not addressed at all)	Anuradhapura 57.1% Badulla 100.0% Kandy 87.5% Kegalle 100.0% Matale 75.0% Monaragala 66.7% Nuwara Eliya 100.0% Polonnaruwa 60.0% Ratnapura 75.0%	Health Facility Survey, 2025
	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 Note: These were collected as secondary data from the PIUs in four provinces via the PMU	Trained in primary health care and family medicine	North Central 15.5% Sabaragamuwa 13.5% Central 8.3% Uva 34.5% * % calculated based on total provincial staff	Training data PMU (2025) (Training monitoring tracker data not available)
		Trained in health care waste management	North Central 68.0% Sabaragamuwa 73.9% Central 22.2% Uva 10.7% * % calculated based on total provincial staff	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
		Trained in GIS	North Central 6.7% Sabaragamuwa 6.7% Central 13.0% Uva 2.3% * % calculated based on total provincial staff	
		Trained in gender responsiveness and sensitivity	North Central 55.5% Sabaragamuwa 46.3% Central 37.7% Uva 6.6% * % calculated based on total provincial staff	
		Trained in Infection prevention and control	North Central 55.5% Sabaragamuwa 46.3% Central 37.7% Uva 6.6% * % calculated based on total provincial staff	
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)	Trained on emergency care	North Central 0.0% Sabaragamuwa 0.0% Central 2.6% Uva 10.8%	data PMU (2025) (Training monitoring tracker data not available)
		Trained on use of PHC guidelines for NCDs	North Central 0.0% Sabaragamuwa 2.3% Central 4.0% Uva 0.0%	
		Trained on management of stroke patients	North Central 0% Sabaragamuwa 0% Central 0% Uva 0% * % calculated based on total provincial staff	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
B3	% of PMCUs and DHs in the clusters sending notifiable disease surveillance information via an electronic system to the Medical Officers of Health areas * **Note:** "any electronic method" refers to electronic means used by PMCUs and Divisional Hospitals, including (**i) email, (ii) WhatsApp, Viber and similar electronic communication platforms, and (iii) dedicated online/electronic reporting systems.** Accordingly, the reported percentage includes facilities using email or other electronic communication platforms in addition to facilities using dedicated online reporting systems.	37.3% by any electronic method *	*Anuradhapura *Badulla *Kandy *Kegalle *Matale *Monaragala *Nuwara Eliya *Polonnaruwa *Ratnapura	28.6% 28.6% 62.5% 22.2% 75.0% 50.0% 33.3% 20.0% 12.5%	Health Facility Survey, 2025
B4	% of patients who use the PMCUs and DHs that are linked to the clusters receive a unique patient identification number	Health Facility Survey, 2025 - Any HID 34.3 % of health facilities Electronic card (with Barcode/QR code)– 20.9%of health facilities Written on patient record 6.0% PHC User Survey, 2025 - Electronic card 20.2% Non-electronic card 10.9% Written on patient record 5.7%	Anuradhapura Badulla Kandy Kegalle Matale Monaragala Nuwara Eliya Polonnaruwa Ratnapura	57.1% 0.0% 12.5% 22.2% 50.0% 0.0% 22.2% 20.0% 0.0%	PHC User Survey, 2025 Health Facility Survey, 2025
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	9.0%			Health Facility Survey, 2025
B6	% of PHCs linked to the clusters that report on gender disaggregated data to the provinces and districts	9.0%	Anuradhapura Badulla Kandy Kegalle Matale Monaragala Nuwara Eliya Polonnaruwa Ratnapura	14.3% 0.0% 12.5% 11.1% 0.0% 16.7% 0.0% 20.0% 12.5%	Health Facility Survey, 2025

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
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.)	77.6% separate toilets for females and males at OPD	Anuradhapura	71.4%	Health Facility Survey, 2025
			Badulla	85.7%	
			Kandy	62.5%	
			Kegalle	100.0%	
			Matale	87.5%	
			Monaragala	100.0%	
			Nuwara Eliya	66.7%	
			Polonnaruwa	80.0%	
			Ratnapura	50.0%	
		10.4% separate changing areas for females and males	Anuradhapura	14.3%	Health Facility Survey, 2025
			Badulla	00.0%	
			Kandy	12.5%	
			Kegalle	22.2%	
			Matale	00.0%	
			Monaragala	16.7%	
			Nuwara Eliya	00.0%	
			Polonnaruwa	00.0%	
			Ratnapura	25.0%	
		19.4% had a separate examination area are available for females and males	Anuradhapura	00.0%	Health Facility Survey, 2025
			Badulla	00.0%	
			Kandy	12.5%	
			Kegalle	55.6%	
			Matale	00.0%	
			Monaragala	33.3%	
			Nuwara Eliya	11.1%	
			Polonnaruwa	40.0%	
			Ratnapura	25.0%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
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)	70.1% access to all services,	Anuradhapura	71.4%	Health Facility Survey, 2025
			Badulla	57.1%	
			Kandy	100.0%	
			Kegalle	44.4%	
			Matale	100.0%	
			Monaragala	66.7%	
			Nuwara Eliya	44.4%	
			Polonnaruwa	40.0%	
			Ratnapura	100.0%	
		33.3% disability-friendly toilets,	Anuradhapura	28.6%	
			Badulla	28.6%	
			Kandy	37.5%	
			Kegalle	55.5%	
			Matale	75.0%	
			Monaragala	66.7%	
			Nuwara Eliya	00.0%	
			Polonnaruwa	20.0%	
			Ratnapura	00.0%	
		14.9% availability of physiotherapy services	Anuradhapura	14.3.%	
			Badulla	28.6%	
			Kandy	12.5%	
			Kegalle	11.1%	
			Matale	12.5%	
			Monaragala	16.7%	
			Nuwara Eliya	11.1%	
			Polonnaruwa	20.0%	
			Ratnapura	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			Secondary data through HMIS
B10	% of institutions offering the prescribed / defined laboratory tests at a given time (from the PHC itself or by sending specimens to another lab)	65.6% for Full blood count	Anuradhapura	57.2%	Health Facility Survey, 2025
			Badulla	71.5%	
			Kandy	50.0%	
			Kegalle	33.3%	
			Matale	100.0%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
			Monaragala	66.6%	
			Nuwara Eliya	77.8%	
			Polonnaruwa	100.0%	
			Ratnapura	40.0%	
		56.7% for Urine Full Report	Anuradhapura	57.2%	
			Badulla	57.2%	
			Kandy	37.5%	
			Kegalle	33.3%	
			Matale	87.5%	
			Monaragala	50.0%	
			Nuwara Eliya	77.8%	
			Polonnaruwa	40.0%	
			Ratnapura	56.7%	
		59.7% Venous Blood Glucose	Anuradhapura	42.9%	
			Badulla	57.1%	
			Kandy	50.0%	
			Kegalle	33.3%	
			Matale	100.0%	
			Monaragala	66.7%	
			Nuwara Eliya	66.7%	
			Polonnaruwa	80.0%	
			Ratnapura	59.7%	
		41.8% Lipid Profile	Anuradhapura	42.9%	
			Badulla	42.9%	
			Kandy	37.5%	
			Kegalle	11.1%	
			Matale	37.5%	
			Monaragala	66.7%	
			Nuwara Eliya	77.8%	
			Polonnaruwa	40.0%	
			Ratnapura	41.8%	
B11	% of cluster linked PHCs having the required emergency equipment, NCD screening equipment	97.0 % Emergency tray with all recommended items (Available & functioning)	Anuradhapura	95.7%	Health Facility Survey, 2025
			Badulla	100.0%	
			Kandy	100.0%	
			Kegalle	100.0%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
			Matale	100.0%	
			Monaragala	83.3%	
			Nuwara Eliya	100.0%	
			Polonnaruwa	100.0%	
			Ratnapura	97.0%	
		94% Nebulizer	Anuradhapura	100.0%	
			Badulla	100.0%	
			Kandy	75.0%	
			Kegalle	100.0%	
			Matale	100.0%	
			Monaragala	100.0%	
			Nuwara Eliya	77.8%	
			Polonnaruwa	100.0%	
			Ratnapura	100.0%	
		31.3% defibrillator	Anuradhapura	42.9%	
			Badulla	28.6%	
			Kandy	50.0%	
			Kegalle	33.3%	
			Matale	25.0%	
			Monaragala	50.0%	
			Nuwara Eliya	22.2%	
			Polonnaruwa	00.0%	
			Ratnapura	25.0%	
		77.6% Cardiac monitor	Anuradhapura	100.0%	
			Badulla	87.5%	
			Kandy	75.0%	
			Kegalle	77.8%	
			Matale	87.5%	
			Monaragala	50.0%	
			Nuwara Eliya	55.6%	
			Polonnaruwa	100.0%	
			Ratnapura	77.6%	
		91.0% Oxygen cylinders	Anuradhapura	100.0%	
			Badulla	87.5%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
			Kandy	100.0%	
			Kegalle	100.0%	
			Matale	87.5%	
			Monaragala	100.0%	
			Nuwara Eliya	77.8%	
			Polonnaruwa	60.0%	
			Ratnapura	100.0%	
B12	% of PHC facilities in the clusters in target provinces provide gender responsive and inclusive family planning services as outpatient and clinic services,	34.3% promoted family planning services for both males and females	Anuradhapura	42.9%	Health Facility Survey, 2025
			Badulla	85.7%	
			Kandy	12.5%	
			Kegalle	77.8%	
			Matale	12.5%	
			Monaragala	33.3%	
			Nuwara Eliya	66.7%	
			Polonnaruwa	20.0%	
			Ratnapura	25.0%	
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	73.1% for children	Anuradhapura	100.0%	Health Facility Survey, 2025
			Badulla	100.0%	
			Kandy	87.5%	
			Kegalle	22.2%	
			Matale	100.0%	
			Monaragala	66.7%	
			Nuwara Eliya	44.4%	
			Polonnaruwa	60.0%	
			Ratnapura	87.5%	
		47.8% for elderly	Anuradhapura	42.9%	
			Badulla	42.9%	
			Kandy	75.0%	
			Kegalle	44.4%	
			Matale	75.0%	
			Monaragala	50.0%	
			Nuwara Eliya	44.4%	
			Polonnaruwa	20.0%	
			Ratnapura	25.0%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)		Data source and table No. for details
B14	% of cluster linked PMCUs and DHs that provide family planning services as defined in the ESP	74.6%	Anuradhapura Badulla Kandy Kegalle Matale Monaragala Nuwara Eliya Polonnaruwa Ratnapura	100.0% 100.0% 87.5% 77.8% 75.0% 83.3% 66.7% 20.0% 50.0%	Health Facility Survey, 2025
B15	% of cluster linked PMCUs and DHs that provide elderly care services (priority for senior citizens in consultation)	73.1%	Anuradhapura Badulla Kandy Kegalle Matale Monaragala Nuwara Eliya Polonnaruwa Ratnapura	42.9% 85.7% 62.5% 100.0% 100.0% 66.7% 100.0% 00.0% 62.5%	Health Facility Survey, 2025
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)	73.2%	Female Male Anuradhapura Badulla Kandy Kegalle Matale Monaragala Nuwara Eliya Polonnaruwa Ratnapura	73.4% 73.0% 88.6% 80.8% 54.4% 72.7% 54.8% 69.7% 90.8% 70.2% 77.8%	PHC User Survey, 2025
	C. Assessing the Efficiency and Equity of the pilot reform on the Population				

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
C1	% of the population living in the cluster catchment areas that use cluster linked facilities for medical and surgical emergencies, outpatient services, clinic services, inpatient services, and other auxiliary services (physiotherapy, etc.)	Endline (2025) 1.3% for medical and surgical emergencies	Anuradhapura 42.9% Badulla 85.7% Kandy 62.5% Kegalle 100.0% Matale 100.0% Monaragala 66.7% Nuwara Eliya 100.0% Polonnaruwa 00.0% Ratnapura 62.5%	Household survey 2025
		48.5% for outpatient department services	Anuradhapura 52.5% Badulla 48.7% Kandy 70.8% Kegalle 34.6% Matale 48.8% Monaragala 27.6% Nuwara Eliya 59.8% Polonnaruwa 45.1% Ratnapura 48.7%	
		7.8% for clinic services	Anuradhapura 6.7% Badulla 6.7% Kandy 14.2% Kegalle 6.0% Matale 4.6% Monaragala 7.8% Nuwara Eliya 8.4% Polonnaruwa 8.0% Ratnapura 8.0%	
		3.0% for inpatient services	Anuradhapura 5.5% Badulla 2.2% Kandy 4.1% Kegalle 1.1% Matale 5.1%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
			Monaragala 1.4% Nuwara Eliya 1.3% Polonnaruwa 0.2% Ratnapura 5.9%	
		0.3% for other auxiliary services (physiotherapy, etc.)		
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)	71.1% females and 65.3% males were satisfied overall (reported a satisfaction score of 70 or more)	Anuradhapura 95.1% Badulla 60.0% Kandy 63.9% Kegalle 72.5% Matale 66.3% Monaragala 74.2% Nuwara Eliya 45.1% Polonnaruwa 67.3% Ratnapura 75.6%	PHC User Survey, 2025
		47.0% females and 41.8% males % of users had adequate overall knowledge of services (score of 70 or more)	Anuradhapura 22.2% Badulla 82.9% Kandy 39.2% Kegalle 42.2% Matale 76.5% Monaragala 17.7% Nuwara Eliya 25.5% Polonnaruwa 21.2% Ratnapura 63.4%	PHC User Survey, 2025
C3	% of the notifiable diseases presented at cluster linked hospitals are notified within the stipulated time to the relevant Medical Officer of Health areas, Definition: percentage of patients admitted to the cluster-linked PHC with the stated notifiable disease (Dengue, Leptospirosis, Hepatitis, Leishmaniasis and Tuberculosis), that have been notified to a MOH, during the first 3 quarters of the year)	Dengue fever=97.8% Leptospirosis=92.7% Hepatitis=84.1% Leishmaniasis=100% TB=100%	** Since numbers are small, disaggregation will not indicate the process	Health Facility Survey, 2025
C4	% reduction in the prevalence of NCD risk factors - alcohol use, tobacco use, high BMI, low physical activity, indoor	Endline: (2025) 14.9% current alcohol drinkers	Current alcohol drinking, females, 18-64 yrs Anuradhapura 1.6%	Household survey 2025

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
	air pollution - among the cluster served catchment populations (Refer Tables for indicator definitions and classifications)	Females=0.7% Males=28.0%	Badulla 0.9% Kandy 2.0% Kegalle 0.0% Matale 0.0% Monaragala 0.0% Nuwara Eliya 0.0% Polonnaruwa 0.0% Ratnapura 1.7% Current alcohol drinking, males, 18-64 yrs Anuradhapura 42.7% Badulla 14.2% Kandy 38.8% Kegalle 8.7% Matale 28.5% Monaragala 7.4% Nuwara Eliya 37.4% Polonnaruwa 29.8% Ratnapura 40.5%	
		12.1% current tobacco smokers Female=0.9 Male=22.4%	Current Smoking, Females 18-64years Anuradhapura 1.6% Badulla 2.7% Kandy 2.0% Kegalle 0.0% Matale 0.9% Monaragala 0.0% Nuwara Eliya 0.9% Polonnaruwa 0.0% Ratnapura 0.8% Current smoking, Males 18-64 years Anuradhapura 26.7% Badulla 9.2% Kandy 37.2% Kegalle 10.3% Matale 29.2% Monaragala 7.4%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
			Nuwara Eliya 33.0% Polonnaruwa 29.1% Ratnapura 17.6%	
		15.4% smokeless tobacco users,		
		21.2% had low physical activity, 49.8% females 20.8% males has low physical activity		
		36.8% at high risk for indoor air pollution		
C5	% of the patients diagnosed with diabetes mellitus, hypertension, ischemic heart diseases, asthma/ chronic obstructive pulmonary diseases, mental illness living in the cluster catchment areas seek care at the cluster linked PHCs, *** 9 Apex Hospitals were considered as cluster-linked PHC for those residents who PHC is that hospital (not for others)	Endline: (2025) Health seeking of cluster-linked PHC by adults with NCD (18-64 year) are as follows: 40.9% of diabetes mellitus patients	Diabetes mellitus patients Anuradhapura 50.0% Badulla 0.0% Kandy 37.5% Kegalle 26.7% Matale 40.9% Monaragala 44.4% Nuwara Eliya 55.0% Polonnaruwa 42.1% Ratnapura 31.6%	Household survey 2025
		45.23% of hypertension patients	Hypertension Anuradhapura 43.8% Badulla 70.0% Kandy 54.5% Kegalle 43.5% Matale 41.7% Monaragala 25.0% Nuwara Eliya 58.6% Polonnaruwa 47.4% Ratnapura 28.6%	
		24.4% of ischaemic heart disease patients	Ischaemic heart disease Anuradhapura 0.0% Badulla 0.0% Kandy 50.0% Kegalle 25.0%	

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
			Matale 50.0% Monaragala 25.0% Nuwara Eliya 66.7% Polonnaruwa 30.8% Ratnapura 0.0%	
		25.0% of asthma/ chronic obstructive pulmonary disease patients	Asthma / COPD Anuradhapura 37.5% Badulla 0.0% Kandy 0.0% Kegalle 0.0% Matale 33.3% Monaragala 0.0% Nuwara Eliya 25.0% Polonnaruwa 66.7% Ratnapura 0.0%	
		9.5% of patients with mental illness	Mental illness Not enough numbers for disaggregation	
C6	% reduction in the admission and re-admission rates due to a selected group of NCDs (e.g. diabetes mellitus, asthma, COPD, hypertension),	Endline: (2025) Admission during the past year to any hospital for any health condition: 3.0% (68 out of 2233) of adults aged 18-64 years admitted	Not enough numbers for disaggregation	Household survey 2025
		22.1% (15 out of 68) of them re-admitted within 30 days		
		11.1% (54 out of 486) of elderly aged ≥ 65 years admitted		
		13.0% (7 out of 54) of them readmitted within 30 days		
C7	% reduction of OOPEs for health care by each family (by various categories of expenses) of the cluster catchment populations,	Endline: (2025) 3.2% (40 out of 1251) of household reported ≥40% of the	Anuradhapura 2.6% Badulla 3.7% Kandy 0.0% Kegalle 1.5%	Household survey 2025

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
	(Percentage of household expenditure on health ≥ 40% was considered as catastrophic health expenditure)	household expenditure on health	Matale 6.7% Monaragala 1.5% Nuwara Eliya 2.9% Polonnaruwa 3.5% Ratnapura 6.7%	
C8	% of the catchment area population attending NCD risk factor prevention programs conducted by the MOHs* in consultation with the PHCs,	Endline: (2025) 19.2% Females 6.3% Males of adults aged 35-64 years	Females Anuradhapura 37.8% Badulla 7.8% Kandy 7.3% Kegalle 5.6% Matale 39.8% Monaragala 0.0% Nuwara Eliya 21.3% Polonnaruwa 30.6% Ratnapura 12.7% Males Anuradhapura 9.2% Badulla 1.4% Kandy 0.0% Kegalle 1.1% Matale 12.7% Monaragala 0.0% Nuwara Eliya 7.1% Polonnaruwa 9.3% Ratnapura 13.6%	Household survey 2025
C9	% increase of diabetic patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,	Endline: (2025) 40.9%of diabetes mellitus patients (18-64 years)	See above	Household survey 2025
C10	% increase of hypertensive patients in the cluster catchment area seeking regular follow up care at the cluster linked PMCUs and DHs,	Endline: (2025) 45.3% of hypertension patients (18-64 years)	See above	Household survey 2025
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,	Endline: (2025) 18.7% Females 7.0% Males	Females 35-64, HLC Anuradhapura 32.2% Badulla 14.1% Kandy 7.3% Kegalle 3.4% Matale 43.4%	Household survey 2025

	Indicator	Overall value in Pilot Cluster	Disaggregation (If relevant)	Data source and table No. for details
			Monaragala 0.0% Nuwara Eliya 11.3% Polonnaruwa 31.5% Ratnapura 16.5% Males 35-64 years, HLC Anuradhapura 12.2% Badulla 2.8% Kandy 1.1% Kegalle 2.2% Matale 8.5% Monaragala 0.0% Nuwara Eliya 9.5% Polonnaruwa 9.3% Ratnapura 14.8%	
C12	% of mental health patients living in the cluster catchment area that seek services from the cluster facilities,	Endline: (2025) 9.5% of patients with mental illness sought care from PHC	Not enough numbers for disaggregation	Household survey 2025
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,	Endline: (2025) 3.0% of adults aged 18-64 years admitted	Not enough numbers for disaggregation	Household survey 2025
		22.1% of them re-admitted within 30 days	Not enough numbers for disaggregation	
		11.1% (54 out of 486) of elderly aged ≥ 65 years admitted	Not enough numbers for disaggregation	
		13.0% (7 out of 54) of them readmitted within 30 days	Not enough numbers for disaggregation	
C14	% increase in UHC service coverage index.	Data not available		Secondary data through HMIS

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 the country 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. 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 incurred by people for private healthcare. Although people, especially the poor can ill afford, the private sector 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 communities such as plantation 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 aimed at ensuring UHC to all citizens covering preventive health care and curative services including palliative care. It aimed 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 has been identified throughout the country and pilot clusters have been established in the districts in 4 selected provinces identified to deliver the Essential Health Service Package. Strengthened PHC system is expected enable people to access 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) aimed 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 these has been identified to be a deprived population. HSEP has established 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 was reformed by introducing the 'shared care cluster system' on pilot basis, with one cluster per district in 9 districts.

The intended benefits include use of cluster-linked health facilities for medical and surgical emergencies, outpatient services, clinic services, inpatient services, 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.

A comprehensive monitoring and evaluation framework has been established to assess the progress and the achievement of project outcomes of the HSEP project. A baseline survey was conducted in 2021 to determine the baseline status of health care utilization and health status in the population. Annual surveys were conducted every year to monitor the progress of the project. Following the completion of the project, an end line survey was conducted in 2025. This report describes the findings of the end line survey focusing on the patterns of utilization of health care services in the population served by the HSEP project.

Objectives

- Describe 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 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 endline survey 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, 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.

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.

Group 3 (Control group)

All non ADB-HSEP supported PHCs and all GNDs that are not served by any ADB project facilities.

Monitoring and evaluation design

The monitoring and evaluation (M&E) process in the endline survey comprised 3 cross-sectional surveys supplemented by secondary data and qualitative enquiries relevant to health service provision and utilization at primary health care level. In consistent with the 2021 baseline survey, the following 3 cross-sectional surveys were conducted:

1. Household survey
2. PHC user survey
3. PHC facility survey

Household survey

A population-based household survey was conducted at the endline (During October to December 2025) in the catchment areas defined above, towards the completion the project cycle. 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 proportionate to size (PPS) sampling method from a list of GNDs within each stratum (approximately n=27 GNDs per district). In the second stage, 15 households were identified from each GND by generating random locations through GPS (Approximately 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 was gathered by trained enumerators using Kobo Toolbox, a widely used Computer Assisted Personal Interviews (CAPI) method, and transferred online to a central database. The survey was conducted parallelly in the 9 districts during the period October 2025 to December 2025.

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. . The numbers of households for both baseline and endline survey were nearly similar, (3645 and 3675 respectively) but were selected as two independent samples.

During the endline survey in 2025, the same primary sampling units (GNDs) were selected within the same 3 strata as per the baseline survey, but the secondary sampling units (Households) were selected using random locations independent of the baseline survey. The GND selected for the household surveys are illustrated in Figure 1.

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) and the designated Apex Hospitals (Base Hospitals). 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 190 PHCI from all 9 districts, comprising 67 PHCI from the pilot cluster, 58 from the other ADB-HSEP support group and 65 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=11 per PHCI). Direct interviews were conducted by trained enumerators using a digital data collection form Kobo Toolbox, CAPI, during the period November 2025 to January 2026.

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 190 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. Such details were not relevant to the health facilities in the control group, thus not inquired from the control group.

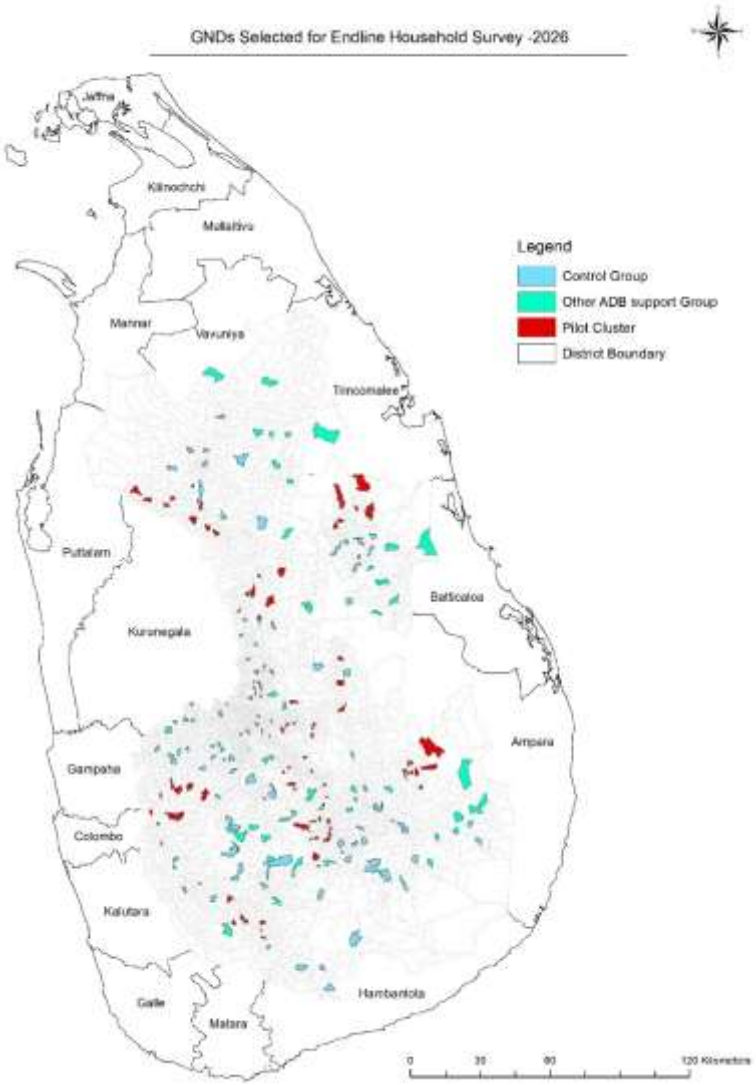
Secondary data

Data related to training of health care providers in the provinces under the HSEP were obtained from the Project Management Unit and/or Project Implementation Units in the respective provinces. Information about renovations, gender sensitive and responsive care, electronic health information system, community ambulance services etc. were obtained from quarterly progress reports and from the relevant consultants.

Qualitative study among stakeholders

Stakeholder meetings were held in selected settings with the staff who were involved in the project – e.g. the Head of the health facility (DMO or MOIC), Medical Officers, Nurses, and staff in-charge of the electronic health information system, laboratory, pharmacy etc. With respect to electronic health information system, site visits were made to an Apex Hospital and a PMCU where the health information system was in place.

Figure 1: Primary Sampling Units (GN divisions) included in the endline survey in the 4 provinces, according to PHC support category



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	73	154	89	243
Households	1260	1095	2355	1322	3677
All individuals in household [b]					
< 5 years	430	402	832	468	1300
5-17 year	1206	1080	2286	1291	3577
18-44 yeas	2148	1932	4080	2235	6315
45-64 years	1142	1066	2208	1253	3461
65 and above	633	606	1239	783	2022
Total residents	5559	5086	10645	6030	16675
Selected under specific groups [c]					
< 5 years	393	360	753	418	1171
5-17 years	744	667	1411	784	2195
18-64 years	2223	1862	4085	2260	6345
65 and above	486	465	951	601	1552
Women 15-49	1058	944	2002	1102	3104
PHC user survey					
Health care users at					
PMCU	178	256	434	209	643
Divisional hospital	457	391	848	494	1342
Apex hospital	118	0	118	46	164
Total users	753	647	1400	749	2149
Health Facility Survey					
PMCU	16	24	40	19	59
Divisional hospital	42	34	76	42	118
Apex hospital	9	0	9	4	13
Total health facilities	67	58	125	65	190

[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

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 %
1.1.3 Select the province	Central	1220	33.2%
	North Central	815	22.2%
	Sabaragamuwa	816	22.2%
	Uva	826	22.5%
	Total	3677	100.0%
1.1.4 Select the District	Anuradhapura	410	11.2%
	Badulla	411	11.2%
	Kandy	405	11.0%
	Kegalle	407	11.1%
	Matale	405	11.0%
	Monaragala	415	11.3%
	Nuwara Eliya	410	11.2%
	Polonnaruwa	405	11.0%
	Ratnapura	409	11.1%
	Total	3677	100.0%
1.1.9b Sample Group of Health Facility	Pilot cluster	1260	34.3%
	Other ADB support group	1095	29.8%
	Pilot cluster and other ADB	2355	64.0%
	Control group	1322	36.0%

A sample of 3677 households was studied from the 9 districts (405 per district on average). 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. In consistent with the baseline survey report, an additional column was inserted to display the combined results for the cluster group and other ADB supported group together.

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	1155	91.7%	957	87.4%	2112	89.7%	1184	89.6%
	Estate house	77	6.1%	102	9.3%	179	7.6%	86	6.5%
	Rented	25	2.0%	32	2.9%	57	2.4%	44	3.3%
	Quarters	2	0.2%	2	0.2%	4	0.2%	3	0.2%
Safe drinking water	Safe	688	54.6%	696	63.6%	1384	58.8%	845	63.9%
	Unsure	322	25.6%	221	20.2%	543	23.1%	245	18.5%
	Unsafe	250	19.8%	178	16.3%	428	18.2%	232	17.5%
Hygienic latrine	Hygienic	1230	97.6%	1028	93.9%	2258	95.9%	1250	94.6%
	Unhygienic	30	2.4%	67	6.1%	97	4.1%	72	5.4%
Main type of cooking fuel	Wood or other	936	74.3%	745	68.0%	1681	71.4%	873	66.05
	LPG	297	23.6%	333	30.4%	630	26.8%	429	32.5%
	Kerosene	4	0.3%	0	0.0%	4	0.2%	2	0.2%
	Electricity	223	1.8%	17	1.6%	40	1.7%	18	1.4%
Is there a chimney at house	Yes	1059	84.0%	825	75.3%	1884	80.0%	1074	81.2%
	No	201	16.0%	270	24.7%	471	20.0%	248	18.8%
Anyone smokes inside the house	Yes	370	29.4%	278	25.4%	648	27.5%	315	23.8%
	No	890	70.6%	817	74.6%	1707	72.5%	1007	76.2%
Method of disposing waste	Dumping on the premises	445	35.3%	437	39.9%	882	37.5%	428	32.4%
	Burning	923	73.3%	799	73.0%	1722	73.1%	974	73.7%
	Burying	578	45.95	480	43.8%	1058	44.9%	563	42.6%
	Dumping on the road	7	0.6%	29	2.6%	36	1.5%	23	1.7%
	Handing over to truck	145	11.5%	161	14.7%	306	13.0%	161	12.2%
	Segregate and recycle	13	1.0%	14	1.3%	27	1.1%	20	1.5%
	Composting of organic refuse	105	8.3%	69	6.3%	174	7.4%	61	4.6%

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

Almost 55% of households in the pilot cluster had access to safe drinking water, and 98% had hygienic latrines. Burning (73.3%), burying (45.95%) and dumping (35.3%) are the common methods of household waste disposal.

Household awareness of services at PHC

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

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Household awareness	Aware assigned PHC	1065	84.5%	773	70.6%	1838	78.0%	1009	76.3%
	Aware different PHC	108	8.6%	138	12.6%	246	10.4%	129	9.8%
	Not aware of any PHC	87	6.9%	184	16.8%	271	11.5%	184	13.9%

Table 5 : Awareness of the primary informant about different 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	1164	99.2%	900	98.8%	2064	99.0%	1134	99.6%
	Emergency care	1032	88.0%	791	86.8%	1823	87.5%	1009	88.7%
	HLC / NCD screening	959	81.8%	657	72.1%	1616	77.5%	790	69.4%
	CKD screening	738	62.9%	428	47.0%	1166	56.0%	533	46.8%
	Clinic follow-up for NCD	936	79.8%	625	68.6%	1561	74.9%	827	72.7%
	Basic laboratory tests	948	80.8%	583	64.0%	1531	73.5%	738	64.9%
	ECG test	719	61.3%	346	38.0%	1065	51.1%	508	44.6%
	Dental clinic	871	74.3%	484	53.1%	1355	65.0%	734	64.5%
	Admission	910	77.6%	551	60.5%	1461	70.1%	749	65.8%
	Referral to higher level	808	68.9%	456	50.1%	1264	60.7%	673	59.1%

Services of the assigned PHC were known to almost 85% of the households in the pilot cluster, which was higher in contrast to other 2 groups.

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)	4.13	0.1	15.0	4.04	0.1	18.0	4.09	0.1	18.0	4.71	0.1	18.0
Cost of travel to the assigned PHC (Rs)	258	0	2000	208	0	2500	237	0	2500	222	0	2000

The average distance to the assigned PHC was 4.13 km (ranged from 0.1 km to 15 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,

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	7280.00	4000.00	5806.00	3500.00	6594.00	3500.00	7737.00	3000.00
Fees to Ayurvedic practitioners	400.00	0.00	344.00	0.00	374.00	0.00	710.00	0.00
Fees for consulting specialists	2446.00	0.00	1725.00	0.00	2111.00	0.00	2298.00	0.00
Investigation cost	1854.00	0.00	1762.00	0.00	1811.00	0.00	2394.00	0.00
Payments to private hospitals / nursing homes	423.00	0.00	835.00	0.00	615.00	0.00	719.00	0.00
Purchasing medicines and pharmaceuticals	3653.00	1500.00	3348.00	500.00	3511.00	1000.00	4879.00	1500.00
Spectacles and other appliances	586.00	0.00	477.00	0.00	535.00	0.00	757.00	0.00
Traveling for health care	2821.00	1500.00	2253.00	1000.00	2557.00	1200.00	3132.00	1500.00
Cost of bystanders / food etc. during illness episode	145.00	0.00	199.00	0.00	170.00	0.00	231.00	0.00
Out of pocket health expenditure	19607.20	10000.00	16749.57	9000.00	18278.49	9500.00	22856.42	10000.00
Total health expenditure including loss due to illness and health care visits	23758.15	13000.00	19291.46	10000.00	21681.28	11450.00	26284.67	11950.00

* 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%	993	79.4%	921	84.6%	1914	81.8%	1005	76.4%
	10-19%	141	11.3%	92	8.4%	233	10.0%	160	12.2%
	20-29%	54	4.3%	28	2.6%	82	3.5%	54	4.1%
	30-39%	23	1.8%	14	1.3%	37	1.6%	31	2.4%
	40-69%	26	2.1%	24	2.2%	50	2.1%	44	3.3%
	70-99%	6	0.5%	6	0.6%	12	0.5%	9	0.7%
	>=100%	8	0.6%	4	0.4%	12	0.5%	13	1.0%
Catastrophic health expenditurea	<40%	1211	96.8%	1055	96.9%	2266	96.8%	1250	95.0%
	40% or more	40	3.2%	34	3.1%	74	3.2%	66	5.0%

[a] Percentage of household expenditure on health ≥ 40% was considered as catastrophic health expenditure.

Percentage of household expenditure on health ≥ 40% was considered as catastrophic health expenditure, which was 3.2% in the pilot cluster.

Table 9 : Coverage of household health cost (at least partially) by other sources

		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	42	3.3%	50	4.6%	92	3.9%	58	4.4%
	No	1218	96.7%	1045	95.4%	2263	96.1%	1264	95.6%
the source of such funds	Welfare society	10	0.8%	3	0.3%	13	0.6%	18	1.4%
	Personal insurance	11	0.9%	9	0.8%	20	0.8%	8	0.6%
	Other	2	0.2%	8	0.7%	10	0.4%	2	0.2%
	Family member living outside home	6	0.5%	11	1.0%	17	0.7%	18	1.4%
	Company insurance	21	1.7%	21	1.9%	42	1.8%	15	1.1%

During the last six months, any amount of the family's health care expenditure was covered by any other party in 3.3% households in the pilot cluster (e.g. personal insurance, company insurance, welfare)

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

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

		Count	%
Gender	Female	8640	51.8%
	Male	8035	48.2%
Age Category	< 5 years	1300	7.8%
	5-17 years	3577	21.5%
	18-44 years	6315	37.9%
	45-64 years	3461	20.8%
	≥ 65 years	2022	12.1%
Province	Central	5547	33.3%
	North central	3755	22.5%
	Sabaragamuwa	3783	22.7%
	Uva	3590	21.5%
District	Anuradhapura	1863	11.2%
	Badulla	1777	10.7%
	Kandy	1805	10.8%
	Kegalle	1782	10.7%
	Matale	1811	10.9%
	Monaragala	1813	10.9%
	Nuwara Eliya	1931	11.6%
	Polonnaruwa	1892	11.3%
	Ratnapura	2001	12.0%
PHC support category	Pilot cluster	5559	33.3%
	Other ADB support group	5086	30.5%
	Control group	6030	36.2%
	Total	16675	100.0%

Age, gender and geographical distribution of the study population is shown in Table 10. There were 51.8% males and 37.9% belonged to 18-44 age group. Of the total individuals in the household 7.8% were children under 5, and 12.1% were elders.

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 for medical and surgical emergencies, outpatient services, clinic services, inpatient services, and other auxiliary services (physiotherapy, etc.)

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

Types of Services		Sample Group of Health Facility							
		Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Emergency treatment for injury or illness	No	5484	98.7%	4943	97.2%	10427	98.0%	5923	98.2%
	Yes	75	1.3%	143	2.8%	218	2.0%	107	1.8%
Admission to ward	No	5394	97.0%	5012	98.5%	10406	97.8%	5914	98.1%
	Yes	165	3.0%	74	1.5%	239	2.2%	116	1.9%
All outpatient services	No	2632	47.3%	3239	63.7%	5871	55.2%	3713	61.6%
	Yes	2927	52.7%	1847	36.3%	4774	44.8%	2317	38.4%
Out Patient Department treatment	No	2865	51.5%	3394	66.7%	6259	58.8%	3920	65.0%
	Yes	2694	48.5%	1692	33.3%	4386	41.2%	2110	35.0%
Healthy Lifestyle Center	No	5509	99.1%	5047	99.2%	10556	99.2%	5958	98.8%
	Yes	50	0.9%	39	0.8%	89	0.8%	72	1.2%
Well Woman Clinic	No	5540	99.7%	5063	99.5%	10603	99.6%	6000	99.5%
	Yes	19	0.3%	23	0.5%	42	0.4%	30	0.5%
Medical clinic / Blood pressure checkup	No	5125	92.2%	4779	94.0%	9904	93.0%	5727	95.0%
	Yes	434	7.8%	307	6.0%	741	7.0%	303	5.0%
Dental clinic	No	5503	99.0%	5046	99.2%	10549	99.1%	5946	98.6%
	Yes	56	1.0%	40	0.8%	96	0.9%	84	1.4%
Maternal and child health or family planning clinic	No	5390	97.0%	5007	98.4%	10397	97.7%	5916	98.1%
	Yes	169	3.0%	79	1.6%	248	2.3%	114	1.9%
Laboratory testing / ECG	No	5464	98.3%	5051	99.3%	10515	98.8%	5958	98.8%
	Yes	95	1.7%	35	0.7%	130	1.2%	72	1.2%
Other services (physiotherapy, kidney disease etc.)	No	5545	99.7%	5063	99.5%	10608	99.7%	6009	99.7%
	Yes	14	0.3%	23	0.5%	37	0.3%	21	0.3%

In the pilot cluster, 52.7% individuals have ever utilized outpatient services of PHC for any reason, and that was much higher the PHC utilization in the other ADB-support (36.3%) or control areas (38.4%) indicating high utilization of PHC by the empaneled population in the cluster. 1.3% used the assigned PHC

for medical and surgical emergencies, 48.5% for outpatient services, 7.8% for clinic services, 3.0% for inpatient services

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

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

Variables				Sample Group of Health Facility							
				Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Using for Emergency treatment	No	428	99.5%	393	97.8%	821	98.7%	458	97.9%
			Yes	2	0.5%	9	2.2%	11	1.3%	10	2.1%
	5 - 17 years	Using for Emergency treatment	No	1190	98.7%	1051	97.3%	2241	98.0%	1269	98.3%
			Yes	16	1.3%	29	2.7%	45	2.0%	22	1.7%
	18 - 44 years	Using for Emergency treatment	No	2113	98.4%	1895	98.1%	4008	98.2%	2199	98.4%
			Yes	35	1.6%	37	1.9%	72	1.8%	36	1.6%
	45 - 64 years	Using for Emergency treatment	No	1125	98.5%	1028	96.4%	2153	97.5%	1230	98.2%
			Yes	17	1.5%	38	3.6%	55	2.5%	23	1.8%
	65 and above	Using for Emergency treatment	No	628	99.2%	576	95.0%	1204	97.2%	767	98.0%
			Yes	5	0.8%	30	5.0%	35	2.8%	16	2.0%
Gender	Female	Using for Emergency treatment	No	2853	99.0%	2554	96.9%	5407	98.0%	3072	98.3%
			Yes	28	1.0%	81	3.1%	109	2.0%	52	1.7%
	Male	Using for Emergency treatment	No	2631	98.2%	2389	97.5%	5020	97.9%	2851	98.1%
			Yes	47	1.8%	62	2.5%	109	2.1%	55	1.9%

Among 18-44-year-old persons 1.6% utilized the cluster linked PHC for medical/surgical emergencies while 1.5% of 45-64-year-old persons also used the same. Among males this utilization was 1.8%.

