The Health Sector Enhancement Project

1. The Health Sector Enhancement Project (HSEP) will be the first ADB-financed health operation in Sri Lanka after a gap of 20 years. This reentry project will be for $60 million (comprising $37.5 million in concessionary loan and $12.5 million grant, and $10 million equivalent from the Government of Sri Lanka in counterpart funds). It will be delivered through a project investment modality and is expected to be effective from 1 December 2018 and will complete on 30 November 2023.

2. The proposed project will improve efficiency, equity, and responsiveness of the primary healthcare (PHC) system based on the concept of providing universal access and continuum of care to quality essential health services.

3. The project pursues an equity perspective in planning and delivering of essential primary health services. It expects to further inform and operationalize government PHC reform initiatives to reduce bypassing of PHC facilities by providing more comprehensive services, including for NCDs, develop a referral system, and functionally integrating preventive and curative services. Furthermore, the project will target underserved communities' access to PHC, and address selected gaps in core public health surveillance in line with the international health regulations (IHR).

4. The project is targeting all nine districts in four provinces of Central, North Central, Sabaragamuwa, and Uva with a special focus on the geographically, socially, and economicallydeprived populations. The beneficiary population of the project is approximately 7 million which is 33% of the Sri Lanka population (21 million) while the target population within the four provinces, is estimated to be approximately 2.4 million.

5. Impact and Outcome. The expected project impact is to contribute to the Government development objective1 of ensuring a healthier nation with a more comprehensive PHC system. The project outcome is to improve efficiency, equity, and responsiveness of the PHC system.

6. Key indicators for monitoring. The project outcomes are assessed by observing a (i) 20% increase in outpatient utilization at PHC; (ii) 20% increase in patient satisfaction, knowledge and attitudes on utilization; (iii) 90% of notified notifiable diseases investigated within the stipulated time in the medical officer of health areas in the target provinces; and (iv) cluster system reform implemented and evaluated in all nine clusters.

7. Outputs. The project outputs are (i) PHC enhanced in Central, North Central, Sabaragamuwa, and Uva provinces; (ii) health information and disease surveillance capacity strengthened; and (iii) policy development, capacity building, and project management supported.

1. Output 1: Primary healthcare enhanced in Central, North Central, Sabaragamuwa, and Uva provinces.

8. This output intends to strengthen PHC services in the targeted 4 provinces of Central, North Central, Sabaragamuwa, and Uva with a special focus on the socially, economically and geographically disadvantaged populations. The PHC services are defined as primary health care services that are provided via curative facilities (Primary Medical Care Units and the Divisional Hospitals), and via the preventive health network led by the Medical Officers of Health.

1 Government of Sri Lanka. 2016. National Health Policy 2016–2025. Colombo.

9. Output 1 will support four sets of activities: (i) development of primary medical care services; (ii) development of primary preventive care services; (iii) public awareness and behavior change communication for increasing PHC utilization; and (iv)strengthening PHC management for continuity of care.

(i) Development of primary medical care services. Under this output, the project supports the development of curative PHC facilities (this includes DHs and PMCUs). Approximately, 29% (135/469) of all PMCUs and DHs in the 4 provinces will be developed under this output. The infrastructure designs will be based on a MOHNIM approved physical space norm for PHCs. This output will also support to purchase the immediate medical equipment needs which were identified by carrying out a stocktaking of gaps against current guidelines. The additional equipment that would be needed to address the essential services package (ESP) at the PHC level will be procured from the second year of project implementation. The additional services may include services for elderly care, services for mental health, and more comprehensive non-communicable diseases and risk factor prevention related care at the PHC level, rehabilitation and disability care services and additional laboratory services.

(ii) Development of primary preventive care services. Under this output, the project intends to renovate and refurbish at least one field health center per medical officer of health area (approximately 127 field health centers in the four provinces). the project will enhance the mobility levels of the field health staff, especially the medical officers to expand and further improve and better supervise the preventive health services. Approximately 40 vehicles will be provided to medical officers of health and to regional level medical officers for maternal and child health services for supporting improved preventive and promotive health services in the 4 provinces. In addition, this output will support the within district drug distribution system with the purchase of 9 covered trucks for each of the regional medical supplies divisions under the districts. This output also supports to expand the targeted nutrition related services available to the

mothers and children in the 4 provinces with a special focus of more vulnerable populations in the estate and rural areas.

