

Research Article

## Evaluation of Year 2018 Provincial Health Development Plan- Western Province, Sri Lanka

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**Executive summary:** Western Province considered to be the most populated Province in Sri Lanka which consisted of three Districts, Colombo, Gampaha and Kaluthara. People of the province are served by both line ministry and provincial ministry health institutes. Provincial Health Department belongs to the Provincial Ministry of Health and Indigenous Medicine and it is headed by the Provincial Director of Health Services, Western Province. There are 123 hospitals and 42 MOH offices in the province which provide all the promotive, preventive, curative and rehabilitative facilities for the public. Western Province receives three main types of grants called, Second Health Sector Development Project (SHSDP), Provincial Development Grant (PDG) and Provincial Specific Development Grant (PSDG). Received money are being used according to the annual plan prepared by the Provincial Planning Unit. Activities conducted under SHSDP in year 2018, have achieved very high levels of physical as well as financial progressions. Even though activities conducted under other two types of grants also showed an average financial progression of 93.3%, they have done large number of amendments to the original annual plan in order to achieve it. In fact they have failed to complete large number of activities which were in the annual plan. Poor planning, human related issues, environmental issues and funding issues were identified as main reasons for the failure of satisfactory implementation of original annual plan. Strengthening of planning unit by recruiting qualified Medical Officers and other technical staff, conducting capacity building activities for them, preparation of a manual with planning guidelines and proper supervision, monitoring and evaluation of planning unit activities were found to be appropriate solutions.

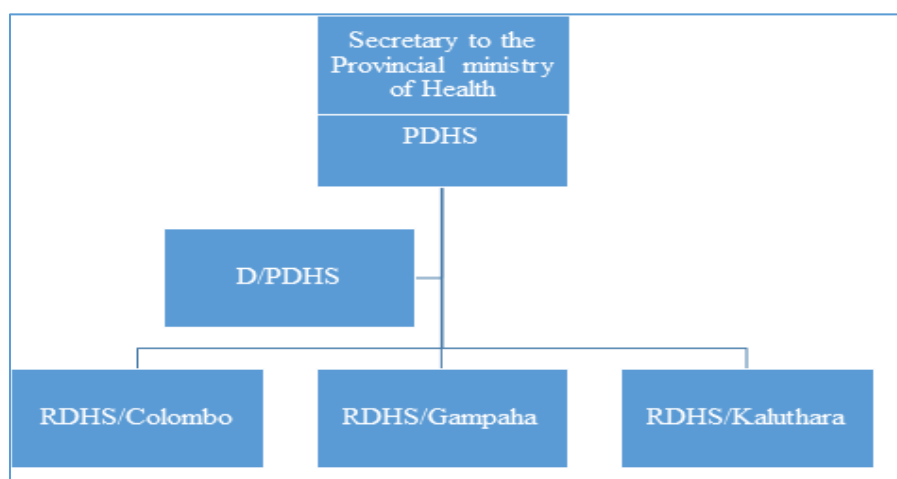
**Keywords:** Satisfactory implementation, planning, environmental issues.

### Introduction

Western Province, one of the nine provinces in Sri Lanka considered to be the first level administrative division of the country. It has an area of 3,684 square kilometers (1,422 sq mi) which is 5.61% of total area of the country. The province is surrounded by the Laccadive Sea to the west, North Western Province to the north, Sabaragamuwa Province to the east and the Southern Province to the south. The Western Province is divided into three administrative districts, Colombo, Gampaha and Kaluthara, 40 Divisional Secretary's Divisions (DS Divisions) and 2,505 Grama Niladhari Divisions (GN Divisions) (Wikipedia.org, 2019). According to the fourteenth national census, population and housing survey, population of western province was 5,821,710 which was 28.73% of the total population of Sri Lanka (annual health bulletin, 2015). Hence Western Province is considered to be the most densely populated province in the country with a population density of 1580 persons per square kilometer. Colombo district shows the highest density of 3513 persons per square kilometer

while Gampaha district has the next highest value of 1755 persons per square kilometer among all other districts of Sri Lanka (annual health bulletin, 2015). The majority of the population are Sinhalese, with a minority Sri Lankan Moor and Tamil population. The Western Province is vulnerable to recurrent flooding as a result of an increase in average rainfall coupled with heavier rainfall events, with knock-on impacts to the infrastructure, utility supply and the urban economy of the Province. As the most urbanized province in Sri Lanka, these climate events pose a number of problems due to the rapid urban growth the province has undergone.

The Provincial Department of Health, Western Province was established in year 1987 after the 13<sup>th</sup> amendment to the constitution and organizational structure of the Provincial Health Ministry is as follows.



