

## UN Sri Lanka Multi-Partner Trust Fund

<b>Programme Title</b>	DFAT Health Security Initiative
<b>Country/Region</b>	Sri Lanka
<b>Priority area/ strategic results</b>	Case management Laboratories and Diagnostics Essential Health Services: Vulnerable groups protected Essential Health Services: Mental Health Community engagement One health approach
<b>Organization that have received direct funding from the MPTF Office under this programme</b>	<b>WHO</b>
<b>Implementing Partners</b>	Ministry of Health (MoH), Provincial and Regional Directorates of Health Services, Sarvodaya and other Civil Society Organizations
<b>Overall Duration</b>	Jul 2021 - Jun 2023
<b>Amount</b>	USD 945,000
<b>Proposed project submitted/report(s) to be submitted by</b>	<div style="background-color: black; width: 200px; height: 30px; margin: 10px auto;"></div>

16/7/2021

### 1. BACKGROUND

As of 13 July 2021, Sri Lanka has reported a total of 276,106 COVID-19 cases with 3,533 deaths and is currently experiencing the third wave of the pandemic. Through the course of the past 17 months the country has experienced several clusters, some of larger magnitude than the others such as the Peliyagoda cluster and the presently active New Year cluster. The third wave which started in mid-April 2021 has been responsible for more than 60% of the total cases reported (174,885) and the spread of the alpha (UK) variant throughout the country is the main reason for the rapid escalation of case load seen in this wave of the pandemic. Few cases of delta (Indian) variant has also been detected in the community over the past one month.

COVID-19 has exposed systemic weaknesses in global and national health systems and health security mechanisms. We are now faced with a generational opportunity, and a moral obligation, to make investments in health systems and health security that will not only have immediate benefits in terms of COVID-19, but also lasting benefits in terms of our collective health security, and an enduring improvement in health and well-being of people.

Sri Lanka is at a crossroad where the government is exploring options for rolling out COVID vaccines in a bid to control the pandemic while the virus keeps mutating. The vaccine production is limited globally and Sri Lanka like many other developing countries will require strengthening of the health system while adhering to Public health and social measures (PHSM) until the vaccination coverage reaches at least 80% by mid/late 2022 or earlier. Priority actions for Sri Lanka include health system strengthening, laboratory and testing capacity strengthening, case management and surveillance supported by effective risk communication strategies and community engagement, that place vulnerable populations at the centre of interventions.

In the early phase of the COVID-19 response, the government of Australia has provided support to Sri Lanka's Strategic Preparedness and Response Plan through the World Health Organization (WHO). A total of 465,784 USD has been utilized to strengthen the pandemic response in areas of surveillance, case management, laboratory strengthening, risk communication and an additional 100,000 USD was used for community engagement through United Nations Multi Partner Trust Fund (UN MPTF). The support was timely and well-appreciated by the government and it has also complemented the funding from WHO.

This proposal by WHO is aimed at expanding the good partnership with DFAT in supporting the COVID-19 response and future emergency preparedness under the leadership of the UN Resident Coordinator. The proposal builds on the Sri Lanka Preparedness and Response Plan 2021, the UN Socio-Economic Advisory Paper (Health Pillar), UN Results Group Work Plan and the technical competencies and comparative advantage of WHO.

## **2. OBJECTIVE(S)**

To support the Government of Sri Lanka to protect its citizens and frontline workers against COVID-19, and expand the capacity of its health system to prepare and respond to the current outbreak and pandemics in to the future.

## **3. EXPECTED RESULTS AND ACTIVITIES**

### **Priority Areas of Support:**

1. Support to the Ministry of Health, other Ministries and counterparts to implement **Sri Lanka's COVID-19 Strategic Preparedness and Response Plan (SPRP)**.
  - **Case Management** – Strengthening country capacity to manage COVID-19 patients through the establishment of 3 oxygen concentration plants (through UNOPS) and provision of urgently needed medical equipment;
  - **Laboratories and diagnostics** - Strengthen the country capacity to undertake genomic sequencing;
  - **Essential Health Services: Vulnerable groups protected** - Ensure provision of mental health and psychosocial support to the frontline health care workers
  - **Essential Health services: Mental Health** – Strengthening the mental health care facility for infected persons through provision of basic facilities, and equipment
  - **Community Engagement**- Community Engagement to prevent transmission and protect people by engaging and empowering the community (Civil Society Collective)
2. **Future health security and preparedness using 'One Health' Approach** - Expand influenza surveillance to cover OIE notifiable viral diseases through provision of equipment, training and test kits. Establish genomic sequencing for OIE notifiable viral diseases.