(iii) Public awareness and behavior change communication for increasing PHC utilization. The objective of this output is to create demand and support a behavior change of health seekers who regularly bypass PHC services. This output will also support to encourage utilization of nutrition services and wellness and healthy living promotion in the community. Moreover, the campaign will also promote the nine selected clusters and the related MOH areas for (a) wellness and healthy lifestyle; (b) integrated services such as nutrition, NCDs, and elderly care; and (c) for convergence with other vertical programs (Malaria, HIV, Tuberculosis, Leprosy, Sexually transmitted diseases

(iv) Strengthen PHC management for continuity of care. This output will support to strengthen mechanisms to establish continuity of care and provide a higher quality, more comprehensive, package of care primarily to PHC level health seekers in the target provinces. As part of this effort, on a pilot basis, each of the 9 districts identified a cluster of PHC level hospitals that will be functionally linked to one apex secondary care level facility. This sub output will support the provincial and regional health staff to propose and implement strategies to improve continuity of care in these clusters via district specific proposals submitted to each of the PIUs. In addition, to activities related to clusters, province and district health staff are encouraged to develop proposals (which will include detailed activity plans) to further support better delivery of PHC services under five broad areas: (a) improving PHC management; (b) human resources development; (c) information technology for better patient management and disease control; (d) scaling up curative and preventive services; (e) rehabilitation of facilities.

2. Output 2: Health and disease surveillance capacity strengthened

10. Output 2 will support two sets of activities: (i) adopt health information technology (HIT) for better continuity of care and disease surveillance; and (ii) implement IHR recommendations.

(i) Adopt health information technology (HIT) for better continuity of care and disease surveillance. This output intends to strengthen health and disease surveillance to provide real time sharing of health information vertically and horizontally across facility levels and across different episodes of care for an individual patient. This will help enhance the referral system, patient quality of care, and disease surveillance capacity of the system and will establish a system for continuity of care for health seekers. The total number of facilities that will establish the system would be approximately 111 facilities grouped across the 9 clusters in each of the 9 districts and approximately 40 Medical Officer of Health areas connected or falling within the clusters. The cluster HIT will also be used to strengthen disease surveillance, including for the timely reporting of the 28 notifiable diseases of Sri Lanka. The project will support the MOHNIM Epidemiology unit with servers and consulting services for software to link the cluster health information system with disease surveillance. This sub output will further support disease surveillance with the establishment of geographic information system (GIS) enabled services in the 4

provincial directors' health offices and in the respective 9 regional directors of health offices linked to the MOHNIM.

(ii) Implement IHR recommendations. This output intends to support the equipment gaps to meet the core capacity levels at all 8 ports of entry (POE) in Sri Lanka. Mobility is enhanced at the two designated ports (2 vehicles). In addition, to further strengthening the disease surveillance related tasks carried out by the quarantine unit, the currently ongoing web-based surveillance system for notifiable diseases is further strengthened. This output supports developing of soft skills such as training of health personnel on IHR and quarantine, and other training related to use of quarantine manual, surveillance, and vector control. This sub output will also seek the services of a local consultant to review and develop the legal regulatory framework for better implementation of IHR in Sri Lanka. In addition, as part of national security, this sub output will support to carry out assessments related to establishing an inbound migrant health assessment system in Sri Lanka. Further, this output will support infection prevention and control activities and support to introduce better health care waste management practices in the cluster facilities.

3. Output 3: Policy development, capacity building, and project management supported.

11. Output 3 intends to support (i) policy development; (ii) capacity building; and (iii) project management and results monitoring.

