DFAT Health Security Proposal - July 2021

UNDP Sri Lanka

Programme Title	Support to Strengthen the Health System's Response to the COVID 19 Pandemic in Sri Lanka.
Country/Region	Sri Lanka
Priority area/ strategic results	- Strengthening and capacitating COVID Intermediate Treatment Centers at the sub-national level - The safe and efficient patient transfer of women, Persons with Disabilities and those with comorbidities to treatment centers and hospitals
UN Agency	UNDP
Implementing Partners	UNDP
Programme Duration	July 2021-February 2022
Amount	465,000 USD
Proposed project submitted/report(s) to be submitted by	Faiza Effendi

1.0 Background/Rationale

The COVID-19 pandemic is a humanitarian crisis with implications of unprecedented proportion, across the dimensions of health, socioeconomics and human rights with dire consequences for individuals and communities. Sri Lanka's healthcare infrastructure has been severely tested by the outbreak of COVID-19. According to the Sri Lanka Health Promotion Bureau, as of 14 July 2021, the cumulative count of COVID19 patients in Sri Lanka was 277,519 and the number of active cases 26,417 with 3,574 recorded deaths. The health authorities have also confirmed the presence of extremely transmissible variants in the country that pose the risk of circumventing vaccine-induced immunity. These variants are leading to more young being infected and are likely leading to higher mortality rates. If the spread of infection is not controlled, the R0 of SARS-CoV-2 is such that it sweeps swiftly through the susceptible population, resulting in a large number of very ill persons within a short period of time, thus creating an overloading of the health system.

This additional strain on the health system has resulted in a shortage in the availability of beds and ventilators in hospital intensive care units (ICU), to care for critically ill patients, and this is a major constraining factor in an effective healthcare response. Sri Lanka will need to closely monitor and control the rate of spread of infection so that the requirement for ICU beds and ventilators remains within the available capacity. Given the pressure on medical system at the central level is building up to an unsustainable level, the Government of Sri Lanka (GoSL) is taking an adaptive management approach and has adjusted the protocol to strengthen and capacitate subnational COVID Treatment Centers to relieve pressure on central health authorities and facilities to enable a more efficient response to the crisis.

Linked to this is the issue of healthcare waste management (HCWM). A 2019 audit report pointed out that HCWM, and more broadly solid waste management (SWM), is a major social and environmental challenge

in Sri Lanka, with 70% of the audited hospitals not complying with HCWM standards. Improper disposal of infectious and hazardous waste and non-adherence to HCWM standards is negatively affecting people and the environment, contaminating solid waste, and hindering the achievement of SDG targets on chemicals and waste management, and biodiversity protection. Data from designated COVID19 hospitals and treatment centers show five-fold increase in clinical waste and resulting increase in open burning of clinical waste to reduce the risk of infection and also an increase in open dumping. This has released unintentional persistent organic pollutants (uPoPs) such as dioxins and other toxic air pollutants into the environment. Additionally, female low skilled workers find themselves as the first point of contact where health care waste is concerned, and therefore, special attention also needs to be taken regarding the health and safety of workers who handle health care waste.

The efficient transfer of COVID-19 patients to intermediate care facilities and to hospitals is also a critical need. The Government's 1990 Suwa Seriya Ambulance programme caters to the requirement for first response. However, it is not fully equipped to effectively transfer COVID patients. Building up their response capacity through the provision of equipment and training will support effective response.

COVID-19 response and recovery must prohibit discrimination on the basis of disability, gender, ethnicity, race, sexual orientation, origin, location and legal status, among other factors. COVID-19 response and recovery need to reflect and respond to the multiple and intersecting forms of discrimination to ensure that the most marginalized groups among them are not left behind. The elderly, persons with pre-existing medical conditions and persons with disabilities; those with vulnerability linked to social determinants of health –ethnic minorities, women and girls, pregnant women etc. are the portion of the population that is most in need of health services and as such the most vulnerable to the present pandemic situation. According to the 2016 HIES (Household Income and Expenditure Surveys), of the 5.4 million households in Sri Lanka, 1.4 million (that is 25.8%) were female headed households (FHH) (with the Northern Province recording 23.9% of FHH, Eastern Province 26.6% and North Western 27.4%). Most of these FHHs (Female Headed Households) due to their disadvantaged position in the community are reluctant to access care centers. Separation from their children (especially families with children with disabilities) remains an underlying fear, hence accessing care centers for treatment is bypassed. Persons with disabilities on the other hand also encounter significant barriers and face even greater marginalization. Especially persons with intellectual and psychosocial disabilities, persons who are deaf and blind are more likely to be excluded from services or be detained in institutions. As agents of planning and implementation, a combination of mainstreamed and targeted measures is necessary in all proposed interventions, to ensure that these vulnerable groups are at the center of all our efforts and not left behind.