**Figure 1. Organizational structure**

The provincial Director of Health services (PDHS) is considered to be the head of the department and under her/him there is a Deputy Provincial Director (DPDHS). There are three Regional Directors of Health Services (RDHS) directly under the PDHS for three districts of the province. Provincial healthcare institutes provide full range of promotive, preventive, curative and rehabilitative healthcare for the people.

### **Vision of the Provincial Health Department**

Ensuring a healthier population that contribute to the Economic, Social, Mental and Spiritual development of the Western Province.

### **Mission**

To contribute to the social and economic development of the province by achieving the highest attainable health status through promotive, preventive, curative and rehabilitative services of high quality made available and accessible to the people of the Western Province. There are two District General Hospitals, 8 Base Hospitals, 33 Divisional Hospitals, and 80 Primary Medical Care Units available within the provincial health department with 6131 bed capacity. It serves more than 780,000 inward cases, over 8 million OPD and Clinic patients annually (Annual health bulletin-Western province, 2017). An annual action plan is a document that lists what steps must be taken in order to achieve organizational goals. It is a type of short term plan preparing for a period of one year. "An effective annual plan builds on a larger strategic vision and core values, while still providing specific goals, metrics, and budgets to guide individual managers and employees.

However a perfect yearly plan should be flexible enough to handle an unpredictable and volatile future"(How to Craft the Perfect Annual Plan, n.d.). It clarifies "What do we want to achieve? What resources are required to get us to that finish line? And how will we measure that success? ("Seven Parts of a Great Annual Plan," 2016). The purpose of an annual plan is to work efficiently and effectively to achieve organizational goals. Large strategic vision of any province should be aligned with the national health policy of the country. Hence mission and vision of the Western Provincial Health Department should be align with Health Master Plan and Sustainable Development Goals. Based on above principles, provincial annual plan is being developed by the provincial planning unit with the participation of all key stakeholders like, PDHS, RDHSs, Provincial Community Care Physician (CCP) planning, MOO-planning of all three districts, etc. In addition to the preparation of annual plan, responsibility of monitoring, evaluation and taking necessary corrective actions also vested on the PDHS.

### Annual plan of Western Province

Western Province receives three main types of funds

- a) Provincial Development Grant (PDG)
- b) Provincial specific Development Grant (PSDG)
- c) Second Health Sector Development Project (SHSDP)

PDG and PSDG money are given by the Western Provincial Council according to the approved Provincial Council Budget. Difference between PDG and PSDG is that, money from PDG can be exchange among different activities more easily than PSDG where money allocated for a given activity have to be used only for that particular activity. Money for SHSDP are granted by the World Bank and it has two components. In the component I, the funds are allocated in to 4 thematic areas namely; Health system Improvement, Maternal & Child Health and Nutrition, Communicable Disease control & prevention, Non Communicable Diseases prevention & control. Component II of the project supports the implementation of innovations within the NHDP, operational research and opportunities for capacity building("notice\_shsdp.pdf," n.d.).

The financial progression of activities funded by SHSDP in year 2018 was summarized below.

**Table 1. Financial progression of SHSDP funded activities**

Thematic area	Allocation (Year 2018)	Expenditure (Year 2018)	Percentage of Expenditure
Addressing maternal and child Health and nutrition	50,377,182.82	49,606,603.05	98.47%
Prevention and control of communicable diseases	27,953,084.20	27,446,837.02	98.19%
Prevention and control of Non communicable diseases	11,987,966.75	10,587,155.76	88.31%
Health System Improvement measures	233,181,141.23	226,981,605.26	97.34%

Overall financial progression of SHSDP funded activities is 97.25% which can be considered as a highly satisfied level of progression even though financial progression of prevention and control of NCDs activities are considerably low. Financial progressions of activities carried out under PDG are summarized in Table 2.

**Table 2. Financial progressions of activities carried out under PDG**

District	Activity	Allocation	Expenditure	Percentage of Expenditure
Colombo	Constructions	23,164,909.78	22,266,868.07	96%
	Capacity building	2,277,745.00	2,258,761.74	99%
	Purchasing	4,848,445.00	4,750,876.70	98%
Gampaha	Constructions	14,521,954.99	14953082.20	103%
	Capacity building	2250000.00	1923254.80	85%
	Purchasing	1129625.00	1130388.00	100%
Kaluthara	Constructions	94898694.65	48257760.67	51%
	Capacity building	4627339.00	4571906.25	99%
	Purchasing	15139726.35	12661758.53	84%

According to the above table, all three districts have shown very good financial progressions in most of the thematic areas. Only exception is Kaluthara district have shown only a 51% of financial progression in constructions and repairs which were carried out in year 2018. However the amount of money allocated for construction work of Kaluthara district was also much higher than other two districts. Reason for that was due to the unsatisfactory level of physical and financial progression in constructions and repair work of Colombo and Gampaha districts, large amount of their money have been diverted to Kaluthara district at the latter part of the year causing poor financial progression in it. Table 3 Summarized the financial progression of activities carried out under PSDG.

