Document up-dated in May 2009

**Country: Sri Lanka**

**TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING**

| ISO Code | R'd | Time Period | | Total Budget App. by Board USD | Approval Track | Total Amt Disb-ed up to last date USD | Last disburse-ment Date |
|---|---|---|---|---|---|---|---|
| | | HSS Prop. | Nat. Health Plan | | | | |
| LKA | 4 | 2008 - 2012 | 10 years | 4,505,000 | **First Submitted**: 03/2007<br>**App. W conditions**: n/a<br>**Not approved**: n/a<br>**Resubmitted**: 05/10/2007<br>**First Approval**: 28/11/2007 | 1,900,000 | 29/01/09 |

## SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

### National Health Policy Goals

- To foster a healthier nation that contributes to its economic, social, mental and spiritual well-being
- Ensure the delivery of comprehensive health services, which reduce the disease, burden and promote health;
- Empower communities towards more active participation in maintaining their health;
- Improve human resource management for health;
- Improve health financing, resource allocation and utilisation;
- Strengthen health system stewardship and management functions.

### Proposal Goals

To accelerate the reduction of MCH related morbidity and mortality in underserved areas, through improvement of coverage and quality of MCH services.

**Proposal: Specific Health System Development Objectives**:

| *MCH & Immunisation focussed* | *Health System Wide* |
|---|---|
| • Ensure adequate monitoring and supervision of MCH services carried out in 10 underserved districts by the middle level facility managers, by 2012;<br>• Development of a competent, motivated Primary Health Care (PHC) workforce in adequate numbers to deliver child and maternal health services in the conflict affected districts and districts that are underserved (districts with plantation community in estates);<br>• Ensure the availability of basic infrastructure and facilities for efficient delivery of child and maternal health services in the same districts. | • Increase Primary Health Care staff in correct skill mix in 10 underserved districts to reach national norm by 2012.<br>• Ensure availability of basic infrastructure and logistics to meet the national standards in 10 underserved districts for delivery of maternal and child health services by 2012. |

Document up-dated in May 2009

**SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

| Unmet Needs, "Bottlenecks"& Barriers Identified: | Proposed Tasks/Activities | Budgetary Allocation | |
|---|---|---|---|
| | | USD | % |
| **Governance, Management, Organisational** | • Quarterly district management review meetings held in all 10 districts. | 60,000 | 1 |
| **Human Resource Development/Performance Management.**<br>• Limited skills set of health care cadre at primary level;<br>• Limited human resources;<br>• Health workers with limited competency to face current and future health demands;<br>• Policy changes of 1 per 3000 population for public health midwives recently changed to 1 per 1500 population. | • Develop HR plan for underserved areas;<br>• Recruit 600 qualified candidates for training from the underserved areas Annual Training of 300 PHC staff at 6 upgraded training schools;<br>• Posting of trained PHC staff of correct skill mix to 10 underserved districts starting from year 2011;<br>• In-service training programmes for all PHC workers;<br>• Training programs for supervising staff on monitoring and supervision in a devolved health system;<br>• Train PHC staff in 10 districts (approx. 2000 staff) on best practices for AEFI surveillance;<br>• Staff performance appraisal will include assessing the completion and timely submission of monthly reports from MOHS to divisions and quarterly reports from Divisions to central level. | 1,610.000 | 36 |
| **Drugs, Equipment, Supplies, Facilities**<br>• Deficient Primary Health Care infrastructure in several districts affected by conflict and high poverty levels;<br>• Primary Health Care centres, or Gramodaya (village awakening) Health Centres, are small facilities that deliver maternal and child health services and staffed by a Public Health Midwife, grass-root level health worker. | • Improve Jaffna, Baticaloa, Badulla, Kandy, Rathnapura, Galle facilities for PHC staff training;<br>• Improve existing infrastructure facilities at MCH clinic centres; Supply basic MCH equipment packages to all MCH clinics;<br>• Supply 12 double cabs for MOH divisions;<br>• Supply 500 mopeds for Public Health Midwives;<br>• Supply 20 scooters for supervisory staff;<br>• Supply 100 motor bikes for Public Health Inspectors. | 2,695,000 | 60 |
| **Monitoring and Evaluation**<br>• Limited or no supervision mechanisms to support and promote good quality MCH and immunization service delivery.<br>• Develop levels of competency to deliver good quality Maternal and Child Health services including immunization services among health workers. | • Develop performance appraisal tool to assess MCH skills of, and reporting by, PHC staff and train district-level managers and supervisors on PA tool;<br>• Review the quality and efficiency of existing management information system on MCH including EPI. | 140,000 | 3 |
| **Overheads** | Management of HSS | | |
| **TOTALS** | | **4,505,000** | **100.00** |