Taking all of the above into consideration, UNDP Sri Lanka proposes a series of targeted activities which provide holistic and systemic support to the Government of Sri Lanka in responding to the pandemic as detailed below. The activities proposed through this project will support interventions at the subnational level to curb the rapid spread of the virus to the extent possible with special attention given to ensure that these activities follow a do no harm principle and are gender sensitive, while also ensuring to mainstream disability in all plans and efforts. The activities also take into account the need for capacity building of local responders to address future crisis more effectively.

2.0 Targeted Locations

- Northern Province-Jaffna and garment factory cluster in Puthukudiyiruppu, Mullaitivu district for Intermediate Care Centers.

- For ambulance support - Island wide service delivery (with a proportion of support to areas where ICCs will be established through the project in the Northern Province)

3.0 UNDP's Value Add

Since the start of the pandemic, UNDP Sri Lanka has been supporting the Ministry of Health (MOH) by undertaking emergency international procurement of PPE on the request of the Government of Sri Lanka, working with the Health Promotion Bureau to raise awareness on COVID-19 prevention and symptoms through the development of 9 short Public Service Announcements featured on national television and on social media, reaching over 6 million viewers in the country. Additionally, UNDP recently supported the MOH to conduct country wide rapid assessment of Health Care Waste Management (HCWM) that would contribute towards a National Action Plan for HCWM. Further, UNDP has extended support towards implementing the key recommendations of the National Action Plan by piloting localized, comprehensive and gender-sensitive HCWM systems, partnerships forged for last-mile safe disposal with promoting waste to income generation activities, especially for women; and HCWM standards updated based on internationally endorsed norms inclusive of pandemic related waste management.

This project will focus on districts with readily deployable UNDP personnel and resources, and strong existing relationships with relevant local government authorities to extend immediate support. Since late 2015 UNDP has been engaged in projects and programming in close coordination with District Secretaries and other government officials in the North and East. Leveraging the relationships and mechanisms established through older projects to the benefit of new projects, strengthening synergies and complementarities between different initiatives will allow us to facilitate an integrated approach to local development.

4.0 Programme Objectives

Alignment of project objectives against SDGs

The interventions are in line with SDGs 3, 5, 10 and 16 in providing access to quality health care and ensuring equal access to lifesaving services for all, especially the most vulnerable populations.

Theory of Change

Accordingly, this project is designed with the expectation that:

- IF capacity is strengthened for selected COVID intermediate treatment centers at the sub-national level in response to the Government's adaptive management approach easing the burden on central healthcare facilities;
- AND adequate healthcare waste management facilities, are established and operationalized in relation to these selected centers;
- AND the safe and efficient transfer of patients to selected treatment centers and hospitals is ensured, especially for Women, PWDs and those with comorbidities, while building the capacity of the national response system;
- THEN the most vulnerable to the COVID-19 pandemic in the target locations will receive effective, timely treatment and services ensuring that no one is left behind.

The outcome of this project is:

- Adequate and timely treatment for COVID-19 is made accessible to vulnerable communities in the Northern province.

Output 1: Two Intermediate Care Centers operationalized at the Sub-National level (Northern Province).

Proper treatment of HCW (Health Care Waste) generated from the intermediate care centers and other surrounding small hospitals will contribute to reduction in risk of spread of infection from waste, reduction in harmful gases generated as a result of open burning and reduction in the damage to the environment due to open dumping. Women who are low skilled workers (some who are unable to read and write) find themselves as the first point of contact where health care waste is concerned and hence the solution for HCW generated from intermediate care centers and other small surrounding hospitals/treatment centers will support to cut back on the risks to staff, patients, communities and the environment due to improper HCWM and cope with increased waste generated as a result of the pandemic situation.