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

Variables				Sample Group of Health Facility							
				Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Use outpatient services	No	162	37.7%	231	57.5%	393	47.2%	276	59.0%
			Yes	268	62.3%	171	42.5%	439	52.8%	192	41.0%
	5 - 17 years	Use outpatient services	No	547	45.4%	670	62.0%	1217	53.2%	781	60.5%
			Yes	659	54.6%	410	38.0%	1069	46.8%	510	39.5%
	18 - 44 years	Use outpatient services	No	1168	54.4%	1341	69.4%	2509	61.5%	1487	66.5%
			Yes	980	45.6%	591	30.6%	1571	38.5%	748	33.5%
	45 - 64 years	Use outpatient services	No	537	47.0%	656	61.5%	1193	54.0%	763	60.9%
			Yes	605	53.0%	410	38.5%	1015	46.0%	490	39.1%
	65 and above	Use outpatient services	No	218	34.4%	341	56.3%	559	45.1%	406	51.9%
			Yes	415	65.6%	265	43.7%	680	54.9%	377	48.1%
Gender	Female	Use outpatient services	No	1228	42.6%	1589	60.3%	2817	51.1%	1785	57.1%
			Yes	1653	57.4%	1046	39.7%	2699	48.9%	1339	42.9%
	Male	Use outpatient services	No	1404	52.4%	1650	67.3%	3054	59.5%	1928	66.3%
			Yes	1274	47.6%	801	32.7%	2075	40.5%	978	33.7%

PHC out-patient utilization was higher in children under 5 years and elderly than the middle-aged. Utilization was also higher in females than males. Among adults PHC utilization was higher in 45-64 years category than 35-44 years. In all age categories and both genders, the utilization was higher in cluster group than other 2 groups. Utilization of cluster-linked PHC for outpatient services was 62.2% among <5 year old population, while it was 65.6% among those above 65 years of age.

Table 14 : Use of cluster-linked PHC for OPD curative services by age and gender

Variables				Sample Group of Health Facility							
				Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Use outpatient services	No	162	37.7%	231	57.5%	393	47.2%	276	59.0%
			Yes	268	62.3%	171	42.5%	439	52.8%	192	41.0%
	5 - 17 years	Use outpatient services	No	547	45.4%	670	62.0%	1217	53.2%	781	60.5%
			Yes	659	54.6%	410	38.0%	1069	46.8%	510	39.5%
	18 - 44 years	Use outpatient services	No	1168	54.4%	1341	69.4%	2509	61.5%	1487	66.5%
			Yes	980	45.6%	591	30.6%	1571	38.5%	748	33.5%
	45 - 64 years	Use outpatient services	No	537	47.0%	656	61.5%	1193	54.0%	763	60.9%
			Yes	605	53.0%	410	38.5%	1015	46.0%	490	39.1%
	65 and above	Use outpatient services	No	218	34.4%	341	56.3%	559	45.1%	406	51.9%
			Yes	415	65.6%	265	43.7%	680	54.9%	377	48.1%
Gender	Female	Use outpatient services	No	1228	42.6%	1589	60.3%	2817	51.1%	1785	57.1%
			Yes	1653	57.4%	1046	39.7%	2699	48.9%	1339	42.9%
	Male	Use outpatient services	No	1404	52.4%	1650	67.3%	3054	59.5%	1928	66.3%
			Yes	1274	47.6%	801	32.7%	2075	40.5%	978	33.7%

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

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

Variables			Sample Group of Health Facility								
			Pilot Cluster			Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Use clinic services	No	429	99.8%	395	98.3%	824	99.0%	465	99.4%
			Yes	1	0.2%	7	1.7%	8	1.0%	3	0.6%
	5 - 17 years	Use clinic services	No	1194	99.0%	1072	99.3%	2266	99.1%	1279	99.1%
			Yes	12	1.0%	8	0.7%	20	0.9%	12	0.9%
	18 - 44 years	Use clinic services	No	2090	97.3%	1902	98.4%	3992	97.8%	2196	98.3%
			Yes	58	2.7%	30	1.6%	88	2.2%	39	1.7%
	45 - 64 years	Use clinic services	No	987	86.4%	941	88.3%	1928	87.3%	1154	92.1%
			Yes	155	13.6%	125	11.7%	280	12.7%	99	7.9%
	65 and above	Use clinic services	No	425	67.1%	469	77.4%	894	72.2%	633	80.8%
			Yes	208	32.9%	137	22.6%	345	27.8%	150	19.2%
Gender	Female	Use clinic services	No	2615	90.8%	2443	92.7%	5058	91.7%	2932	93.9%
			Yes	266	9.2%	192	7.3%	458	8.3%	192	6.1%
	Male	Use clinic services	No	2510	93.7%	2336	95.3%	4846	94.5%	2795	96.2%
			Yes	168	6.3%	115	4.7%	283	5.5%	111	3.8%

PHC utilization for any clinic services ranged from 0.2% for children under 5 years to 32.9% for elderly in the pilot cluster, which was higher than in the other 2 groups.

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

Variables				Sample Group of Health Facility							
				Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Admitted to ward	No	418	97.2%	397	98.8%	815	98.0%	459	98.1%
			Yes	12	2.8%	5	1.2%	17	2.0%	9	1.9%
	5 - 17 years	Admitted to ward	No	1183	98.1%	1065	98.6%	2248	98.3%	1269	98.3%
			Yes	23	1.9%	15	1.4%	38	1.7%	22	1.7%
	18 - 44 years	Admitted to ward	No	2093	97.4%	1910	98.9%	4003	98.1%	2206	98.7%
			Yes	55	2.6%	22	1.1%	77	1.9%	29	1.3%
	45 - 64 years	Admitted to ward	No	1103	96.6%	1048	98.3%	2151	97.4%	1234	98.5%
			Yes	39	3.4%	18	1.7%	57	2.6%	19	1.5%
	65 and above	Admitted to ward	No	597	94.3%	592	97.7%	1189	96.0%	746	95.3%
			Yes	36	5.7%	14	2.3%	50	4.0%	37	4.7%
Gender	Female	Admitted to ward	No	2800	97.2%	2596	98.5%	5396	97.8%	3071	98.3%
			Yes	81	2.8%	39	1.5%	120	2.2%	53	1.7%
	Male	Admitted to ward	No	2594	96.9%	2416	98.6%	5010	97.7%	2843	97.8%
			Yes	84	3.1%	35	1.4%	119	2.3%	63	2.2%

PHC utilization for inpatient services (hospital admission) was lowest in the school going-age, and highest in the elderly (5.7%) in the pilot cluster, which was higher than other 2 groups.

Table 17 : Use of cluster-linked PHC for auxiliary services by age and gender

Variables				Sample Group of Health Facility							
				Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	<5 years	Auxiliary services	No	426	99.1%	397	98.8%	823	98.9%	460	98.3%
			Yes	4	0.9%	5	1.2%	9	1.1%	8	1.7%
	5 - 17 years	Auxiliary services	No	1190	98.7%	1066	98.7%	2256	98.7%	1266	98.1%
			Yes	16	1.3%	14	1.3%	30	1.3%	25	1.9%
	18 - 44 years	Auxiliary services	No	2096	97.6%	1899	98.3%	3995	97.9%	2166	96.9%
			Yes	52	2.4%	33	1.7%	85	2.1%	69	3.1%
	45 - 64 years	Auxiliary services	No	1075	94.1%	1028	96.4%	2103	95.2%	1195	95.4%
			Yes	67	5.9%	38	3.6%	105	4.8%	58	4.6%
	65 and above	Auxiliary services	No	592	93.5%	567	93.6%	1159	93.5%	714	91.2%
			Yes	41	6.5%	39	6.4%	80	6.5%	69	8.8%
Gender	Female	Auxiliary services	No	2779	96.5%	2568	97.5%	5347	96.9%	2985	95.6%
			Yes	102	3.5%	67	2.5%	169	3.1%	139	4.4%
	Male	Auxiliary services	No	2600	97.1%	2389	97.5%	4989	97.3%	2816	96.9%
			Yes	78	2.9%	62	2.5%	140	2.7%	90	3.1%

PHC utilization for auxiliary services ranged from 0.9% for children under 5 years to 6.5% for elderly in the pilot cluster. There is no considerable difference between the 3 groups. Utilization of cluster-linked PHC for auxiliary services was 6.5% among the population above 65 years, while it was 5.9% among those in the age group of 45-64 years. Among females, 3.5% utilized this service.

Part III –Health service utilization by children under 5 years

Distribution of children by age and sex

Table 18 : Age and sex of children under 5 years of age by PHC support group

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.4 Gender	Female	210	53.4%	189	52.5%	399	53.0%	204	48.8%
	Male	183	46.6%	171	47.5%	354	47.0%	214	51.2%
Age group of Child	0-11	50	12.7%	53	14.7%	103	13.7%	60	14.4%
	12-23	72	18.3%	54	15.0%	126	16.7%	64	15.3%
	24-35	53	13.5%	57	15.8%	110	14.6%	72	17.2%
	36-47	93	23.7%	86	23.9%	179	23.8%	98	23.4%
	48-59	125	31.8%	110	30.6%	235	31.2%	124	29.7%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

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

Table 19 : Percentage of Children < 5 years who had any acute medical or surgical illness

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.23 Did the child experience any acute illness requiring out-patient treatment (but not hospital admission) during the past six months?	Yes	133	33.8%	115	31.9%	248	32.9%	157	37.6%
	No	260	66.2%	245	68.1%	505	67.1%	261	62.4%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Almost one-third (33.8%) of children in the pilot cluster had acute illnesses requiring outpatient care which did not need any hospitalization or emergency care.

Table 20 : Acute injury or illness (last episode within 6 months)

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.25 What was the condition the child was suffering from (at the last episode)?	No illness	260	66.2%	245	68.1%	505	67.1%	261	62.4%
	Cough and cold	105	26.7%	75	20.8%	180	23.9%	106	25.4%
	Dental treatment	1	.3%	0	0.0%	1	.1%	0	0.0%
	Diarrhoea	1	.3%	1	.3%	2	.3%	0	0.0%
	Exacerbation of asthma	2	.5%	7	1.9%	9	1.2%	11	2.6%
	Fever	18	4.6%	28	7.8%	46	6.1%	37	8.9%
	Skin disease	3	.8%	1	.3%	4	.5%	0	0.0%
	Abdominal pain	0	0.0%	1	.3%	1	.1%	0	0.0%
	Bloating	1	.3%	0	0.0%	1	.1%	0	0.0%
	Had an operation	0	0.0%	1	.3%	1	.1%	0	0.0%
	Not drinking milk	1	.3%	0	0.0%	1	.1%	0	0.0%
	Rash	0	0.0%	0	0.0%	0	0.0%	1	.2%
	Swelling in the leg	0	0.0%	0	0.0%	0	0.0%	1	.2%
	Urinary disorder	0	0.0%	1	.3%	1	.1%	1	.2%
	Vomiting	1	.3%	0	0.0%	1	.1%	0	0.0%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Cough and cold (with or without fever) was the commonest condition among the acute illness in children under 5 years. “Fever only” was the 2nd common acute illness in children.

Table 21 : Outpatient utilization by children < 5 years who had any acute injury or illness

		1.1.9b Sample Group of Health Facility									
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group		Total	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Out Patient Utilization for Children <5 y	PHCI - assigned	55	41.4 %	42	36.5 %	97	39.1 %	63	40.1 %	160	39.5 %
	PHCI - unassigned	4	3.0%	6	5.2%	10	4.0%	11	7.0%	21	5.2%
	Secondary care (Base) hospital	26	19.5 %	3	2.6%	29	11.7 %	2	1.3%	31	7.7%
	Tertiary care hospital	0	0.0%	17	14.8 %	17	6.9%	20	12.7 %	37	9.1%
	General practice	44	33.1 %	42	36.5 %	86	34.7 %	52	33.1 %	138	34.1 %
	Specialist channeling	1	.8%	1	.9%	2	.8%	1	.6%	3	.7%
	Private hospital	3	2.3%	4	3.5%	7	2.8%	7	4.5%	14	3.5%
	Other	0	0.0%	0	0.0%	0	0.0%	1	.6%	1	.2%
	Service not indicated or sought	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	133	100%	115	100%	248	100%	157	100%	405	100%

Of the children with any acute condition (non-emergency) in the pilot cluster, 41.4% sought out patient care from the assigned PHCI, followed by 33.1% from general practitioner, and 19.5% from a Base Hospital and none from a Tertiary Care Hospital. In contrast, children in other 2 strata sought care from Tertiary Care Hospitals as well for acute illness/injury (non-emergency)

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

Table 22 : Prevalence of any chronic illness in children under 5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Any chronic illness child <5 years	Yes	24	6.1%	31	8.6%	55	7.3%	49	11.7%
	No	369	93.9%	329	91.4%	698	92.7%	369	88.3%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Table 23 : Type of chronic illness in children under 5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.7 Bronchial asthma / recurrent wheeze	Yes	8	2.0%	18	5.0%	26	3.5%	30	7.2%
	No	385	98.0%	342	95.0%	727	96.5%	388	92.8%
3.1.11 Heart disease	Yes	3	.8%	1	.3%	4	.5%	6	1.4%
	No	390	99.2%	359	99.7%	749	99.5%	412	98.6%
3.1.14 Chronic malnutrition	Yes	4	1.0%	3	.8%	7	.9%	7	1.7%
	No	389	99.0%	357	99.2%	746	99.1%	411	98.3%
3.1.8 Recurrent urinary infection	Yes	3	.8%	2	.6%	5	.7%	2	.5%
	No	390	99.2%	358	99.4%	748	99.3%	416	99.5%
3.1.12 Epilepsy / Fits	Yes	2	.5%	6	1.7%	8	1.1%	4	1.0%
	No	391	99.5%	354	98.3%	745	98.9%	414	99.0%
3.1.15 Other	Yes	1	.3%	1	.3%	2	.3%	2	.5%
	No	392	99.7%	359	99.7%	751	99.7%	416	99.5%
3.1.10 Cerebral palsy (movement disability caused by brain damage in early life) / developmental delay	Yes	2	.5%	1	.3%	3	.4%	5	1.2%
	No	391	99.5%	359	99.7%	750	99.6%	413	98.8%

3.1.9. Kidney disease	Yes	4	1.0%	0	0.0%	4	.5%	3	.7%
	No	389	99.0%	360	100.0%	749	99.5%	415	99.3%
3.1.13 Psychological / behavioural disorders	Yes	0	0.0%	0	0.0%	0	0.0%	4	1.0%
	No	393	100.0%	360	100.0%	753	100.0%	414	99.0%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Bronchial asthma was the commonest chronic illness reported by children under 5 years of age

Table 24 : Clinic care among children <5 years with any chronic illness

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Follow up children with chronic illness	PHCI - assigned	1	4.2%	2	6.5%	3	5.5%	2	4.1%
	PHCI - unassigned	0	0.0%	2	6.5%	2	3.6%	0	0.0%
	Secondary care (Base) hospital	4	16.7%	0	0.0%	4	7.3%	0	0.0%
	Tertiary care hospital	2	8.3%	8	25.8%	10	18.2%	13	26.5%
	General practice	1	4.2%	1	3.2%	2	3.6%	0	0.0%
	Specialist channeling	1	4.2%	0	0.0%	1	1.8%	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	15	62.5%	18	58.1%	33	60.0%	34	69.4%
	Total	24	100.0%	31	100.0%	55	100.0%	49	100.0%

Of the children with any chronic illness in the pilot cluster, 4.2% accessed health care services from the PHCI, 16.7% from secondary care hospitals, and 8.3% from tertiary care hospitals. Furthermore, 4.2% of such children sought care from a GP and 4.2% from a specialist at a private channeled consultation service.

Emergency health care utilization in children under 5 years

Table 25 : Any surgical or medical emergency in children <5 years with

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.33 Did the child experience any illness / injury requiring emergency care during the past six months?	No	386	98.2%	350	97.2%	736	97.7 %	407	97.4%
	Yes	7	1.8%	10	2.8%	17	2.3%	11	2.6%
	Total	393	100.0 %	360	100.0 %	753	100.0 %	418	100.0%

Table 26 : Type of emergency in children under 5 years who had any emergency

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.35 Please specify the others	No Emergency	390	99.2%	356	98.9%	746	99.1%	415	99.3%
	Cough	0	0.0%	1	.3%	1	.1%	0	0.0%
	Dog bite	1	.3%	0	0.0%	1	.1%	0	0.0%
	Fever	1	.3%	2	.6%	3	.4%	2	.5%
	Injury due to a fall	0	0.0%	1	.3%	1	.1%	0	0.0%
	Pneumonia Pneumonia	1	.3%	0	0.0%	1	.1%	0	0.0%
	Snake bite	0	0.0%	0	0.0%	0	0.0%	1	.2%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Table 27 : Emergency care for children<5 years with any surgical or medical emergency

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Emergency care for children	PHCI - assigned	2	28.6%	5	50.0%	7	41.2%	5	45.5%
	PHCI - unassigned	1	14.3%	0	0.0%	1	5.9%	1	9.1%
	Secondary care (Base) hospital	2	28.6%	1	10.0%	3	17.6%	0	0.0%
	Tertiary care hospital	0	0.0%	1	10.0%	1	5.9%	4	36.4%
	General practice	1	14.3%	2	20.0%	3	17.6%	0	0.0%
	Specialist channeling	0	0.0%	1	10.0%	1	5.9%	1	9.1%
	Private hospital	1	14.3%	0	0.0%	1	5.9%	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	7	100.0%	10	100.0%	17	100.0%	11	100.0%

There were only few children who reported to have emergency conditions; thus percentages cannot be compared with certainty.

In-patient care for children under 5 years of age

Table 28 : Admitted to hospital during last 3 months

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.27 Did the child experience any illness (acute illness or exacerbation of chronic illness) requiring hospital admission during the past three months?	No	385	98.0%	349	96.9%	734	97.5%	408	97.6%
	Yes	8	2.0%	11	3.1%	19	2.5%	10	2.4%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Table 29 : Reason for admission in children < 5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.29 What was the illness the child was suffering from, during the last hospitalization episode?	No admissions	385	98.0%	349	96.9%	734	97.5%	408	97.6%
	Diarrhoea / gastro intestinal disease	0	0.0%	1	.3%	1	.1%	0	0.0%
	Other (specify)	1	.3%	1	.3%	2	.3%	1	.2%
	Respiratory disease	1	.3%	1	.3%	2	.3%	6	1.4%
	Viral /Dengue fever	6	1.5%	8	2.2%	14	1.9%	3	.7%
	Total	393	100%	360	100%	753	100%	418	100.%

There were only few children admitted to the hospitals; thus percentages cannot be compared with certainty.

Table 30 : Place of admission during last 3 months in children <5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Admitted children and treated	PHCI - assigned	3	37.5%	1	9.1%	4	21.1%	1	10.0%
	PHCI - unassigned	2	25.0%	2	18.2%	4	21.1%	0	0.0%
	Secondary care (Base) hospital	2	25.0%	5	45.5%	7	36.8%	3	30.0%
	Tertiary care hospital	1	12.5%	3	27.3%	4	21.1%	6	60.0%
	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	8	100.0%	11	100.0%	19	100.0%	10	100.0%

Table 31 : Readmitted within 30 days in children <5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.32 Did the child need to be readmitted for the same illness within 30 days of discharge from hospital?	No	8	100.0%	10	90.9%	18	94.7%	10	100.0%
	Yes	0	0.0%	1	9.1%	1	5.3%	0	0.0%
	Total	8	100.0%	11	100.0%	19	100.0%	10	100.0%

Care for long-term disability in children under 5 years

Table 32 : Long term disability in children <5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.19 Is the child having any disabling condition that requires long term disability care?	No	392	99.7%	360	100.0%	752	99.9%	412	98.6%
	Yes	1	.3%	0	0.0%	1	.1%	6	1.4%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Table 33 : Disability as perceived by caregiver of children < 5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.20 If yes, what is the disabling condition child is having? [to be verified by inspecting diagnosis card, heath records or prescriptions]	No disability	392	99.7%	360	100.0 %	752	99.9%	412	98.6%
	Cerebral palsy / Neurological disease	1	.3%	0	0.0%	1	.1%	3	.7%
	Other (specify)	0	0.0%	0	0.0%	0	0.0%	1	.2%
	Psychological / behavioural disorder	0	0.0%	0	0.0%	0	0.0%	2	.5%
	Total	393	100.0 %	360	100.0 %	753	100.0 %	418	100.0 %

There were only few children found to have a disability; thus percentages cannot be compared with certainty.

Table 34 : Disability care in children <5 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Disabilty care for children	Secondary care (Base) hospital	1	100.0%	0	0.0%	1	100.0%	1	16.7%
	Tertiary care hospital	0	0.0%	0	0.0%	0	0.0%	5	83.3%
	Total	1	100.0%	0	0.0%	1	100.0%	6	100.0%

Selected preventive health services among children under 5 years

Table 35 : Source of nutrition advice (multiple options)

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.40 receive nutrition advice regarding appropriate feeding of your baby - MOH clinic/PHM	Received	317	80.7%	328	91.1%	645	85.7%	381	91.1%
3.1.37 receive nutrition advice regarding appropriate feeding of your baby - PMCU	Received	148	37.7%	91	25.3%	239	31.7%	125	29.9%
3.1.38 receive nutrition advice regarding appropriate feeding of your baby - Divisional Hospital	Received	119	30.3%	87	24.2%	206	27.4%	82	19.6%
3.1.39 receive nutrition advice regarding appropriate feeding of your baby - Base Hospital	Received	115	29.3%	124	34.4%	239	31.7%	70	16.7%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Nutrition advice for children was predominantly received from MOH clinics as opposed to PMCU. DH, or Base Hospitals.

Table 36 : Source of immunization (multiple options)

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
3.1.45 child receive immunization - MOH clinic	Received	300	76.3%	330	91.7%	630	83.7%	362	86.6%
3.1.42 child receive immunization - PMCU	Received	157	39.9%	59	16.4%	216	28.7%	96	23.0%
3.1.43 child receive immunization - Divisional Hospital	Received	115	29.3%	66	18.3%	181	24.0%	63	15.1%
3.1.44 child receive immunization - Base Hospital	Received	102	26.0%	108	30.0%	210	27.9%	58	13.9%
	Total	393	100.0%	360	100.0%	753	100.0%	418	100.0%

Immunization for children was predominantly received from MOH clinics as opposed to PMCU. DH, or Base Hospitals.

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

Distribution of school-aged children by age and sex

Table 37 : Distribution of school-aged children according to sex, schooling status and age category

Characteristics		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	5-9 yrs	297	39.9%	261	39.1%	558	39.5%	287	36.6%
	10-12 yrs	168	22.6%	161	24.1%	329	23.3%	197	25.1%
	13-17 yrs	279	37.5%	245	36.7%	524	37.1%	300	38.3%
Gender	Female	375	50.4%	335	50.2%	710	50.3%	385	49.1%
	Male	369	49.6%	332	49.8%	701	49.7%	399	50.9%
Schooling status	Currently schooling	698	93.8%	625	93.7%	1323	93.8%	734	93.6%
	Out of school employed	1	0.1%	2	0.3%	3	0.2%	2	0.3%
	Out of school not occupied	10	1.3%	12	1.8%	22	1.6%	15	1.9%
	Out of school studying	35	4.7%	28	4.2%	63	4.5%	33	4.2%
	Total	744	100.0%	667	100.0%	1411	100.0%	784	100.0%

In the sample recruited from the pilot cluster area, there were 39.9% children in the age group of 5-9 years, while 37.5% belonged to the 13-17 age group. Of this sample 50.4% were males and 93.8% were schooling.

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

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

Experience any acute illness requiring out-patient treatment		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Acute illness	No	482	64.8%	459	68.8%	941	66.7%	516	65.8%
	Yes	262	35.2%	208	31.2%	470	33.3%	268	34.2%

Table 39 : Types of acute illness in school-aged children (5-17 years) who had any acute medical or surgical illness

Type of acute illness	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Cough and cold	126	16.9%	112	16.8%	238	16.9%	160	20.4%
Dental treatment	2	0.3%	0	0.0%	2	0.1%	3	0.4%
Diarrhoea	3	0.4%	1	0.1%	4	0.3%	2	0.3%
Fever	101	13.6%	79	11.8%	180	12.8%	78	9.9%
Severe attack of asthma	15	2.0%	9	1.3%	24	1.7%	7	0.9%
Skin disease	4	0.5%	1	0.1%	5	0.4%	9	1.1%
Other	11	1.5%	6	0.9%	17	1.2%	9	1.1%
No acute illness	482	64.8%	459	68.8%	941	66.7%	516	65.8%

Out of the children aged 5-17 years recruited from the pilot cluster areas, 35.2% had experienced an acute illness, the commonest presentation being cough and cold (16.9%) followed by fever (13.6%).

Table 40 : Utilization of health facilities by school-aged children (5-17 years) who had any acute medical or surgical illness

Place of outpatient treatment	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	%	Count	%	Count	%	Count	%
PMCU (Assigned for the area)	75	28.6%	34	16.3%	109	23.2%	81	30.2%
PMCU (Not assigned for the area)	8	3.1%	12	5.8%	20	4.3%	14	5.2%
Divisional Hospital (Assigned for the area)	39	14.9%	34	16.3%	73	15.5%	45	16.8%
Divisional Hospital (Not assigned for the area)	5	1.9%	6	2.9%	11	2.3%	4	1.5%
Base Hospital	49	18.7%	8	3.8%	57	12.1%	5	1.9%
District / Provincial General Hospital	1	0.4%	15	7.2%	16	3.4%	7	2.6%
Teaching Hospital	3	1.1%	17	8.2%	20	4.3%	21	7.8%
General Practice	79	30.2%	78	37.5%	157	33.4%	75	28.0%
Private Hospital	3	1.1%	2	1.0%	5	1.1%	6	2.2%
Specialist channel service	0	0.0%	0	0.0%	0	0.0%	6	2.2%
Other	0	0.0%	2	1.0%	2	0.4%	4	1.5%
Total	262	100.0%	208	100.0%	470	100.0%	268	100.0%

Out of the 5-17-year-old children who experienced an acute illness, 30.2% had sought care from general practitioners while 28.6% sought care from assigned PHCs. Another 18.7% sought care from the base hospitals.

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

Table 41 : Prevalence of chronic disease among school-aged children (5-17 years)

Chronic Disease		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Asthma	No	715	96.1%	637	95.5%	1352	95.8%	747	95.3%
	Yes	29	3.9%	30	4.5%	59	4.2%	37	4.7%
Kidney Disease	No	741	99.6%	666	99.9%	1407	99.7%	781	99.6%
	Yes	3	0.4%	1	0.1%	4	0.3%	3	0.4%
Disability	No	738	99.2%	661	99.1%	1399	99.1%	771	98.3%
	Yes	6	0.8%	6	0.9%	12	0.9%	13	1.7%
Heart Disease	No	736	98.9%	658	98.7%	1394	98.8%	770	98.2%
	Yes	8	1.1%	9	1.3%	17	1.2%	14	1.8%
Epilepsy	No	742	99.7%	660	99.0%	1402	99.4%	780	99.5%
	Yes	2	0.3%	7	1.0%	9	0.6%	4	0.5%
Psychological disorders	No	740	99.5%	661	99.1%	1401	99.3%	773	98.6%
	Yes	4	0.5%	6	0.9%	10	0.7%	11	1.4%
Thalassemia	No	742	99.7%	667	100.0%	1409	99.9%	782	99.7%
	Yes	2	0.3%	0	0.0%	2	0.1%	2	0.3%
Cancer	No	742	99.7%	666	99.9%	1408	99.8%	782	99.7%
	Yes	2	0.3%	1	0.1%	3	0.2%	2	0.3%
Other	No	734	98.7%	655	98.2%	1389	98.4%	768	98.0%
	Yes	10	1.3%	12	1.8%	22	1.6%	16	2.0%
Any chronic disease	No	694	93.3%	613	91.9%	1307	92.6%	704	89.8%
	Yes	50	6.7%	54	8.1%	104	7.4%	80	10.2%
	Total	744	100.0%	667	100.0%	1411	100.0%	784	100.0%

Among the children aged 5-17 years 6.7% were having one or more chronic diseases, with bronchial asthma being the commonest (3.9%).

Table 42 : Regular clinic follow-up of school-aged children (5-17 years) with any chronic diseases

Follow up for chronic diseases	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	%	Count	%	Count	%	Count	%
No	26	52.0%	23	42.6%	49	47.1%	36	45.0%
Yes	24	48.0%	31	57.4%	55	52.9%	44	55.0%
PMCU (Assigned for the area)	3	6.0%	1	1.9%	4	3.8%	0	0.0%
PMCU (Not assigned for the area)	0	0.0%	0	0.0%	0	0.0%	2	2.5%
Divisional Hospital (Assigned for the area)	3	6.0%	1	1.9%	4	3.8%	7	8.8%
Divisional Hospital (Not assigned for the area)	0	0.0%	1	1.9%	1	1.0%	0	0.0%
Base Hospital	6	12.0%	4	7.4%	10	9.6%	1	1.2%
District / Provincial General Hospital	4	8.0%	7	13.0%	11	10.6%	8	10.0%
Teaching Hospital	5	10.0%	12	22.2%	17	16.3%	21	26.2%
General Practice	1	2.0%	1	1.9%	2	1.9%	3	3.8%
Private Hospital	0	0.0%	0	0.0%	0	0.0%	1	1.2%
Specialist channel service	1	2.0%	3	5.6%	4	3.8%	0	0.0%
Other	1	2.0%	1	1.9%	2	1.9%	1	1.2%
Nor followed up	26	52.0%	23	42.6%	49	47.1%	36	45.0%

Out of those having chronic diseases, 48% were on regular clinic follow up, with 6% each being followed up at the assigned PHC and the assigned divisional hospital. Of the sample, 12% were followed up at the base hospitals and 10% at teaching hospitals.

Emergency health service utilization by children aged 5-17 years

Table 43 : Emergency health condition in school aged children

Emergency conditions within past 6 months		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Experienced an emergency	No	729	98.0%	655	98.2%	1384	98.1%	765	97.6%
	Yes	15	2.0%	12	1.8%	27	1.9%	19	2.4%
Type of emergency	No emergency	729	98.0%	655	98.2%	1384	98.1%	765	97.6%
	Accidental injury	9	1.2%	5	0.7%	14	1.0%	16	2.0%
	Allergy	3	0.4%	0	0.0%	3	0.2%	0	0.0%
	Exacerbation of asthma	0	0.0%	4	0.6%	4	0.3%	1	0.1%
	Other	3	0.4%	3	0.4%	6	0.4%	2	0.3%
	Total	744	100.0%	667	100.0%	1411	100.0%	784	100.0%

Among 5-17 years old children 2% had experienced emergency health conditions, and 1.2% were accidental injuries (Table 43). Out of those who experienced emergency conditions, 26.7% each sought care from the assigned divisional hospitals and the base hospitals (Table 44).

Table 44 : Emergency health sought care by school aged children

Place of emergency care	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	%	Count	%	Count	%	Count	%
PMCU (Assigned for the area)	1	6.7%	2	16.7%	3	11.1%	3	15.8%
PMCU (Not assigned for the area)	1	6.7%	1	8.3%	2	7.4%	2	10.5%
Divisional Hospital (Assigned for the area)	4	26.7%	4	33.3%	8	29.6%	3	15.8%
Divisional Hospital (Not assigned for the area)	1	6.7%	1	8.3%	2	7.4%	0	0.0%
Base Hospital	4	26.7%	0	0.0%	4	14.8%	1	5.3%
District / Provincial General Hospital	1	6.7%	2	16.7%	3	11.1%	6	31.6%
Teaching Hospital	1	6.7%	1	8.3%	2	7.4%	4	21.1%
Ayurvedic clinic or hospital	1	6.7%	0	0.0%	1	3.7%	0	0.0%
General Practice	1	6.7%	0	0.0%	1	3.7%	0	0.0%
Other	0	0.0%	1	8.3%	1	3.7%	0	0.0%

In-patient care for children aged 5-17 years

Table 45 : Type of hospital among school aged children admitted to hospital due to acute or chronic illness

Place of admission		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Place	Divisional Hospital (Assigned for the area)	7	36.8%	2	13.3%	9	26.5%	4	26.7%
	Divisional Hospital (Not assigned for the area)	3	15.8%	0	0.0%	3	8.8%	2	13.3%
	Base Hospital	3	15.8%	3	20.0%	6	17.6%	1	6.7%
	District / Provincial General Hospital	2	10.5%	5	33.3%	7	20.6%	1	6.7%
	Teaching Hospital	4	21.1%	5	33.3%	9	26.5%	6	40.0%
	Other	0	0.0%	0	0.0%	0	0.0%	1	6.7%

Among the 5-17 years old children who required hospital admission, 36.8% had visited the assigned divisional hospitals while 21.1% sought care from teaching hospitals (Table 45).

Table 46 : School aged children re-admitted to hospital within 30 days due to same illness

Readmission within 30 days of discharge	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
No	15	78.9%	14	93.3%	29	85.3%	13	86.7%
Yes	4	21.1%	1	6.7%	5	14.7%	2	13.3%
Total	19	100.0%	15	100.0%	34	100.0%	15	100.0%

Out of the 19 children who received inpatient care, 4 (21.1%) had got readmitted to the hospital within 30 days (Table 46).

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

Table 47 : School child having any disability that needs long term follow up

Having disability that needs long term follow up	Sample Group							
	Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
No	741	99.6%	659	98.8%	1400	99.2%	772	98.5%
Yes	3	0.4%	8	1.2%	11	0.8%	12	1.5%
Total	744	100.0%	667	100.0%	1411	100.0%	784	100.0%

Of the children 0.4% (n=3) experienced disability and one each sought care from provincial/district general hospitals and base hospitals (Table 47 & 48).

Table 48 : Place of disability care for School child having any disability

Place of receiving disability care		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Place	PMCU (Assigned for the area)	0	0.0%	0	0.0%	0	0.0%	1	8.3%
	PMCU (Not assigned for the area)	0	0.0%	0	0.0%	0	0.0%	1	8.3%
	Divisional Hospital (Assigned for the area)	0	0.0%	0	0.0%	0	0.0%	2	16.7%
	Base Hospital	1	33.3%	1	12.5%	2	18.2%	1	8.3%
	District / Provincial General Hospital	1	33.3%	1	12.5%	2	18.2%	4	33.3%
	Teaching Hospital	0	0.0%	4	50.0%	4	36.4%	3	25.0%
	Specialist channel service	0	0.0%	2	25.0%	2	18.2%	0	0.0%
	Other	1	33.3%	0	0.0%	1	9.1%	0	0.0%
	Total	3	100.0%	8	100.0%	11	100.0%	12	100.0%

Healthy eating behavior in school children

Table 49 : Fruit and vegetable consumption (average days per week) by school age child

Fruit and vegetable consumption	Sample Group											
	Pilot Cluster			Other ADB supported			Pilot cluster and ADB supported			Control		
	Mean	SD	Median	Mean	SD	Median	Mean	SD	Median	Mean	SD	Median
No. of days consuming fruit	3.8	1.7	4.0	4.0	1.7	4.0	3.9	1.7	4.0	4.0	1.8	4.0
No. of days consuming vegetables	5.4	2.3	7.0	5.3	2.2	7.0	5.3	2.3	7.0	5.5	2.2	7.0

Among the 5-17 years old children from the pilot cluster areas, the mean number of days consuming fruits was 3.8 in a week while the mean number of das consuming vegetables was 5.4 (Table 49).

Table 50 : Fruit and vegetable consumption (average days per week) by age of school age child

Consumption pattern		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Processed food	Always	52	7.0%	53	7.9%	105	7.4%	66	8.4%
	Often	174	23.4%	246	36.9%	420	29.8%	205	26.1%
	Sometimes	223	30.0%	205	30.7%	428	30.3%	248	31.6%
	Rarely	227	30.5%	128	19.2%	355	25.2%	191	24.4%
	Never	68	9.1%	35	5.2%	103	7.3%	74	9.4%
Sugar sweetened beverages	Always	21	2.8%	13	1.9%	34	2.4%	33	4.2%
	Often	217	29.2%	245	36.7%	462	32.7%	224	28.6%
	Sometimes	273	36.7%	239	35.8%	512	36.3%	278	35.5%
	Rarely	202	27.2%	146	21.9%	348	24.7%	187	23.9%
	Never	31	4.2%	24	3.6%	55	3.9%	62	7.9%

Among the children from the pilot cluster areas, 30.5% consumed professed food rarely, while 30% consumed them sometimes. Sugar-sweetened beverage use was reported ''sometimes by 36.7% and often by 29.2% (Table 50)

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

Socio-demographic characteristics of adults

Table 51 : Basic Socio-demographic characteristics of the adults (18-64 years) responding the end line

Socio-demographic characteristics		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and other ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	18 - 44 years	1442	64.6%	1172	62.9%	2614	63.8%	1420	62.8%
	45 - 64 years	791	35.4%	690	37.1%	1481	36.2%	840	37.2%
Gender	Female	1069	47.9%	858	46.1%	1927	47.1%	1062	47.0%
	Male	1164	52.1%	1004	53.9%	2168	52.9%	1198	53.0%
Employment status	Employed full time	920	41.2%	681	36.6%	1601	39.1%	910	40.3%
	Employed part time	362	16.2%	337	18.1%	699	17.1%	412	18.2%
	Retired	26	1.2%	38	2.0%	64	1.6%	36	1.6%
	Unemployed	925	41.4%	806	43.3%	1731	42.3%	902	39.9%
Marital status	Married	1742	78.0%	1431	76.9%	3173	77.5%	1747	77.3%
	Separated	86	3.9%	55	3.0%	141	3.4%	64	2.8%
	Single	378	16.9%	366	19.7%	744	18.2%	431	19.1%
	Widowed	27	1.2%	10	0.5%	37	0.9%	18	0.8%

In the sample, there were 6355 adults in the age range of 18-64 years and out of them, 2233 were recruited from the pilot cluster areas. Among them, 64.6% belonged to the 18-44 years age range and 52.1% were males. A majority of 78% were married (Table 51). Socio-demographic distribution of the other two sample groups were also similar.