**Health financing Gap**: Based on a scenario showing funding already secured, the health gap is: for 2008 USD 5,932,721; 2009 6,142,886; 2010 6,399,706; 2011 6,147,437.

Document up-dated in May 2009

## SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

| Indicator | Baseline Values 2005 | Final Targets 2012 | Expected Source of Data/Information |
|---|---|---|---|
| *Outcomes/Outputs*: | | | |
| • Under 5 mortality rate [impact] | 16/1000 LB | 11/1000<br>8/1000 (2015) | Medical Statistics Unit, Ministry of Healthcare and Nutrition |
| • Infant Mortality Rate [impact] 2012 target: | 11/1000 LB | 9/1000<br>7/1000 LB (2015) | |
| • National DTP3 coverage (%) | 96% | 99% | Epidemiological Unit |
| • #/ % of districts achieving ≥ 80% DTP3 coverage | 100% | 100% | |
| • Proportion of births attended by skilled PHC staff | 98% (2006) | 100% | Family Health Bureau |
| • % of children 1-5 using PHC services at MCH centres | <68% (2006) | >95 | |
| • % of mothers receiving post natal care within first 10 days after delivery | <67% (2006) | >95% | |
| • Staff trained on MCH best practices | n/a | 100% | Regional Director of Health |
| • All 10 districts with sufficient basic infrastructure in place to provide full range of MCH services | n/a | 100% | |
| • Increase MCH coverage among all target age groups | 73% (2006) | >95% | Epidemiology Unit |

## SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

**Country Management of Implementation:** Epidemiological Unit and Family Health Bureau (FHB) responsible for the implementation of the EPI programme. Epidemiological Unit in charge of surveillance of EPI diseases, vaccine logistics, recording and processing of relevant data and planning, monitoring, and EPI programme evaluation and staff training. FHB responsible for implementation of EPI and procurement and delivery of equipment, supplies and cold chain maintenance. These activities facilitated at the provincial and district level by the Provincial Directors of Health Services and Deputy Provincial Directors of Health Services respectively.

**Channelling/Management of funds:** The GAVI Secretariat channel funds to the Director General Health Services, Ministry of Healthcare and Nutrition. Once the DGHS receives funds, the DGHS inform the Ministry of Finance, funds will be entered into to the foreign fund component of the National Health Budget, administered by the MoF.

**Strategies proposed for sustainability of activities:** The immunization programme is funded by the government (75% of the routing vaccine cost), GAVI (Hep B vaccine) and privately (Rupees. 33.7 billion) through out-of-pocket payment, employer-sponsored benefits, and insurance.

**Collaboration with/ Involvement of other organisations in**

*i)* *Proposal Design & Planning*: The Management Development and Planning Unit (MDPU) Ministry of Healthcare and Nutrition with WHO, UNICEF, UNFPA, World Bank and JICA.

ii) *Proposal Management*: Deputy Director General (Planning) and WHO Country Office and UNICEF, UNFPA, JICA and World Bank.

iii) *Proposal Implementation:* The Management Development and Planning Unit (MDPU) of the Ministry of Healthcare and Nutrition with WHO, UNICEF, UNFPA, World Bank and JICA.

iv) *Technical Assistance:* WHO Country Office and GAVI HSS focal point WHO Regional Office, New Delhi

**Other Financial Support for HSS:** World Bank sponsored Sri Lanka Health Sector Development Project's (HSDP).