# 1. BUDGET

Pillar	Activity / activities	Budget estimate in USD			
		Budget estimate July- Dec 2021	Budget Estimate Jan Dec 2022	Budget Estimate Jan - Jun 2023	Total
Case management and therapeutics	Support Ministry of Health to strengthen the patient management capacity by equipping level 2 COVID-19 treatment centres with 50 Bilevel Positive Airway Pressure (BPAP) machines.	250,000	0	0	250,000
Laboratories and Diagnostics	Supply the 'SARS-Cov-2 research panels' required for genomic sequencing	50,000	150,000	38,150	238,178
Essential Health Services: Vulnerable groups protected	Ensure provision of mental health and psychosocial support to the frontline health care workers for promotion of their mental health and psychosocial well-being.	20,000	40,000	10,000	70,000
Essential Health Services: Mental Health	Strengthening the mental health care facility for SARS-CoV 2 infected person with mental health conditions	20,000	30,000	0	50,000
Community engagement	Community Engagement to prevent transmission and protect people by engaging and empowering the community	25,000	100,000	25,000	150,000
	Vulnerable communities capacitated and empowered to protect from COVID-19 and access MHPSS services during the COVID-19 response		15,000	10,000	25,000
One Health Approach	Expand influenza surveillance to cover OIE notifiable viral diseases through provision of equipment, training and test kits.	40,000	40,000	20,000	100,000
	Establish genomic sequencing for OIE notifiable viral diseases through provision of equipment and sequencing cartridges.				
Direct Cost		405,000	375,000	103,150	883,178
PSC (7%)		28,350	26,250	7,221	61,822
Total project cost (USD)		433,350	401,250	110,371	945,000

*Ahmed Singh*  
16/7/2021



## 5. PROJECT RESULTS FRAMEWORK

Expected Accomplishments	Indicators	Baseline	Targets	Monitoring Mechanism (Info/Data Sources)	Key Assumptions and Risks in Achieving Outputs
<b>Outcome:</b> Sri Lankan Government supported to protect its citizens and frontline workers against COVID-19, and expand the capacity of its health system to prepare and respond to the current outbreak and pandemics in to the future.	Case Fatality Ratio of COVID-19 disaggregated as per available information	2.2% (Global Level)	<2%	COVID-19 dashboard of MoH	Constant uninterrupted supply of vaccines
<b>Output 1 (Pillar: Case management)</b>					
1. BPAP machines provided to Level II and III COVID hospitals in Western Province	Number of fully functional HDU beds dedicated for COVID-19 patient management in Western province	15 (2020)	50 fully functional HDU beds dedicated for COVID-19 patient management in Western province	Reports from Bio Medical Engineering Services and Medical Services of Ministry of Health	Availability of equipment to be purchased  Availability of the necessary infrastructure and other supplementary items needed for optimal functioning the BPAP machines
<b>Output 2 (Pillar: Laboratories and diagnostics)</b>					
2. 'SARS-Cov-2 research panels' required for genomic sequencing provided on a regular basis	Availability of genomic sequencing reports of systematically selected samples in Sri Lanka on a regular basis	96 samples sequenced during a period of 3 months or more	96 samples sequenced every 2 months	Genomic sequencing reports issued by the relevant laboratory	Continued availability of supplies



Expected Accomplishments	Indicators	Baseline	Targets	Monitoring Mechanism (Info/Data Sources)	Key Assumptions and Risks in Achieving Outputs
<b>Output 3 (Pillar: Essential Health Services: Vulnerable groups protected)</b>					
3.1 Mental health and psychosocial issues encountered by the frontline health workers in COVID treatment centres and general hospitals identified	Number of frontline health care workers surveyed / assessed to identify the MHPSS issues	Not available	Survey/assessment to be completed by November 2021	Survey report	Support from other key stakeholders such as Sri Lanka College of Psychiatrist, Sri Lanka Psychologist Association
3.2 Mental health and psychosocial support provided to improve the mental health and psychosocial well-being of the frontline health workers	Number of MHPSS programmes conducted and number of staff supported	Approximately 1100 staff members and their families were provided with holiday packages and MHPSS support. Furthermore, the staff is being currently supported through online methods, and a dedicated hotline has been established.	Development and roll out of a MHPSS programme through ToT programmes for high risk institutional staff. 60% of institutions are expected to be covered in 2022 while the remaining 40% will be targeted in 2023	Report from MoH, Programme materials	Relaxation of imposed restrictions allowing for face-to-face programmes  Relaxation of inter-provincial travel restrictions allowing programmes to be conducted in multiple provinces/districts
<b>Output 4 (Pillar: Essential Health Services: Mental Health)</b>					
4. Mental health care facilities for COVID-19 infected person with mental health conditions strengthened	Increase in the number of beds and facilities to manage COVID-19 infected person with mental health conditions	Currently 40 beds are available at the National Institute of Mental Health. 20 beds are available in DH Atabage but is not yet functional due to human resource shortages.	Accommodate 80-100 persons by the end of 2021 150 persons by the end of 2022	MoH report and number of beds available at facility	Availability of equipment to be purchased  Availability of the required Human resources
<b>Output 5 (Pillar: Community engagement)</b>					