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,

Table 52 : Prevalence of NCD risk factors in adults aged 18-64 years

Risk Factors		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Current smoking	No	1962	87.9%	1689	90.7%	3651	89.2%	2076	91.9%
	Yes	271	12.1%	173	9.3%	444	10.8%	184	8.1%
Current smokeless tobacco use	No	1889	84.6%	1634	87.8%	3523	86.0%	1981	87.7%
	Yes	344	15.4%	228	12.2%	572	14.0%	279	12.3%
Current alcohol use	No	1900	85.1%	1641	88.1%	3541	86.5%	1986	87.9%
	Yes	333	14.9%	221	11.9%	554	13.5%	274	12.1%
Indoor air pollution[b]	No	1405	62.9%	1191	64.0%	2596	63.4%	1541	68.2%
	Yes	828	37.1%	671	36.0%	1499	36.6%	719	31.8%
Adequate physical activity[a]	Inadequate	769	34.4%	952	51.1%	1721	42.0%	1099	48.6%
	Adequate	1464	65.6%	910	48.9%	2374	58.0%	1161	51.4%

[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

With regards to NCD risk factors among the population recruited from pilot cluster areas, 12.1% were current smokers, 14.9% were current alcohol users, 34.4% had inadequate physical activity while 37.1% were exposed to indoor air pollution (Table 52).

Table 53 : Prevalence of NCD risk factors in adults aged 18-64 years, by gender

Risk factors		Sample Group															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		Female		Male		Female		Male		Female		Male		Female		Male	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Current smoking	No	1059	99.1%	903	77.6%	845	98.5%	844	84.1%	1904	98.8%	1747	80.6%	1055	99.3%	1021	85.2%
	Yes	10	0.9%	261	22.4%	13	1.5%	160	15.9%	23	1.2%	421	19.4%	7	0.7%	177	14.8%
Current smokeless tobacco use	No	1018	95.2%	871	74.8%	819	95.5%	815	81.2%	1837	95.3%	1686	77.8%	1028	96.8%	953	79.5%
	Yes	51	4.8%	293	25.2%	39	4.5%	189	18.8%	90	4.7%	482	22.2%	34	3.2%	245	20.5%
Current alcohol use	No	1062	99.3%	838	72.0%	850	99.1%	791	78.8%	1912	99.2%	1629	75.1%	1054	99.2%	932	77.8%
	Yes	7	0.7%	326	28.0%	8	0.9%	213	21.2%	15	0.8%	539	24.9%	8	0.8%	266	22.2%
Indoor air pollution[b]	No	683	63.9%	722	62.0%	558	65.0%	633	63.0%	1241	64.4%	1355	62.5%	743	70.0%	798	66.6%
	Yes	386	36.1%	442	38.0%	300	35.0%	371	37.0%	686	35.6%	813	37.5%	319	30.0%	400	33.4%
Adequate physical activity[a]	No	527	49.3%	242	20.8%	563	65.6%	389	38.7%	1090	56.6%	631	29.1%	639	60.2%	460	38.4%
	Yes	542	50.7%	922	79.2%	295	34.4%	615	61.3%	837	43.4%	1537	70.9%	423	39.8%	738	61.6%

[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

In the pilot clusters, 22.4% of the males were smokers and 28.0% were using alcohol, while 20.8% of the males and 49.3% of the females reported inadequate physical activity (Table 53).

Table 54 : Prevalence of NCD risk factors in adults aged 18-64 years, by age category

Risk factors		Sample Group															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Current smoking	No	1280	88.8%	682	86.2%	1073	91.6%	616	89.3%	2353	90.0%	1298	87.6%	1331	93.7%	745	88.7%
	Yes	162	11.2%	109	13.8%	99	8.4%	74	10.7%	261	10.0%	183	12.4%	89	6.3%	95	11.3%
Current smokeless tobacco use	No	1261	87.4%	628	79.4%	1055	90.0%	579	83.9%	2316	88.6%	1207	81.5%	1282	90.3%	699	83.2%
	Yes	181	12.6%	163	20.6%	117	10.0%	111	16.1%	298	11.4%	274	18.5%	138	9.7%	141	16.8%
Current alcohol use	No	1235	85.6%	665	84.1%	1035	88.3%	606	87.8%	2270	86.8%	1271	85.8%	1265	89.1%	721	85.8%
	Yes	207	14.4%	126	15.9%	137	11.7%	84	12.2%	344	13.2%	210	14.2%	155	10.9%	119	14.2%
Indoor air pollution[b]	No	901	62.5%	504	63.7%	753	64.2%	438	63.5%	1654	63.3%	942	63.6%	978	68.9%	563	67.0%
	Yes	541	37.5%	287	36.3%	419	35.8%	252	36.5%	960	36.7%	539	36.4%	442	31.1%	277	33.0%
Adequate physical activity[a]	No	471	32.7%	298	37.7%	586	50.0%	366	53.0%	1057	40.4%	664	44.8%	696	49.0%	403	48.0%
	Yes	971	67.3%	493	62.3%	586	50.0%	324	47.0%	1557	59.6%	817	55.2%	724	51.0%	437	52.0%

[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 55 : Prevalence of chronic NCD in adults in the age 18-64 years, by age category

Age group and chronic disease status				Sample Group															
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
				Female		Male		Female		Male		Female		Male		Female		Male	
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age	18 - 44 years	Having any chronic disease	No	588	90.5%	734	92.7%	473	92.0%	608	92.4%	1061	91.2%	1342	92.6%	602	92.2%	723	94.3%
			Yes	62	9.5%	58	7.3%	41	8.0%	50	7.6%	103	8.8%	108	7.4%	51	7.8%	44	5.7%
	45 - 64 years	Having any chronic disease	No	284	67.8%	276	74.2%	205	59.6%	249	72.0%	489	64.1%	525	73.1%	259	63.3%	321	74.5%
			Yes	135	32.2%	96	25.8%	139	40.4%	97	28.0%	274	35.9%	193	26.9%	150	36.7%	110	25.5%
	Total	Having any chronic disease	No	872	81.6%	1010	86.8%	678	79.0%	857	85.4%	1550	80.4%	1867	86.1%	861	81.1%	1044	87.1%
			Yes	197	18.4%	154	13.2%	180	21.0%	147	14.6%	377	19.6%	301	13.9%	201	18.9%	154	12.9%

Prevalence of any chronic disease was 9.5% among females and 7.3% among males of the 18-44 years age group. Among those of the 45-64 years age range, 32.2% of the females and 25.8% of the males reported having one or more chronic diseases (Table 55).

Table 56 : Prevalence of chronic diseases by gender

Chronic Disease		Sample Group															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		Female		Male		Female		Male		Female		Male		Female		Male	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Diabetes Mellitus	No	977	91.4%	1097	94.2%	770	89.7%	942	93.8%	1747	90.7%	2039	94.0%	948	89.3%	1126	94.0%
	Yes	92	8.6%	67	5.8%	88	10.3%	62	6.2%	180	9.3%	129	6.0%	114	10.7%	72	6.0%
Hypertension	No	935	87.5%	1095	94.1%	748	87.2%	929	92.5%	1683	87.3%	2024	93.4%	922	86.8%	1109	92.6%
	Yes	134	12.5%	69	5.9%	110	12.8%	75	7.5%	244	12.7%	144	6.6%	140	13.2%	89	7.4%
Dyslipidaemia / High cholesterol	No	1003	93.8%	1109	95.3%	801	93.4%	938	93.4%	1804	93.6%	2047	94.4%	965	90.9%	1123	93.7%
	Yes	66	6.2%	55	4.7%	57	6.6%	66	6.6%	123	6.4%	121	5.6%	97	9.1%	75	6.3%
Ischaemic heart disease	No	1046	97.8%	1142	98.1%	846	98.6%	982	97.8%	1892	98.2%	2124	98.0%	1045	98.4%	1161	96.9%
	Yes	23	2.2%	22	1.9%	12	1.4%	22	2.2%	35	1.8%	44	2.0%	17	1.6%	37	3.1%
Stroke	No	1065	99.6%	1153	99.1%	849	99.0%	998	99.4%	1914	99.3%	2151	99.2%	1054	99.2%	1192	99.5%
	Yes	4	0.4%	11	0.9%	9	1.0%	6	0.6%	13	0.7%	17	0.8%	8	0.8%	6	0.5%
Asthma / COPD	No	1042	97.5%	1139	97.9%	836	97.4%	990	98.6%	1878	97.5%	2129	98.2%	1035	97.5%	1180	98.5%
	Yes	27	2.5%	25	2.1%	22	2.6%	14	1.4%	49	2.5%	39	1.8%	27	2.5%	18	1.5%
Mental illness	No	1055	98.7%	1157	99.4%	846	98.6%	996	99.2%	1901	98.7%	2153	99.3%	1048	98.7%	1191	99.4%
	Yes	14	1.3%	7	0.6%	12	1.4%	8	0.8%	26	1.3%	15	0.7%	14	1.3%	7	0.6%
Chronic Kidney Disease	No	1061	99.3%	1152	99.0%	856	99.8%	995	99.1%	1917	99.5%	2147	99.0%	1058	99.6%	1186	99.0%
	Yes	8	0.7%	12	1.0%	2	0.2%	9	0.9%	10	0.5%	21	1.0%	4	0.4%	12	1.0%
Cancer	No	1062	99.3%	1163	99.9%	853	99.4%	1001	99.7%	1915	99.4%	2164	99.8%	1055	99.3%	1194	99.7%
	Yes	7	0.7%	1	0.1%	5	0.6%	3	0.3%	12	0.6%	4	0.2%	7	0.7%	4	0.3%
Other	No	1038	97.1%	1131	97.2%	823	95.9%	976	97.2%	1861	96.6%	2107	97.2%	1021	96.1%	1171	97.7%
	Yes	31	2.9%	33	2.8%	35	4.1%	28	2.8%	66	3.4%	61	2.8%	41	3.9%	27	2.3%

Prevalence of diabetes mellitus was 8.6% among females and 5.8% among males among those aged 18-64 years in the pilot clusters. 12.5% of the females and 5/9% of the males were diagnosed to have hypertension while 6.2% of the females and 4.7% of the males had dyslipidaemia (Table 56). Table 57 reports the prevalence of chronic diseases according to the two age categories – 18-44 years and 45-64 years.

Table 57 : Prevalence of chronic diseases by age category

Chronic Diseases		Sample Group															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years		18 - 44 years		45 - 64 years	
		Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Diabetes Mellitus	No	1397	96.9%	677	85.6%	1141	97.4%	571	82.8%	2538	97.1%	1248	84.3%	1381	97.3%	693	82.5%
	Yes	45	3.1%	114	14.4%	31	2.6%	119	17.2%	76	2.9%	233	15.7%	39	2.7%	147	17.5%
Hypertension	No	1405	97.4%	625	79.0%	1135	96.8%	542	78.6%	2540	97.2%	1167	78.8%	1378	97.0%	653	77.7%
	Yes	37	2.6%	166	21.0%	37	3.2%	148	21.4%	74	2.8%	314	21.2%	42	3.0%	187	22.3%
Dyslipidaemia / High cholesterol	No	1405	97.4%	707	89.4%	1137	97.0%	602	87.2%	2542	97.2%	1309	88.4%	1390	97.9%	698	83.1%
	Yes	37	2.6%	84	10.6%	35	3.0%	88	12.8%	72	2.8%	172	11.6%	30	2.1%	142	16.9%
Ischaemic heart disease	No	1426	98.9%	762	96.3%	1166	99.5%	662	95.9%	2592	99.2%	1424	96.2%	1407	99.1%	799	95.1%
	Yes	16	1.1%	29	3.7%	6	0.5%	28	4.1%	22	0.8%	57	3.8%	13	0.9%	41	4.9%
Stroke	No	1439	99.8%	779	98.5%	1165	99.4%	682	98.8%	2604	99.6%	1461	98.6%	1413	99.5%	833	99.2%
	Yes	3	0.2%	12	1.5%	7	0.6%	8	1.2%	10	0.4%	20	1.4%	7	0.5%	7	0.8%
Asthma / COPD	No	1417	98.3%	764	96.6%	1156	98.6%	670	97.1%	2573	98.4%	1434	96.8%	1396	98.3%	819	97.5%
	Yes	25	1.7%	27	3.4%	16	1.4%	20	2.9%	41	1.6%	47	3.2%	24	1.7%	21	2.5%
Mental illness	No	1431	99.2%	781	98.7%	1160	99.0%	682	98.8%	2591	99.1%	1463	98.8%	1412	99.4%	827	98.5%
	Yes	11	0.8%	10	1.3%	12	1.0%	8	1.2%	23	0.9%	18	1.2%	8	0.6%	13	1.5%
Chronic Kidney Disease	No	1436	99.6%	777	98.2%	1167	99.6%	684	99.1%	2603	99.6%	1461	98.6%	1415	99.6%	829	98.7%
	Yes	6	0.4%	14	1.8%	5	0.4%	6	0.9%	11	0.4%	20	1.4%	5	0.4%	11	1.3%
Cancer	No	1440	99.9%	785	99.2%	1168	99.7%	686	99.4%	2608	99.8%	1471	99.3%	1416	99.7%	833	99.2%
	Yes	2	0.1%	6	0.8%	4	0.3%	4	0.6%	6	0.2%	10	0.7%	4	0.3%	7	0.8%
Other	No	1413	98.0%	756	95.6%	1149	98.0%	650	94.2%	2562	98.0%	1406	94.9%	1387	97.7%	805	95.8%
	Yes	29	2.0%	35	4.4%	23	2.0%	40	5.8%	52	2.0%	75	5.1%	33	2.3%	35	4.2%

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,

Table 58 : Diabetes mellitus -ever diagnosed

Diabetes ever diagnosed	Frequency	Percent
No	5860	92.2
Yes	495	7.8
Total	6355	100.0

Table 59 : Status of follow up among patients ever diagnosed with diabetes mellitus

Follow up status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	27	17.0%	19	12.7%	46	14.9%	23	12.4%
	Yes	132	83.0%	131	87.3%	263	85.1%	163	87.6%
Place of follow up	PMCU (Assigned for the area)	30	18.9%	28	18.7%	58	18.8%	37	19.9%
	PMCU (Not Assigned for the area)	9	5.7%	0	0.0%	9	2.9%	7	3.8%
	Divisional Hospital (Assigned for the area)	26	16.4%	25	16.7%	51	16.5%	31	16.7%
	Divisional Hospital (Not Assigned for the area)	5	3.1%	1	0.7%	6	1.9%	8	4.3%
	Base Hospital	31	19.5%	14	9.3%	45	14.6%	9	4.8%
	District / Provincial General Hospital	2	1.3%	31	20.7%	33	10.7%	14	7.5%
	General Practice	21	13.2%	13	8.7%	34	11.0%	23	12.4%
	Teaching Hospital	2	1.3%	12	8.0%	14	4.5%	26	14.0%
	Private Hospital	1	0.6%	2	1.3%	3	1.0%	4	2.2%
	Specialist channel service	4	2.5%	4	2.7%	8	2.6%	2	1.1%
	Other	1	0.6%	1	0.7%	2	0.6%	2	1.1%
	Not on regular follow up	27	17.0%	19	12.7%	46	14.9%	23	12.4%

Among 495 persons diagnosed to be having diabetes mellitus, 83% were on regular follow up. Of them, 18.9% were followed up at the assigned PMCU while 16.4% were followed up at the assigned DH (Table 59).

Table 60 : Status of being ever diagnosed to have Hypertension

Hypertension- Ever diagnosed	Frequency	Percent
No	5738	90.3
Yes	617	9.7
Total	6355	100.0

Table 61 : Status of follow up among patients ever diagnosed with hypertension

Follow up status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	27	13.3%	24	13.0%	51	13.1%	39	17.0%
	Yes	176	86.7%	161	87.0%	337	86.9%	190	83.0%
Place of follow up	PMCU (Assigned for the area)	52	25.6%	35	18.9%	87	22.4%	53	23.1%
	PMCU (Not Assigned for the area)	14	6.9%	7	3.8%	21	5.4%	12	5.2%
	Divisional Hospital (Assigned for the area)	28	13.8%	36	19.5%	64	16.5%	32	14.0%
	Divisional Hospital (Not Assigned for the area)	2	1.0%	9	4.9%	11	2.8%	5	2.2%
	Base Hospital	42	20.7%	12	6.5%	54	13.9%	9	3.9%
	District / Provincial General Hospital	0	0.0%	22	11.9%	22	5.7%	19	8.3%
	Teaching Hospital	7	3.4%	12	6.5%	19	4.9%	23	10.0%
	General Practice	29	14.3%	24	13.0%	53	13.7%	30	13.1%
	Private Hospital	1	0.5%	2	1.1%	3	0.8%	4	1.7%
	Specialist channel service	0	0.0%	1	0.5%	1	0.3%	3	1.3%
	Other	1	0.5%	1	0.5%	2	0.5%	0	0.0%
	No regular follow up	27	13.3%	24	13.0%	51	13.1%	39	17.0%

Among 655 persons diagnosed to be having hypertension, 86.7% were on regular follow up. Of them, 25.6% were followed up at the assigned PMCU while 13.8% were followed up at the assigned DH while 20.7% were followed up at the base hospital (Table 61).

Table 62 : Status of being ever diagnosed with Dyslipidaemia

Dyslipidaemia – ever diagnosed		Frequency	Percent
	No	5939	93.5
	Yes	416	6.5
	Total	6355	100.0

Table 63 : Status of follow up among patients ever diagnosed with Dyslipidaemia

Status of follow up		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	26	21.5%	20	16.3%	46	18.9%	28	16.3%
	Yes	95	78.5%	103	83.7%	198	81.1%	144	83.7%
Place of follow up	PMCU (Assigned for the area)	26	21.5%	17	13.8%	43	17.6%	32	18.6%
	PMCU (Not Assigned for the area)	4	3.3%	0	0.0%	4	1.6%	11	6.4%
	Divisional Hospital (Assigned for the area)	12	9.9%	18	14.6%	30	12.3%	29	16.9%
	Divisional Hospital (Not Assigned for the area)	3	2.5%	6	4.9%	9	3.7%	6	3.5%
	Base Hospital	17	14.0%	7	5.7%	24	9.8%	3	1.7%
	District / Provincial General Hospital	2	1.7%	16	13.0%	18	7.4%	16	9.3%
	Teaching Hospital	4	3.3%	12	9.8%	16	6.6%	12	7.0%
	Ayurvedic clinic or hospital	0	0.0%	0	0.0%	0	0.0%	1	0.6%
	General Practice	23	19.0%	22	17.9%	45	18.4%	25	14.5%
	Private Hospital	0	0.0%	0	0.0%	0	0.0%	4	2.3%
	Specialist channel service	4	3.3%	4	3.3%	8	3.3%	4	2.3%
	Other	0	0.0%	1	0.8%	1	0.4%	1	0.6%
	Not on regular follow up	26	21.5%	20	16.3%	46	18.9%	28	16.3%

Dyslipidaemia was present in 416 persons and of them 78.5% were on regular follow up. Of them, 21.5% were followed up at the assigned PMCU while 9.9% were followed up at the assigned DH while 14% were followed up at the base hospital (Table 63).

Table 64 : Status of being ever diagnosed with ischaemic heart disease

Ischaemic Heart Disease – ever diagnosed		Frequency	Percent
	No	6222	97.9
	Yes	133	2.1
	Total	6355	100.0

Table 65 : Status of follow up among patients ever diagnosed with Ischaemic Heart Disease

Follow up status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	12	26.7%	4	11.8%	16	20.3%	9	16.7%
	Yes	33	73.3%	30	88.2%	63	79.7%	45	83.3%
Place of follow up	PMCU (Assigned for the area)	4	8.9%	1	2.9%	5	6.3%	3	5.6%
	PMCU (Not Assigned for the area)	1	2.2%	2	5.9%	3	3.8%	1	1.9%
	Divisional Hospital (Assigned for the area)	5	11.1%	1	2.9%	6	7.6%	3	5.6%
	Base Hospital	11	24.4%	5	14.7%	16	20.3%	6	11.1%
	District / Provincial General Hospital	1	2.2%	12	35.3%	13	16.5%	9	16.7%
	Teaching Hospital	8	17.8%	7	20.6%	15	19.0%	16	29.6%
	General Practice ever	1	2.2%	0	0.0%	1	1.3%	2	3.7%
	Private Hospital	1	2.2%	0	0.0%	1	1.3%	1	1.9%
	Specialist channel service	1	2.2%	2	5.9%	3	3.8%	2	3.7%
	Other	0	0.0%	0	0.0%	0	0.0%	2	3.7%
	Not on regular follow up	12	26.7%	4	11.8%	16	20.3%	9	16.7%

Among 133 persons diagnosed to be having ischaemic heart disease73.3% were on regular follow up. Of them, 8.9% were followed up at the assigned PMCU while 11.1% were followed up at the assigned DH while 24.4% were followed up at the base hospital (Table 65).

Table 66 : Status of being ever diagnosed with Stroke

Ever diagnosed with stroke	Frequency	Percent
No	6311	99.3
Yes	44	.7
Total	6355	100.0

Table 67 : Status of follow up among patients ever diagnosed with Stroke

Follow up status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	4	26.7%	4	26.7%	8	26.7%	7	50.0%
	Yes	11	73.3%	11	73.3%	22	73.3%	7	50.0%
Place of follow up	PMCU (Assigned for the area)	3	20.0%	1	6.7%	4	13.3%	0	0.0%
	Divisional Hospital (Assigned for the area)	2	13.3%	2	13.3%	4	13.3%	0	0.0%
	Base Hospital	4	26.7%	1	6.7%	5	16.7%	1	7.1%
	District / Provincial General Hospital	0	0.0%	6	40.0%	6	20.0%	2	14.3%
	Teaching Hospital	1	6.7%	1	6.7%	2	6.7%	4	28.6%
	Private Hospital	1	6.7%	0	0.0%	1	3.3%	0	0.0%
	Not on regular follow up	4	26.7%	4	26.7%	8	26.7%	7	50.0%

In the pilot clusters 44 persons were diagnosed to be having stroke and 73.3% were on regular follow up. Of them, 20.0% were followed up at the assigned PMCU while 13.3% were followed up at the assigned DH while 26.7% were followed up at the base hospital (Table 67).

Table 68 : Status of being ever diagnosed with Asthma/COPD

Ever diagnosed with asthma/COPD	Frequency	Percent
No	6222	97.9
Yes	133	2.1
Total	6355	100.0

Table 69 : Status of follow up among patients ever diagnosed with asthma/ COPD

Follow up status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	10	19.2%	12	33.3%	22	25.0%	15	33.3%
	Yes	42	80.8%	24	66.7%	66	75.0%	30	66.7%
Place of follow up	PMCU (Assigned for the area)	1	1.9%	6	16.7%	7	8.0%	4	8.9%
	PMCU (Not Assigned for the area)	3	5.8%	2	5.6%	5	5.7%	0	0.0%
	Divisional Hospital (Assigned for the area)	7	13.5%	6	16.7%	13	14.8%	2	4.4%
	Divisional Hospital (Not Assigned for the area)	3	5.8%	0	0.0%	3	3.4%	3	6.7%
	Base Hospital	13	25.0%	4	11.1%	17	19.3%	4	8.9%
	District / Provincial General Hospital	2	3.8%	0	0.0%	2	2.3%	6	13.3%
	Teaching Hospital	1	1.9%	3	8.3%	4	4.5%	4	8.9%
	General Practice	9	17.3%	2	5.6%	11	12.5%	4	8.9%
	Private Hospital	1	1.9%	1	2.8%	2	2.3%	1	2.2%
	Specialist channel service	1	1.9%	0	0.0%	1	1.1%	1	2.2%
	Other	1	1.9%	0	0.0%	1	1.1%	1	2.2%
	Not on regular follow up	10	19.2%	12	33.3%	22	25.0%	15	33.3%

Asthma was diagnosed among 133 persons in the pilot clusters and 80.8% were on regular follow up. Of them, 13.5% were followed up at the assigned DH while 25.0% were followed up at the base hospital (Table 69).

Table 70 : Status of being ever diagnosed with Mental illness

Ever diagnosed with mental illness	Frequency	Percent
No	6293	99.0
Yes	62	1.0
Total	6355	100.0

Table 71 : Status of follow up among patients ever diagnosed with mental illness

Status of follow up		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	7	33.3%	5	25.0%	12	29.3%	6	28.6%
	Yes	14	66.7%	15	75.0%	29	70.7%	15	71.4%
Place of follow up	Divisional Hospital (Assigned for the area)	2	9.5%	5	25.0%	7	17.1%	3	14.3%
	Divisional Hospital (Not Assigned for the area)	0	0.0%	1	5.0%	1	2.4%	0	0.0%
	Base Hospital	7	33.3%	1	5.0%	8	19.5%	0	0.0%
	District / Provincial General Hospital	1	4.8%	4	20.0%	5	12.2%	7	33.3%
	Teaching Hospital	4	19.0%	3	15.0%	7	17.1%	5	23.8%
	Other	0	0.0%	1	5.0%	1	2.4%	0	0.0%
	Not on regular follow up	7	33.3%	5	25.0%	12	29.3%	6	28.6%

Among 62 persons diagnosed to be having mental illness, 66.7% were on regular follow up. Of them, 9.5% were followed up at the assigned DH while 33.3% were followed up at the base hospital (Table 70).

Table 72 : Status of being ever diagnosed with chronic kidney disease

Ever diagnosed – chronic kidney disease		Frequency	Percent
	No	6308	99.3
	Yes	47	.7
	Total	6355	100.0

Table 73 : Status of follow up among patients diagnosed with chronic kidney disease

Status of Follow up		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	4	20.0%	1	9.1%	5	16.1%	1	6.2%
	Yes	16	80.0%	10	90.9%	26	83.9%	15	93.8%
Place of follow up	PMCU (Not Assigned for the area)	1	5.0%	0	0.0%	1	3.2%	0	0.0%
	Divisional Hospital (Assigned for the area)	0	0.0%	1	9.1%	1	3.2%	1	6.2%
	Base Hospital	7	35.0%	0	0.0%	7	22.6%	2	12.5%
	District / Provincial General Hospital	1	5.0%	3	27.3%	4	12.9%	3	18.8%
	Teaching Hospital	5	25.0%	4	36.4%	9	29.0%	8	50.0%
	Private Hospital	1	5.0%	0	0.0%	1	3.2%	0	0.0%
	Specialist channel service	0	0.0%	1	9.1%	1	3.2%	1	6.2%
	Other	1	5.0%	1	9.1%	2	6.5%	0	0.0%
	Not on regular follow up	4	20.0%	1	9.1%	5	16.1%	1	6.2%

Among 47 persons diagnosed to be having chronic kidney disease, 80% were on regular follow up. Of them, 5.0% were followed up at the assigned PMCU while 35.0% were followed up at the base hospital (Table 73).

Table 74 : Status of being ever diagnosed with cancer

Cancer ever diagnosed	Frequency	Percent
No	6328	99.6
Yes	27	.4
Total	6355	100.0

Table 75 : Status of follow up among patients diagnosed with cancer

Status of follow up		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	1	12.5%	1	12.5%	2	12.5%	1	9.1%
	Yes	7	87.5%	7	87.5%	14	87.5%	10	90.9%
Place of follow up	Divisional Hospital (Not Assigned for the area)	0	0.0%	0	0.0%	0	0.0%	1	9.1%
	Base Hospital	1	12.5%	0	0.0%	1	6.2%	1	9.1%
	District / Provincial General Hospital	3	37.5%	2	25.0%	5	31.2%	1	9.1%
	Teaching Hospital	2	25.0%	4	50.0%	6	37.5%	7	63.6%
	Private Hospital	1	12.5%	0	0.0%	1	6.2%	0	0.0%
	Other	0	0.0%	1	12.5%	1	6.2%	0	0.0%
	Not on regular follow up	1	12.5%	1	12.5%	2	12.5%	1	9.1%

Table 76 : Status of being ever diagnosed to have any other chronic disease

Having any other chronic disease	Frequency	Percent
No	6160	96.9
Yes	195	3.1
Total	6355	100.0

Table 77 : Status of follow up among patients diagnosed to have any other chronic disease

Status of follow up		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
On regular follow up	No	15	23.4%	17	27.0%	32	25.2%	12	17.6%
	Yes	49	76.6%	46	73.0%	95	74.8%	56	82.4%
Place of follow up	PMCU (Assigned for the area)	1	1.6%	1	1.6%	2	1.6%	5	7.4%
	PMCU (Not Assigned for the area)	0	0.0%	1	1.6%	1	0.8%	3	4.4%
	Divisional Hospital (Assigned for the area)	4	6.2%	6	9.5%	10	7.9%	5	7.4%
	Divisional Hospital (Not Assigned for the area)	1	1.6%	3	4.8%	4	3.1%	1	1.5%
	Base Hospital	21	32.8%	7	11.1%	28	22.0%	2	2.9%
	District / Provincial General Hospital	4	6.2%	8	12.7%	12	9.4%	13	19.1%
	Teaching Hospital	8	12.5%	11	17.5%	19	15.0%	19	27.9%
	Ayurvedic clinic or hospital	3	4.7%	0	0.0%	3	2.4%	1	1.5%
	General Practice	4	6.2%	2	3.2%	6	4.7%	5	7.4%
	Private Hospital	3	4.7%	2	3.2%	5	3.9%	1	1.5%
	Specialist channel service	0	0.0%	3	4.8%	3	2.4%	1	1.5%
	Other	0	0.0%	2	3.2%	2	1.6%	0	0.0%
	Not on regular follow up	15	23.4%	17	27.0%	32	25.2%	12	17.6%

Table 78 : Receiving medicines from the assigned PHC for long term illness (among those with any chronic disease)

		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Drugs provided from the assigned PHC for the long-standing illness	No	291	82.9%	279	85.3%	570	84.1%	293	82.5%
	Yes	60	17.1%	48	14.7%	108	15.9%	62	17.5%
	Total	351	100.0%	327	100.0%	678	100.0%	355	100.0%

Out of 351 patients with one or more chronic diseases 17.1% received drugs from the assigned PHC for their chronic diseases in the pilot cluster while this percentage was 14.7% in the other ADB supported group and 15.9% in the control group (Table 78).

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),

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,

Table 79 : Hospital admission by adults 18-64 years

Admission status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Admitted during the past one year	No	2165	97.0%	1799	96.6%	3964	96.8%	2176	96.3%
	Yes	68	3.0%	63	3.4%	131	3.2%	84	3.7%
	Total	2233	100.0%	1862	100.0%	4095	100.0%	2260	100.0%

Out of 2233 persons responding in the pilot clusters 3% had been admitted to a hospital during the past one year (Table 79). The age and gender distribution of this population is shown in Table 80.

Table 80 : Hospital admission by age and gender among adults 18-64 years

Age category and Admission status				Sample Group															
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
				Female		Male		Female		Male		Female		Male		Female		Male	
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age	18 - 44 years	Admitted within last one year	No	635	97.7 %	773	97.6 %	504	98.1 %	639	97.1 %	1139	97.9 %	1412	97.4 %	642	98.3 %	745	97.1 %
			Yes	15	2.3%	19	2.4%	10	1.9%	19	2.9%	25	2.1%	38	2.6%	11	1.7%	22	2.9%
			Total	650	100.0 %	792	100.0 %	514	100.0 %	658	100.0 %	1164	100.0 %	1450	100.0 %	653	100.0 %	767	100.0 %
	45 - 64 years	Admitted within last one year	No	405	96.7 %	352	94.6 %	327	95.1 %	329	95.1 %	732	95.9 %	681	94.8 %	387	94.6 %	402	93.3 %
			Yes	14	3.3%	20	5.4%	17	4.9%	17	4.9%	31	4.1%	37	5.2%	22	5.4%	29	6.7%
			Total	419	100%	372	100%	344	100%	346	100%	763	100%	718	100%	409	100%	431	100%

Table 81 : Place of admission of adults 18-64 years

		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Place of admission	Divisional Hospital (Assigned for the area)	17	25.0%	13	20.6%	30	22.9%	12	14.3%
	Divisional Hospital (Not assigned for the area)	7	10.3%	3	4.8%	10	7.6%	3	3.6%
	Base Hospital	22	32.4%	16	25.4%	38	29.0%	11	13.1%
	District / Provincial General Hospital	7	10.3%	17	27.0%	24	18.3%	28	33.3%
	Teaching Hospital	13	19.1%	9	14.3%	22	16.8%	28	33.3%
	Private Hospital	1	1.5%	4	6.3%	5	3.8%	2	2.4%
	Other (specify)	1	1.5%	1	1.6%	2	1.5%	0	0.0%
	Total	68	100.0%	63	100.0%	131	100.0%	84	100.0%

Among those who were admitted and treated, 25% were admitted to the assigned DH, 32.4% to the base hospital while 19.1% were admitted to teaching hospitals (Table 81).

Table 82 : Readmission within 30 days, among adults admitted

Readmission status		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Readmission within 30 days of discharge	No	53	77.9%	53	84.1%	106	80.9%	70	83.3%
	Yes	15	22.1%	10	15.9%	25	19.1%	14	16.7%
	Total	68	100.0%	63	100.0%	131	100.0%	84	100.0%

Among 68 patients who were admitted and treated in the pilot cluster, 22.1% underwent readmission to a hospital within 30 days of discharge due to the same health condition Table 82).

Emergency health service utilization by adults

Table 83 : Adults who needed emergency treatment during the previous year

Emergency treatment need		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Needed emergency treatment in the previous year	No	2184	97.8%	1821	97.8%	4005	97.8%	2217	98.1%
	Yes	49	2.2%	41	2.2%	90	2.2%	43	1.9%
	Total	2233	100.0%	1862	100.0%	4095	100.0%	2260	100.0%

As shown in Table 83, in the pilot cluster 49 (2.2%) persons required emergency treatment during the previous year. The age and gender distribution of them are shown in Table 84.

Table 84 : Adults who needed emergency treatment during the previous year by age and gender

Needing emergency care during last year				Sample Group														
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control		
				Female		Male		Female		Male		Female		Male		Female		Male
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	%
Age	18 - 44 years	Need emergency care	No	643	98.9%	776	98.0%	505	98.2%	652	99.1%	1148	98.6%	1428	98.5%	646	98.9%	98.4 %
			Yes	7	1.1%	16	2.0%	9	1.8%	6	0.9%	16	1.4%	22	1.5%	7	1.1%	1.6%
			Total	650	100.0 %	792	100.0 %	514	100.0 %	658	100.0 %	1164	100.0 %	1450	100.0 %	653	100.0 %	100.0 %
	45 - 64 years	Need emergency care	No	406	96.9%	359	96.5%	330	95.9%	334	96.5%	736	96.5%	693	96.5%	401	98.0%	96.3 %
			Yes	13	3.1%	13	3.5%	14	4.1%	12	3.5%	27	3.5%	25	3.5%	8	2.0%	3.7%
			Total	419	100%	372	100%	344	100%	346	100%	763	100%	718	100%	409	100%	100%

Table 85 : Place presented for emergency care by adults 18-64 years who needed emergency care during previous year

Place presented for emergency care		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Place	PMCU (Assigned for the area)	11	22.4%	12	29.3%	23	25.6%	3	7.0%
	PMCU (Not Assigned for the area)	6	12.2%	0	0.0%	6	6.7%	4	9.3%
	Divisional Hospital (Assigned for the area)	7	14.3%	2	4.9%	9	10.0%	8	18.6%
	Divisional Hospital (Not Assigned for the area)	2	4.1%	0	0.0%	2	2.2%	0	0.0%
	Base Hospital	11	22.4%	6	14.6%	17	18.9%	2	4.7%
	District / Provincial General Hospital	1	2.0%	12	29.3%	13	14.4%	12	27.9%
	Teaching Hospital	7	14.3%	7	17.1%	14	15.6%	8	18.6%
	Ayurvedic clinic or hospital	1	2.0%	0	0.0%	1	1.1%	1	2.3%
	General Practice	3	6.1%	1	2.4%	4	4.4%	2	4.7%
	Private Hospital	0	0.0%	0	0.0%	0	0.0%	2	4.7%
	Specialist channel service	0	0.0%	0	0.0%	0	0.0%	1	2.3%

	Other	0	0.0%	1	2.4%	1	1.1%	0	0.0%
	Total	49	100.0%	41	100.0%	90	100.0%	43	100.0%

As shown in Table 83, in the pilot cluster 49 (2.2%) persons required emergency treatment during the previous year. The age and gender distribution of them are shown in Table 84.

Prevention of tobacco smoking in adults

Table 86 : Preventive attempts to stop tobacco smoking in adults – pat 12 months

Attempts to stop smoking during past 12 months				Sample Group							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	18 - 44 years	Tried to stop smoking	No	139	85.8%	78	78.8%	217	83.1%	70	78.7%
			Yes	23	14.2%	21	21.2%	44	16.9%	19	21.3%
			Total	162	100.0%	99	100.0%	261	100.0%	89	100.0%
		Advised during a health visit to quit smoking	No	129	79.6%	85	85.9%	214	82.0%	55	61.8%
			No visits	23	14.2%	10	10.1%	33	12.6%	26	29.2%
			Yes	10	6.2%	4	4.0%	14	5.4%	8	9.0%
			Total	162	100.0%	99	100.0%	261	100.0%	89	100.0%
	45 - 64 years	Tried to stop smoking	No	85	78.0%	58	78.4%	143	78.1%	75	78.9%
			Yes	24	22.0%	16	21.6%	40	21.9%	20	21.1%
			Total	109	100.0%	74	100.0%	183	100.0%	95	100.0%
		Advised during a health visit to quit smoking	No	84	77.1%	65	87.8%	149	81.4%	62	65.3%
			No visits	15	13.8%	4	5.4%	19	10.4%	19	20.0%
			Yes	10	9.2%	5	6.8%	15	8.2%	14	14.7%
			Total	109	100.0%	74	100.0%	183	100.0%	95	100.0%

Among 162 smokers in the age category of 18-44 in the pilot clusters, 14.2% had attempted to stop smoking in the past one year while 6.2% had received advice from a health care worker to quit smoking. The relevant percentage in the 45-64 age group were 22% and 9.2% respectively (Table 86).

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,

Table 87 : Attending NCD prevention programmes conducted by MOH among adults aged 35-64 years

Attend NCD prevention programme		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Attended during past 12 months	No	1320	87.4%	1072	85.3%	2392	86.4%	1313	87.5%
	Yes	191	12.6%	185	14.7%	376	13.6%	188	12.5%
	Total	1511	100.0%	1257	100.0%	2768	100.0%	1501	100.0%

Among 162 smokers in the age category of 18-44 in the pilot clusters, 14.2% had attempted to stop smoking in the past one year while 6.2% had received advice from a health care worker to quit smoking. The relevant percentage in the 45-64 age group were 22% and 9.2% respectively (Table 86).