**Table 3. Financial progression of activities carried out under PSDG**

District	Activity	Allocation	Expenditure	Percentage of Expenditure
Colombo	Constructions	21219454.28	19123952.70	90%
	Capacity building	906500.00	883799.14	97%
	Purchasing	4,839,426.00	4,691,800.25	97%
Gampaha	Constructions	41015391.09	42076329.03	102%
	Capacity building	1,177,000.00	1,138,260.00	97%
	Purchasing	1,007,015.00	1,007,015.00	100%
Kaluthara	Constructions	67350369.25	40408468.58	60%
	Capacity building	8,097,204.75	8,013,643.35	99%
	Purchasing	22,129,345.00	22,106,117.34	100%

Here also financial progression of all activities are excellent other than activities related to constructions and repairs of Kaluthara district. PSDG allocations for constructions and repairs for Kaluthara district also very much higher than other two districts as in PDG. This difference and relatively poor financial progression also due to the same reason explained earlier.

### Problem identification

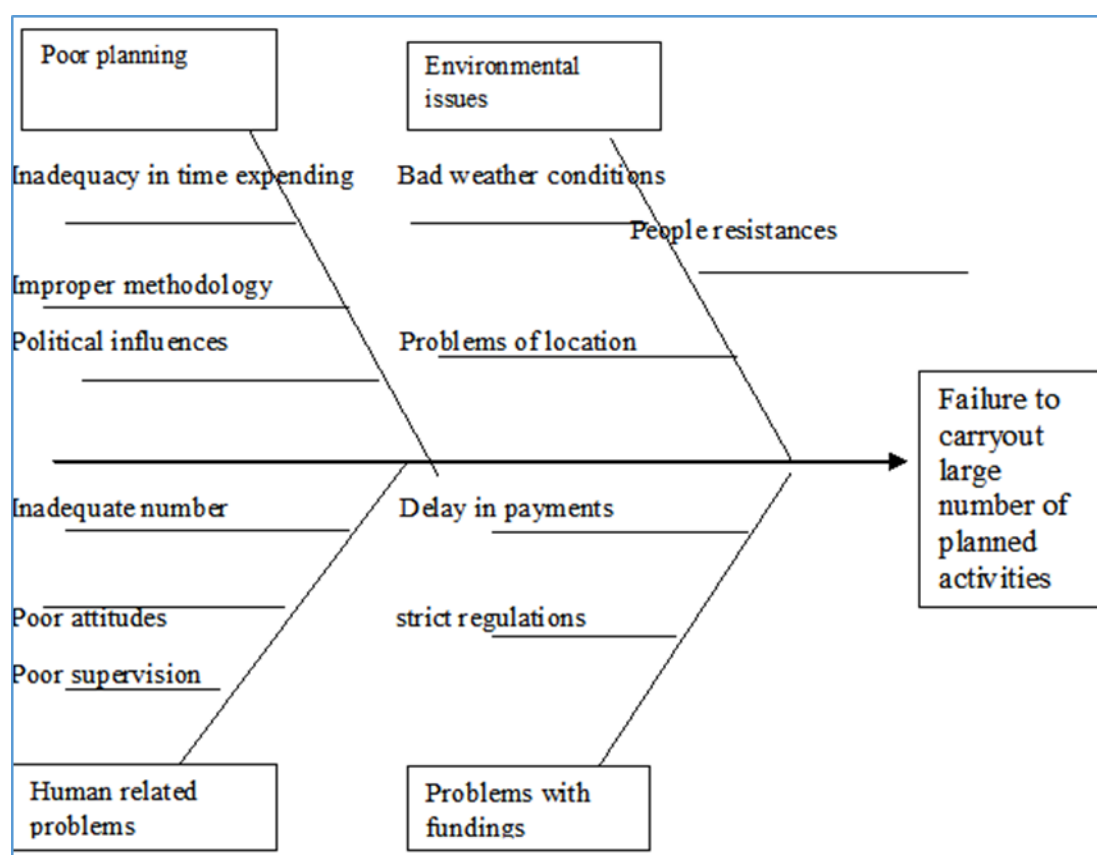
Even though average financial progression of all the activities carried out in year 2018 showed a very high value (93.3%), large number of activities which were in the original annual plan have been amended during its implementation. Number of amended and given up activities by each district are shown in Table 04.

**Table 4. Number of amended and given up activities in the province**

District	No of amended activities	No of given up activities
Colombo	28	08
Gampaha	21	06
Kaluthara	12	02

According to the PDHS, Consultant planning of the Province, Chief Accountant and MOO planning of Districts, considerable amount of amendments to the original annual plan have been done to avoid money going back from the province and to keep the level of financial progression high. Hence many priority problems which were included in the annual plan remains unsolved. Therefore "failure to carryout large number of planned activities" was the main problem identified in this study.