Expected Accomplishments	Indicators	Baseline	Targets	Monitoring Mechanism (Info/Data Sources)	Key Assumptions and Risks in Achieving Outputs
5.1 Community engagement network for public health and health preventive measures created	<ul style="list-style-type: none"> <li>-No. of health committees</li> <li>-No. of volunteers</li> <li>-No. of hand washing stations</li> <li>-No. cleanings and infections</li> <li>-No. of social distance marking</li> <li>-No. of community health check-ups</li> </ul>	<ul style="list-style-type: none"> <li>- 0 (Currently not functioning)</li> <li>- Not Available</li> <li>- 225 handwashing stations distributed</li> <li>-Not available</li> <li>- 130 social distancing markings</li> <li>-Not available</li> </ul>	<ul style="list-style-type: none"> <li>360 committees</li> <li>750 volunteers</li> <li>360 stations</li> <li>1,500 places</li> <li>500 places</li> <li>500,000 (Minimum)</li> </ul>	<ul style="list-style-type: none"> <li>Project reports (Annual/ Mid/ Quarterly)</li> <li>Monthly reports submitted by districts</li> <li>Identified success stories/ cases in each district</li> <li>Relevant picture evidence</li> </ul>	<ul style="list-style-type: none"> <li>Relaxation of imposed restrictions allowing for face-to-face programmes</li> <li>Relaxation of inter-provincial travel restrictions allowing programmes to be conducted in multiple provinces/ districts</li> </ul>
5.2 Awareness in the communities on public health prevention measures increased	<ul style="list-style-type: none"> <li>-No. of programs conducted on health sector regulations and guidelines</li> <li>-No. of masks distributed</li> </ul>	<ul style="list-style-type: none"> <li>-10 webinars</li> <li>-Not available</li> </ul>	<ul style="list-style-type: none"> <li>50 webinar programs</li> <li>36,000 masks</li> </ul>		
5.3 Community engagement on public health and preventive measures increased	<ul style="list-style-type: none"> <li>-No. of community facilitations provided</li> <li>-No. of persons involved in /supporting the vaccination process</li> <li>-No. of risk communication material designed</li> </ul>	<ul style="list-style-type: none"> <li>- Not Available</li> <li>-10 Volunteers</li> <li>100 social media post</li> </ul>	<ul style="list-style-type: none"> <li>500 packs</li> <li>100 volunteers</li> <li>200 Social Media posts developed</li> </ul>		
5.4 Vulnerable communities capacitated and empowered to protect from COVID-19 and access MHPSS services during COVID-19 pandemic	Number of carers and users/groups with required capacity available in the districts	Currently 70 small groups are active in 12 districts	Expand the services to another 10 districts 2022 and 04 districts 2023	Reports from Consumer Action Network Mental Health Lanka (CANMH), community stories	



Expected Accomplishments	Indicators	Baseline	Targets	Monitoring Mechanism (Info/Data Sources)	Key Assumptions and Risks in Achieving Outputs
<b>Output 6 (Pillar - One Health approach)</b>					
6.1 Influenza surveillance to cover OIE notifiable viral diseases established through provision of equipment, training and test kits	Availability of an Influenza surveillance system to cover OIE notifiable viral diseases	Currently a surveillance system is not available	Functional Influenza surveillance system to cover OIE notifiable viral diseases available by 2022	Reports generated from the surveillance system	Availability of equipment to be purchased  Availability of the required Human resources
6.2 Genomic sequencing for OIE notifiable viral diseases established	Availability of genomic sequencing results for OIE notifiable viral diseases	Currently not available	Genomic sequencing results for OIE notifiable viral diseases are regularly available by 2022	Genomic sequencing reports	

## **6. PROJECT MONITORING, REPORTING AND COMMUNICATION/VISIBILITY REQUIREMENTS**

Appropriate visibility and communication modalities are incorporated to each activity to acknowledge and appreciate DFAT's contribution to strengthen the health system response and support to enhance the country's resilience to shocks for future public health emergencies.

Activities that will be covered under this plan include:

- Coverage of project milestones (e.g., project launching/closing ceremonies, public-private dialogues; milestone events; baseline/end line results of the project intervention) through press releases, web stories on the WHO Sri Lanka website, and social media coverage
- Coverage and promotion of the main capacity-building activities and events (e.g., training workshops)

When the support is in a form of a provision of equipment, consumables or any other form of material donations, ceremonial handing over of the donations with the presence of Head of Office, high-ranking officials from Ministry of Health and UN RCO will be arranged. Further, co-branding can be done by way of pasting sticker on the equipment acknowledging the donor. A press release will be issued on the event.

In activities leading to the generation of a report or publication, the donor will be acknowledged in the publication and a joint launching ceremony will be arranged with due recognition of all agencies that contributed. All publicity and communication materials will bear DFAT's logo, with their permission.