Table 88 : Attending NCD prevention programmes conducted by MOH by age group

Attending NCD prevention programmes conducted by MOH				Sample Group							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Age	35-49 yrs	Attended during the last 12 months	No	832	86.7%	679	85.8%	1511	86.3%	844	90.3%
			Yes	128	13.3%	112	14.2%	240	13.7%	91	9.7%
			Total	960	100.0%	791	100.0%	1751	100.0%	935	100.0%
	50-64 yrs	Attended during the last 12 months	No	488	88.6%	393	84.3%	881	86.6%	469	82.9%
			Yes	63	11.4%	73	15.7%	136	13.4%	97	17.1%
			Total	551	100.0%	466	100.0%	1017	100.0%	566	100.0%

Table 89 : Attending NCD prevention programmes conducted by MOH by gender

Attending NCD prevention programmes conducted by MOH				Sample Group							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	Attended during the last 12 months	No	601	80.8%	473	79.5%	1074	80.2%	572	81.4%
			Yes	143	19.2%	122	20.5%	265	19.8%	131	18.6%
			Total	744	100.0%	595	100.0%	1339	100.0%	703	100.0%
	Male	Attended during the last 12 months	No	719	93.7%	599	90.5%	1318	92.2%	741	92.9%
			Yes	48	6.3%	63	9.5%	111	7.8%	57	7.1%
			Total	767	100.0%	662	100.0%	1429	100.0%	798	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,

Table 90 : HLC attendance by adults (35-64 years) according to age and gender – past 12 months

Attended HLC conducted by PMCU/DH during past 12 months				1.1.9b Sample Group of Health Facility															
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
				Female		Male		Female		Male		Female		Male		Female		Male	
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age	35-49 yrs	Attended	No	336	78.3%	494	93.0%	264	77.6%	421	93.3%	600	78.0%	915	93.2%	334	83.7%	508	94.8%
			Yes	93	21.7%	37	7.0%	76	22.4%	30	6.7%	169	22.0%	67	6.8%	65	16.3%	28	5.2%
			Total	429	100.0%	531	100.0%	340	100.0%	451	100.0%	769	100.0%	982	100.0%	399	100.0%	536	100.0%
	50-64 yrs	Attended	No	269	85.4%	219	92.8%	203	79.6%	191	90.5%	472	82.8%	410	91.7%	242	79.6%	237	90.5%
			Yes	46	14.6%	17	7.2%	52	20.4%	20	9.5%	98	17.2%	37	8.3%	62	20.4%	25	9.5%
			Total	315	100%	236	100%	255	100%	211	100%	570	100%	447	100%	304	100%	262	100%

Attendance to HLC during the past 12 months was assessed among 35-49 years and 50-64 years age categories. In the former group, 21.7% females and 7.0% males had attended the HLCs in the past year while 14.6% females and 7.2% males attended in the latter age group (Table 90).

Advice on dietary modification and physical activity received by adults.

Table 91 : Received advice on diet and physical activity from a government clinic – past 12 months

Received advice on physical activity / dietary modifications during past 12 months				Sample Group															
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
				6.1.3a Gender				6.1.3a Gender				6.1.3a Gender				6.1.3a Gender			
				Female		Male		Female		Male		Female		Male		Female		Male	
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age	18-34 yrs	Received advice on physical activity	No	307	94.5%	389	98.0%	245	93.2%	334	97.7%	552	93.9%	723	97.8%	346	96.4%	394	98.5%
			Yes	18	5.5%	8	2.0%	18	6.8%	8	2.3%	36	6.1%	16	2.2%	13	3.6%	6	1.5%
		Received advice on diet	No	288	88.6%	388	97.7%	235	89.4%	326	95.3%	523	88.9%	714	96.6%	335	93.3%	393	98.2%
			Yes	37	11.4%	9	2.3%	28	10.6%	16	4.7%	65	11.1%	25	3.4%	24	6.7%	7	1.8%
	35-49 yrs	Received advice on physical activity	No	399	93.0%	514	96.8%	305	89.7%	429	95.1%	704	91.5%	943	96.0%	362	90.7%	519	96.8%
			Yes	30	7.0%	17	3.2%	35	10.3%	22	4.9%	65	8.5%	39	4.0%	37	9.3%	17	3.2%
		Received advice on diet	No	356	83.0%	500	94.2%	282	82.9%	427	94.7%	638	83.0%	927	94.4%	345	86.5%	513	95.7%
			Yes	73	17.0%	31	5.8%	58	17.1%	24	5.3%	131	17.0%	55	5.6%	54	13.5%	23	4.3%
	50-64 yrs	Received advice on physical activity	No	281	89.2%	222	94.1%	214	83.9%	198	93.8%	495	86.8%	420	94.0%	267	87.8%	246	93.9%
			Yes	34	10.8%	14	5.9%	41	16.1%	13	6.2%	75	13.2%	27	6.0%	37	12.2%	16	6.1%
		Received advice on diet	No	264	83.8%	214	90.7%	201	78.8%	189	89.6%	465	81.6%	403	90.2%	249	81.9%	239	91.2%
			Yes	51	16.2%	22	9.3%	54	21.2%	22	10.4%	105	18.4%	44	9.8%	55	18.1%	23	8.8%
	Total	Received advice on physical activity	No	987	92.3%	1125	96.6%	764	89.0%	961	95.7%	1751	90.9%	2086	96.2%	975	91.8%	1159	96.7%
			Yes	82	7.7%	39	3.4%	94	11.0%	43	4.3%	176	9.1%	82	3.8%	87	8.2%	39	3.3%
		Received advice on diet	No	908	84.9%	1102	94.7%	718	83.7%	942	93.8%	1626	84.4%	2044	94.3%	929	87.5%	1145	95.6%
			Yes	161	15.1%	62	5.3%	140	16.3%	62	6.2%	301	15.6%	124	5.7%	133	12.5%	53	4.4%

In the pilot clusters, 15.1% females and 5.3% males reported receiving advice regarding diet from a health care worker during the past one year while 7.7% females and 3.4% males reported receiving advice regarding physical activity (Table 91).

Table 92 : Sources (government clinic) for dietary advice, among adults who received

Government facilities providing dietary advice		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
HLC at PMCU/Divisional Hospital	No	126	57.8%	135	67.2%	261	62.3%	121	65.1%
	Yes	92	42.2%	66	32.8%	158	37.7%	65	34.9%
Clinic PMCU/Divisional Hospital	No	177	81.2%	161	80.1%	338	80.7%	139	74.7%
	Yes	41	18.8%	40	19.9%	81	19.3%	47	25.3%
Clinic at a base hospital	No	168	77.1%	170	84.6%	338	80.7%	166	89.2%
	Yes	50	22.9%	31	15.4%	81	19.3%	20	10.8%
Clinic at a general / teaching hospital	No	202	92.7%	170	84.6%	372	88.8%	153	82.3%
	Yes	16	7.3%	31	15.4%	47	11.2%	33	17.7%
MOH clinic	No	173	79.4%	154	76.6%	327	78.0%	150	80.6%
	Yes	45	20.6%	47	23.4%	92	22.0%	36	19.4%

Among those who received advice regarding dietary modification, 42.2% reported receiving it from the HLC at the PMCU or DH while 22.9% received advice from the clinic at a base hospital. 18.8% had received advice from a clinic at the PMCU/DH (Table 92).

Table 93 : Sources (government clinic) for physical activity advice, among adults who received

Government facilities providing dietary advice		Sample Group							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
HLC at PMCU/Divisional Hospital	No	67	55.4%	91	66.4%	158	61.2%	73	57.9%
	Yes	54	44.6%	46	33.6%	100	38.8%	53	42.1%
Clinic PMCU/Divisional Hospital	No	104	86.0%	108	78.8%	212	82.2%	103	81.7%
	Yes	17	14.0%	29	21.2%	46	17.8%	23	18.3%
Clinic at a base hospital	No	91	75.2%	100	73.0%	191	74.0%	106	84.1%
	Yes	30	24.8%	37	27.0%	67	26.0%	20	15.9%
Clinic at a general / teaching hospital	No	119	98.3%	130	94.9%	249	96.5%	118	93.7%
	Yes	2	1.7%	7	5.1%	9	3.5%	8	6.3%
MOH clinic	No	97	80.2%	109	79.6%	206	79.8%	96	76.2%
	Yes	24	19.8%	28	20.4%	52	20.2%	30	23.8%

Among those who received advice regarding physical activity, 44.6% reported receiving it from the HLC at the PMCU or DH while 24.8% received advice from the clinic at a base hospital. 14.0% had received advice from a clinic at the PMCU/DH (Table 93).

Efforts to maintain body weight by adults

Table 94 : Effort to maintain body weight by adults – past 6 months

Effort to maintain body weight during last 6 months				Sample Group													
				Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
				Female		Male		Female		Male		Female		Male		Female		Male	
				Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Age	18 - 44 years	Extent of effort	None	576	88.6%	710	89.6%	392	76.3%	509	77.4%	968	83.2%	1219	84.1%	578	88.5%	686	89.4%
			Little	24	3.7%	30	3.8%	42	8.2%	74	11.2%	66	5.7%	104	7.2%	38	5.8%	39	5.1%
			To Some extent	42	6.5%	44	5.6%	64	12.5%	51	7.8%	106	9.1%	95	6.6%	28	4.3%	26	3.4%
			High	5	0.8%	5	0.6%	15	2.9%	20	3.0%	20	1.7%	25	1.7%	6	0.9%	11	1.4%
			Very high	3	0.5%	3	0.4%	1	0.2%	4	0.6%	4	0.3%	7	0.5%	3	0.5%	5	0.7%
	45 - 64 years	Extent of effort	None	367	87.6%	321	86.3%	273	79.4%	289	83.5%	640	83.9%	610	85.0%	348	85.1%	378	87.7%
			Little	16	3.8%	15	4.0%	41	11.9%	28	8.1%	57	7.5%	43	6.0%	28	6.8%	20	4.6%
			To Some extent	31	7.4%	32	8.6%	22	6.4%	27	7.8%	53	6.9%	59	8.2%	29	7.1%	26	6.0%
			High	2	0.5%	3	0.8%	7	2.0%	1	0.3%	9	1.2%	4	0.6%	4	1.0%	7	1.6%
			Very high	3	0.7%	1	0.3%	1	0.3%	1	0.3%	4	0.5%	2	0.3%	0	0.0%	0	0.0%
	Total	Extent of effort	None	943	88.2%	1031	88.6%	665	77.5%	798	79.5%	1608	83.4%	1829	84.4%	926	87.2%	1064	88.8%
			Little	40	3.7%	45	3.9%	83	9.7%	102	10.2%	123	6.4%	147	6.8%	66	6.2%	59	4.9%
			To Some extent	73	6.8%	76	6.5%	86	10.0%	78	7.8%	159	8.3%	154	7.1%	57	5.4%	52	4.3%
			High	7	0.7%	8	0.7%	22	2.6%	21	2.1%	29	1.5%	29	1.3%	10	0.9%	18	1.5%
			Very high	6	0.6%	4	0.3%	2	0.2%	5	0.5%	8	0.4%	9	0.4%	3	0.3%	5	0.4%

Out of the adults aged 18-64 years in the pilot cluster, 6.8% females and 6.5% males reported taking some effort to maintain body weight during the past 6 months (Table 94).

Adults undergone screening for selected infectious diseases

Table 95 : Tested for infectious diseases – past 12 months

Screening for communicable diseases by gender				Sample Group							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	TB	No	1057	98.9%	846	98.6%	1903	98.8%	1033	97.3%
			Yes	12	1.1%	12	1.4%	24	1.2%	29	2.7%
		HIV	No	1045	97.8%	842	98.1%	1887	97.9%	1036	97.6%
			Yes	24	2.2%	16	1.9%	40	2.1%	26	2.4%
		Malaria	No	1065	99.6%	844	98.4%	1909	99.1%	1041	98.0%
			Yes	4	0.4%	14	1.6%	18	0.9%	21	2.0%
		Leprosy	No	1066	99.7%	852	99.3%	1918	99.5%	1047	98.6%
			Yes	3	0.3%	6	0.7%	9	0.5%	15	1.4%
	Male	TB	No	1152	99.0%	993	98.9%	2145	98.9%	1182	98.7%
			Yes	12	1.0%	11	1.1%	23	1.1%	16	1.3%
		HIV	No	1156	99.3%	998	99.4%	2154	99.4%	1188	99.2%
			Yes	8	0.7%	6	0.6%	14	0.6%	10	0.8%
		Malaria	No	1156	99.3%	993	98.9%	2149	99.1%	1188	99.2%
			Yes	8	0.7%	11	1.1%	19	0.9%	10	0.8%
		Leprosy	No	1157	99.4%	998	99.4%	2155	99.4%	1186	99.0%
			Yes	7	0.6%	6	0.6%	13	0.6%	12	1.0%
	Total	TB	No	2209	98.9%	1839	98.8%	4048	98.9%	2215	98.0%
			Yes	24	1.1%	23	1.2%	47	1.1%	45	2.0%
		HIV	No	2201	98.6%	1840	98.8%	4041	98.7%	2224	98.4%
			Yes	32	1.4%	22	1.2%	54	1.3%	36	1.6%
		Malaria	No	2221	99.5%	1837	98.7%	4058	99.1%	2229	98.6%
			Yes	12	0.5%	25	1.3%	37	0.9%	31	1.4%
		Leprosy	No	2223	99.6%	1850	99.4%	4073	99.5%	2233	98.8%
			Yes	10	0.4%	12	0.6%	22	0.5%	27	1.2%

Among adult females in the pilot clusters, 1.1% underwent screening for TB, 2.2% for HIV, 0.4% for malaria and 0.3% for leprosy during the past 12 months. The respective percentages among males were 1.0%, 0.7%, 0.7% and 0.6% respectively (Table 95).

Rehabilitative services used by adults

Table 96 : Used rehabilitative care

Use of rehabilitative care by gender				Sample Group							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	Dialysis	No	1066	99.7%	852	99.3%	1918	99.5%	1049	98.8%
			Yes	3	0.3%	6	0.7%	9	0.5%	13	1.2%
		Cataract surgery	No	1053	98.5%	845	98.5%	1898	98.5%	1052	99.1%
			Yes	16	1.5%	13	1.5%	29	1.5%	10	0.9%
		Stenting of by-pass surgery in heart	No	1063	99.4%	853	99.4%	1916	99.4%	1056	99.4%
			Yes	6	0.6%	5	0.6%	11	0.6%	6	0.6%
		Kidney transplant	No	1066	99.7%	856	99.8%	1922	99.7%	1061	99.9%
			Yes	3	0.3%	2	0.2%	5	0.3%	1	0.1%
	Male	Dialysis	No	1157	99.4%	996	99.2%	2153	99.3%	1191	99.4%
			Yes	7	0.6%	8	0.8%	15	0.7%	7	0.6%
		Cataract surgery	No	1157	99.4%	1000	99.6%	2157	99.5%	1187	99.1%
			Yes	7	0.6%	4	0.4%	11	0.5%	11	0.9%
		Stenting of by-pass surgery in heart	No	1157	99.4%	998	99.4%	2155	99.4%	1185	98.9%
			Yes	7	0.6%	6	0.6%	13	0.6%	13	1.1%
		Kidney transplant	No	1156	99.3%	1001	99.7%	2157	99.5%	1195	99.7%
			Yes	8	0.7%	3	0.3%	11	0.5%	3	0.3%
	Total	Dialysis	No	2223	99.6%	1848	99.2%	4071	99.4%	2240	99.1%
			Yes	10	0.4%	14	0.8%	24	0.6%	20	0.9%
		Cataract surgery	No	2210	99.0%	1845	99.1%	4055	99.0%	2239	99.1%
			Yes	23	1.0%	17	0.9%	40	1.0%	21	0.9%
		Stenting of by-pass surgery in heart	No	2220	99.4%	1851	99.4%	4071	99.4%	2241	99.2%
			Yes	13	0.6%	11	0.6%	24	0.6%	19	0.8%
		Kidney transplant	No	2222	99.5%	1857	99.7%	4079	99.6%	2256	99.8%
			Yes	11	0.5%	5	0.3%	16	0.4%	4	0.2%

As shown in Table 96, out of adults in the pilot clusters 0.4% utilized dialysis care, 1.0% underwent cataract surgery, 0.6% underwent stenting or by-pass surgery while 0.5% received kidney transplant.

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

Socio-demographic characteristics of elderly

Table 97 : Distribution of elderly according to socio-demographic characteristics

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.1.3 Gender	Female	258	53.1%	258	55.5%	516	54.3%	350	58.2%
	Male	228	46.9%	207	44.5%	435	45.7%	251	41.8%
agecat_edlers	65-74	340	70.0%	316	68.0%	656	69.0%	426	70.9%
	75 & abo	146	30.0%	149	32.0%	295	31.0%	175	29.1%
7.1.4 Employment status	Employed full time	22	4.5%	17	3.7%	39	4.1%	29	4.8%
	Employed part time	49	10.1%	40	8.6%	89	9.4%	51	8.5%
	Retired	41	8.4%	63	13.5%	104	10.9%	64	10.6%
	Unemployed	374	77.0%	345	74.2%	719	75.6%	457	76.0%
7.1.5 Marital status	Married	271	55.8%	268	57.6%	539	56.7%	343	57.1%
	Separated	204	42.0%	181	38.9%	385	40.5%	244	40.6%
	Single	9	1.9%	5	1.1%	14	1.5%	13	2.2%
	Widowed	2	.4%	11	2.4%	13	1.4%	1	.2%
7.1.7 Is she/he living with his/her children	No	56	11.5%	48	10.3%	104	10.9%	64	10.6%
	Yes	430	88.5%	417	89.7%	847	89.1%	537	89.4%
7.1.6 Current functional status	Bedridden	6	1.2%	3	.6%	9	.9%	7	1.2%
	Dependent on others for all activities of daily living	14	2.9%	24	5.2%	38	4.0%	26	4.3%
	Independent in all activities of daily living	417	85.8%	399	85.8%	816	85.8%	511	85.0%
	Needs support on activities of daily living	49	10.1%	39	8.4%	88	9.3%	57	9.5%
	Total	486	100.0%	465	100.0%	951	100.0%	601	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,

Table 98 : Prevalence of chronic illness in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.1b Diabetes Mellitus Ever diagnosed	Yes	134	27.6%	125	26.9%	259	27.2%	160	26.6%
	No	352	72.4%	340	73.1%	692	72.8%	441	73.4%
7.2.2b Hypertension Ever diagnosed	Yes	227	46.7%	198	42.6%	425	44.7%	273	45.4%
	No	259	53.3%	267	57.4%	526	55.3%	328	54.6%
7.2.3b Dyslipidaemia / high cholesterol Ever diagnosed	Yes	95	19.5%	85	18.3%	180	18.9%	125	20.8%
	No	391	80.5%	380	81.7%	771	81.1%	476	79.2%
7.2.4b Ischaemic heart disease Ever diagnosed	Yes	52	10.7%	38	8.2%	90	9.5%	47	7.8%
	No	434	89.3%	427	91.8%	861	90.5%	554	92.2%
7.2.5b Stroke Ever diagnosed	Yes	14	2.9%	17	3.7%	31	3.3%	23	3.8%
	No	472	97.1%	448	96.3%	920	96.7%	578	96.2%
7.2.6b Asthma / COPD Ever diagnosed	Yes	22	4.5%	27	5.8%	49	5.2%	46	7.7%
	No	464	95.5%	438	94.2%	902	94.8%	555	92.3%
7.2.7b Mental illness Ever diagnosed	Yes	9	1.9%	13	2.8%	22	2.3%	10	1.7%
	No	477	98.1%	452	97.2%	929	97.7%	591	98.3%
7.2.8b Chronic Kidney Disease Ever diagnosed	Yes	22	4.5%	23	4.9%	45	4.7%	15	2.5%
	No	464	95.5%	442	95.1%	906	95.3%	586	97.5%

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.9b Cancer Ever diagnosed	Yes	11	2.3%	7	1.5%	18	1.9%	7	1.2%
	No	475	97.7%	458	98.5%	933	98.1%	594	98.8%
7.2.10b Cataract / eye problem Ever diagnosed	Yes	70	14.4%	57	12.3%	127	13.4%	98	16.3%
	No	416	85.6%	408	87.7%	824	86.6%	503	83.7%
7.2.11b Arthritis / muscular skeletal disorder Ever diagnosed	Yes	108	22.2%	108	23.2%	216	22.7%	147	24.5%
	No	378	77.8%	357	76.8%	735	77.3%	454	75.5%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Approximately 47% of the elderly in the pilot cluster reported to have hypertension, 28% diabetes, 20% dyslipidemia, 22% musculoskeletal disorders, and 14% cataract. Furthermore, in the same cluster, approximately 11% ever had ischaemic heart disease, 4.5% chronic kidney disease, 4.5% chronic respiratory disease, 3% stroke, and 2.3% cancer. Mental illness was reported only in 1.9%, possibly an under reported estimate due to stigma.

Table 99 : Prevalence of chronic illness by gender in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		7.1.3 Gender		7.1.3 Gender		7.1.3 Gender		7.1.3 Gender	
		Female	Male	Female	Male	Female	Male	Female	Male
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
7.2.1b Diabetes Mellitus Ever diagnosed ?	Yes	34.5%	19.7%	26.7%	27.1%	30.6%	23.2%	28.6%	23.9%
	No	65.5%	80.3%	73.3%	72.9%	69.4%	76.8%	71.4%	76.1%
7.2.2b Hypertension Ever diagnosed	Yes	55.0%	37.3%	43.4%	41.5%	49.2%	39.3%	51.4%	37.1%
	No	45.0%	62.7%	56.6%	58.5%	50.8%	60.7%	48.6%	62.9%
7.2.3b Dyslipidaemia / high cholesterol Ever diagnosed	Yes	23.3%	15.4%	20.2%	15.9%	21.7%	15.6%	22.9%	17.9%
	No	76.7%	84.6%	79.8%	84.1%	78.3%	84.4%	77.1%	82.1%
7.2.4b Ischaemic heart disease Ever diagnosed	Yes	9.3%	12.3%	8.9%	7.2%	9.1%	9.9%	6.3%	10.0%
	No	90.7%	87.7%	91.1%	92.8%	90.9%	90.1%	93.7%	90.0%
7.2.5b Stroke Ever diagnosed	Yes	1.6%	4.4%	3.5%	3.9%	2.5%	4.1%	2.6%	5.6%
	No	98.4%	95.6%	96.5%	96.1%	97.5%	95.9%	97.4%	94.4%
7.2.6b Asthma / COPD Ever diagnosed	Yes	5.0%	3.9%	4.3%	7.7%	4.7%	5.7%	7.4%	8.0%
	No	95.0%	96.1%	95.7%	92.3%	95.3%	94.3%	92.6%	92.0%
7.2.7b Mental illness Ever diagnosed	Yes	1.9%	1.8%	3.1%	2.4%	2.5%	2.1%	1.1%	2.4%
	No	98.1%	98.2%	96.9%	97.6%	97.5%	97.9%	98.9%	97.6%
7.2.8b Chronic Kidney Disease Ever diagnosed	Yes	2.7%	6.6%	2.7%	7.7%	2.7%	7.1%	1.1%	4.4%
	No	97.3%	93.4%	97.3%	92.3%	97.3%	92.9%	98.9%	95.6%
7.2.9b Cancer Ever diagnosed	Yes	2.7%	1.8%	2.7%	0.0%	2.7%	.9%	1.4%	.8%
	No	97.3%	98.2%	97.3%	100.0%	97.3%	99.1%	98.6%	99.2%
7.2.10b Cataract / eye problem Ever diagnosed	Yes	13.6%	15.4%	11.6%	13.0%	12.6%	14.3%	15.1%	17.9%
	No	86.4%	84.6%	88.4%	87.0%	87.4%	85.7%	84.9%	82.1%
7.2.11b Arthritis / muscular skeletal disorder Ever diagnosed	Yes	28.7%	14.9%	26.0%	19.8%	27.3%	17.2%	28.6%	18.7%
	No	71.3%	85.1%	74.0%	80.2%	72.7%	82.8%	71.4%	81.3%

Some of the chronic diseases such as diabetes, hypertension, dyslipidaemia, cancer and arthritis were reported more in females than males, and this difference is wider in the pilot cluster. However, prevalence of iscahemic heart disease, stroke, and CKD was higher in males than females.

Table 100 : Prevalence of chronic illness by age category in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		agecat_edlers		agecat_edlers		agecat_edlers		agecat_edlers	
		65-74	75 & abo	65-74	75 & abo	65-74	75 & abo	65-74	75 & abo
		Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %	Column N %
7.2.1b Diabetes Mellitus Ever diagnosed	Yes	25.6%	32.2%	24.7%	31.5%	25.2%	31.9%	28.4%	22.3%
	No	74.4%	67.8%	75.3%	68.5%	74.8%	68.1%	71.6%	77.7%
7.2.2b Hypertension Ever diagnosed	Yes	44.4%	52.1%	42.4%	43.0%	43.4%	47.5%	41.5%	54.9%
	No	55.6%	47.9%	57.6%	57.0%	56.6%	52.5%	58.5%	45.1%
7.2.3b Dyslipidaemia / high cholesterol Ever diagnosed	Yes	18.8%	21.2%	19.0%	16.8%	18.9%	19.0%	22.1%	17.7%
	No	81.2%	78.8%	81.0%	83.2%	81.1%	81.0%	77.9%	82.3%
7.2.4b Ischaemic heart disease Ever diagnosed	Yes	10.3%	11.6%	9.2%	6.0%	9.8%	8.8%	7.0%	9.7%
	No	89.7%	88.4%	90.8%	94.0%	90.2%	91.2%	93.0%	90.3%
7.2.5b Stroke Ever diagnosed	Yes	2.6%	3.4%	2.2%	6.7%	2.4%	5.1%	3.8%	4.0%
	No	97.4%	96.6%	97.8%	93.3%	97.6%	94.9%	96.2%	96.0%
7.2.6b Asthma / COPD Ever diagnosed	Yes	4.1%	5.5%	6.0%	5.4%	5.0%	5.4%	7.3%	8.6%
	No	95.9%	94.5%	94.0%	94.6%	95.0%	94.6%	92.7%	91.4%
7.2.7b Mental illness Ever diagnosed	Yes	1.8%	2.1%	2.5%	3.4%	2.1%	2.7%	1.6%	1.7%
	No	98.2%	97.9%	97.5%	96.6%	97.9%	97.3%	98.4%	98.3%
7.2.8b Chronic Kidney Disease Ever diagnosed	Yes	4.1%	5.5%	6.3%	2.0%	5.2%	3.7%	2.8%	1.7%
	No	95.9%	94.5%	93.7%	98.0%	94.8%	96.3%	97.2%	98.3%
7.2.9b Cancer Ever diagnosed ?	Yes	2.4%	2.1%	.9%	2.7%	1.7%	2.4%	1.4%	.6%
	No	97.6%	97.9%	99.1%	97.3%	98.3%	97.6%	98.6%	99.4%
7.2.10b Cataract / eye problem Ever diagnosed	Yes	9.1%	26.7%	10.1%	16.8%	9.6%	21.7%	12.9%	24.6%
	No	90.9%	73.3%	89.9%	83.2%	90.4%	78.3%	87.1%	75.4%
7.2.11b Arthritis / muscular skeletal disorder Ever diagnosed	Yes	19.1%	29.5%	20.9%	28.2%	20.0%	28.8%	22.3%	29.7%
	No	80.9%	70.5%	79.1%	71.8%	80.0%	71.2%	77.7%	70.3%

In general, prevalence of all chronic diseases were higher in middle-old and oldest-old (75 years +) than young-old (65-74 years).

Table 101 : Diabetes Mellitus - Ever diagnosed

		Frequency	Percent
Diabetes Mellitus Ever diagnosed	No	1133	73.0
	Yes	419	27.0
	Total	1552	100.0

Table 102 : DM clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.1b Whether on regular clinic follow up for Diabetes Mellitus	Yes	129	96.3%	113	90.4%	242	93.4%	154	96.3%
	No	5	3.7%	12	9.6%	17	6.6%	6	3.8%
dm_followup	PHCI - assigned	65	48.5%	46	36.8%	111	42.9%	71	44.4%
	PHCI - unassigned	12	9.0%	3	2.4%	15	5.8%	17	10.6%
	Secondary care (Base) hospital	33	24.6%	13	10.4%	46	17.8%	11	6.9%
	Tertiary care hospital	6	4.5%	39	31.2%	45	17.4%	36	22.5%
	General practice	8	6.0%	10	8.0%	18	6.9%	11	6.9%
	Specialist channeling	2	1.5%	1	.8%	3	1.2%	4	2.5%
	Private hospital	3	2.2%	1	.8%	4	1.5%	4	2.5%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	5	3.7%	12	9.6%	17	6.6%	6	3.8%

Of the diabetics, a large majority (96% in the pilot cluster) reported that they were attending a regular follow up service. The common places of follow-up included PHCI (57.5%), and Base Hospitals (24.6%) in the pilot cluster group. In contrast to the pilot cluster, a higher proportion of elders were attending the tertiary care hospitals for regular follow-up in the two other groups.

Table 103 : Hypertension - Ever diagnosed

		Frequency	Percent
Valid	No	854	55.0
	Yes	698	45.0
	Total	1552	100.0

Table 104 : HT clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.2b Whether on regular clinic follow up for Hypertension	No	20	8.8%	14	7.1%	34	8.0%	15	5.5%
	Yes	207	91.2%	184	92.9%	391	92.0%	258	94.5%
ht_followup	PHCI - assigned	109	48.0%	87	43.9%	196	46.1%	128	46.9%
	PHCI - unassigned	16	7.0%	17	8.6%	33	7.8%	31	11.4%
	Secondary care (Base) hospital	47	20.7%	26	13.1%	73	17.2%	14	5.1%
	Tertiary care hospital	13	5.7%	36	18.2%	49	11.5%	58	21.2%
	General practice	18	7.9%	12	6.1%	30	7.1%	17	6.2%
	Specialist channeling	1	.4%	5	2.5%	6	1.4%	1	.4%
	Private hospital	2	.9%	0	0.0%	2	.5%	8	2.9%
	Other	0	0.0%	1	.5%	1	.2%	1	.4%
	Service not indicated or sought	21	9.3%	14	7.1%	35	8.2%	15	5.5%

Of the hypertensives, the large majority (91.2% in the pilot cluster) reported that they were attending a regular follow up service. The common places of follow-up included PHCI (55.5%), and Base Hospitals (20.7%) in the pilot cluster group. In contrast to the pilot cluster, a higher proportion of elders were attending the tertiary care hospitals for regular follow-up in the two other groups. A considerable proportion (7.9% in the Pilot Cluster) have sought care from GP for hypertension.

Table 105 : Dyslipidaemia / high cholesterol - Ever diagnosed

		Frequency	Percent
Valid	No	1247	80.3
	Yes	305	19.7
	Total	1552	100.0

Table 106 : Dyslipidaemia clinic followup in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.3b Whether on regular clinic follow up for Dyslipidaemia / high cholesterol	No	10	10.5%	5	5.9%	15	8.3%	7	5.6%
	Yes	85	89.5%	80	94.1%	165	91.7%	118	94.4%
dyslipid_followup	PHCI - assigned	42	44.2%	29	34.1%	71	39.4%	49	39.2%
	PHCI - unassigned	5	5.3%	4	4.7%	9	5.0%	11	8.8%
	Secondary care (Base) hospital	25	26.3%	15	17.6%	40	22.2%	5	4.0%
	Tertiary care hospital	7	7.4%	23	27.1%	30	16.7%	37	29.6%
	General practice	4	4.2%	6	7.1%	10	5.6%	11	8.8%
	Specialist channeling	1	1.1%	3	3.5%	4	2.2%	3	2.4%
	Private hospital	1	1.1%	0	0.0%	1	.6%	2	1.6%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	10	10.5%	5	5.9%	15	8.3%	7	5.6%

Of the dyslipidaemic elderly, the large majority (90% in the pilot cluster) reported that they were attending a regular follow up service. The common places of follow-up included PHCI (50%), and Base Hospitals (26.3%) in the pilot cluster group. In contrast to the pilot cluster, a higher proportion of elders were attending the tertiary care hospitals for regular follow-up in the two other groups.

Table 107 : Ischaemic heart disease - Ever diagnosed

		Frequency	Percent
Valid	No	1415	91.2
	Yes	137	8.8
	Total	1552	100.0

Table 108 : Ischaemic heart disease clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.4b Whether on regular clinic follow up for Ischaemic heart disease	No	2	3.8%	3	7.9%	5	5.6%	6	12.8%
	Yes	50	96.2%	35	92.1%	85	94.4%	41	87.2%
ihd_followup	PHCI - assigned	13	25.0%	7	18.4%	20	22.2%	15	31.9%
	PHCI - unassigned	5	9.6%	3	7.9%	8	8.9%	3	6.4%
	Secondary care (Base) hospital	13	25.0%	5	13.2%	18	20.0%	3	6.4%
	Tertiary care hospital	17	32.7%	18	47.4%	35	38.9%	12	25.5%
	General practice	1	1.9%	1	2.6%	2	2.2%	2	4.3%
	Specialist channeling	1	1.9%	1	2.6%	2	2.2%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	5	10.6%
	Other	0	0.0%	0	0.0%	0	0.0%	1	2.1%
	Service not indicated or sought	2	3.8%	3	7.9%	5	5.6%	6	12.8%

Regular follow up of elderly with ischaemic heart disease was predominantly taking place at the tertiary care hospitals, followed by base hospitals and PHCI.

Table 109 : Stroke - Ever diagnosed

		Frequency	Percent
Valid	No	1498	96.5
	Yes	54	3.5
	Total	1552	100.0

Table 110 : Stroke clinic followup in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.5b Whether on regular clinic follow up for Stroke	No	3	21.4%	2	11.8%	5	16.1%	5	21.7%
	Yes	11	78.6%	15	88.2%	26	83.9%	18	78.3%
stroke_followup	PHCI - assigned	2	14.3%	4	23.5%	6	19.4%	5	21.7%
	PHCI - unassigned	1	7.1%	2	11.8%	3	9.7%	3	13.0%
	Secondary care (Base) hospital	3	21.4%	2	11.8%	5	16.1%	0	0.0%
	Tertiary care hospital	3	21.4%	5	29.4%	8	25.8%	8	34.8%
	General practice	1	7.1%	1	5.9%	2	6.5%	0	0.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	1	4.3%
	Other	1	7.1%	1	5.9%	2	6.5%	1	4.3%
	Service not indicated or sought	3	21.4%	2	11.8%	5	16.1%	5	21.7%

Number of elders who had a stroke was very small, hence the percentages in the Table should be interpreted with cautions.

Table 111 : Asthma / COPD - Ever diagnosed

		Frequency	Percent
Valid	No	1457	93.9
	Yes	95	6.1
	Total	1552	100.0

Table 112 : Asthma/COPD clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.6b Whether on regular clinic follow up for Asthma / COPD	No	4	18.2%	4	14.8%	8	16.3%	10	21.7%
	Yes	18	81.8%	23	85.2%	41	83.7%	36	78.3%
asthma_followup	PHCI - assigned	10	45.5%	13	48.1%	23	46.9%	14	30.4%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	6	13.0%
	Secondary care (Base) hospital	2	9.1%	3	11.1%	5	10.2%	4	8.7%
	Tertiary care hospital	3	13.6%	5	18.5%	8	16.3%	11	23.9%
	General practice	2	9.1%	2	7.4%	4	8.2%	0	0.0%
	Specialist channeling	1	4.5%	0	0.0%	1	2.0%	0	0.0%
	Private hospital	0	0.0%	0	0.0%	0	0.0%	1	2.2%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	4	18.2%	4	14.8%	8	16.3%	10	21.7%

Regular follow-up for asthma/COPD was almost 82% in the Pilot Cluster, and of them a higher proportion has visited the PHCI, followed up by Tertiary Care Hospital and GP.

Table 113 : Mental illness - Ever diagnosed

		Frequency	Percent
Valid	No	1520	97.9
	Yes	32	2.1
	Total	1552	100.0

Table 114 : Mental illness clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.7b Whether on regular clinic follow up for Mental illness	No	5	55.6%	2	15.4%	7	31.8%	7	70.0%
	Yes	4	44.4%	11	84.6%	15	68.2%	3	30.0%
mental_followup	PHCI - assigned	0	0.0%	4	30.8%	4	18.2%	0	0.0%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	2	22.2%	2	15.4%	4	18.2%	1	10.0%
	Tertiary care hospital	2	22.2%	2	15.4%	4	18.2%	2	20.0%
	General practice	0	0.0%	1	7.7%	1	4.5%	0	0.0%
	Specialist channeling	0	0.0%	1	7.7%	1	4.5%	0	0.0%
	Private hospital	0	0.0%	1	7.7%	1	4.5%	0	0.0%
	Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Service not indicated or sought	5	55.6%	2	15.4%	7	31.8%	7	70.0%

Number of elders who reported to have any mental illness was very small, hence the percentages in the table should be interpreted with cautions.

Table 115 : Chronic Kidney Disease - Ever diagnosed

		Frequency	Percent
Valid	No	1492	96.1
	Yes	60	3.9
	Total	1552	100.0

Table 116 : CKD clinic followup in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.8b Whether on regular clinic follow up for Chronic Kidney Disease	No	4	18.2%	1	4.3%	5	11.1%	1	6.7%
	Yes	18	81.8%	22	95.7%	40	88.9%	14	93.3%
ckd_followup	PHCI - assigned	1	4.5%	6	26.1%	7	15.6%	2	13.3%
	PHCI - unassigned	4	18.2%	0	0.0%	4	8.9%	1	6.7%
	Secondary care (Base) hospital	10	45.5%	3	13.0%	13	28.9%	4	26.7%
	Tertiary care hospital	3	13.6%	12	52.2%	15	33.3%	6	40.0%
	General practice	0	0.0%	1	4.3%	1	2.2%	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%	1	6.7%
	Service not indicated or sought	4	18.2%	1	4.3%	5	11.1%	1	6.7%

Approximately 4% of the elderly reported to have CKD, and the majority of them were followed up at secondary or tertiary care facilities.

Table 117 : Cancer - Ever diagnosed

		Frequency	Percent
Valid	No	1527	98.4
	Yes	25	1.6
	Total	1552	100.0

Table 118 : Cancer clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.9b Whether on regular clinic follow up for Cancer	Yes	11	100.0%	4	57.1%	15	83.3%	7	100.0%
	No	0	0.0%	3	42.9%	3	16.7%	0	0.0%
cancer_followup	PHCI - assigned	1	9.1%	0	0.0%	1	5.6%	0	0.0%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	4	36.4%	0	0.0%	4	22.2%	1	14.3%
	Tertiary care hospital	5	45.5%	3	42.9%	8	44.4%	6	85.7%
	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	1	9.1%	1	14.3%	2	11.1%	0	0.0%
	Service not indicated or sought	0	0.0%	3	42.9%	3	16.7%	0	0.0%

Approximately 1.6% elders reported to have cancer, and the majority of them were followed up at tertiary care facilities.

Table 119 : Cataract / eye problem - Ever diagnosed

		Frequency	Percent
Valid	No	1327	85.5
	Yes	225	14.5
	Total	1552	100.0

Table 120 : Cataract / eye problems clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.10b Whether on regular clinic follow up for Cataract / eye problem	Yes	37	52.9%	35	61.4%	72	56.7%	50	51.0%
	No	33	47.1%	22	38.6%	55	43.3%	48	49.0%
cataract_followup	PHCI - assigned	1	1.4%	3	5.3%	4	3.1%	4	4.1%
	PHCI - unassigned	3	4.3%	0	0.0%	3	2.4%	2	2.0%
	Secondary care (Base) hospital	20	28.6%	5	8.8%	25	19.7%	4	4.1%
	Tertiary care hospital	9	12.9%	21	36.8%	30	23.6%	30	30.6%
	General practice	1	1.4%	3	5.3%	4	3.1%	1	1.0%
	Specialist channeling	0	0.0%	0	0.0%	0	0.0%	1	1.0%
	Private hospital	3	4.3%	3	5.3%	6	4.7%	5	5.1%
	Other	0	0.0%	0	0.0%	0	0.0%	3	3.1%
	Service not indicated or sought	33	47.1%	22	38.6%	55	43.3%	48	49.0%

Though cataract was found in 14.5%, the regular follow up was low (52.9% in the pilot cluster) compared with the other chronic disease conditions.

Table 121 : Arthritis / muscular skeletal disorder - Ever diagnosed

		Frequency	Percent
Valid	No	1189	76.6
	Yes	363	23.4
	Total	1552	100.0

Table 122 : Arthritis/ Muscular skeletal disorders - clinic follow up in elderly

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.2.11b Whether on regular clinic follow up for Arthritis / muscular skeletal disorder	Yes	63	58.3%	60	55.6%	123	56.9%	81	55.1%
	No	45	41.7%	48	44.4%	93	43.1%	66	44.9%
arthritis_followup	PHCI - assigned	37	34.3%	18	16.7%	55	25.5%	26	17.7%
	PHCI - unassigned	5	4.6%	1	.9%	6	2.8%	10	6.8%
	Secondary care (Base) hospital	8	7.4%	6	5.6%	14	6.5%	3	2.0%
	Tertiary care hospital	7	6.5%	17	15.7%	24	11.1%	23	15.6%
	General practice	4	3.7%	11	10.2%	15	6.9%	8	5.4%
	Specialist channeling	1	.9%	3	2.8%	4	1.9%	3	2.0%
	Private hospital	0	0.0%	1	.9%	1	.5%	3	2.0%
	Other	1	.9%	2	1.9%	3	1.4%	5	3.4%
	Service not indicated or sought	45	41.7%	49	45.4%	94	43.5%	66	44.9%

Though arthritis/ chronic Musculo-skeletal was found in 23.4%, the regular follow up was low (58.3% in pilot cluster) compared with the other chronic disease conditions.