(i) Policy development support. This sub-output will support policy and strategy development for comprehensive PHC and continuum of care, especially for vulnerable groups living in plantations with priority given to nutrition and reproductive health. A package of essential health services is being developed by MOHNIM including for NCDs and emergency services. Facility and equipment standards are also being developed. MOHNIM is also developing a national policy for human resources for health. The project will provide selective support in the form of consulting services and workshops for various policy initiatives of MOHNIM. This will include (a) establishment of clusters to explore strategies for strengthening PHC; (b) personnel workforce planning with a special focus on PHC workforce; (c) development of policies and guidelines related to the implementation of the essential service package; (d) review and development of the reproductive health and gender related guidelines.

(ii) Capacity development. This sub-output will support MOHNIM with capacity building and training resources for workshops for nutrition and health promotion, emergency management, cluster planning and management, infection prevention and control, distance learning for GIS. In addition, this sub output, will provide resources for training for relevant staff in the target provinces to expand knowledge on family health, gender, infection prevention and control, health care waste management, monitoring and evaluation methodologies, counselling. This sub output will also support the implementing of the gender action plan and environmental and social safeguards, and support training in procurement and financial

management. This output will also support the development of a distance learning center at the National Institute of Health Sciences for introducing distance learning training programs in the health sector for PHC level staff.

(iii) Project management and results monitoring. The project will also support the operating costs (both fixed and variable) related to central and provincial project management and coordination, operating project management unit (PMU) and the 4 project implementation units (PIUs). In addition, this sub-output will support the conduction of a baseline and an end line survey including case studies and impact evaluations. In addition, this sub-output will support the consultancy firm to carry out design and supervision of civil works assignments identified under the project.

Key officers of Health System Enhancement Project

- **Project Management Unit (PMU)**

Post	Contact Details
Project Director	Dr. Anil Dissanayake Mobile Number : +94777591613 Email Address: anilrd21@gmai.com hseppd@gmail.com office Email : hsep.pmu2gmail.com Office Address: 3/19, Kynsey Road, Colombo 08
Deputy Project Director	Dr. Sisira Liyanage Mobile Number: +94714783914 Email Address: dpdhsep@gmail.com Office Address: 3/19, Kynsey Road, Colombo 08
Finance Manager	Mr. Madushanka Samarakoon Mobile Number: +94771777664 Email Address: hsepfin@gmail.com Office Address: 3/19, Kynsey Road, Colombo 08
Procurement Specialist	Mr. W K P I Rodrigo Mobile Number: +94718667778 Email Address: wiss@live.com Office Address: 3/19, Kynsey Road, Colombo 08
Project Secretary	Mrs. Ishara Chandrasiri Mobile Number: +94770580090 Email Address: ishara.ps.hsep@gmail.com Office Address: 3/19, Kynsey Road, Colombo 08

- **Project Implementation Unit (PIU)**

PIU	Post	Contact Details
Central province	Chief Secretary	Mr. Sarath Premawansha Office Number: 812223418 Email Address: csccp@yahoo.com
	Provincial Director Of Ministry of Health	Mrs. K A Shanthi Samarasingha Email Address: shawicks@hotmail.com Office Number: 0812224336 Mobile Number: +94773260405
North Central Province	Chief Secretary	Mr. H M P Bandara Office Number: 0252235790 Email Address: csncpc@gmail.com
	Provincial Director Of Ministry of Health	Dr.W M Palitha Bandara Email Address: palithabandara120@yahoo.com Office Number: 252222700 Mobile Number: +94714834912

Uva Province	Chief Secretary	Mr. P B Wijerathna Mobile Number: +94777764688 Email Address: chiefsecuva@gmail.com
	Provincial Director Of Ministry of Health	Mr. Nimal Gamagedra Email Address: nimals74@gmail.com
Sabaragamuwa Province	Chief Secretary	Mr. Herath P Kularathna Office Number: 452224504 Email Address: chiefsecretary@sg.gov.lk
	Provincial Director Of Ministry of Health	Dr.Kapila Bimal Kannangara Mobile Number: +94714420680 Email Address:pdhspimusabaragamuwa@gmail.com