*Two COVID Emergency Treatment Centers with a total capacity of 600 (300*2) beds in high-risk areas in the Northern Province-Jaffna and garment factory cluster in Puthukudiyiruppu, Mullaitivu district, with adequate healthcare waste management facilities, established and operationalized (as identified based on caseloads/COVID hotspots and other risk factors), with a focus on support for women and PWDs.* This output takes a holistic approach to support the Government's immediate measures by focusing on 2 key activities:

Activity 1.1. Essential PPE, medical and other supplies for the 02 identified treatment centers procured, to support the protection of doctors and staff, and effective treatment of patients - Five-function ICU beds (5 Nos.), Therapeutic high-end ventilator, Advanced multipara monitors (GE) (3 Nos.), Portable ultrasound (Xario 100), Portable X-ray and High-end CRRT 5-pump (Continues renal replacement therapy) machine.

Activity 1.2 Support to the treatment centers to manage COVID related healthcare waste in accordance with environmental standards – this includes the procurement of 1 mobile HCWM unit, such as 1 incinerator and 3 ash pits, along with 6 months support for operations.

Output 2: Improved patient transfer mechanism ensures safe and efficient transfer of patients, especially women, PWDs and those with comorbidities to treatment centers and hospitals in the target locations.

Patient transfer to treatment centers streamlined through the strengthening of the "1990 Suwa Seriya" ambulance service with essential medical equipment, PPEs (Personal Protective Equipment's), stretchers, and other supplies, with a special focus on women and Persons with Disabilities (PWDs). Women specific equity measures such as in the case of pregnancy, lactating mothers, ability to remain with their children (to avoid any psychological harm), access to sanitary products among others need to be considered to ensure services are provided in a client friendly manner. Special assistance measures need to be in place for persons with disabilities to access adaptive equipment and relevant support services as per individual requirements. Training of the staff to be able to manage a PWD, ensuring reasonable accommodation needs of that community will enhance the overall health service without interruption.

This output takes a holistic approach to support the Government's immediate measures by focusing on 03 Activities:

Activity 2.1 Solutions to improve the efficiency of the 1990 Suwa Seriya, including strengthening the central coordination facility of the service developed using systemic design and human centered

design approaches and required supplies and emergency medical equipment to enhance capacity of the pre-hospital ambulance care service procured.

Activity 2.2 Using design thinking tools such as user journey maps to identify the special adaptive facilities required by PWDs and implementing the requirements to the Ambulances.

Activity 2.3 On-call cadre trained to support the safe and efficient transfer of female and PWD patients following do no harm principles. To take this forward, linkages need to be formalized with the Disability Persons Front and other key organizations. Linkages with Mental Health Support, Family Health Bureau, women wellness centers and nursing teams need to be established to provide specialized services.

5.0 Monitoring and Evaluation

The project would be managed by the UNDP Sri Lanka Country Office (CO) under the overall guidance of the Resident Representative (RR) and Deputy Resident Representative (DRR).

A multi-disciplinary team, consisting of team members from the Inclusive Governance, Climate & Environment and UNDP's Citra Social Innovation Lab, will steer the implementation of the initiatives outlined in this project. The project will avail UNDP's direct implementation modality for delivering the project outputs and achievement of project objective.

6.0 Sustainability

For **Output 1**, UNDP sub-national project teams who will manage support to the intermediate care centers under this project, will ensure the continuous engagement and ownership of the relevant health actors to adopt sustainable transition strategies at these care centers. This will include the formal handover of project equipment, including Health Care Waste Management equipment, to the respective District General Hospitals in the Northern province through the Provincial Ministry of Health Services in consultation with the Ministry of Health following the closure of the Intermediate Centers at the end of the project. During the last phase of project implementation, UNDP will assess the need for equipment at the 5 District General Hospitals in the Province, based on which equipment will be distributed. Throughout the implementation of the project and at the time of handover, UNDP will ensure comprehensive documentation and inventory management of all equipment provided. This will be followed by physical verification of assets to ensure proper utilization and maintenance at the respective hospitals, with the support of UNDP sub-national project staff.