Table 123 : Drugs provided from PHC for elders who attend follow-up for any chronic disease at any place

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
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	108	22.2%	76	16.3%	184	19.3%	140	23.3%
	No	378	77.8%	389	83.7%	767	80.7%	461	76.7%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Approximately 22% of the elders who reported to have any chronic diseases have received medicines from the PHCI.

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),

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,

Table 124 : Admitted to hospital by elders during previous 1 year

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.3.2 Was the elderly person admitted to a hospital for treatment during the past one year?	Yes	54	11.1%	39	8.4%	93	9.8%	67	11.1%
	No	432	88.9%	426	91.6%	858	90.2%	534	88.9%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Table 125 : Place of admission by elders

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
elders_admission	PHCI - assigned	12	22.2%	6	15.4%	18	19.4%	17	25.4%
	PHCI - unassigned	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Secondary care (Base) hospital	16	29.6%	10	25.6%	26	28.0%	6	9.0%
	Tertiary care hospital	12	22.2%	17	43.6%	29	31.2%	34	50.7%
	Private hospital	3	5.6%	1	2.6%	4	4.3%	4	6.0%
	Other	0	0.0%	0	0.0%	0	0.0%	3	4.5%
	Service not indicated or sought	11	20.4%	5	12.8%	16	17.2%	3	4.5%

Approximately 11% of the elderly had been admitted to a hospital –of them 22.2% in PHCI, 29.6% in Secondary Care Hospitals, and 22.2% in Tertiary care hospitals.

Table 126 : Proportion of elders re admitted within 30 days for the same condition

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.3.5 Did the elderly person needed to be readmitted (within 30 days of discharge) for the same illness	Yes	7	13.0%	2	5.1%	9	9.7%	11	16.4%
	No	47	87.0%	37	94.9%	84	90.3%	56	83.6%
	Total	54	100.0%	39	100.0%	93	100.0%	67	100.0%

Readmission rate within 30 days was 13.0% in the pilot cluster.

Emergency health service utilization by elderly

Table 127 : Elderly person develop any health condition needing emergency treatment, during the past one year

		Frequency	Percent
Valid	No	1520	97.9
	Yes	32	2.1
	Total	1552	100.0

Table 128 : Proportion of elders had any medical emergency – past 1 year

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.3.6 Did the elderly person develop any health condition needing emergency treatment, during the past one year?	Yes	11	2.3%	11	2.4%	22	2.3%	10	1.7%
	No	475	97.7%	454	97.6%	929	97.7%	591	98.3%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Table 129 : Places of health seeking for emergency by elders

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
emergency_elders	PHCI - assigned	1	9.1%	1	9.1%	2	9.1%	4	40.0%
	PHCI - unassigned	3	27.3%	0	0.0%	3	13.6%	2	20.0%
	Secondary care (Base) hospital	2	18.2%	3	27.3%	5	22.7%	1	10.0%
	Tertiary care hospital	4	36.4%	6	54.5%	10	45.5%	3	30.0%
	General practice	1	9.1%	0	0.0%	1	4.5%	0	0.0%
	Specialist channeling	0	0.0%	1	9.1%	1	4.5%	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%

In case of emergency health conditions, elders have sought care from primary secondary and tertiary health care facilities.-

Auxiliary care for long-term disability among elderly

Table 130 : Elderly person having any other long standing health problems requiring auxiliary medical services

		Frequency	Percent
Valid	No	1482	95.5
	Yes	70	4.5
	Total	1552	100.0

Table 131 : Elderly persons with longstanding health problems requiring auxiliary services

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.3.9 Is the elderly person having any other long standing health problems requiring auxiliary medical services (e.g. physiotherapy)	Yes	23	4.7%	20	4.3%	43	4.5%	27	4.5%
	No	463	95.3%	445	95.7%	908	95.5%	574	95.5%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

About 4.7% percent of elderly had any other long standing health problem requiring auxiliary medical services (e.g. physiotherapy)

Table 132 : Type of auxiliary services required by elderly persons

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.4.1 Physiotherapy needed	Yes	13	56.5%	16	80.0%	29	67.4%	15	55.6%
	No	10	43.5%	4	20.0%	14	32.6%	12	44.4%
7.4.2 Catheter care needed	Yes	1	4.3%	1	5.0%	2	4.7%	1	3.7%
	No	22	95.7%	19	95.0%	41	95.3%	26	96.3%
7.4.3 Pain relief needed	Yes	4	17.4%	4	20.0%	8	18.6%	12	44.4%
	No	19	82.6%	16	80.0%	35	81.4%	15	55.6%
7.4.4 Nutrition therapy needed	Yes	7	30.4%	4	20.0%	11	25.6%	2	7.4%
	No	16	69.6%	16	80.0%	32	74.4%	25	92.6%
7.4.5 Mental health rehabilitation needed	Yes	1	4.3%	1	5.0%	2	4.7%	2	7.4%
	No	22	95.7%	19	95.0%	41	95.3%	25	92.6%
7.4.7 Other (specify) needed	Yes	4	17.4%	0	0.0%	4	9.3%	2	7.4%
	No	19	82.6%	20	100.0%	39	90.7%	25	92.6%

There were multiple needs for elderly – physiotherapy, pain relief, nutrition therapy were among the top paramedical priorities.

Surgical treatment received by elderly

Table 133 : Surgical procedure undergone by elders

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.5.1 Removal/replacement of eye lens (due whitening of it)	Yes	59	12.1%	58	12.5%	117	12.3%	108	18.0%
	No	427	87.9%	407	87.5%	834	87.7%	493	82.0%
7.5.2 Stenting or by-pass surgery in heart	Yes	9	1.9%	9	1.9%	18	1.9%	12	2.0%
	No	477	98.1%	456	98.1%	933	98.1%	589	98.0%
7.5.3 Kidney transplant	Yes	1	.2%	0	0.0%	1	.1%	3	.5%
	No	485	99.8%	465	100.0%	950	99.9%	598	99.5%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Cataract surgery was a common surgical intervention among the elderly.

Elderly undergone screening for selected infectious diseases

Table 134 : Elders screened for infectious diseases

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
7.6.1 Tuberculosis	Yes	6	1.2%	4	.9%	10	1.1%	10	1.7%
	No	480	98.8%	461	99.1%	941	98.9%	591	98.3%
7.6.2 Malaria	Yes	4	.8%	3	.6%	7	.7%	6	1.0%
	No	482	99.2%	462	99.4%	944	99.3%	595	99.0%
7.6.3 HIV / AIDS	Yes	3	.6%	1	.2%	4	.4%	4	.7%
	No	483	99.4%	464	99.8%	947	99.6%	597	99.3%
7.6.4 Leprosy	Yes	2	.4%	2	.4%	4	.4%	6	1.0%
	No	484	99.6%	463	99.6%	947	99.6%	595	99.0%
	Total	486	100.0%	465	100.0%	951	100.0%	601	100.0%

Screening for important infectious diseases in elderly was very low.

Part VII - Services for the women in reproductive age

Socio-demographic characteristics of women in reproductive age

Table 135 : Distribution of women in reproductive age, by age category and marital status

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
women_agecat	15-19	108	10.2%	96	10.2%	204	10.2%	108	9.8%
	20-34	477	45.1%	402	42.6%	879	43.9%	500	45.4%
	35-49	473	44.7%	446	47.2%	919	45.9%	494	44.8%
4.1.2 Marital status	Currently married	785	74.2%	697	73.8%	1482	74.0%	806	73.1%
	Divorced / Separated	15	1.4%	4	.4%	19	.9%	7	.6%
	Unmarried	238	22.5%	235	24.9%	473	23.6%	270	24.5%
	Widowed	20	1.9%	8	.8%	28	1.4%	19	1.7%
	Total	1058	100.0%	944	100.0%	2002	100.0%	1102	100.0%

Detailed information was obtained through interviews from 3104 women in the age 15-49 years. Of them 77.5% (n=2361) were ever married.

Use of contraceptives

Table 136 : Currently using a modern family planning method

		Frequency	Percent
Valid	No	734	32.0
	No, expecting a baby	194	8.5
	Yes	1367	59.6
	Total	2295	100.0

* only 2295 married women responded to this question

59.6% of ever married women of reproductive age used a modern method of contraceptive, while 8.5% reported that they were not using any contraceptives, expecting a baby.

Table 137 : Contraceptive prevalence in women in reproductive age or their partner

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.21 Are you/ your partner currently using a modern family planning method?	No	199	25.2%	218	31.3%	417	28.0%	317	39.2%
	No, expecting a baby	76	9.6%	63	9.0%	139	9.3%	55	6.8%
	Yes	515	65.2%	416	59.7%	931	62.6%	436	54.0%
	Total	790	100.0%	697	100.0%	1487	100.0%	808	100.0%

65.2% married women in the reproductive age used a modern method of contraceptive in the Pilot Cluster.

Table 138 : If yes, what is the method of family planning that you or your partner is using at present

		Frequency	Percent
Valid	LRT	142	10.4
	Male sterilization	1	.1
	Oral contraceptive pills	232	17.0
	Hormonal implant	199	14.6
	DMPA injections	419	30.7
	IUCD/Copper T / Loop	251	18.4
	Condoms	123	9.0
	Total	1367	100.0

Of the users of modern methods of contraception , 30.7% were using DMPA injections, 18.4% IUCD and 17.0% OCP and 14.6% hormonal implants.

Table 139 : Method-mix of contraceptives in married (or in union) women in reproductive age

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.22 If yes, what is the method of family planning that you or your partner is using at present?	LRT	51	9.9%	48	11.5%	99	10.6%	43	9.9%
	Male sterilization	1	.2%	0	0.0%	1	.1%	0	0.0%
	Oral contraceptive pills	118	22.9%	51	12.3%	169	18.2%	63	14.4%
	Hormonal implant	92	17.9%	55	13.2%	147	15.8%	52	11.9%
	DMPA injections	138	26.8%	143	34.4%	281	30.2%	138	31.7%
	IUCD/Copper T / Loop	91	17.7%	66	15.9%	157	16.9%	94	21.6%
	Condoms	24	4.7%	53	12.7%	77	8.3%	46	10.6%
	Total	515	100.0%	416	100.0%	931	100.0%	436	100.0%

DMPA was the commonest method in all 3 groups. OCP use in the Pilot Cluster (22.9%) was higher than other 2 groups (12.3%, 14.4% respectively)

Maternal care

Table 140 : Ever pregnant

		Frequency	Percent
Valid	No	110	4.7
	Yes	2251	95.3
	Total	2361	100.0

Table 141 : Ever given birth to a child

		Frequency	Percent
Valid	No	120	5.1
	Yes	2241	94.9
	Total	2361	100.0

Table 142 : Ever become pregnant and given birth to a child among MWRA

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
ever_pregnant	Yes	780	95.1%	682	96.2%	1462	95.6%	789	94.8%
	No	40	4.9%	27	3.8%	67	4.4%	43	5.2%
	Total	820	100.0%	709	100.0%	1529	100.0%	832	100.0%
ever_childbirth	Yes	775	94.5%	678	95.6%	1453	95.0%	788	94.7%
	No	45	5.5%	31	4.4%	76	5.0%	44	5.3%
	Total	820	100.0%	709	100.0%	1529	100.0%	832	100.0%

Of 2361 ever married women in the reproductive age group, 95.3% had ever become pregnant and 94.9% even given birth to a child.

Table 143 : ANC visit to PHC, mode of delivery and place of child birth

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.5 During the antenatal period did you visit the PMCU/DH in your area	Yes	540	69.7%	361	53.2%	901	62.0%	439	55.7%
	No	235	30.3%	317	46.8%	552	38.0%	349	44.3%
4.1.9 Mode of delivery	Caesarean	166	21.4%	148	21.8%	314	21.6%	195	24.7%
	Vaginal	609	78.6%	530	78.2%	1139	78.4%	593	75.3%
4.1.8 Where did you deliver the baby	Base Hospital	474	61.2%	151	22.3%	625	43.0%	185	23.5%
	District / Provincial General Hospital	89	11.5%	191	28.2%	280	19.3%	232	29.4%
	Divisional Hospital	60	7.7%	97	14.3%	157	10.8%	53	6.7%
	Other (specify)	1	.1%	0	0.0%	1	.1%	0	0.0%
	Private Hospital	13	1.7%	13	1.9%	26	1.8%	17	2.2%
	Teaching Hospital	138	17.8%	226	33.3%	364	25.1%	301	38.2%
	Total	775	100.0%	678	100.0%	1453	100.0%	788	100.0%

69.7% of those become ever pregnant had visited their PHCI for antenatal care. Of total births 21.4% were caesarean deliveries.

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

Table 144 : Heard about the Well Woman Clinic

		Frequency	Percent
Valid	No	128	9.1
	Yes	1285	90.9
	Total	1413	100.0

Table 145 : Awareness about Well Woman Clinic by women aged 35-49 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.11 Have you heard about the Well Woman Clinic?	Yes	426	90.1%	411	92.2%	837	91.1%	448	90.7%
	No	47	9.9%	35	7.8%	82	8.9%	46	9.3%
	Total	473	100.0%	446	100.0%	919	100.0%	494	100.0%

Table 146 : Ever attended Well Women Clinic

		Frequency	Percent
Valid	Ever	1078	76.3
	Never	335	23.7
	Total	1413	100.0

Table 147 : Ever attended well women clinic services by women aged 35-64 years

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
WWC_ever	Ever	347	73.4%	345	77.4%	692	75.3%	386	78.1%
	Never	126	26.6%	101	22.6%	227	24.7%	108	21.9%
	Total	473	100.0%	446	100.0%	919	100.0%	494	100.0%

The majority of women aged 35-49 years have heard about the WWC service, and 76.3% had ever attended a WWC.

Table 148 : When was the last time you attended Well Woman Clinic

		Frequency	Percent
Valid	Less than 1 year	152	10.8
	1-2 years	247	17.5
	3-5 years	264	18.7
	More than 5 years	415	29.4
	Not heard / never attended	335	23.7
	Total	1413	100.0

Table 149 : If yes, where have you attended the well woman clinic / undergone screening

		Frequency	Percent
	MOH office	911	84.5
	PMCU / DH	156	14.5
	Private sector	6	0.6
	Base hospital	4	0.4
	Teaching Hospital	1	0.1
	Total	1078	100.0

About 47% of women in the age 35-49 years had attended WWC within the last 5 years. The majority (84.5%) attended WWC of the Medical Officer of Health (MOH), whereas 14.5% attended WWC at a PCI (15.0%).

Table 150 : Place of WWC and timing of clinic attendance by women aged 35 years who ever attended WWC

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.13 If yes, where have you attended the well woman clinic / undergone screening?	MOH office	279	80.4%	312	90.4%	591	85.4%	320	82.9%
	PMCU / DH	62	17.9%	29	8.4%	91	13.2%	63	16.3%
	Private sector	1	.3%	4	1.2%	5	.7%	1	.3%
	Other (specify)	5	1.4%	0	0.0%	5	.7%	2	.5%
WWC_timing	Less than 1 year	52	15.0%	42	12.2%	94	13.6%	58	15.0%
	1-2 years	92	26.5%	73	21.2%	165	23.8%	82	21.2%
	3-5 years	85	24.5%	82	23.8%	167	24.1%	97	25.1%
	More than 5 years	118	34.0%	148	42.9%	266	38.4%	149	38.6%
	Total	347	100.0%	345	100.0%	692	100.0%	386	100.0%

Table 151 : Breast examination and PAP smear testing at WWC among women aged 35-49 years who ever attended WWC

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.14 At the Well Woman Clinic have you ever undergone screening for breast cancer	Yes	274	79.0%	280	81.2%	554	80.1%	314	81.3%
	No	73	21.0%	65	18.8%	138	19.9%	72	18.7%
4.1.15 Were you referred to any other center after the results		73	21.0%	65	18.8%	138	19.9%	72	18.7%
	Government Hospital	75	21.6%	81	23.5%	156	22.5%	51	13.2%
	Not referred	197	56.8%	194	56.2%	391	56.5%	261	67.6%
	Other (Specify)	1	.3%	4	1.2%	5	.7%	1	.3%
	Private hospital	1	.3%	1	.3%	2	.3%	1	.3%
4.1.16 At the Well Woman Clinic have you ever undergone screening for Cervical cancer	Yes	244	70.3%	246	71.3%	490	70.8%	282	73.1%
	No	103	29.7%	99	28.7%	202	29.2%	104	26.9%
4.1.17 Were you referred to any other center after the results		103	29.7%	99	28.7%	202	29.2%	104	26.9%
	Government Hospital	124	35.7%	145	42.0%	269	38.9%	131	33.9%
	Not referred	109	31.4%	99	28.7%	208	30.1%	141	36.5%
	Other (Specify)	4	1.2%	0	0.0%	4	.6%	5	1.3%
	Private hospital	7	2.0%	2	.6%	9	1.3%	5	1.3%

Of those who ever attended a WWC, majority have undergone examination of breasts (79% in the pilot cluster) and cervical screening (70.3% in Pilot Cluster).

Table 152 : How WWC was known and satisfaction with WWC services by women aged 35 years and above who ever attended WWC

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
4.1.18 How did you know about the Well Woman Clinic	PHM	329	94.8%	333	96.5%	662	95.7%	368	95.3%
	Friends/ relatives / Neighbours	12	3.5%	7	2.0%	19	2.7%	15	3.9%
	Health Staff at PHC	5	1.4%	4	1.2%	9	1.3%	2	.5%
	Other (Specify)	1	.3%	1	.3%	2	.3%	1	.3%
4.1.19 Are you satisfied with the service you got from the Well Woman Clinic	Highly satisfied	161	46.4%	175	50.7%	336	48.6%	180	46.6%
	Satisfied	184	53.0%	166	48.1%	350	50.6%	202	52.3%
	Not sure	2	.6%	4	1.2%	6	.9%	2	.5%
	Unsatisfied	0	0.0%	0	0.0%	0	0.0%	2	.5%
	Total	347	100.0%	345	100.0%	692	100.0%	386	100.0%

The great majority of women in 35-49 years (94.8% in the Pilot Cluster) came to know about WWC through Public Health Midwife. Almost all were satisfied with the services received through the WWC. There is no difference in the above across the 3 study strata.

Results of Primary Health Care User Survey

Basic Characteristics of the sample

Table 153 : Geographical distribution of the sample

District		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Anuradhapura	81	10.8%	80	12.4%	161	11.5%	93	12.4%
	Badulla	70	9.3%	60	9.3%	130	9.3%	94	12.6%
	Kandy	97	12.9%	67	10.4%	164	11.7%	119	15.9%
	Kegalle	109	14.5%	64	9.9%	173	12.4%	65	8.7%
	Matale	98	13.0%	69	10.7%	167	11.9%	94	12.6%
	Monaragala	62	8.2%	62	9.6%	124	8.9%	61	8.1%
	Nuwara Eliya	102	13.5%	108	16.7%	210	15.0%	52	6.9%
	Polonnaruwa	52	6.9%	97	15.0%	149	10.6%	32	4.3%
	Ratnapura	82	10.9%	40	6.2%	122	8.7%	139	18.6%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

Total sample studied in the user survey was 2149, representing all nine districts of the project. In the pilot cluster, a total of 753 users were studied and 6.9% - 13.5% of the users were selected from each district (Table 153).

Table 154 : Age distribution of the sample

Age category		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Less than 18 yrs	7	0.9%	8	1.2%	15	1.1%	15	2.0%
	18 - 44 yrs	352	46.7%	291	45.0%	643	45.9%	317	42.3%
	45-65 yrs	313	41.6%	272	42.0%	585	41.8%	331	44.2%
	>65 yrs	81	10.8%	76	11.7%	157	11.2%	86	11.5%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

Age distribution of the sample showed the largest percentage of users representing 18-44 years age group, followed by 45-64 years age group. A similar age distribution pattern was seen in all three sample groups. In the pilot cluster, 41.6% of the users belonged to 45-64 years age group, while 46.7% belonged to 18-44 years age group (Table 154).

Table 155 : Gender distribution of the sample

Gender of the respondent		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Female	387	51.4%	366	56.6%	753	53.8%	397	53.0%
	Male	366	48.6%	281	43.4%	647	46.2%	352	47.0%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

In the sample, majority were females, which was 51.4% in the pilot cluster, 56.6% in the other ADB-supported group and 53.8% in the control group.

Table 156 : Distribution of health service access related characteristics

Health service accessed		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Type of Facility	Apex Hospital (referred from PMCU /DH)	118	15.7%	0	0.0%	118	8.4%	0	0.0%
	Divisional Hospital	457	60.7%	391	60.4%	848	60.6%	494	66.0%
	OPD services of Apex hospital	0	0.0%	0	0.0%	0	0.0%	46	6.1%
	PMCU	178	23.6%	256	39.6%	434	31.0%	209	27.9%
Health service accessed	Clinic	44	5.8%	20	3.1%	64	4.6%	33	4.4%
	Emergency Treatment Unit	15	2.0%	5	0.8%	20	1.4%	18	2.4%
	Healthy Lifestyle Center	2	0.3%	16	2.5%	18	1.3%	14	1.9%
	Other services	2	0.3%	6	0.9%	8	0.6%	6	0.8%
	Out Patient Department	672	89.2%	577	89.2%	1249	89.2%	655	87.4%
	Primary Care Unit	16	2.1%	23	3.6%	39	2.8%	23	3.1%
	Well woman clinic	2	0.3%	0	0.0%	2	0.1%	0	0.0%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

A majority of the sample was recruited from the Divisional Hospitals and this was about 60% in each sampling group. In the pilot cluster, 60.7% were selected from the Divisional Hospitals, 23.6% from PMCUs and 15.7% 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 89% of the users were recruited from the out patients' department, followed by the clinics. Out of the pilot cluster users, 89.2% were from the OPD while 5.8% were from the clinics (Table 156).

Table 157 : Services accessed during the current visit

Reason for the current visit	Sample Group of Health Facility (according to the Evaluation Protocol)							
	Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Emergency medical care	1	0.1%	7	1.1%	8	0.6%	12	1.6%
Emergency surgical care	1	0.1%	0	0.0%	1	0.1%	0	0.0%
Follow up visit for chronic disease	48	6.4%	41	6.3%	89	6.4%	61	8.1%
Injury due to intimate partner violence	1	0.1%	0	0.0%	1	0.1%	0	0.0%
Nutrition problems	0	0.0%	5	0.8%	5	0.4%	2	0.3%
Referred for further investigations / care	33	4.4%	19	2.9%	52	3.7%	19	2.5%
Screening for chronic diseases	8	1.1%	15	2.3%	23	1.6%	10	1.3%
Treatment for injury/wound	88	11.7%	69	10.7%	157	11.2%	98	13.1%
Treatment for short-term illness	573	76.1%	491	75.9%	1064	76.0%	547	73.0%
Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

The pattern of the services accessed during the current visit was also similar in the three sampling groups. The commonest service received was treatment for short term illness, which was received by 76.1% of the pilot cluster users. Next common service received by the users was treatment for injury or wound followed by follow up care for chronic diseases. In the pilot cluster, 11.7% and 6.4% 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 158 : Pattern of previous use of the health facility in the sample

Pattern of previous use		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
Using regularly	No	67	8.9%	51	7.9%	118	8.4%	80	10.7%
	Yes	686	91.1%	596	92.1%	1282	91.6%	669	89.3%
Duration of use	Not using regularly	67	8.9%	51	7.9%	118	8.4%	80	10.7%
	2-5 years	154	20.5%	150	23.2%	304	21.7%	148	19.8%
	Less than six months	4	0.5%	4	0.6%	8	0.6%	1	0.1%
	More than five years	517	68.7%	423	65.4%	940	67.1%	500	66.8%
	Six months up to 2 year	11	1.5%	19	2.9%	30	2.1%	20	2.7%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

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, 91.1% respondents were regular users of the same health facility, and out of them, 68.7% have been using it for more than 5 years (Table 158).

Responsiveness, Satisfaction, Awareness and Attitudes

Indicator B16: Patient responsiveness–Percentage of patients who scored 70% or more in a tool that comprised 19 responsiveness statements, rated using 5-point Likert scale(defined by the M&E team in consultation with project Consultants)

Table 159 : Distribution of the responsiveness score in the sample

Responsiveness scores		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Less than 60	15	2.0%	8	1.2%	23	1.6%	24	3.2%
	60-69	178	23.6%	148	22.9%	326	23.3%	203	27.1%
	70-79	514	68.3%	419	64.8%	933	66.6%	455	60.7%
	80 or more	46	6.1%	72	11.1%	118	8.4%	67	8.9%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

*Responsiveness was assessed using 19 statements, each marked in a 5-point scale. Total mark out of 95 was converted to a percentage

Responsiveness scores in the three sampling groups showed a similar distribution. A majority rated the responsiveness of the health facility between 70-79%. This was 68.3% in the pilot cluster, 64.8% in the other ADB-supported group and 66.6% in the control group. In the pilot cluster, 23.6% rated the responsiveness of the facility between 60%-69%, while 6.1% rated it as 80% or more.

IndicatorC2: % 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 9-item satisfaction tool using 5-point scale.

- Knowledge on the PHC services was assessed using 11 items which assessed awareness of curative and preventive services. Overall awareness score of 70% or more was considered as adequately aware.

Table 160 : Distribution of the satisfaction score in the sample

Satisfaction scores		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Less than 60	25	3.3%	35	5.4%	60	4.3%	31	4.1%
	60-69	214	28.4%	172	26.6%	386	27.6%	262	35.0%
	70-79	360	47.8%	307	47.4%	667	47.6%	325	43.4%
	80 or more	154	20.5%	133	20.6%	287	20.5%	131	17.5%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

*Satisfaction was assessed using 9 statements, each marked in a 5-point scale. Total mark out of 45 was converted to a percentage

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 68% users in all three groups have a satisfaction score of 70% or above.

Table 161 : Distribution of the attitude score in the users of pilot cluster and other ADB supported facilities

Attitudes scores		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Less than 60	42	5.6%	46	7.1%	88	6.3%	56	7.5%
	60-69	304	40.4%	226	34.9%	530	37.9%	318	42.5%
	70-79	360	47.8%	306	47.3%	666	47.6%	332	44.3%
	80 or more	47	6.2%	69	10.7%	116	8.3%	43	5.7%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

*Attitudes were assessed using 8 statements, each marked in a 5-point scale. Total mark out of 40 was converted to a percentage

Attitudes towards the primary care services were assessed as a composite variable, by calculating an overall attitude score. The attitude scores in the three groups showed a similar distribution. A majority of 54% in the pilot cluster, 58.0% in the other ADB-supported group and 55.9% in the control group had an attitude score of 70% or above.

Table 162 : Distribution of the awareness scores in the users of pilot cluster and other ADB supported facilities

Socio-demographic characteristics		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster				Other ADB supported			
		Awareness of services				Awareness of services			
		<70		≥70		<70		≥70	
		Count	%	Count	%	Count	%	Count	%
Age	Less than 18 yrs	6	85.7%	1	14.3%	7	87.5%	1	12.5%
	18 - 44 yrs	186	52.8%	166	47.2%	190	65.3%	101	34.7%
	45-65 yrs	172	55.0%	141	45.0%	150	55.1%	122	44.9%
	>65 yrs	54	66.7%	27	33.3%	53	69.7%	23	30.3%
	Total	418	55.5%	335	44.5%	400	61.8%	247	38.2%
Gender	Female	205	53.0%	182	47.0%	216	59.0%	150	41.0%
	Male	213	58.2%	153	41.8%	184	65.5%	97	34.5%
	Total	418	55.5%	335	44.5%	400	61.8%	247	38.2%
District	Anuradhapura	63	77.8%	18	22.2%	64	80.0%	16	20.0%
	Badulla	12	17.1%	58	82.9%	12	20.0%	48	80.0%
	Kandy	59	60.8%	38	39.2%	36	53.7%	31	46.3%
	Kegalle	63	57.8%	46	42.2%	49	76.6%	15	23.4%
	Matale	23	23.5%	75	76.5%	25	36.2%	44	63.8%
	Monaragala	51	82.3%	11	17.7%	50	80.6%	12	19.4%
	Nuwara Eliya	76	74.5%	26	25.5%	78	72.2%	30	27.8%
	Polonnaruwa	41	78.8%	11	21.2%	76	78.4%	21	21.6%
	Ratnapura	30	36.6%	52	63.4%	10	25.0%	30	75.0%
	Total	418	55.5%	335	44.5%	400	61.8%	247	38.2%

Awareness on the PHC services was assessed using 11 items on curative and preventive services offered by the PHCs, combined into an overall awareness score. Only 44.5% users in the pilot cluster and 38.2% in the other ADB-supported group reported an overall awareness score of 70% or more.

Age-stratified Analysis

Table 163 : Level of responsiveness according to the age of the users of health care services

Responsiveness				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	%	Count	%	Count	%	Count	%
Age	Less than 18 yrs	Responsiveness	Less than 60	0	0.0%	0	0.0%	0	0.0%	0	0.0%
			60-69	0	0.0%	1	12.5%	1	6.7%	0	0.0%
			70-79	7	100.0%	7	87.5%	14	93.3%	15	100.0%
			80 or more	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	18 - 44 yrs	Responsiveness	Less than 60	11	3.1%	3	1.0%	14	2.2%	8	2.5%
			60-69	83	23.6%	71	24.4%	154	24.0%	81	25.6%
			70-79	240	68.2%	177	60.8%	417	64.9%	206	65.0%
			80 or more	18	5.1%	40	13.7%	58	9.0%	22	6.9%
	45-65 yrs	Responsiveness	Less than 60	4	1.3%	3	1.1%	7	1.2%	12	3.6%
			60-69	78	24.9%	63	23.2%	141	24.1%	106	32.0%
			70-79	215	68.7%	184	67.6%	399	68.2%	182	55.0%
			80 or more	16	5.1%	22	8.1%	38	6.5%	31	9.4%
	>65 yrs	Responsiveness	Less than 60	0	0.0%	2	2.6%	2	1.3%	4	4.7%
			60-69	17	21.0%	13	17.1%	30	19.1%	16	18.6%
			70-79	52	64.2%	51	67.1%	103	65.6%	52	60.5%
			80 or more	12	14.8%	10	13.2%	22	14.0%	14	16.3%
	Total	Response_4cat	Less than 60	15	2.0%	8	1.2%	23	1.6%	24	3.2%
			60-69	178	23.6%	148	22.9%	326	23.3%	203	27.1%
			70-79	514	68.3%	419	64.8%	933	66.6%	455	60.7%
			80 or more	46	6.1%	72	11.1%	118	8.4%	67	8.9%

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 a majority of the users rating the PHC services as having a responsiveness of 70% or more. In the pilot cluster, 100.0% in the less than 18 years age group, 73.3% users in the 18-44 years age group, 73.8% users in the 45-64 years age group and 79% users in the 65 years or above age group, rated the PHC facilities as having a responsiveness score of 70% or more.

Table 164 : Level of satisfaction according to the age of the users of health care services

Satisfaction				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	%	Count	%	Count	%	Count	%
Age	Less than 18 yrs	Satisfaction	Less than 60	0	0.0%	0	0.0%	0	0.0%	0	0.0%
			60-69	0	0.0%	1	12.5%	1	6.7%	5	33.3%
			70-79	4	57.1%	5	62.5%	9	60.0%	9	60.0%
			80 or more	3	42.9%	2	25.0%	5	33.3%	1	6.7%
	18 - 44 yrs	Satisfaction	Less than 60	12	3.4%	18	6.2%	30	4.7%	8	2.5%
			60-69	101	28.7%	79	27.1%	180	28.0%	112	35.3%
			70-79	170	48.3%	146	50.2%	316	49.1%	141	44.5%
			80 or more	69	19.6%	48	16.5%	117	18.2%	56	17.7%
	45-65 yrs	Satisfaction	Less than 60	8	2.6%	13	4.8%	21	3.6%	18	5.4%
			60-69	90	28.8%	78	28.7%	168	28.7%	112	33.8%
			70-79	155	49.5%	121	44.5%	276	47.2%	146	44.1%
			80 or more	60	19.2%	60	22.1%	120	20.5%	55	16.6%
	>65 yrs	Satisfaction	Less than 60	5	6.2%	4	5.3%	9	5.7%	5	5.8%
			60-69	23	28.4%	14	18.4%	37	23.6%	33	38.4%
			70-79	31	38.3%	35	46.1%	66	42.0%	29	33.7%
			80 or more	22	27.2%	23	30.3%	45	28.7%	19	22.1%
	Total	Satisfaction	Less than 60	25	3.3%	35	5.4%	60	4.3%	31	4.1%
			60-69	214	28.4%	172	26.6%	386	27.6%	262	35.0%
			70-79	360	47.8%	307	47.4%	667	47.6%	325	43.4%
			80 or more	154	20.5%	133	20.6%	287	20.5%	131	17.5%

Age disaggregated satisfaction scores showed that a majority of users in the pilot cluster reported a satisfaction level of 70% or above. All participants (100%) in the below 18 years age group, 67.9% in the 18-44 years age group, 68.7% in the 45-64 years age group and 65.5% in the 65 years or above age group, were satisfied with the PHC services at a level of 70% or more (Table 164).

Table 165 : Level of overall awareness according to the age of the users of health care services in the pilot cluster and other ADB-supported group

Level of awareness of services				Sample Group of Health Facility (according to the Evaluation Protocol)					
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported	
				Count	%	Count	%	Count	%
Age	Less than 18 yrs	Awareness	Less than 60	6	85.7%	6	75.0%	12	80.0%
			60-69	0	0.0%	1	12.5%	1	6.7%
			70-79	0	0.0%	0	0.0%	0	0.0%
			80 or more	1	14.3%	1	12.5%	2	13.3%
	18 - 44 yrs	Awareness	Less than 60	125	35.5%	142	48.8%	267	41.5%
			60-69	61	17.3%	48	16.5%	109	17.0%
			70-79	51	14.5%	42	14.4%	93	14.5%
			80 or more	115	32.7%	59	20.3%	174	27.1%
	45-65 yrs	Awareness	Less than 60	113	36.1%	103	37.9%	216	36.9%
			60-69	59	18.8%	47	17.3%	106	18.1%
			70-79	55	17.6%	60	22.1%	115	19.7%
			80 or more	86	27.5%	62	22.8%	148	25.3%
	>65 yrs	Awareness	Less than 60	37	45.7%	30	39.5%	67	42.7%
			60-69	17	21.0%	23	30.3%	40	25.5%
			70-79	11	13.6%	12	15.8%	23	14.6%
			80 or more	16	19.8%	11	14.5%	27	17.2%
	Total	Awareness	Less than 60	281	37.3%	281	43.4%	562	40.1%
			60-69	137	18.2%	119	18.4%	256	18.3%
			70-79	117	15.5%	114	17.6%	231	16.5%
			80 or more	218	29.0%	133	20.6%	351	25.1%

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, 14.3% in the below 18 years age group, 47.2% in the 18-44 years age group, 45.1% in the 45-64 years age group and 33.4% in the 65 years or above age group, reported a knowledge level of 70% or above.

Table 166 : Level of overall attitudes according to the age of the users of health care services in the pilot cluster and other ADB-supported group

Attitudes				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	%	Count	%	Count	%	Count	%
Age	Less than 18 yrs	Attitudes	Less than 60	0	0.0%	2	25.0%	2	13.3%	0	0.0%
			60-69	5	71.4%	5	62.5%	10	66.7%	11	73.3%
			70-79	2	28.6%	1	12.5%	3	20.0%	4	26.7%
			80 or more	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	18 - 44 yrs	Attitudes	Less than 60	22	6.2%	23	7.9%	45	7.0%	34	10.7%
			60-69	139	39.5%	101	34.7%	240	37.3%	141	44.5%
			70-79	172	48.9%	140	48.1%	312	48.5%	133	42.0%
			80 or more	19	5.4%	27	9.3%	46	7.2%	9	2.8%
	45-65 yrs	Attitudes	Less than 60	17	5.4%	19	7.0%	36	6.2%	17	5.1%
			60-69	128	40.9%	95	34.9%	223	38.1%	135	40.8%
			70-79	151	48.2%	127	46.7%	278	47.5%	154	46.5%
			80 or more	17	5.4%	31	11.4%	48	8.2%	25	7.6%
	>65 yrs	Attitudes	Less than 60	3	3.7%	2	2.6%	5	3.2%	5	5.8%
			60-69	32	39.5%	25	32.9%	57	36.3%	31	36.0%
			70-79	35	43.2%	38	50.0%	73	46.5%	41	47.7%
			80 or more	11	13.6%	11	14.5%	22	14.0%	9	10.5%
	Total	Attitudes	Less than 60	42	5.6%	46	7.1%	88	6.3%	56	7.5%
			60-69	304	40.4%	226	34.9%	530	37.9%	318	42.5%
			70-79	360	47.8%	306	47.3%	666	47.6%	332	44.3%
			80 or more	47	6.2%	69	10.7%	116	8.3%	43	5.7%

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, 28.6% in the below 18 years age group, 54.3% in the 18-44 years age group, 53.6% in the 45-64 years age group and 56.8% in the 65 years or above age group, reported a favourable attitude level of 70% or above.

Gender-stratified Analysis

Table 167 : Level of responsiveness according to the gender of the users of health care services

Responsiveness				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	%	Count	%	Count	%	Count	%
Gender	Female	Responsiveness	Less than 60	5	1.3%	3	0.8%	8	1.1%	12	3.0%
			60-69	96	24.8%	84	23.0%	180	23.9%	106	26.7%
			70-79	261	67.4%	236	64.5%	497	66.0%	237	59.7%
			80 or more	25	6.5%	43	11.7%	68	9.0%	42	10.6%
	Male	Responsiveness	Less than 60	10	2.7%	5	1.8%	15	2.3%	12	3.4%
			60-69	82	22.4%	64	22.8%	146	22.6%	97	27.6%
			70-79	253	69.1%	183	65.1%	436	67.4%	218	61.9%
			80 or more	21	5.7%	29	10.3%	50	7.7%	25	7.1%
	Total	Responsiveness	Less than 60	15	2.0%	8	1.2%	23	1.6%	24	3.2%
			60-69	178	23.6%	148	22.9%	326	23.3%	203	27.1%
			70-79	514	68.3%	419	64.8%	933	66.6%	455	60.7%
			80 or more	46	6.1%	72	11.1%	118	8.4%	67	8.9%

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, 73.9% female users and 74.8% male users rated the PHC services as having a responsiveness level of 70% or above.

Table 168 : Level of satisfaction according to the gender of the users of health care services

Satisfaction				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	Satisfaction	Less than 60	15	3.9%	19	5.2%	34	4.5%	14	3.5%
			60-69	97	25.1%	101	27.6%	198	26.3%	148	37.3%
			70-79	195	50.4%	169	46.2%	364	48.3%	166	41.8%
			80 or more	80	20.7%	77	21.0%	157	20.8%	69	17.4%
	Male	Satisfaction	Less than 60	10	2.7%	16	5.7%	26	4.0%	17	4.8%
			60-69	117	32.0%	71	25.3%	188	29.1%	114	32.4%
			70-79	165	45.1%	138	49.1%	303	46.8%	159	45.2%
			80 or more	74	20.2%	56	19.9%	130	20.1%	62	17.6%
	Total	Satisfaction	Less than 60	25	3.3%	35	5.4%	60	4.3%	31	4.1%
			60-69	214	28.4%	172	26.6%	386	27.6%	262	35.0%
			70-79	360	47.8%	307	47.4%	667	47.6%	325	43.4%
			80 or more	154	20.5%	133	20.6%	287	20.5%	131	17.5%

Satisfaction with the PHC services also showed a similar distribution between males and females in all three sampling groups. In the pilot cluster, 71.1% female users and 65.3% male users were satisfied with the PHC services at a level of 70% or above.