Fish bone analysis of the main problem is illustrated in Figure 01.



**Figure 1. Fish bone analysis of the problem**

### 1. Poor planning

Poor planning invariably leads to poor implementation and ultimately for poor results (Amstrong, 1982). An annual plan should be prepared based on a strategic plan and ideally it should be aligned with national policies and SDG (Sustainable Development Goals). But Western Province does not have a strategic plan at the moment and they prepare annual plans considering existing situations of each Districts. Similarly adequate amount of time should be allocated to the planning process. With the participation of all relevant stakeholders, proper situational analysis, problem identification and prioritization have to be done which requires considerable amount of time. Since all the responsible officers are busy with their day today

work, adequate time is not being allocated for planning process. Political influences are very common in our context during the process of planning as well as implementation. Therefore it can affect badly on the planning process whenever they are coming up with non-scientific demands.

## **2. Human related problems**

Formation and execution of an annual plan requires people from various sectors. But most of the people who are handling this area do not have proper expertise on the subject. Especially most of the Medical officers who handle District/provincial planning, do not have any additional qualification on this subject other than the MBBS degree. So their ability on making good plans, execution, monitoring and evaluation is not to the expected level of standards.

In addition to that there are very limited number of Technical officers and Engineers who have attached to the Department of Health as well as Engineering Department. So unnecessary delays occur during some processes like making specifications, getting TEC reports, and conducting procurement procedures.

## **3. Environmental issues**

Environmental factors also one of the major determinants of annual plan implementation in a province. Especially extreme weather conditions, public resistances, and geographical difficulties can delay or disturb some planned activities like constructions and repairs.

## **4. Problems with funding**

Following funding issues can be associated with poor planning and implementation of an annual plan

- ✓ Receiving limited amount of funds
- ✓ Delay in receiving money
- ✓ Too strict regulations with minimum flexibility in using money

## **Proposals**

Main reasons for failure to carryout large number of planned activities in the Western Province are as follows.

- 1) Poor planning
- 2) Human related problems
- 3) Environmental issues
- 4) funding issues

In depth interviews with Western Provincial Director of Health Services, Consultant planning of the Province, MOO planning of all three Districts, Chief Accountant, Deputy Provincial Director in Administration were carried out to find out alternative solutions for those problems and to select most important solutions among them.

## **Alternate solutions**

### **Poor planning**

A strategic plan should be developed based on vision and mission of the province as well as national policies and priorities. Annual action plans should be developed based on the strategic plan with the participation of all relevant stakeholders. Adequate amount of time should be allocated for the planning process. Unnecessary political influences have to be addressed by scientific and evidence based justifications.



### **Human related problems**

Measures should be taken to recruit adequate number of appropriately qualified employees for planning units and other relevant positions. Their training needs should be identified and necessary trainings should be provided. Supervision of planning work should be done by RDHSs and PDHS and periodic progress reviews have to be carried out.

### **Environmental issues**

Environmental issues like extreme weather conditions have to be considered from the planning stage itself and measures should be taken to mitigate. eg. Attention should be given to complete construction work before rainy season starts. Geographical issues and public resistances also should be identified early and appropriate actions should be taken.

### **Funding issues**

Realistic budgets should be prepared during the planning stage with the help of Accountants. Measures should be taken to get down funds in correct time. Contractors should be encouraged to handover their bills timely and they should be educated on how to fill bills properly. Should take necessary steps to negotiate strict regulations of funding agents.

### **Recommendations**

- ✓ Strengthening Planning unit by recruiting qualified Medical Officers and other technical staff.
- ✓ Prepare a planning guideline and make it available at district as well as provincial level.
- ✓ Introduce a system for supervision, monitoring and evaluation of planning unit activities.

### **Implementation**

- 1) Medical Administration qualified Medical Officers should be appointed as in charges of all district levels and provincial level planning units. Required number of Engineers and Technical officers also should be recruited for those units.
- 2) PDHS, RDHSs, Planning unit heads, Accountants, Engineers and Technical Officers etc should be get together to form a manual with planning guidelines to the province. Mission and Vision of the province, criteria for allocation of funds and prioritization of needs, deadlines for each step of the planning process, how authority and responsibility shared among officers etc should be clearly included in it.
- 3) A team consisted with PDHS, RDHSs, Chief Accountant and Chief Engineer should be there to supervise the whole planning process and proper monitoring and evaluations should be done through regular progress review meetings.
- 4) Training need assessments should be carried out based on proper criteria and programs for capacity building should be conducted for employees involved in planning work

**Conflicts of interest:** The authors declare no conflicts of interest.

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