Table 169 : Level of overall awareness according to the gender of the users of health care services in the pilot cluster and other ADB-supported group

Awareness of services				Sample Group of Health Facility (according to the Evaluation Protocol)					
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported	
				Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	Awareness	Less than 60	140	36.2%	143	39.1%	283	37.6%
			60-69	65	16.8%	73	19.9%	138	18.3%
			70-79	61	15.8%	61	16.7%	122	16.2%
			80 or more	121	31.3%	89	24.3%	210	27.9%
	Male	Awareness	Less than 60	141	38.5%	138	49.1%	279	43.1%
			60-69	72	19.7%	46	16.4%	118	18.2%
			70-79	56	15.3%	53	18.9%	109	16.8%
			80 or more	97	26.5%	44	15.7%	141	21.8%
	Total	Awareness	Less than 60	281	37.3%	281	43.4%	562	40.1%
			60-69	137	18.2%	119	18.4%	256	18.3%
			70-79	117	15.5%	114	17.6%	231	16.5%
			80 or more	218	29.0%	133	20.6%	351	25.1%

Overall awareness of PHC services average in both males and females. In the pilot cluster, 47.1% female users and 41.8% male users reported an awareness level of 70% or above.

Table 170 : Level of attitudes according to the gender of the users of health care services in the pilot cluster and other ADB-supported group

Attitudes				Sample Group of Health Facility (according to the Evaluation Protocol)							
				Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
				Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Gender	Female	Attitudes	Less than 60	19	4.9%	24	6.6%	43	5.7%	30	7.6%
			60-69	152	39.3%	124	33.9%	276	36.7%	170	42.8%
			70-79	186	48.1%	177	48.4%	363	48.2%	171	43.1%
			80 or more	30	7.8%	41	11.2%	71	9.4%	26	6.5%
	Male	Attitudes	Less than 60	23	6.3%	22	7.8%	45	7.0%	26	7.4%
			60-69	152	41.5%	102	36.3%	254	39.3%	148	42.0%
			70-79	174	47.5%	129	45.9%	303	46.8%	161	45.7%
			80 or more	17	4.6%	28	10.0%	45	7.0%	17	4.8%
	Total	Attitudes	Less than 60	42	5.6%	46	7.1%	88	6.3%	56	7.5%
			60-69	304	40.4%	226	34.9%	530	37.9%	318	42.5%
			70-79	360	47.8%	306	47.3%	666	47.6%	332	44.3%
			80 or more	47	6.2%	69	10.7%	116	8.3%	43	5.7%

In the gender-stratified analysis of attitudes, 55.9% female users and 52.1% 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, 5.7% females and 7.4% males felt that a person's gender influenced care provided in the health facility sometimes, often or always. Only 2.6% males and 2.5% 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, 8.4% females and 8.2% males had experienced embarrassment or fear when using toilet facilities sometimes or more frequently while, 2.4% females and 1.3% males reported feeling embarrassment or discomfort when interacting with health staff at least sometimes.

Gender Equity status

Table 171 : Perceptions of gender-equity of the services according to the respondent's gender

Gender sensitivity statements		Sample Group of Health Facility (according to the Evaluation Protocol)															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		Gender				Gender				Gender				Gender			
		Female		Male		Female		Male		Female		Male		Female		Male	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Do you think a person's gender influenced care provided in this health facility in general	Always	0	0.0%	2	0.5%	3	0.8%	5	1.8%	3	0.4%	7	1.1%	3	0.8%	1	0.3%
	Often	4	1.0%	5	1.4%	8	2.2%	3	1.1%	12	1.6%	8	1.2%	2	0.5%	2	0.6%
	Sometimes	18	4.7%	20	5.5%	26	7.1%	21	7.5%	44	5.8%	41	6.3%	22	5.5%	13	3.7%
	Rarely	25	6.5%	26	7.1%	23	6.3%	22	7.8%	48	6.4%	48	7.4%	20	5.0%	11	3.1%
	Never	340	87.9%	313	85.5%	306	83.6%	230	81.9%	646	85.8%	543	83.9%	350	88.2%	325	92.3%
Did you feel any embarrassment or discomfort when you were examined by health staff?	Always	0	0.0%	0	0.0%	1	0.3%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%
	Often	3	0.8%	1	0.3%	1	0.3%	0	0.0%	4	0.5%	1	0.2%	0	0.0%	0	0.0%
	Sometimes	7	1.8%	8	2.2%	3	0.8%	7	2.5%	10	1.3%	15	2.3%	2	0.5%	1	0.3%
	Rarely	18	4.7%	10	2.7%	20	5.5%	11	3.9%	38	5.0%	21	3.2%	18	4.5%	18	5.1%
	Never	359	92.8%	347	94.8%	341	93.2%	263	93.6%	700	93.0%	610	94.3%	377	95.0%	333	94.6%
Did you feel any embarrassment or fear when using toilet facilities?	Always	1	0.3%	1	0.3%	1	0.3%	0	0.0%	2	0.3%	1	0.2%	6	1.5%	0	0.0%
	Often	13	3.4%	8	2.2%	3	0.8%	1	0.4%	16	2.1%	9	1.4%	4	1.0%	7	2.0%
	Sometimes	18	4.7%	21	5.7%	25	6.8%	10	3.6%	43	5.7%	31	4.8%	34	8.6%	18	5.1%
	Rarely	35	9.0%	19	5.2%	28	7.7%	24	8.5%	63	8.4%	43	6.6%	55	13.9%	32	9.1%
	Never	320	82.7%	317	86.6%	309	84.4%	246	87.5%	629	83.5%	563	87.0%	298	75.1%	295	83.8%
Did you feel any embarrassment or discomfort when interacting with health staff?	Always	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%
	Often	2	0.5%	2	0.5%	1	0.3%	1	0.4%	3	0.4%	3	0.5%	0	0.0%	0	0.0%
	Sometimes	6	1.6%	3	0.8%	6	1.6%	5	1.8%	12	1.6%	8	1.2%	2	0.5%	3	0.9%
	Rarely	19	4.9%	13	3.6%	24	6.6%	10	3.6%	43	5.7%	23	3.6%	21	5.3%	17	4.8%
	Never	359	92.8%	348	95.1%	335	91.5%	265	94.3%	694	92.2%	613	94.7%	374	94.2%	332	94.3%

Gender sensitivity statements		Sample Group of Health Facility (according to the Evaluation Protocol)															
		Pilot Cluster				Other ADB supported				Pilot Cluster and ADB supported				Control			
		Gender				Gender				Gender				Gender			
		Female		Male		Female		Male		Female		Male		Female		Male	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Do you feel that you were treated differently just because you are a woman / man	Always	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	1	0.2%	0	0.0%	0	0.0%
	Often	4	1.0%	1	0.3%	4	1.1%	1	0.4%	8	1.1%	2	0.3%	0	0.0%	0	0.0%
	Sometimes	7	1.8%	4	1.1%	9	2.5%	7	2.5%	16	2.1%	11	1.7%	11	2.8%	3	0.9%
	Rarely	13	3.4%	8	2.2%	15	4.1%	6	2.1%	28	3.7%	14	2.2%	9	2.3%	6	1.7%
	Never	363	93.8%	353	96.4%	338	92.3%	266	94.7%	701	93.1%	619	95.7%	377	95.0%	343	97.4%
Did you feel insecure in this health facility just because you are a woman / man	Always	0	0.0%	1	0.3%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%	0	0.0%
	Often	2	0.5%	1	0.3%	3	0.8%	0	0.0%	5	0.7%	1	0.2%	0	0.0%	0	0.0%
	Sometimes	2	0.5%	5	1.4%	4	1.1%	4	1.4%	6	0.8%	9	1.4%	2	0.5%	0	0.0%
	Rarely	8	2.1%	12	3.3%	11	3.0%	14	5.0%	19	2.5%	26	4.0%	8	2.0%	6	1.7%
	Never	375	96.9%	347	94.8%	348	95.1%	263	93.6%	723	96.0%	610	94.3%	387	97.5%	346	98.3%
	Total	387	100.0%	366	100.0%	366	100.0%	281	100.0%	753	100.0%	647	100.0%	397	100.0%	352	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

Table 172 : Distribution of health care users issued a unique patient identification number to access health care

Issued a unique Patient Identification Number		Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot Cluster		Other ADB supported		Pilot Cluster and ADB supported		Control	
		Count	%	Count	%	Count	%	Count	%
	No	476	63.2%	506	78.2%	982	70.1%	657	87.7%
	Yes, electronic card (with Barcode/QR code)	152	20.2%	0	0.0%	152	10.9%	13	1.7%
	Yes, non-electronic card	82	10.9%	72	11.1%	154	11.0%	58	7.7%
	Yes, written on patient book/record	43	5.7%	69	10.7%	112	8.0%	21	2.8%
	Total	753	100.0%	647	100.0%	1400	100.0%	749	100.0%

About 36.8% of the PHC users of the pilot cluster reported getting a unique identification number to access health care services and 20.2% reported receiving such number in the form of an electronic card with a barcode / QR code.

Results of Health Facility Survey

Part I Health Service Provision

Basic description of health facilities included in the survey

A total of 190 health facilities were visited for this component of the survey. The sample included PMCU, all categories of DH and outpatient services of 9 Apex hospitals linked to the pilot cluster.

Table 173 : Perceptions of gender-equity of the services according to the respondent's gender

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
A5. Category of Health Facility	Base Hospital Type A	4	6.0%	0	0.0%	4	3.2%	1	1.5%
	Base Hospital Type B	5	7.5%	0	0.0%	5	4.0%	3	4.6%
	Divisional Hospital A	8	11.9%	5	8.6%	13	10.4%	12	18.5%
	Divisional Hospital B	10	14.9%	15	25.9%	25	20.0%	13	20.0%
	Divisional Hospital C	24	35.8%	14	24.1%	38	30.4%	17	26.2%
	PMCU	16	23.9%	24	41.4%	40	32.0%	19	29.2%
Select the province	Central	25	37.3%	21	36.2%	46	36.8%	21	32.3%
	North Central	12	17.9%	16	27.6%	28	22.4%	11	16.9%
	Sabaragamuwa	17	25.4%	9	15.5%	26	20.8%	18	27.7%
	Uva	13	19.4%	12	20.7%	25	20.0%	15	23.1%
Select the District	Anuradhapura	7	10.4%	7	12.1%	14	11.2%	8	12.3%
	Badulla	7	10.4%	6	10.3%	13	10.4%	9	13.8%
	Kandy	8	11.9%	6	10.3%	14	11.2%	9	13.8%
	Kegalle	9	13.4%	5	8.6%	14	11.2%	5	7.7%
	Matale	8	11.9%	6	10.3%	14	11.2%	7	10.8%
	Monaragala	6	9.0%	6	10.3%	12	9.6%	6	9.2%
	Nuwara Eliya	9	13.4%	9	15.5%	18	14.4%	5	7.7%
	Polonnaruwa	5	7.5%	9	15.5%	14	11.2%	3	4.6%
	Ratnapura	8	11.9%	4	6.9%	12	9.6%	13	20.0%
A10. Sector	Estate	7	10.4%	6	10.3%	13	10.4%	5	7.7%
	Rural	49	73.1%	51	87.9%	100	80.0%	49	75.4%
	Urban	11	16.4%	1	1.7%	12	9.6%	11	16.9%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

The number of health facilities assessed was 67, 58 and 65 for the 3 PHC support categories. Majority are Divisional Hospitals. Approximately 80% of these health facilities are located in rural settings.

Table 174 : Distribution of health facilities according to outpatient and inpatient care

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Nature of service provided by the facility	Both	46	68.7%	34	58.6%	80	64.0%	44	67.7%
	Out patient	21	31.3%	24	41.4%	45	36.0%	21	32.3%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Almost 68% cluster-linked facilities in the pilot cluster offer both in-patient and out-patient care services

Table 175 : Opening hours of the Out-patient Department in a usual day

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
How many hours does the Out Patient Department open in a usual day?	Up to 4 hours	0	0.0%	0	0.0%	0	0.0%	1	1.5%
	Up to 8 hours	67	100.0%	58	100.0%	125	100.0%	64	98.5%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

All facilities 100% in the cluster-linked facilities operate 12 hours a day.

Services provided by health facilities according to Essential Service Package

Emergency services

Emergency Care /Preliminary Care Unit is available in 76.5% of the health facilities in the pilot cluster. More than 95% of health facilities in the pilot cluster manage minor emergencies and patient stabilization (100.0%), and giving basic life support (91.0%) in the pilot cluster.

Post-exposure rabies vaccine and Anti-venom for snake bites are available only in 47.8% and 23.9% of cluster-linked facilities in the pilot cluster. Only 83,6% of the pilot cluster reported appropriate patient transfer with communication during emergencies.

Table 176 : Type of emergency care services provided by the health facility

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Identification and stabilization of emergency patients	0	0	0.0%	8	13.8%	8	6.4%	7	10.8%
	1	67	100.0%	50	86.2%	117	93.6%	58	89.2%
Resuscitation with basic life support	0	6	9.0%	12	20.7%	18	14.4%	11	16.9%
	1	61	91.0%	46	79.3%	107	85.6%	54	83.1%
Transfer with communication and transport	0	11	16.4%	13	22.4%	24	19.2%	8	12.3%
	1	56	83.6%	45	77.6%	101	80.8%	57	87.7%
Management of minor emergencies	0	2	3.0%	3	5.2%	5	4.0%	3	4.6%
	1	65	97.0%	55	94.8%	120	96.0%	62	95.4%
Post-exposure rabies vaccine	0	35	52.2%	40	69.0%	75	60.0%	40	61.5%
	1	32	47.8%	18	31.0%	50	40.0%	25	38.5%
Anti-venom for snake bites	0	51	76.1%	52	89.7%	103	82.4%	44	67.7%
	1	16	23.9%	6	10.3%	22	17.6%	21	32.3%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Out-patient care services

Table 177 : Provision of non-specialized out-patient care services

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Common medical illnesses	1	67	100.0%	58	100.0%	125	100.0%	65	100.0%
Minor surgical conditions/injuries	0	1	1.5%	5	8.6%	6	4.8%	5	7.7%
	1	66	98.5%	53	91.4%	119	95.2%	60	92.3%
Obstetric / Gynaecological conditions	0	13	19.4%	11	19.0%	24	19.2%	16	24.6%
	1	54	80.6%	47	81.0%	101	80.8%	49	75.4%
Common childhood illness	0	2	3.0%	3	5.2%	5	4.0%	4	6.2%
	1	65	97.0%	55	94.8%	120	96.0%	61	93.8%
Eye problems	0	23	34.3%	29	50.0%	52	41.6%	25	38.5%
	1	44	65.7%	29	50.0%	73	58.4%	40	61.5%
Ear Nose Throat problems	0	23	34.3%	29	50.0%	52	41.6%	27	41.5%
	1	44	65.7%	29	50.0%	73	58.4%	38	58.5%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

All health facilities manage common medical illness among adults, and common childhood illness through non-specialized health services. Of the cluster-linked facilities in the pilot cluster, 98.5%have provided care for minor injuries or surgical conditions, 80.6% for certain Obstetric / Gynecological conditions, 65.7% for certain eye problems, and 65.7% for certain ENT problems at non-specialist level. This should not be misinterpreted as such conditions can be totally managed by non-specialized services.

Clinic services

Table 178 : Provision of Specialized clinics at PHC

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Medical Specialist clinics (Hypertension/ Diabetes etc) - VP	0	18	26.9%	17	29.3%	35	28.0%	29	44.6%
	1	49	73.1%	41	70.7%	90	72.0%	36	55.4%
Obstetric / Gynaecology Specialist clinic - VOG	0	32	47.8%	25	43.1%	57	45.6%	40	61.5%
	1	35	52.2%	33	56.9%	68	54.4%	25	38.5%
Paediatrics Specialist clinic	0	35	52.2%	42	72.4%	77	61.6%	48	73.8%
	1	32	47.8%	16	27.6%	48	38.4%	17	26.2%
Surgical Specialist clinic	0	60	89.6%	57	98.3%	117	93.6%	64	98.5%
	1	7	10.4%	1	1.7%	8	6.4%	1	1.5%
Family Medicine Specialist	0	60	89.6%	49	84.5%	109	87.2%	61	93.8%
	1	7	10.4%	9	15.5%	16	12.8%	4	6.2%
Specialist clinics in other areas	0	53	79.1%	43	74.1%	96	76.8%	53	81.5%
	1	14	20.9%	15	25.9%	29	23.2%	12	18.5%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

[a] 9 Apex Hospitals were excluded from the Pilot cluster since they are hospitals with Specialist Services

Specialist medical clinic services were available in 73.1% of health facilities in pilot clusters, obstetrics/ gynecology specialist clinic in 52.2% of facilities in pilot clusters and paediatric, surgical and family medicine specialist clinics were 47.8, 10.4 and 10.4 respectively.

Table 179 : Availability of preventive health clinics at health facilities

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Family planning clinic	0	17	25.4%	15	25.9%	32	25.6%	17	26.2%
	1	50	74.6%	43	74.1%	93	74.4%	48	73.8%
Well Women Clinic	0	23	34.3%	24	41.4%	47	37.6%	26	40.0%
	1	44	65.7%	34	58.6%	78	62.4%	39	60.0%
Antenatal clinic	0	10	14.9%	9	15.5%	19	15.2%	8	12.3%
	1	57	85.1%	49	84.5%	106	84.8%	57	87.7%
Child Welfare / Immunization	0	18	26.9%	13	22.4%	31	24.8%	15	23.1%
	1	49	73.1%	45	77.6%	94	75.2%	50	76.9%
Postnatal clinics	0	22	32.8%	21	36.2%	43	34.4%	20	30.8%
	1	45	67.2%	37	63.8%	82	65.6%	45	69.2%
Healthy Lifestyle Centre	0	7	10.4%	7	12.1%	14	11.2%	18	27.7%
	1	60	89.6%	51	87.9%	111	88.8%	47	72.3%
Nutrition clinic	0	56	83.6%	45	77.6%	101	80.8%	46	70.8%
	1	11	16.4%	13	22.4%	24	19.2%	19	29.2%
Dental clinic	0	24	35.8%	22	37.9%	46	36.8%	17	26.2%
	1	43	64.2%	36	62.1%	79	63.2%	48	73.8%
Mithuru piyasa	0	57	85.1%	57	98.3%	114	91.2%	57	87.7%
	1	10	14.9%	1	1.7%	11	8.8%	8	12.3%

A HLC is available in 89.6% of the cluster-linked health facilities in the pilot cluster, and a Dental clinic in 64.2% of such facilities. Availability of preventive clinics in the pilot cluster is as follows: Family planning clinic in 74.6%, ANC in 85.1%, CWC in 73.1%, and WWC in 65.7% of the facilities.

Auxiliary services

Table 180 : Availability of pharmacy, laboratory, X-ray and physiotherapy services in Health Facilities

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Emergency Care /Preliminary Care Unit available in the Health Facility	From a private center at the cost of patient	0	0.0%	0	0.0%	0	0.0%	1	1.5%
	Refer to other hospital	9	13.4%	16	27.6%	25	20.0%	15	23.1%
	Service totally from this hospital	58	86.6%	42	72.4%	100	80.0%	49	75.4%
Pharmacy available in the Health Facility	From a private center at the cost of patient	4	6.0%	0	0.0%	4	3.2%	3	4.6%
	Refer to other hospital	4	6.0%	7	12.1%	11	8.8%	9	13.8%
	Service totally from this hospital	59	88.1%	51	87.9%	110	88.0%	53	81.5%
Laboratory services available in the Health Facility	From a private center at the cost of patient	8	11.9%	7	12.1%	15	12.0%	10	15.4%
	Refer to other hospital	36	53.7%	34	58.6%	70	56.0%	32	49.2%
	Service totally from this hospital	23	34.3%	17	29.3%	40	32.0%	23	35.4%
Radiology / X-ray department available in the Health Facility	From a private center at the cost of patient	9	13.4%	4	6.9%	13	10.4%	8	12.3%
	Refer to other hospital	48	71.6%	54	93.1%	102	81.6%	52	80.0%
	Service totally from this hospital	10	14.9%	0	0.0%	10	8.0%	5	7.7%
Physiotherapy services available in the Health Facility	From a private center at the cost of patient	1	1.5%	3	5.2%	4	3.2%	5	7.7%
	Refer to other hospital	57	85.1%	54	93.1%	111	88.8%	57	87.7%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Service totally from this hospital	9	13.4%	1	1.7%	10	8.0%	3	4.6%
Palliative care available in the Health Facility	From a private center at the cost of patient	1	1.5%	1	1.7%	2	1.6%	2	3.1%
	Refer to other hospital	44	65.7%	46	79.3%	90	72.0%	46	70.8%
	Service totally from this hospital	22	32.8%	11	19.0%	33	26.4%	17	26.2%
Other rehabilitation services available in the Health Facility	From a private center at the cost of patient	3	4.5%	2	3.4%	5	4.0%	3	4.6%
	Refer to other hospital	48	71.6%	47	81.0%	95	76.0%	52	80.0%
	Service totally from this hospital	16	23.9%	9	15.5%	25	20.0%	10	15.4%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Pharmacy was functioning 88.0% and Emergency Care /Preliminary Care Unit 86.6% health facility in the pilot cluster. A laboratory was available in one-third of (34.3%) facilities.

Referrals to higher level hospitals

Table 181 : Health Facilities that make referrals of outpatients to higher level hospitals

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Does this Health Facility make referral of outpatients to higher level hospitals? ?(the main referral hospital))	Yes, to apex hospital (in Group A)	36	53.7%	0	0.0%	36	28.8%	0	0.0%
	Yes, to other Base Hospitals	18	26.9%	29	50.0%	47	37.6%	34	52.3%
	Yes, to Tertiary Care Hospital	13	19.4%	29	50.0%	42	33.6%	31	47.7%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

All health facilities of cluster-linked facilities in the pilot cluster refer outpatients to higher level hospitals if there is any indication for referral.

Part II Assessing the process of establishing the clusters

Gap analysis

IndicatorA4 % 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)

77.9% of the informants were aware of the gap analysis. (20.1% of informants unaware of gap analysis)

* This is from 2023 Facility Survey

** Since this was a one-time event that took place at the inception, it was decided not to re-assess in both 2024 & 2025

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.

75.0% of the informants is aware of the service level assessment. (25.0% of informants unaware of this)

* This is from 2023 Facility Survey

** Since this was a one-time event that took place at the inception, it was decided not to re-assess in both 2024 & 2025

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, 85.1% in the pilot cluster group reported that at least one of these circulars are available in their institution.

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.

Table 182 : Health facilities that have addressed service related, infrastructure, equipment, materials gaps, based on the opinion of the principal informant of the health facility

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		**Other ADB support group**		**Pilot cluster & Other ADB support group**	
		Count	**Column N %**	**Count**	**Column N %**	**Count**	**Column N %**
C11. Were the services related gaps and infrastructure, equipment, and material gaps addressed at present? (This is an overall opinion)	All were addressed	1	1.5%	1	1.7%	2	1.6%
	Not addressed at all	5	7.5%	10	17.2%	15	12.0%
	To a greater extent	17	25.4%	9	15.5%	26	20.8%
	To a lesser extent	7	10.4%	4	6.9%	11	8.8%
	To some extent	37	55.2%	34	58.6%	71	56.8%
	Total	67	100.0%	58	100.0%	125	100.0%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
services addressed to a greater or some extent	Yes	55	82.1%	0	0.0%	55	82.1%	0	0.0%
	No	12	17.9%	0	0.0%	12	17.9%	0	0.0%

Only 55 out of 67 health facilities (82.1%) in the pilot cluster have addressed service related, infrastructure, equipment, materials gaps at least to some extent.

Part III Assessing the effectiveness of the pilot reform

Staff training

IndicatorB1

% 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

These data were collected through secondary data from PIU's in 4 provinces via PMU

Table 183 : Percentage of PHC staff trained on primary health care and family medicine

	Sabaragamuwa	Central	Uva	North Central
Total number of trained	258	221	765	250
Percentage of total provincial staff (%)	13.5	8.3	34.5	15.5

Table 184 : Percentage of PHC staff trained on health care waste management

	Sabaragamuwa	Central	Uva	North Central
Total number of trained	1411	594	238	1096
Percentage of total provincial staff (%)	73.9	22.2	10.7	68.0

Table 185 : Percentage of PHC staff trained on GIS

	Sabaragamuwa	Central	Uva	North Central
Total number of trained	127	348	52	99
Percentage of total provincial staff (%)	6.7	13.0	2.3	6.7

Table 186 : Percentage of PHC staff trained on gender responsiveness and sensitivity

	Sabaragamuwa	Central	Uva	North Central
Total number of trained	883	1007	147	894
Percentage of total provincial staff (%)	46.3	37.7	6.6	55.5

Table 187 : Percentage of PHC staff trained on prevention and control of infections

	Sabaragamuwa	Central	Uva	North Central
Total number of trained	60	247	15	134
Percentage of total provincial staff (%)	46.3	37.7	6.6	55.5

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

Table 188 : Health Facilities sending notifications of communicable diseases via an electronic system to Medical Officers of Health

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Sending notifications of communicable disease via an electronic system to Medical Officers of Health	None	42	62.7%	0	0.0%	42	62.7%	0	0.0%
	Yes, by email	2	3.0%	0	0.0%	2	3.0%	0	0.0%
	Yes, by WhatsApp, Viber etc.	21	31.3%	0	0.0%	21	31.3%	0	0.0%
	Yes, via an online system	2	3.0%	0	0.0%	2	3.0%	0	0.0%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group	
		Count	Column N %	Count	Column N %	Count	Column N %
any_e_notification	Yes	25	37.3%	0	0.0%	25	37.3%
	No	42	62.7%	0	0.0%	42	62.7%
	Total	67	100.0%	0	0.0%	67	100.0%

Included 9 Apex hospitals

In the pilot cluster group, 25 health facilities (37.3%) were sending notifications to MOH via an electronic system.

Use of unique patient identification number

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

Table 189 : Health facilities providing a patient identification number (HID)

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
C16. Giving unique patient identification number (HID)	None of the above	44	65.7%	46	79.3%	90	72.0%
	Yes, electronic card (with Barcode/QR code)	14	20.9%	0	0.0%	14	11.2%
	Yes, non-electronic card	5	7.5%	6	10.3%	11	8.8%
	Yes, written on patient book/record	4	6.0%	6	10.3%	10	8.0%
	Total	67	100.0%	58	100.0%	125	100.0%

Giving unique patient identification number (HID) with electronic card was reported in 14 out of 67 health facilities (20.9%) and non-electronic card was 7.5% in the pilot cluster. A total of 65.7% health facilities was not giving unique identification number in the pilot cluster.

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

Table 190 : Health facilities using an electronic system to share patient information across the health facilities in the cluster

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB supported group	
		Count	Column N %	Count	Column N %	Count	Column N %
C17. Having an electronic system to share patient information across the health facilities in the cluster	No	61	91.0%	58	100.0%	119	95.2%
	Yes	6	9.0%	0	0.0%	6	4.8%
	Total	67	100.0%	58	100.0%	125	100.0%

Only 6 hospitals (9.0%) in the pilot cluster reported having an electronic system to share patient information across the health facilities in the cluster

Reporting gender disaggregated data

Indicator B6

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

Table 191 : Health facilities reporting gender disaggregated data to the provinces and districts
[a] Included 9 Apex hospitals

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group	
		Count	Column N %	Count	Column N %	Count	Column N %
C18C. Reporting gender disaggregated data to the provincial and district level	No	58	86.6%	54	93.1%	112	89.6%
	Yes	9	13.4%	4	6.9%	13	10.4%
	Total	67	100.0%	58	100.0%	125	100.0%

Only 9 health facilities (13.4%) reported gender disaggregated data to the provinces and districts

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 67 health facilities in the pilot cluster, 77.6% have separate toilets for females and males at OPD, 10.4% have separate changing areas for females and males and 82.1% always maintained privacy during consultations with health personnel.

Table 192 : Availability of separate toilets and changing areas for males and females

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
D30B. Are there separate toilets for female and male patients in the OPD	No	15	22.4%	16	27.6%	31	24.8%	27	41.5%
	Yes	52	77.6%	42	72.4%	94	75.2%	38	58.5%
D35. A separate changing area areas are available for females and males	No	60	89.6%	55	94.8%	115	92.0%	54	83.1%
	Yes	7	10.4%	3	5.2%	10	8.0%	11	16.9%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Table 193 : Privacy during consultation and clinical examination

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
D36. Privacy is maintained during consultations with health personnel	Always	55	82.1%	45	77.6%	100	80.0%	44	67.7%
	Never	1	1.5%	0	0.0%	1	0.8%	1	1.5%
	Often	6	9.0%	6	10.3%	12	9.6%	17	26.2%
	Rarely	1	1.5%	1	1.7%	2	1.6%	1	1.5%
	Sometimes	4	6.0%	6	10.3%	10	8.0%	2	3.1%
D37. Privacy is maintained during clinical examination / procedure	Always	58	86.6%	47	81.0%	105	84.0%	45	69.2%
	Never	1	1.5%	0	0.0%	1	0.8%	1	1.5%
	Often	5	7.5%	5	8.6%	10	8.0%	17	26.2%
	Rarely	1	1.5%	1	1.7%	2	1.6%	1	1.5%
	Sometimes	2	3.0%	5	8.6%	7	5.6%	1	1.5%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

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)

Table 194 : Availability of disability friendly services at PHC

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
D2. Accessible ramp at the entrance of OPD	No	13	19.4%	9	15.5%	22	17.6%	14	21.5%
	Yes	54	80.6%	49	84.5%	103	82.4%	51	78.5%
D3. Wheel-chair available at the entrance of OPD	No	7	10.4%	5	8.6%	12	9.6%	3	4.6%
	Yes	60	89.6%	53	91.4%	113	90.4%	62	95.4%
D4. Wheelchair is accessibility to all areas of OPD including toilets, canteen etc.	No	20	29.9%	9	15.5%	29	23.2%	19	29.2%
	Yes	47	70.1%	49	84.5%	96	76.8%	46	70.8%
D1. How is the physical access to the out-patient service areas	Average	10	14.9%	8	13.8%	18	14.4%	6	9.2%
	Excellent	17	25.4%	5	8.6%	22	17.6%	14	21.5%
	Good	36	53.7%	44	75.9%	80	64.0%	38	58.5%
	Poor	3	4.5%	1	1.7%	4	3.2%	7	10.8%
	Very poor	1	1.5%	0	0.0%	1	0.8%	0	0.0%
E110. Provides physiotherapy	No	57	85.1%	56	96.6%	113	90.4%	62	95.4%
	Yes	10	14.9%	2	3.4%	12	9.6%	3	4.6%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Out of 67 health facilities in the pilot cluster, 70.1% demonstrated accessibility to all service areas including toilets through wheel chair. However, Physiotherapy services were available in 14.9% of cluster-linked health facilities.

Laboratory testing

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

Table 195 : Health facilities conducting laboratory tests within the institution

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
K7. Full Blood Count	Collecting specimens and sending outside	23	34.3%	21	36.2%	44	35.2%	12	18.5%
	Conduct the test within the Health Institution	21	31.3%	15	25.9%	36	28.8%	20	30.8%
	Not conduct the test or collecting specimens	23	34.3%	22	37.9%	45	36.0%	33	50.8%
K8. Venous Blood Glucose	Collecting specimens and sending outside	19	28.4%	21	36.2%	40	32.0%	10	15.4%
	Conduct the test within the Health Institution	21	31.3%	13	22.4%	34	27.2%	18	27.7%
	Not conduct the test or collecting specimens	27	40.3%	24	41.4%	51	40.8%	37	56.9%
K9. Erythrocyte Sedimentation Rate (ESR)	Collecting specimens and sending outside	17	25.4%	15	25.9%	32	25.6%	10	15.4%
	Conduct the test within the Health Institution	20	29.9%	16	27.6%	36	28.8%	18	27.7%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Not conduct the test or collecting specimens	30	44.8%	27	46.6%	57	45.6%	37	56.9%
K10. Lipid Profile	Collecting specimens and sending outside	15	22.4%	16	27.6%	31	24.8%	10	15.4%
	Conduct the test within the Health Institution	13	19.4%	4	6.9%	17	13.6%	9	13.8%
	Not conduct the test or collecting specimens	39	58.2%	38	65.5%	77	61.6%	46	70.8%
K11. HbA1C	Collecting specimens and sending outside	15	22.4%	12	20.7%	27	21.6%	7	10.8%
	Conduct the test within the Health Institution	6	9.0%	1	1.7%	7	5.6%	3	4.6%
	Not conduct the test or collecting specimens	46	68.7%	45	77.6%	91	72.8%	55	84.6%
K12. Urine Full Report	Collecting specimens and sending outside	18	26.9%	17	29.3%	35	28.0%	9	13.8%
	Conduct the test within the Health Institution	20	29.9%	15	25.9%	35	28.0%	18	27.7%
	Not conduct the test or collecting specimens	29	43.3%	26	44.8%	55	44.0%	38	58.5%
K13. Blood Urea	Collecting specimens and sending outside	16	23.9%	15	25.9%	31	24.8%	7	10.8%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Conduct the test within the Health Institution	15	22.4%	6	10.3%	21	16.8%	9	13.8%
	Not conduct the test or collecting specimens	36	53.7%	37	63.8%	73	58.4%	49	75.4%
K14. Serum electrolyte testing	Collecting specimens and sending outside	15	22.4%	12	20.7%	27	21.6%	8	12.3%
	Conduct the test within the Health Institution	9	13.4%	4	6.9%	13	10.4%	5	7.7%
	Not conduct the test or collecting specimens	43	64.2%	42	72.4%	85	68.0%	52	80.0%
K15. Serum creatinine testing	Collecting specimens and sending outside	22	32.8%	19	32.8%	41	32.8%	10	15.4%
	Conduct the test within the Health Institution	17	25.4%	13	22.4%	30	24.0%	17	26.2%
	Not conduct the test or collecting specimens	28	41.8%	26	44.8%	54	43.2%	38	58.5%
K16. ALT/AST testing	Collecting specimens and sending outside	13	19.4%	14	24.1%	27	21.6%	8	12.3%
	Conduct the test within the Health Institution	15	22.4%	6	10.3%	21	16.8%	13	20.0%
	Not conduct the test or collecting specimens	39	58.2%	38	65.5%	77	61.6%	44	67.7%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
K17. Other liver function testing (such as bilirubin)	Collecting specimens and sending outside	12	17.9%	9	15.5%	21	16.8%	8	12.3%
	Conduct the test within the Health Institution	8	11.9%	1	1.7%	9	7.2%	3	4.6%
	Not conduct the test or collecting specimens	47	70.1%	48	82.8%	95	76.0%	54	83.1%
K18. Alkaline phosphatase	Collecting specimens and sending outside	9	13.4%	7	12.1%	16	12.8%	7	10.8%
	Conduct the test within the Health Institution	8	11.9%	0	0.0%	8	6.4%	2	3.1%
	Not conduct the test or collecting specimens	50	74.6%	51	87.9%	101	80.8%	56	86.2%
K19. Serum total protein and albumin	Collecting specimens and sending outside	10	14.9%	10	17.2%	20	16.0%	9	13.8%
	Conduct the test within the Health Institution	8	11.9%	2	3.4%	10	8.0%	4	6.2%
	Not conduct the test or collecting specimens	49	73.1%	46	79.3%	95	76.0%	52	80.0%
K20. Gram stain testing	Collecting specimens and sending outside	10	14.9%	5	8.6%	15	12.0%	5	7.7%
	Conduct the test within the Health Institution	5	7.5%	0	0.0%	5	4.0%	1	1.5%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Not conduct the test or collecting specimens	52	77.6%	53	91.4%	105	84.0%	59	90.8%
K21. Troponin I or T	Collecting specimens and sending outside	6	9.0%	4	6.9%	10	8.0%	8	12.3%
	Conduct the test within the Health Institution	11	16.4%	1	1.7%	12	9.6%	6	9.2%
	Not conduct the test or collecting specimens	50	74.6%	53	91.4%	103	82.4%	51	78.5%
K22. Urine for culture	Collecting specimens and sending outside	10	14.9%	11	19.0%	21	16.8%	10	15.4%
	Conduct the test within the Health Institution	8	11.9%	0	0.0%	8	6.4%	2	3.1%
	Not conduct the test or collecting specimens	49	73.1%	47	81.0%	96	76.8%	53	81.5%
K23. Wound swab for culture	Collecting specimens and sending outside	7	10.4%	6	10.3%	13	10.4%	6	9.2%
	Conduct the test within the Health Institution	4	6.0%	0	0.0%	4	3.2%	0	0.0%
	Not conduct the test or collecting specimens	56	83.6%	52	89.7%	108	86.4%	59	90.8%
K24. Sputum for AFB	Collecting specimens and sending outside	11	16.4%	9	15.5%	20	16.0%	5	7.7%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Conduct the test within the Health Institution	11	16.4%	7	12.1%	18	14.4%	9	13.8%
	Not conduct the test or collecting specimens	45	67.2%	42	72.4%	87	69.6%	51	78.5%
K25. HIV Rapid Test	Collecting specimens and sending outside	10	14.9%	4	6.9%	14	11.2%	5	7.7%
	Conduct the test within the Health Institution	9	13.4%	1	1.7%	10	8.0%	3	4.6%
	Not conduct the test or collecting specimens	48	71.6%	53	91.4%	101	80.8%	57	87.7%
K26. ABO blood grouping and Rh	Collecting specimens and sending outside	7	10.4%	6	10.3%	13	10.4%	4	6.2%
	Conduct the test within the Health Institution	7	10.4%	0	0.0%	7	5.6%	1	1.5%
	Not conduct the test or collecting specimens	53	79.1%	52	89.7%	105	84.0%	60	92.3%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

About 30% of the health facilities in the pilot cluster offered services for full blood count, urine full report and venous blood glucose testing. Overall, availability of other tests was low.

Availability of emergency equipment and NCD screening equipment

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

Table 196 : Availability of emergency equipment (ready-to-use) at health facility

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
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	Available & functioning	63	94.0%	54	93.1%	117	93.6%	62	95.4%
	Available but not functioning	1	1.5%	1	1.7%	2	1.6%	0	0.0%
	Not available	3	4.5%	3	5.2%	6	4.8%	3	4.6%
J5. Thermometer	Available & functioning	64	95.5%	49	84.5%	113	90.4%	61	93.8%
	Available but not functioning	0	0.0%	2	3.4%	2	1.6%	1	1.5%
	Not available	3	4.5%	7	12.1%	10	8.0%	3	4.6%
J6. Stethoscope	Available & functioning	67	100.0%	52	89.7%	119	95.2%	63	96.9%
	Not available	0	0.0%	6	10.3%	6	4.8%	2	3.1%
J7. Blood pressure apparatus (digital or manual sphygmomanometer)	Available & functioning	67	100.0%	58	100.0%	125	100.0%	65	100.0%
J8. Spot lamp	Available & functioning	51	76.1%	40	69.0%	91	72.8%	47	72.3%
	Available but not functioning	9	13.4%	3	5.2%	12	9.6%	5	7.7%
	Not available	7	10.4%	15	25.9%	22	17.6%	13	20.0%
J9. Intravenous infusion kits	Available & functioning	53	79.1%	42	72.4%	95	76.0%	45	69.2%
	Available but not functioning	0	0.0%	0	0.0%	0	0.0%	1	1.5%
	Not available	14	20.9%	16	27.6%	30	24.0%	19	29.2%
J10. Ophthalmoscope	Available & functioning	52	77.6%	40	69.0%	92	73.6%	43	66.2%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Available but not functioning	6	9.0%	6	10.3%	12	9.6%	3	4.6%
	Not available	9	13.4%	12	20.7%	21	16.8%	19	29.2%
J12. Peak flow meter	Available & functioning	17	25.4%	11	19.0%	28	22.4%	15	23.1%
	Available but not functioning	2	3.0%	0	0.0%	2	1.6%	2	3.1%
	Not available	48	71.6%	47	81.0%	95	76.0%	48	73.8%
J13. Spirometer	Available & functioning	21	31.3%	8	13.8%	29	23.2%	12	18.5%
	Available but not functioning	1	1.5%	1	1.7%	2	1.6%	2	3.1%
	Not available	45	67.2%	49	84.5%	94	75.2%	51	78.5%
J14. Nebulizing machine	Available & functioning	63	94.0%	54	93.1%	117	93.6%	56	86.2%
	Available but not functioning	0	0.0%	1	1.7%	1	0.8%	2	3.1%
	Not available	4	6.0%	3	5.2%	7	5.6%	7	10.8%
J15. Spacers for inhalers	Available & functioning	40	59.7%	36	62.1%	76	60.8%	40	61.5%
	Available but not functioning	0	0.0%	3	5.2%	3	2.4%	1	1.5%
	Not available	27	40.3%	19	32.8%	46	36.8%	24	36.9%
J16. Infusion pump	Available & functioning	33	49.3%	16	27.6%	49	39.2%	23	35.4%
	Available but not functioning	2	3.0%	2	3.4%	4	3.2%	2	3.1%
	Not available	32	47.8%	40	69.0%	72	57.6%	40	61.5%
J17. Pulse oximeter	Available & functioning	60	89.6%	41	70.7%	101	80.8%	46	70.8%
	Available but not functioning	0	0.0%	1	1.7%	1	0.8%	1	1.5%
	Not available	7	10.4%	16	27.6%	23	18.4%	18	27.7%
J18. Speculum	Available & functioning	42	62.7%	37	63.8%	79	63.2%	41	63.1%
	Available but not functioning	1	1.5%	0	0.0%	1	0.8%	0	0.0%
	Not available	24	35.8%	21	36.2%	45	36.0%	24	36.9%
J19. Spatula	Available & functioning	37	55.2%	29	50.0%	66	52.8%	37	56.9%
	Available but not functioning	1	1.5%	0	0.0%	1	0.8%	1	1.5%

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
	Not available	29	43.3%	29	50.0%	58	46.4%	27	41.5%
J20. Cardiac Monitor	Available & functioning	52	77.6%	40	69.0%	92	73.6%	43	66.2%
	Available but not functioning	3	4.5%	1	1.7%	4	3.2%	2	3.1%
	Not available	12	17.9%	17	29.3%	29	23.2%	20	30.8%
J21. Defibrillator	Available & functioning	21	31.3%	16	27.6%	37	29.6%	21	32.3%
	Available but not functioning	5	7.5%	6	10.3%	11	8.8%	5	7.7%
	Not available	41	61.2%	36	62.1%	77	61.6%	39	60.0%
J22. Oxygen concentrators	Available & functioning	52	77.6%	39	67.2%	91	72.8%	37	56.9%
	Available but not functioning	1	1.5%	2	3.4%	3	2.4%	5	7.7%
	Not available	14	20.9%	17	29.3%	31	24.8%	23	35.4%
J23. Oxygen cylinders	Available & functioning	61	91.0%	45	77.6%	106	84.8%	56	86.2%
	Available but not functioning	0	0.0%	1	1.7%	1	0.8%	1	1.5%
	Not available	6	9.0%	12	20.7%	18	14.4%	8	12.3%
J24. Central oxygen supply	Available & functioning	9	13.4%	2	3.4%	11	8.8%	10	15.4%
	Not available	58	86.6%	56	96.6%	114	91.2%	55	84.6%
J25. Flowmeter for oxygen therapy (with humidification)	Available & functioning	51	76.1%	33	56.9%	84	67.2%	47	72.3%
	Available but not functioning	1	1.5%	0	0.0%	1	0.8%	0	0.0%
	Not available	15	22.4%	25	43.1%	40	32.0%	18	27.7%
J26. Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	Available & functioning	54	80.6%	41	70.7%	95	76.0%	47	72.3%
	Available but not functioning	0	0.0%	0	0.0%	0	0.0%	2	3.1%
	Not available	13	19.4%	17	29.3%	30	24.0%	16	24.6%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

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

Emergency tray with all recommended items was available in 94.0% and Central oxygen supply was available in 13.4% of health facilities in the pilot cluster.

Table 197 : Availability of NCD screening equipment and guidelines at the HLC or OPD

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
G43. CVD risk screening and prevention (HLC)	Not available	7	10.4%	11	19.0%	18	14.4%	9	13.8%
	Yes, reported	48	71.6%	37	63.8%	85	68.0%	46	70.8%
	Yes, verified	12	17.9%	10	17.2%	22	17.6%	10	15.4%
G2 a. Cardiovascular risk assessment using the WHO ISH Chart	No	8	11.9%	6	10.3%	14	11.2%	8	12.3%
	Yes	59	88.1%	52	89.7%	111	88.8%	57	87.7%
J1. Adult weighing scale	Available & functioning	66	98.5%	55	94.8%	121	96.8%	64	98.5%
	Available but not functioning	0	0.0%	1	1.7%	1	0.8%	0	0.0%
	Not available	1	1.5%	2	3.4%	3	2.4%	1	1.5%
J4. Measuring tape-height board/stadiometer	Available & functioning	63	94.0%	53	91.4%	116	92.8%	61	93.8%
	Available but not functioning	0	0.0%	0	0.0%	0	0.0%	1	1.5%
	Not available	4	6.0%	5	8.6%	9	7.2%	3	4.6%
J6. Stethoscope	Available & functioning	67	100.0%	52	89.7%	119	95.2%	63	96.9%
	Not available	0	0.0%	6	10.3%	6	4.8%	2	3.1%
J7. Blood pressure apparatus (digital or manual sphygmomanometer)	Available & functioning	67	100.0%	58	100.0%	125	100.0%	65	100.0%
G14 a. Capillary blood glucose by glucometer	No	1	1.5%	1	1.7%	2	1.6%	4	6.2%
	Yes	66	98.5%	57	98.3%	123	98.4%	61	93.8%
G5 a. Serum cholesterol	No	35	52.2%	27	46.6%	62	49.6%	33	50.8%
	Yes	32	47.8%	31	53.4%	63	50.4%	32	49.2%
G6 a. Lipid profile monitoring, either the lab test was done in this facility or another facility	No	47	70.1%	48	82.8%	95	76.0%	45	69.2%
	Yes	20	29.9%	10	17.2%	30	24.0%	20	30.8%
G16 a. HbA1c	No	62	92.5%	55	94.8%	117	93.6%	57	87.7%
	Yes	5	7.5%	3	5.2%	8	6.4%	8	12.3%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

CVD risk screening and prevention (HLC) was available and reported in 71.6% and HbA1c test available was only 7.5% of health facilities in the pilot cluster.

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,

Table 198 : Provision of gender inclusive family planning services as outpatient and clinic service

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
E88 b. Family planning clinic	Clinic/ centre not available	17	25.4%	15	25.9%	32	25.6%	17	26.2%
	Formally requested but not mandatory	6	9.0%	8	13.8%	14	11.2%	5	7.7%
	Left to their wish	21	31.3%	18	31.0%	39	31.2%	25	38.5%
	Promoted	23	34.3%	17	29.3%	40	32.0%	18	27.7%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Of total 67 health facilities in the Pilot Cluster, only 23 (34.3%) promoted male participation, and 6 (9%) formally requested so, at their family planning clinic

Table 199 : Provision of gender inclusive services (based on a score)

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
gender_esp	yes	58	86.6%	37	63.8%	95	76.0%	37	56.9%
	no	9	13.4%	21	36.2%	30	24.0%	28	43.1%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

[a]70% or above of the maximum score (14.0 or above out of 20) was used as having gender responsive and inclusive essential service package.

Of the 67 health facilities in the Pilot Cluster 58 (86.6%) were classified as "providing gender responsive and inclusive essential care package" according to a 20-item scale covering gender dimensions in different aspects of out-patient care. The proportion of health facilities that provide gender responsive and inclusive essential care package in the pilot cluster is higher than that of the other ADB-support group (63.8%) and control group (56.9%).

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

Table 200 : Health facilities providing dietary counseling for children, adults and elderly

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Children	yes	51	76.1%	34	58.6%	85	68.0%	44	67.7%
	No	16	23.9%	24	41.4%	40	32.0%	21	32.3%
Adults	yes	60	89.6%	51	87.9%	111	88.8%	47	72.3%
	No	7	10.4%	7	12.1%	14	11.2%	18	27.7%
Elderly	yes	32	47.8%	24	41.4%	56	44.8%	32	49.2%
	No	35	52.2%	34	58.6%	69	55.2%	33	50.8%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Dietary services for the elderly (47.8%) was lower, in contrast to children (76.1%) and adults (89.6%) in the pilot cluster.

Family planning services

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

Table 201 : Health facilities providing family planning services as defined in the ESP

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
providing family planning services	0	38	56.7%	33	56.9%	71	56.8%	42	64.6%
	1	29	43.3%	25	43.1%	54	43.2%	23	35.4%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Family planning services, as per ESP were provided in 56.7% of the health facilities in the pilot cluster.

Elderly care services

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

Table 202 : Health facilities providing elderly care services

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
E103. Provides Information and promotion of active (successful) ageing	Yes	30	44.8%	17	29.3%	47	37.6%	25	38.5%
	No	37	55.2%	41	70.7%	78	62.4%	40	61.5%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Elderly care services were provided by 44.8% of the health facilities in the pilot cluster.

Table 203 : Different aspects of elderly care services provided by health facilities

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)							
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
E98. Does this facility provide priority for senior citizens in giving appointments for consultation	No	18	26.9%	19	32.8%	37	29.6%	24	36.9%
	Yes	49	73.1%	39	67.2%	88	70.4%	41	63.1%
E99. Does this facility provide priority for senior citizens in dispensing drugs in pharmacy	No	16	23.9%	19	32.8%	35	28.0%	28	43.1%
	Yes	51	76.1%	39	67.2%	90	72.0%	37	56.9%
E100. Has this facility Identified the elderly requiring care (home or institution) in the catchment area	No	42	62.7%	37	63.8%	79	63.2%	40	61.5%
	Yes	25	37.3%	21	36.2%	46	36.8%	25	38.5%
E101. Identification of patients with Dementia requiring care	No	38	56.7%	36	62.1%	74	59.2%	37	56.9%
	Yes	29	43.3%	22	37.9%	51	40.8%	28	43.1%
E102. Provides dietary services (including counselling) for elderly	No	35	52.2%	34	58.6%	69	55.2%	33	50.8%
	Yes	32	47.8%	24	41.4%	56	44.8%	32	49.2%
E103. Provides Information and promotion of active (successful) ageing	No	37	55.2%	41	70.7%	78	62.4%	40	61.5%
	Yes	30	44.8%	17	29.3%	47	37.6%	25	38.5%
E104. Delivery of home health care for elderly	No	45	67.2%	36	62.1%	81	64.8%	44	67.7%
	Yes	22	32.8%	22	37.9%	44	35.2%	21	32.3%
	Total	67	100.0%	58	100.0%	125	100.0%	65	100.0%

Provision of priority for senior citizens in giving appointments for consultation was 73.1% and priority for senior citizens in dispensing drugs in pharmacy was 76.1% of the pilot cluster health facilities. 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.

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

Table 204 : Cluster-linked health facility representative attending at Medical Officer of Health meetings

		A2. Sample Group of Health Facility (according to the Evaluation Protocol)					
		Pilot cluster		Other ADB support group		Pilot cluster & Other ADB support group	
		Count	Column N %	Count	Column N %	Count	Column N %
C10. Does a representative from this institution attend monthly meetings at the Medical Officer of Health regularly?	No	11	16.4%	25	43.1%	36	28.8%
	Yes	56	83.6%	33	56.9%	89	71.2%
	Total	67	100.0%	58	100.0%	125	100.0%

It was reported that a representative from PHC attend meetings at the Medical Officer of Health regularly (monthly basis) in 83.6% of PHC in the pilot cluster.

Table 205 : Community BCC programe for men to utilize PHC

		1.1.9b Sample Group of Health Facility							
		Pilot cluster		Other ADB support group		Pilot cluster & other ADB support		Control group	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
8.1 In this area, are you aware of any educational or awareness programmes encouraging people (especially men) to utilize primary health care (PHC) services?	Yes	216	17.1%	143	13.1%	359	15.2%	206	15.6%
	No	693	55.0%	572	52.2%	1265	53.7%	732	55.4%
	Don't know	351	27.9%	380	34.7%	731	31.0%	384	29.0%
	Total	1260	100.0%	1095	100.0%	2355	100.0%	1322	100.0%
8.2 Did any members of your household take part in these programmes?	Yes	129	10.2%	63	5.8%	192	8.2%	113	8.5%
	No	84	6.7%	77	7.0%	161	6.8%	92	7.0%
	Don't know	3	.2%	3	.3%	6	.3%	1	.1%
		1044	82.9%	952	86.9%	1996	84.8%	1116	84.4%
	Total	1260	100.0%	1095	100.0%	2355	100.0%	1322	100.0%
8.3 Did any male members of your household take part in these programmes?	Yes	62	4.9%	34	3.1%	96	4.1%	54	4.1%
	No	66	5.2%	29	2.6%	95	4.0%	59	4.5%
	Don't know	1	.1%	0	0.0%	1	.0%	0	0.0%
		1131	89.8%	1032	94.2%	2163	91.8%	1209	91.5%
	Total	1260	100.0%	1095	100.0%	2355	100.0%	1322	100.0%

Qualitative Findings

Observation on the establishment of an Electronic Health Information System

An electronic Health Information System has been established in 2 out of the 9 clusters, namely Dambulla cluster in Matale District and Thambuttegama Cluster in Anuradhapura district. Our observations are as follows:

- Several contractors are involved in establishment of the health information system: supply and installation of digital equipment, software development, and networking.
- The Software Development firm (Science Land) had series of discussions with the relevant stakeholders including central units within the Ministry of Health, and Provincial, District, Cluster and health facility level health officials during the application design phase.
- Software development process was frequently guided and monitored by the Directorate of Health Information, with dedicated Consultants in Medical Bio-informatics.
- Content to be included in the were structured into Modules, and thoroughly reviewed prior to finalization.
- The M&E Consultancy Firm (SLBDC) provided feedback and suggestions to the Software developing company during the development phase. Our suggestion regarding functionality included; (i) the need of individual patient records in a data base form for analytical purposes, (ii) ability to generate summary reports at health facility level, and (iii) inter-operability with key data systems such a e-IMMR, e-surveillance and e-RHMIS data systems.
- Open MRS was used to develop the electronic medical recording system. Open MRS is the world's leading open-source Electronic Medical Recording (EMR) system. It connects to a cloud-based platform.
- A comprehensive EMR system has been developed with several modules for different purposes. The key modules are as follows:
    - Patient Registration Module
    - Patient Diagnosis Module
    - Pharmacy Module
    - Laboratory Module
    - Ward Admissions and transfers Module
    - Clinic management Module

    - MOH Notifications Module
    - Architecture and scalability
- Hardware installation and networking within the apex hospital has been completed. Computers, printers, bar code readers and a high capacity Server has been in place in the hospital.
- Sri Lanka Telecom is the internet provider through a SLT fibre connection
- M&E team observed the Dambulla Apex Hospital and participated in an orientation meeting with the Software Developers, HSEP Director, RDHS Matale, PIU Teams and the hospital director and the staff. Thereafter M&E team visited Laggala/Pallegama PMCU and observed patient registration process.
- Each user is given user name and a password. Out patents are registered (with basic details) once they enter the out patient department using the Patient Registration module. Patient should produce the NID. A unique number (PHN) is generated with a bar code. This is printed and laminated and given to the patient. Our observations found that patient registration takes about 3 to 5 minutes. Patient is sent to the nurses station to screen and give an appointment to consult a MO-OPD or direct to is given by scanning the bar code.
- MO -OPD using bar code opens the patient record and fill up the medical/heath details. Laboratory tests and radiological image a are requested in the system, and Medicines are prescribed and using the drug list in the system.
- No written forms are used. Patient is given directives to go to the relevant places with his/her card that has bar code.
- Bar code readers are available at every service point (Laboratory, Radiology, Pharmacy etc.) to open the patient record to find the tests and medicines prescribed.
- It was found that this process will improve efficiency and save time, avoid duplicating details etc.
- Challenges:
    - Maintenance of the system and equipment to be taken over by the staff of the health facility.
    - Lab analytical equipment have their own in-built operating systems which needs manual inputs to their systems, and Linking with such machines is a challenge.
    - Lack of a written documents/reports for patient
    - Data security and safety
    - Sustainability and scalability – highly digital equipment dependent

Lessons Learnt and Conclusions

Based on the comprehensive end-line survey results from the Health System Enhancement Project (HSEP) in Sri Lanka, the key lessons learned are given below:

- **Demographic-Specific Utilization Patterns:** The data shows that Primary Health Care (PHC) facilities are most effectively reaching vulnerable groups, such as children under 5 (62.3% utilization) and the elderly (65.6%). However, there is a notable gap in reaching adult males, particularly for Non-Communicable Disease (NCD) screening, indicating a need for gender-targeted outreach strategies.
- **The "By-Pass" Phenomenon for Critical Care:** While patients use cluster-linked facilities for routine OPD care, they still bypass them for emergency, inpatient, and surgical services. This highlights a persistent perception that PHCs are for "minor" ailments only; strengthening the clinical credibility of Divisional Hospitals within the cluster is essential to decongest larger hospitals.
- **Slow Adoption of Digital Health Infrastructure:** With only few facilities using an electronic health information system and two clusters successfully piloting Open MRS, it is clear that digital transformation is a long-term challenge. Future projects should prioritize the "Unique Patient Identification Number" as the foundational step for a functional shared-care record.
- **Success in Gender-Responsive Design:** The project demonstrated that infrastructure can be made inclusive relatively quickly, with 86.6% of pilot facilities classified as providing gender-responsive care. This serves as a successful blueprint for integrating gender and disability access (e.g., wheelchair ramps and separate facilities) into health system reforms.
- **NCD Burden Requires PHC Centralization:** The high prevalence of hypertension (47%) and diabetes (28%) among the elderly proves that PHCs are the frontline for chronic disease management. Since over 50% of these patients already follow up at PHCs, there is a massive opportunity to formalize "Shared Care" protocols between these facilities and Base Hospitals.

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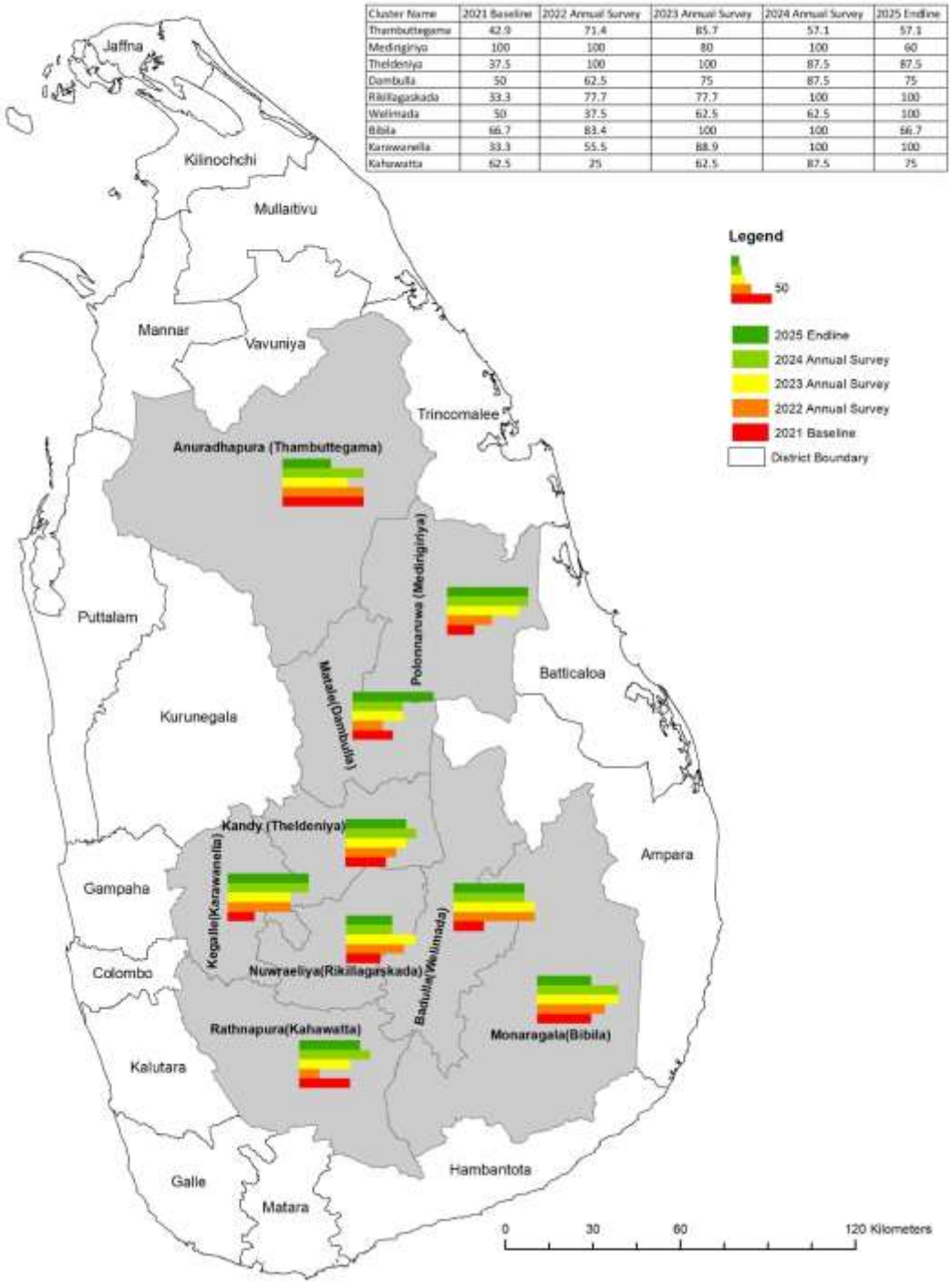
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Annex 1 – Maps illustrating selected indicators of Cluster performance according to 9 pilot clusters

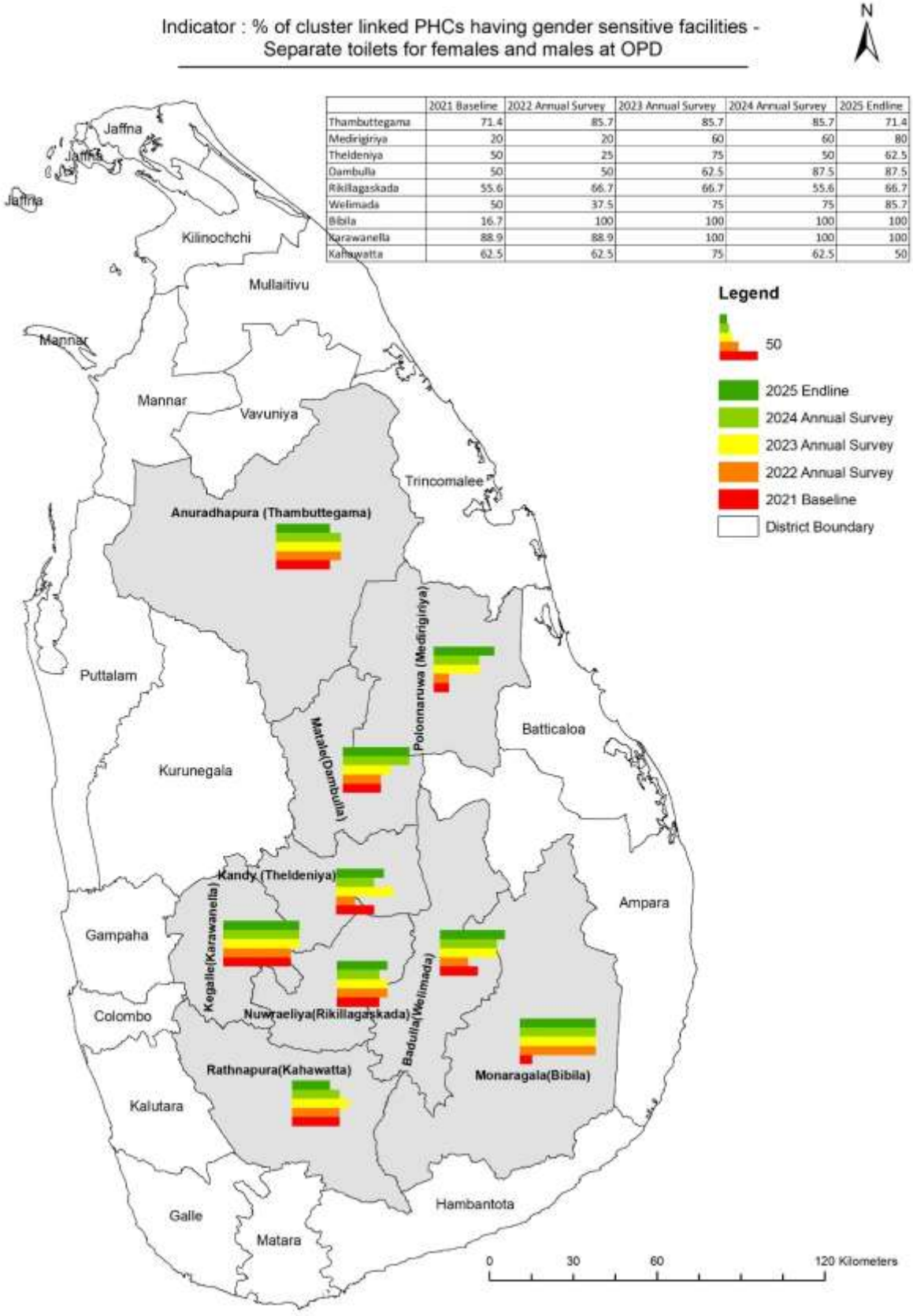
Indicator : % of facilities that have addressed service related, infrastructure, equipment, materials gaps that are addressed prior to introducing shared care cluster services.

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	42.9	71.4	85.7	57.1	57.1
Medirigiriya	100	100	80	100	60
Theldeniya	37.5	100	100	87.5	87.5
Dambulla	50	62.5	75	87.5	75
Rikillagaskada	33.3	77.7	77.7	100	100
Welimada	50	37.5	62.5	62.5	100
Bibila	66.7	83.4	100	100	66.7
Karawanella	33.3	55.5	88.9	100	100
Kahawatta	62.5	25	62.5	87.5	75



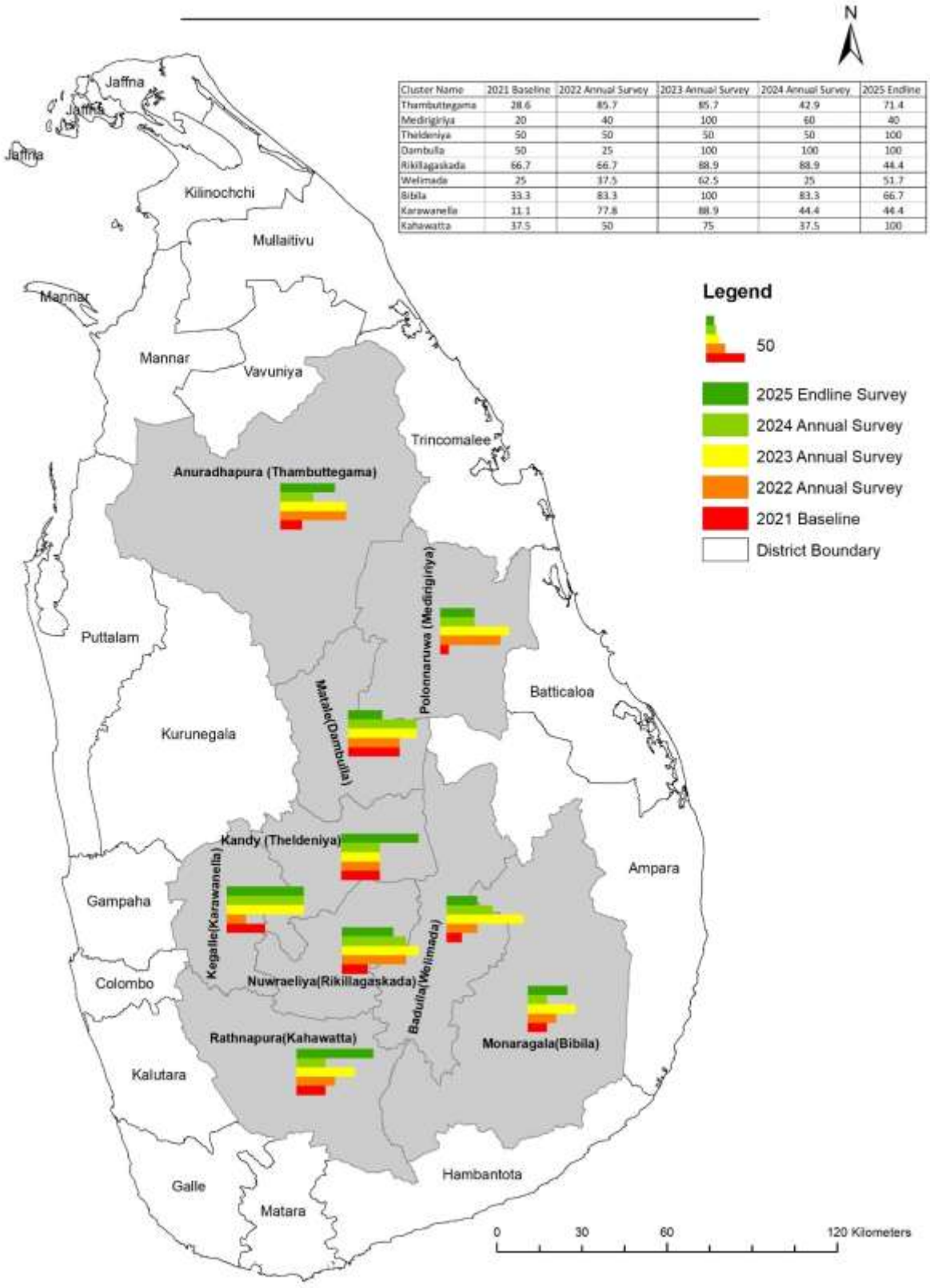
Indicator : % of cluster linked PHCs having gender sensitive facilities - Separate toilets for females and males at OPD

	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	71.4	85.7	85.7	85.7	71.4
Medirigiriya	20	20	60	60	80
Theldeniya	50	25	75	50	62.5
Dambulla	50	50	62.5	87.5	87.5
Rikillagaskada	55.6	66.7	66.7	55.6	66.7
Welimada	50	37.5	75	75	85.7
Bibila	16.7	100	100	100	100
Karawanella	88.9	88.9	100	100	100
Kahawatta	62.5	62.5	75	62.5	50

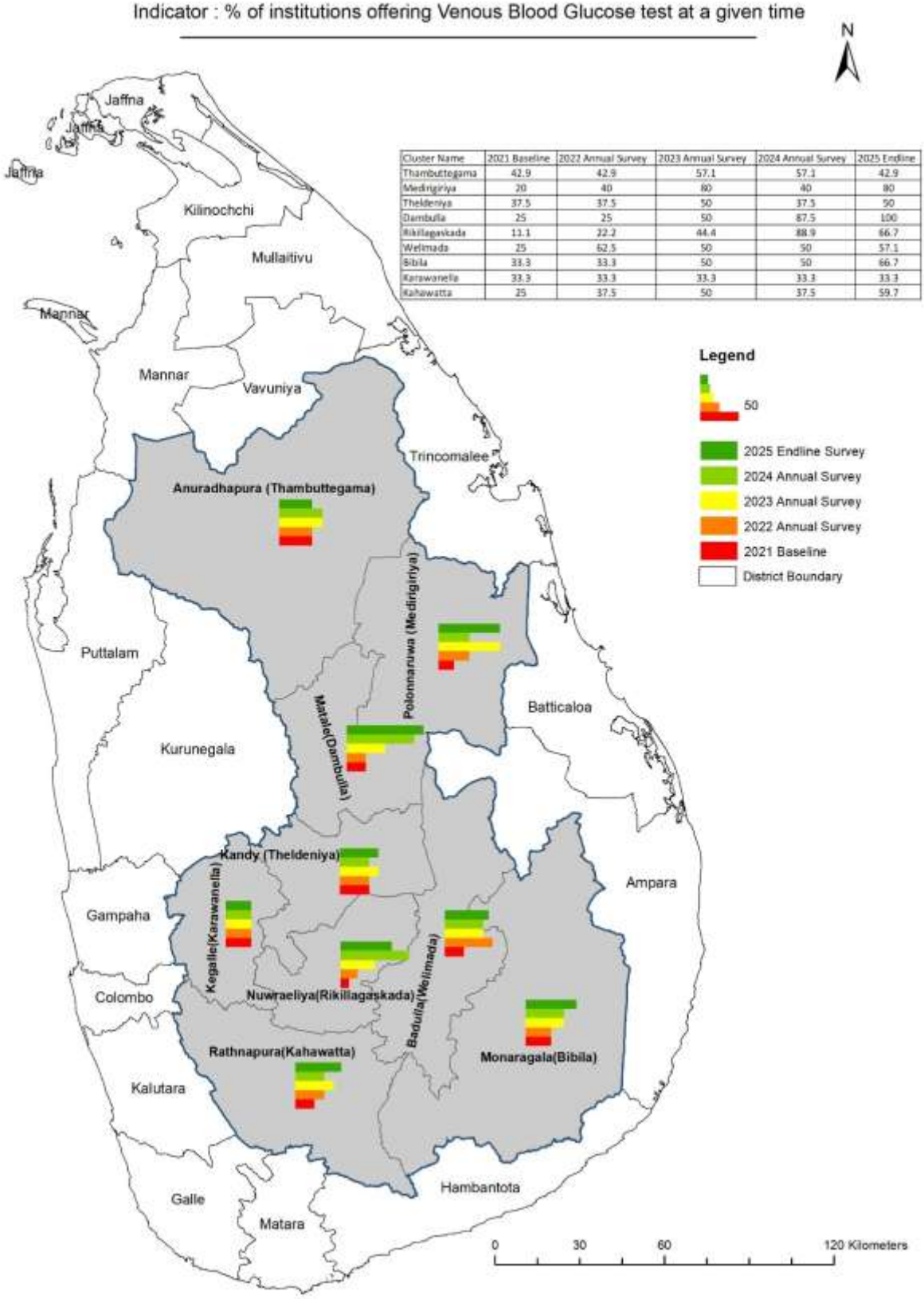


Indicator : % of cluster linked PHCs having disability friendly services - access to all services

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	28.6	85.7	85.7	42.9	71.4
Medirigiriya	20	40	100	60	40
Theldeniya	50	50	50	50	100
Dambulla	50	25	100	100	100
Rikillagaskada	66.7	66.7	88.9	88.9	44.4
Welimada	25	37.5	62.5	25	51.7
Bibila	33.3	83.3	100	83.3	66.7
Karawanella	11.1	77.8	88.9	44.4	44.4
Kahawatta	37.5	50	75	37.5	100



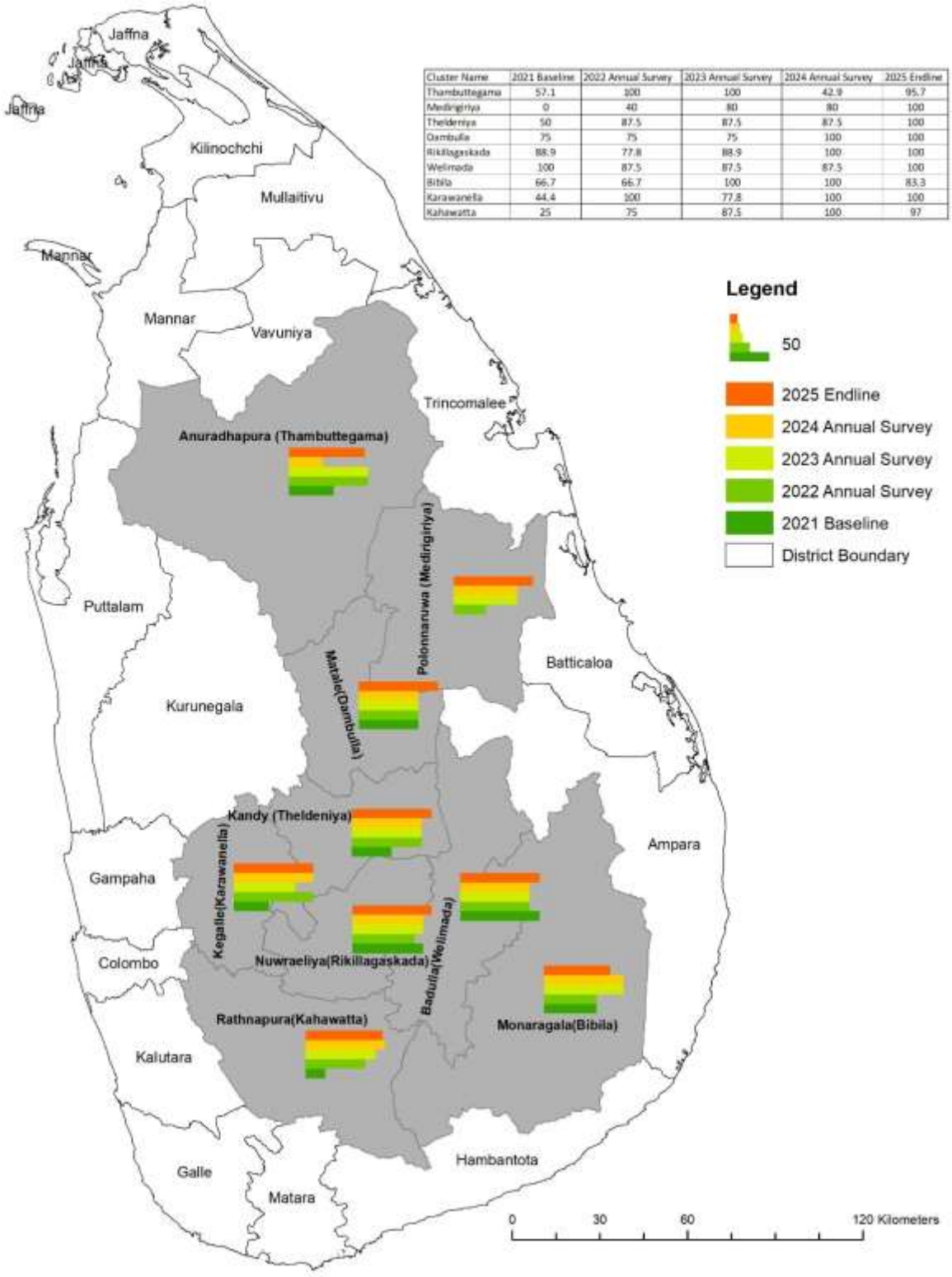
Indicator : % of institutions offering Venous Blood Glucose test at a given time



Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	42.9	42.9	57.1	57.1	42.9
Medirigiriya	20	40	80	40	80
Theldeniya	37.5	37.5	50	37.5	50
Dambulla	25	25	50	87.5	100
Rikillagaskada	11.1	22.2	44.4	88.9	66.7
Welimada	25	62.5	50	50	57.1
Bibila	33.3	33.3	50	50	66.7
Karawanella	33.3	33.3	33.3	33.3	33.3
Kahawatta	25	37.5	50	37.5	59.7

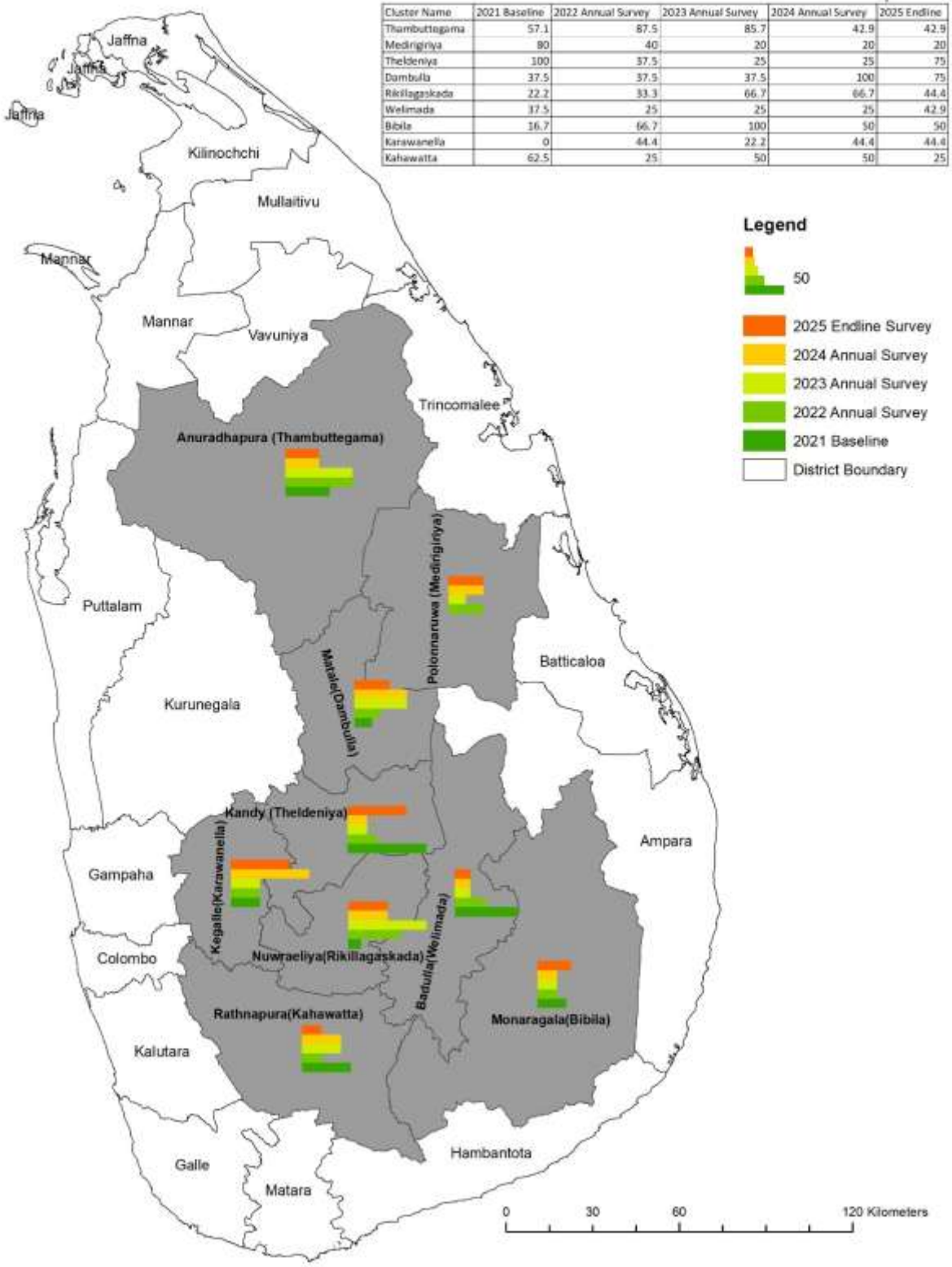
Indicator : % of cluster linked PHCs having the Emergency tray with all recommended items

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	57.1	100	100	42.9	95.7
Medirigiriya	0	40	80	80	100
Theldeniya	50	87.5	87.5	87.5	100
Dambulla	75	75	75	100	100
Rikillagaskada	88.9	77.8	88.9	100	100
Welimada	100	87.5	87.5	87.5	100
Bibila	66.7	66.7	100	100	83.3
Karawanella	44.4	100	77.8	100	100
Kahawatta	25	75	87.5	100	97



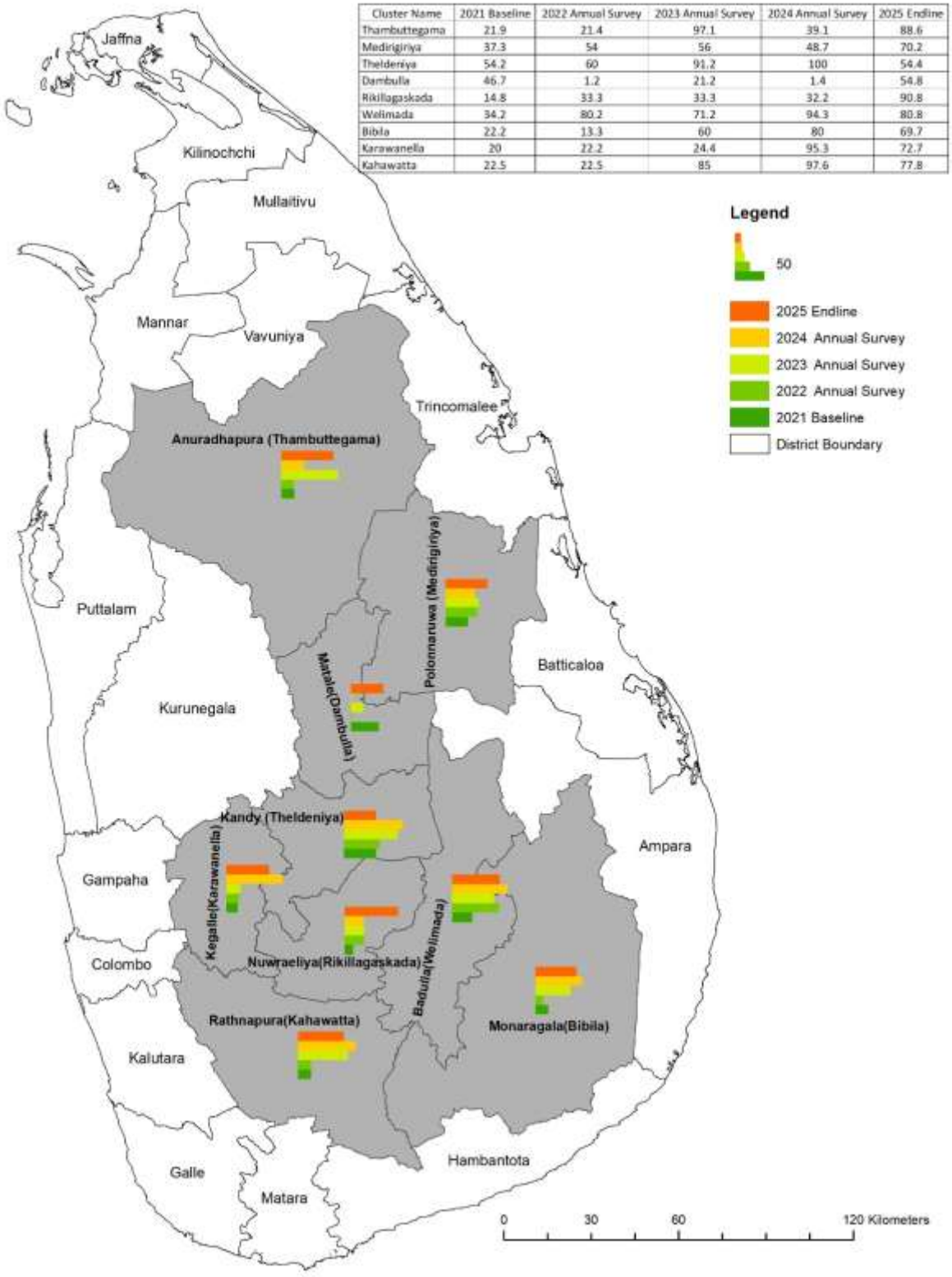
Indicator : % of PHCs linked to clusters in target provinces that provide dietary services (including counselling) to elders living in the cluster catchment population

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	57.1	87.5	85.7	42.9	42.9
Medirigiriya	80	40	20	20	20
Theldeniya	100	37.5	25	25	75
Dambulla	37.5	37.5	37.5	100	75
Rikillagaskada	22.2	33.3	66.7	66.7	44.4
Welimada	37.5	25	25	25	42.9
Bibila	16.7	66.7	100	50	50
Karawanella	0	44.4	22.2	44.4	44.4
Kahawatta	62.5	25	50	50	25



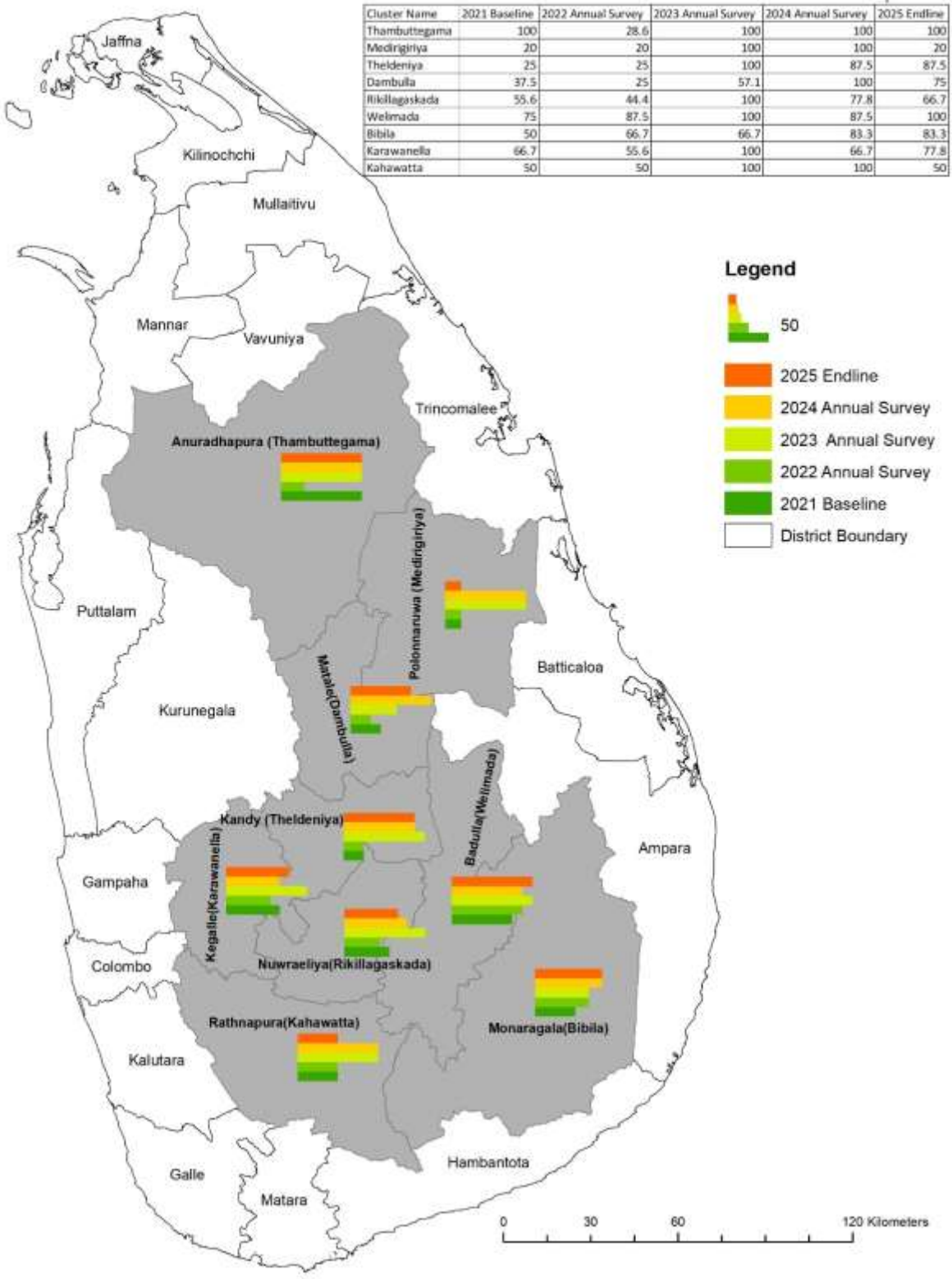
Indicator : % of patients who scored 70% or more in a tool that comprised 33 responsiveness statements, rated using 5-point Likert scale

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	21.9	21.4	97.1	39.1	88.6
Medirigiriya	37.3	54	56	48.7	70.2
Theldeniya	54.2	60	91.2	100	54.4
Dambulla	46.7	1.2	21.2	1.4	54.8
Rikillagaskada	14.8	33.3	33.3	32.2	90.8
Welimada	34.2	80.2	71.2	94.3	80.8
Bibila	22.2	13.3	60	80	69.7
Karawanella	20	22.2	24.4	95.3	72.7
Kahawatta	22.5	22.5	85	97.6	77.8



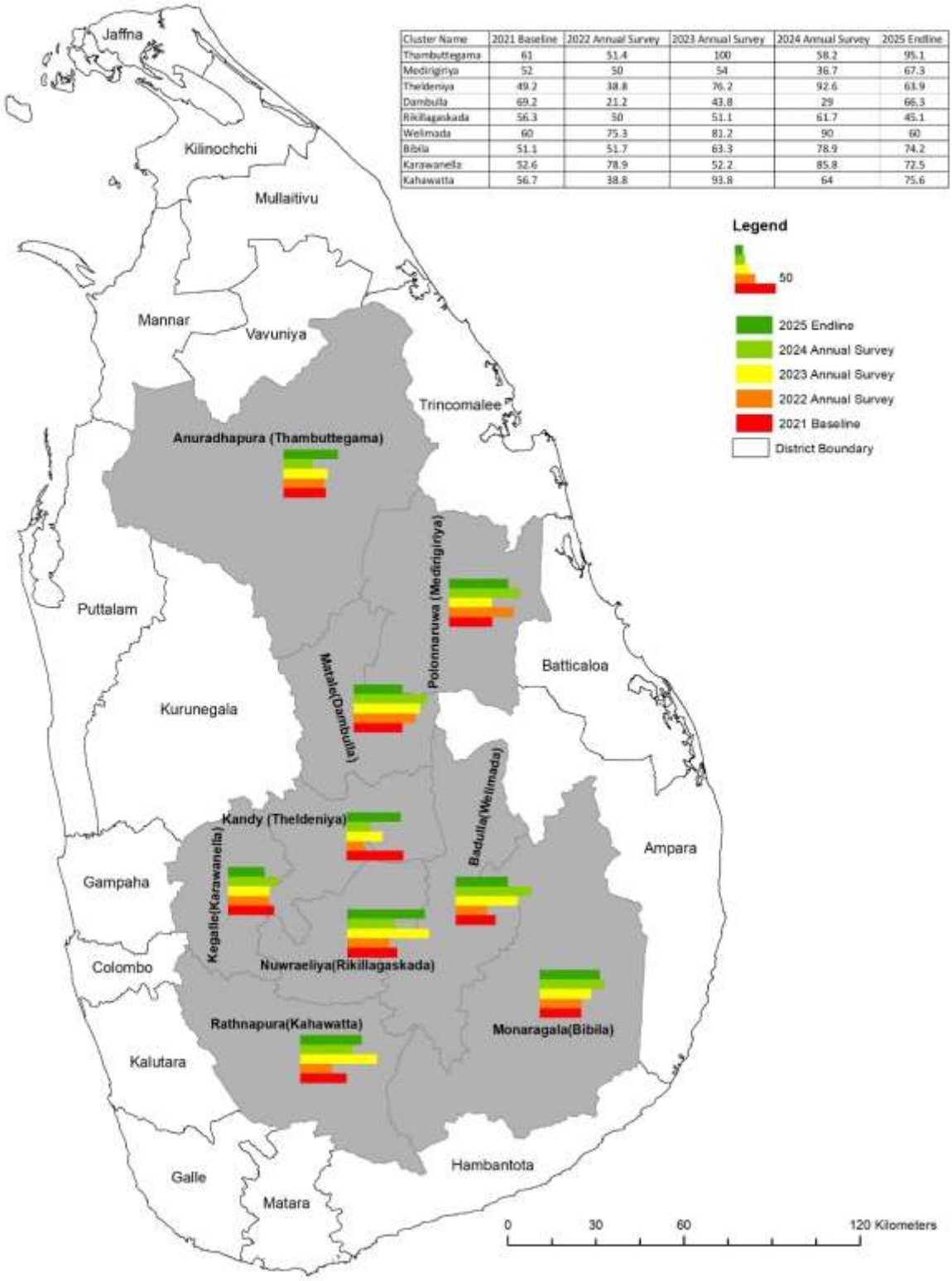
Indicator : % of cluster linked PHCs having disability friendly services - access to all services

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	100	28.6	100	100	100
Medirigiriya	20	20	100	100	20
Theldeniya	25	25	100	87.5	87.5
Dambulla	37.5	25	57.1	100	75
Rikillagaskada	55.6	44.4	100	77.8	66.7
Welimada	75	87.5	100	87.5	100
Bibila	50	66.7	66.7	83.3	83.3
Karawanella	66.7	55.6	100	66.7	77.8
Kahawatta	50	50	100	100	50



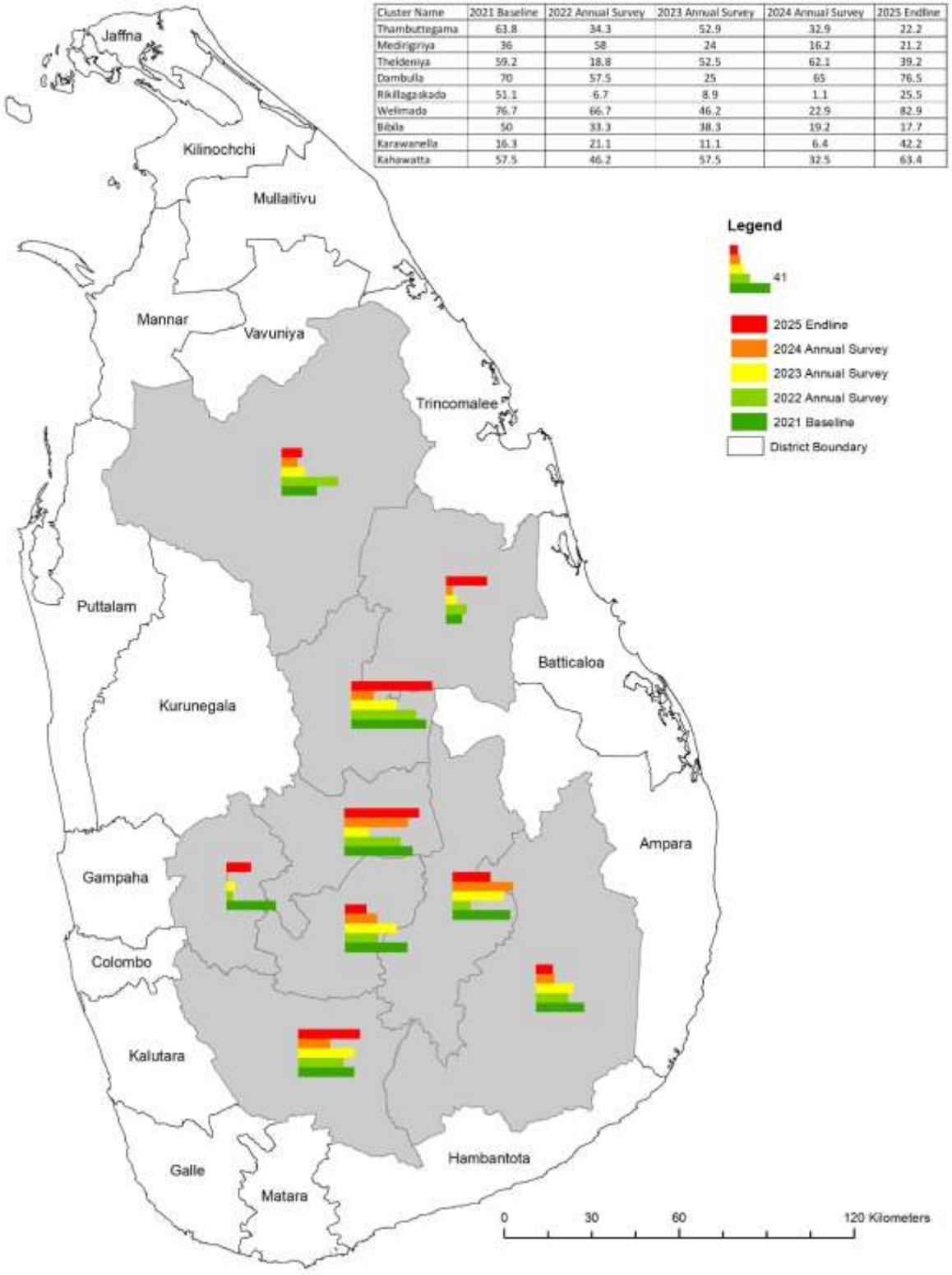
Indicator : % of users overall satisfaction using cluster-linked PHC services (reported a score of 70 or more)

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	61	51.4	100	58.2	95.1
Medirigiriya	52	50	54	36.7	67.3
Theldeniya	49.2	38.8	76.2	92.6	63.9
Dambulla	69.2	21.2	43.8	29	66.3
Rikillagankada	56.3	50	51.1	61.7	45.1
Welimada	60	75.3	81.2	90	60
Bibila	51.1	51.7	63.3	78.9	74.2
Karawanella	52.6	78.9	52.2	85.8	72.5
Kahawatta	56.7	38.8	93.8	64	75.6



Indicator : % of users overall knowledge using cluster-linked PHC services (reported a score of 70 or more)

Cluster Name	2021 Baseline	2022 Annual Survey	2023 Annual Survey	2024 Annual Survey	2025 Endline
Thambuttegama	63.8	34.3	52.9	32.9	22.2
Medirigiya	36	58	24	16.2	21.2
Thelideniya	59.2	18.8	52.5	62.1	39.2
Dambulla	70	57.5	25	65	76.5
Rikillagaskada	51.1	6.7	8.9	1.1	25.5
Welimada	76.7	66.7	46.2	22.9	82.9
Bibila	50	33.3	38.3	19.2	17.7
Karawanella	16.3	21.1	11.1	6.4	42.2
Kahawatta	57.5	46.2	57.5	32.5	63.4



Annex 2 – Household Questionnaire

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT

Endline Survey – 2025

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)
1.1.2	GPS coordinates	*(auto-capture)*
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	(Drop down will appear)
1.1.8	Grama Niladhari division	(Preloaded from sample)
1.1.9	Assigned PHC for the area	(Preloaded from 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 (specify)
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 (Skip to 2.25)
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) or any other PHC during the past one year?

Line No. (auto)	Name (auto)	a) Obtained health services from assigned PHC (tick if Yes)	b) Reason (Select from drop down menu for each person separately; multiple answers possible)	c) Obtained health services from any other PHC (tick if Yes)	d) 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	☐	1. Emergency treatment for injury or illness 2. Admission to ward
2.3.2		☐		☐	
2.3.3		☐		☐	
2.3.4					

…		☐	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.)	☐	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.)
2.3.10					

2.4 Health expenditure

	During the last six months how much money did your family spend on following health-related events:	(Rs.)
2.4.1	1. Fees to non-specialist private medical practitioners (including medicines)	1. ……
2.4.2	2. Fees to Ayurvedic practitioners (including medicines)	2. ……
2.4.3	3. Fees for consulting specialists	3. ……
2.4.4	4. Investigations	4. ……
2.4.5	5. Payments to admissions to private hospitals / nursing homes	5. ……
2.4.6	6. Purchasing medicines and pharmaceuticals	6. ……
2.4.7	7. Spectacles and other appliances (eg urinary catheters)	7. ……
2.4.8	8. Traveling for health care	8. ……
2.4.9	9. Cost of bystanders / food etc. during illness episode	9. ……
2.4.10	10. Income lost due to illness and health care visits	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 six 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 good care, so I would directly visit the larger hospitals	Strongly agree / agree / neutral / disagree/ 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	Is the child suffering from any of the following long-term health problems? 1. Bronchial asthma / recurrent wheeze 2. Recurrent urinary infection	Yes / No

3.1.9 3.1.10 3.1.11 3.1.12 3.1.13 3.1.14 3.1.15	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) _____	[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?	Number
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 3.1.37]**
3.1.34	How many such emergency episodes did the child experience during the past 6 months?	Number
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 5. Not attended
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	0. Not referred 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	0 Not referred 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?	Number
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?	1. PMCU (Assigned for the area) 2. PMCU (Not assigned for the area)

	(If multiple episodes refer to the last episode)	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 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) 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 past one year?	Yes / No
		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 **<u>emergency treatment</u>**?	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 5. MOH clinic
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 5. MOH clinic
	From which health institution does he/she usually check the following?	1. I don't check this 2. Self check at home 3. PMCU

	Give the latest values (within last six months) for each test.		4. Divisional hospital 5. Base hospital 6. General / Teaching hospital 7. Family doctor 8. Ayurvedic doctor 9. Private lab
	A) Test	**B) Place of check (mark according to above options)**	**C) Latest value (within 6 months)**
6.6.1	1. Body mass index		
6.6.2	2. Blood pressure		
6.6.3	3. Blood glucose		
6.6.4	4. HbA1c		
6.6.5	5. Serum cholesterol		
6.6.6	6. Lipid profile		
6.6.7	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)

	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	**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	

Part 8: Exposure to Behaviour Change Communication programmes

	Behaviour Change Communication programmes	**Yes/No/ Don't know**
8.1	In this area, are you aware of any educational or awareness programmes encouraging people (especially men) to utilize primary health care (PHC) services?	**8.1 = No or Don't know → End section**
8.2	Did any members of your household take part in these programmes?	**8.2 = No or Don't know → End section**
8.3	Did any **male members** of your household take part in these programmes?	

Annex 3 – Health Facility Survey Checklist

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT

Endline Survey – 2025

Part I: Health Facility Survey Checklist

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 Year 2022.....2 Year 2023.....3 Year 2024.....4 Endline.....5	
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 Type A 6. Base Hospital Type B	
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 2. Inpatient 3. Both	
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?	1. Identification and stabilization of emergency patients	

	(multiple answers)	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. Family Medicine Spcialist 6. Specialist clinics in other areas	
A18	Does this Health Facility make referral of outpatients to higher level hospitals?(the main referral hospital)	1. Yes, to apex hospital (in Group A) 2. Yes, to other Base Hospitals 3. Yes, to Tertiary Care Hospital 4. No	
A18.1	If yes to Apex Hospital How does the facility make a referral?	1. Using a predefined appointment system 2. Writing to the MO OPD of the apex hospital	
A18.2	If , an appointment system is available, what is the system?	1. Using telephone 2. Special referral form 3. Electronic System	
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 / Immunization 5. Postnatal clinics 6. Healthy Lifestyle Centre 7. Nutrition clinic 8. Dental clinic 9. Mithuru piyasa 10. Yowun piyasa	
A20	Other services available in the Health Facility 1. Emergency Care /Preliminary Care Unit 2. Pharmacy 3. Laboratory services 4. Radiology / X-ray department 5. Physiotherapy services	1. Totally from this hospital 2. Rerer to other hospital 3. From a private center at the cost of patient	

	6. Palliative care 7. Other rehabilitation 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)	
A22	Any new interventions added within the last 2 years?	Write here	

Section B: Staffing

No	Question	Male	Female
	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, dental therapists		
B5	Registered Medical Officers/ Assistant Medical Officers		
B6	Nursing Officers (including trainees), Ward Sisters / Masters		
B7	Health Education Nurses or officers		
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)**	

C5	circulars related to ADB HSEP project issued by MoH	1. Reported only 2. Verified availability 3. 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					
	f. Essential Service Package					
C6	Trained staff on the following services related areas	Y/N	Number trained among the present staff			
			Medical	Nursing/ midwife	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 sensitivity and responsiveness					
	e. Infection prevention and control					
	f. Family planning					
	g. Patient safety					
	h. Electronic MIS					
C7	Staff trained by Apex hospital on the following areas	Y/N	Number trained among the present staff			
			Medical	Nursing/ midwife	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 In 2023 -2024 and at the beginning of the project	1. Yes at the beginning of project 2. Yes in 2023-24 3. No				
C9	Are the review meetings related to cluster reforms in this health institution held on a regular basis? (at least quarterly)	Yes / No				

C10	Does a representative from this institution attend monthly 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 OBSERVATIONS	**Yes / No**	**Month started (mm/yyyy)**	
C15	Sending notifications of communicable disease via an electronic system to Medical Officers of Health	1. Yes, by email 2. Yes, by WhatsApp, Viber etc. 3. Yes, via an online system 4. None		
C16	Giving unique patient identification number (HID)	1. Yes, written on patient book/record 2. Yes, non-electronic card 3. Yes, electronic card (with Barcode/QR code) 4. None of the above		
C16B	Using HID number/card to retrieve patient records?	1. Yes, Manually 2. Yes, electronically 3. No		
C17	Having an electronic system to share patient information across the health facilities in the cluster			
C17.1	Was the electronic system used to share patient information across the health facilities in the cluster			
C18	Report on gender disaggregated data to ~~to~~ e-RHMIS (Reproductive Health Management Information System)			
C18B	Report on gender disaggregated data to the e-surveillance system of notifiable diseases			
C18C	Reporting gender disaggregated data to the provincial and district level			
	Physical outlook	**Yes / No**	**When completed (mm/yyyy)**	
C19	Out-patient department has been renovated recently			
C19B	If yes, source of support	HSEP (ADB)……1		

		Other……..2		
C20	Out-patient department is newly built			
C20	If yes, source of support	HSEP(ADB)…….1 Other……..2		
C21	A new name board of the hospital is displayed			
C22	Directional signages are placed appropriately			
C23	Overall outlook – exterior	Excellent .....1 Good .....2 Average .....3 Poor .....4 Very poor.....5		
C24	Overall outlook – interior	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 of OPD	Yes / No	
D3	Wheel-chair available at the entrance of OPD	Yes / No	
D4	Wheelchair is accessibility to all areas of OPD including toilets, canteen etc.	Yes / No	
D5	Space in the common waiting area (length x width) in feet		
D5b	No. of consultation rooms in the OPD		
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	
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	Functioning 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	
D30	Total number of toilets available for out-patient clients (excluding toilets in Wards)		
D30B	Are there separate toilets for female and male patients in the OPD	Yes/no	
D31	No. of separate toilets for male		
D32	No. of separate toilets for female		
D33	No. of separate toilets for disabled/ wheelchair bound clients		
D33B	Door can be locked from inside the toilet	Yes, for all……1 Yes, for some……2 None……3	
D33C	Bin with a lid is available for disposal of sanitary towels in the toilet used by females	Yes / No	
D33D	Toilets have hooks to hang clothes	Yes / No	
D34	A separate examination areas are available for females and males	Yes / No	
D35	A separate changing area areas are available for females and 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		
D37.1	Is a chaperone available when examining patients of females when a male doctor is examining and vise versa	Always..... 1 Often..... 2 Sometimes..... 3 Rarely..... 4 Never 5		
D37.2	Separate corner or dedicated space ensuring privacy is available for Breastfeeding	Yes / No		
	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/s with foot control for washing hands			
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		
D61	Who supervises health care waste management			

Section E: Reproductive, Maternal and Child Health, Elderly and Disability services (as per SLESP)

E88	**Gender responsive and inclusive services** Are husbands/partners included in the consultations on dedicated service provision points on reproductive health issues at the following clinics/centres?		
E88a	Antenatal clinic	1. Discouraged 2. Left to their wish 3. Promoted 4. Formally requested but not mandatory 5. Clinic/centre not available	
E88b	Family planning clinic	1. Discouraged 2. Left to their wish 3. Promoted 4. Formally requested but not mandatory 5. Clinic/centre not available	
E88c	Well women clinic	1. Discouraged 2. Left to their wish 3. Promoted 4. Formally requested but not mandatory 5. Clinic/centre not available	
E88d	Mithuru Piyasa	1. Discouraged 2. Left to their wish 3. Promoted 4. Formally requested but not mandatory 5. Clinic/centre not available	

E90	Are Adequate IEC material displayed on the given reproductive health issues : a. Well women clinics services b. Pap Smear testing c. Breast examination d. Family planning, e. Gender-based Violence f. Prevention of STI g. Cancer	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 the vicitimes of gender-based violence during care	Yes / No	
E93	Does this facility Provide support and counselling of victims of SGBV	Yes / No	
E94	Does this facility have a Mithuru Piyasa	Yes / No	
E95	Guideline for SGBV management	Yes, reported / Yes, verified / not available	
E96	Conducted Training Of Trainers (TOT) targeting health officials and/or local organizations for male engagement in health care utilization?	Yes / No	
E97	How many men and women were reached in public awareness programmes on male engagement during the past one year? 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 patients with 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		
E110	Provides physiotherapy		
E111	Makes referral to higher hospitals / centers for rehabilitation/ special therapies		
E112	Community-based rehabilitation by home visits		
E113	Provide information and counselling to families in the provision of palliative care		
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	

Section F Prevention and management of Communicable Disease (As per SLESP)

No	Question		
	Immunization	**Yes / No**	
F1	Does this facility offer routine immunization services as per national programme on immunization?	**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 present.....1 Only some present .....2 Not available .....3 ALL ITEMS MUST BE PRESENT	
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	
F3b	Are the guidelines for cold chain management available?	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	

F11a	Screen and diagnose child malnutrition		
F11b	Treat malnourished children		
F11c	Refer families with poor access to food to agencies that provide financial assistance		
F11d	Refer families with poor access to food for agencies that provide food aids		
F12	Provide vitamin A supplementation		
F13	Provide iron supplementation		
F13.1	Provide multiple micronutrient supplements		
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 both adults and paediatric	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 separate place to collect sputum (in that are there mugs and waste collection)	Yes / No	
	Which of the following methods are used at this facility for diagnosing TB?		
F22	By Clinical symptoms	Yes / No	
F23	By Sputum smear microscopy examination done in the facility or transported	Done in facility Transported to a lab outside facility	
F24	Does this facility prescribe drugs for TB patients?	Yes / No	
F25	Guideline for TB screening and management	Yes, reported / Yes, verified / not available	
F26.1	Does this facility have a GeneXpert machine for sputum testing for MTB	Yes / No	
	Dengue	**Yes / No**	
F28	Does this facility provide FBC testing for dengue?		

F29	Does this facility offer lab confirmation for dengue ? Dengue antigen test				
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:				
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**			
F39	Screen test for HIV				
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			
	Notification of communicable diseases (Write the no. of admissions and no. notified during the past 3 quarters (Jan to Sep 2025)	All cases reported from Wards (IMMR)	No. Notified from wards (from notification register)	All cases reported from OPD	No. notified from OPD (Notification Register)
F56	Dengue				
F57	Leptospirosis				
F58	Hepatitis (Any)				
F59	Leishmaniasis				
F60	Tuberculosis				
F61	Measles				

Section G: Noncommunicable disease

No	Question		If not available, where to obtain the service
	Cardiovascular disease and diabetes MENTION WHETHER FOLLOWING SERVICES ARE PROVIDED AT THE **OPD OR HLC** SEPARATELY	**Yes / No**	1. Apex hospital 2. From cluster link Hosp 3. Other Hosp
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		
G8	Smoking cessation advice and support		
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		
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	
	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 of girls 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		
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?		
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		If not available where to refer?
	Surgical and trauma care	**Yes / No**	1. Apex hospital 2. cluster linked facility 3. Other
H1	Incision and drainage of abscesses		
H2	Suture of lacerations		
H3	Suture removals		
H4	Wound debridement		
H11	Removal of foreign body (throat, eye, ear or nose)		
	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		
H33	Providing Oral Hygiene Instructions		

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			
J10b	Auriscope			
J10c	Laryngoscope			
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**	**Sending where?** **1. Apex** **2.cluster linked hosp** **3. Private lab**
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**	**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			
	ETU/PCU 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			
K71	Other (CT, MRI, Mamogram etc)			

Annex 4 – PHC User Questionnaire

MONITORING AND EVALUATION OF THE HEALTH SYSTEM ENHANCEMENT PROJECT

Endline Survey – 2025

Part II: Questionnaire for users of Primary Health Care facilities

Questionnaire should be administered at the point of exit after obtaining services.

1. Facility and User Characteristics		
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. Nutrition problems 6. Screening for chronic diseases 7. Follow up visit for chronic disease 8. Referred for further investigations / care 9. 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)	
1.1.14	Did you buy any drug in your previous visit or current visit from the private sector that was prescribed ?	Yes / No
1.1.15	Did you get investigations done during your previous visit from the private sector that was recommended by this hospital?	Yes / No

2**. Responsiveness of the services**		
2.1.1	Were you issued a unique identification number (similar to an ID number) to be used when accessing health services	1. Yes, written on patient book/record 2. Yes, non-electronic card 3. Yes, electronic card (with Barcode/QR code) 4. None of the above
2.1.1.A	If Yes Have you tried to use the services of another hospital using the UIC	Yes / No
2.1.1.B	If yes to the above, was HID number/card used to retrieve your records from any health institution ?	Yes / No
Indicate how you would rate the following aspects of service at this hospital		
2.1.2	Time taken to reach this hospital	Excellent / Good / Satisfactory / Poor / Very poor
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 obtain the services	Excellent / Good / Satisfactory / Poor / Very poor
2.1.5	Helpfulness of the staff	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.6	Convenience of the clinic / OPD hours to you	Excellent / Good / Satisfactory / Poor / Very poor / Not applicable
2.1.7	Overall time spent on this hospital visit	Excellent / Good / Satisfactory / Poor / Very poor
2.1.8	Being treated with dignity by the staff	Excellent / Good / Satisfactory / Poor / Very poor
2.1.9	Being treated in a way that is appropriate for your culture and religion	Excellent / Good / Satisfactory / Poor / Very poor

2.1.10	Information given to you on your health condition	Excellent / Good / Satisfactory / Poor / Very poor
2.1.11	Extent the doctor / health provider listened to you and answered your queries	Excellent / Good / Satisfactory / Poor / Very poor
2.1.12	Adequacy and quality of facilities in the waiting areas	Excellent / Good / Satisfactory / Poor / Very poor
2.1.13	Adequacy and quality of facilities for patient care	Excellent / Good / Satisfactory / Poor / Very poor
2.1.14	Overall cleanliness of the facility	Excellent / Good / Satisfactory / Poor / Very poor
2.1.15	Toilet facilities	Excellent / Good / Satisfactory / Poor / Very poor
2.1.16	Privacy during the consultation and examination	Excellent / Good / Satisfactory / Poor / Very poor
2.1.17	Maintaining confidentiality of the information about your illness	Excellent / Good / Satisfactory / Poor / Very poor
2.1.18	Ensuring safety from any accident or physical harm within the premises	Excellent / Good / Satisfactory / Poor / Very poor
2.1.19	Measures to protect from contracting any infectious diseases	Excellent / Good / Satisfactory / Poor / Very poor
2.1.20	Availability of a place with privacy to breastfeed a baby	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 based on your experience today		
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 manage 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 facilities and equipment for patient care	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 and ADB supported group (Group 1 & 2) of facilities). For Groups 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 assessment	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
4.1.24 b	Referral to nutrition clinic at higher level hospital	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
5.1.5	I think the nearby primary care hospital provides good care for my 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	Strongly agree / agree / neutral / disagree/ strongly disagree

	resources and facilities to provide services expected from them	
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 both 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? (felt fear that privacy will not be maintained)	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	Do you feel that you were 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
6.1.8	How satisfied are you with being treated in a manner appropriate for your gender	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
6.1.9	Are you satisfied with the facilities for changing clothes without embarrassment (having facilities with adequate privacy while getting ready for examination by doctor)	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied
6.1.10	Are you satisfied with the facilities for physical examination without embarrassment (your privacy was well assured to your satisfaction while being examined)	Highly satisfied / Satisfied / Neutral / Dissatisfied / Highly dissatisfied

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
7.1.2	Is there a method to complain about any problem encountered in the health facility	Yes/ No

Thank you very much for participation in this survey

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.