For **Output 2** – UNDP's Citra Social Innovation Lab will work closely with the 1990 Suwa Seriya service to ensure continuous engagement of all stakeholders involved, including Suwa Seriya management and staff. Design thinking approaches will be used to ensure that the solutions are user centric and will be positively and effectively adopted by the end users. UNDP will ensure comprehensive documentation, inventory management and handover of all equipment provided.

7.0 Visibility and Communications

For the overall visibility and communications efforts, the UNDP communications team will support the relevant project teams engaged in output 1 and 2 to effectively capture and highlight key milestones and achievements under each of the relevant outputs, thereby creating necessary awareness on the

interventions, as well as acknowledgement of the support of the Australian Government to immediate COVID-19 efforts in Sri Lanka. Communications content generated will also highlight in particular vulnerable groups, PWDs and women through key human-interest stories, case studies and related content, in addition to regular print media and social media updates on the interventions, a proposed launch event to position the interventions and its key stakeholders will also be explored at the inception of the project. The suggested communications and visibility efforts will not only provide an outlet for UNDP to showcase the impact of the intervention but also provide an opportunity for Australia to highlight its support as well. Detailed planned communication activities have been highlighted against the relevant outputs in section 8.0.

8.0 Expected Results and Key Interventions

EXPECTED Output *And baseline, indicators including annual targets*	**PLANNED ACTIVITIES** *List activity results and associated actions*	**PLANNED COMMS ACTIVITIES**	**Relevant SDGs**	**BUDGET (USD)**	**Source of Verification**	**Key Assumptions and Risks in Achieving Outputs**
Output 1: Operationalization of two Intermediate Care Centers at the Sub-National level. **Indicators:** 1.1 Essential health care equipment and supplies procured for the treatment centers 1.2: % of medical waste disposed via HCWM unit **Baseline:** 1.1No. of ICU beds, ventilators, and so forth available at the moment… 1.2. Zero	1.1Essential Equipment procured to provide effective COVID treatment and management of COVID related residuals	Visibility and communications around the establishment of the Intermediate Care Centers, supply of essential items, effective management of healthcare waste, capacitating these centers and DFAT's contribution efforts to this • Press releases • Social media updates • Videos (testimonials from front line responders and partners, highlighting support of the intervention) • Visualization of impact of support, reduction in pollutants, impact on environment, etc.	3,5,10 and 16	196,153	Notes on goods received, reports on the trainings carried out, interim and final progress reports, records of hospital inventory and the hospital records on the amount of waste disposed.	Risk: Import restrictions delay timely delivery of critical health care equipment to the treatment centers. Adequate human resources are not sustained at the treatment centers to operate the HCWM facilities. Assumption 1. ERD /Heath Ministry will facilitate to obtain necessary approval. 2. Ministry of Health will allocate required Human Resources and other provisions for the Intermediate Care Centers 3. Ministry of Health will establish

		• Social media content to create awareness on importance of healthcare waste management				linkages between existing health facilities and Intermediate Care Centers to streamline the functions 4. Ministry of Health will provide the required in-plant training for the frontline workers in consultation with the suppliers
	1.2 Support to the treatment centers to manage COVID related healthcare waste in accordance with environmental standards – this includes the procurement of 1 mobile HCWM unit, such as 1 incinerator + 3 ash pits along with 6 months support for operation.			85,648	Notes on goods received and MoH documents	Risks 1.Import restrictions delay timely delivery of critical health care equipment to the treatment centers. 2.Adequate human resources are not sustained at the treatment centers to operate the HCWM facilities. Assumption 1. MoH will obtain the necessary approvals 2. Hospitals and intermediate care centers will provide the parking space and collect and

						segregate the waste 3. MoH to supervise the operations of the mobile facility 4. MoH will provide the necessary resources to continue the operations of the mobile incineration unit 5. Hospital staff will cooperate with the new waste management system, to ensure effective usage
Indicators: 2.1 Number of new solutions to the Suwa Seriya system piloted and tested for scale up **Baseline: 0** 2.2 Number of design thinking sessions conducted **Baseline: 0** 2.3 Number of Suwa Seriya staff aware of safe and efficient	**Activity 2.1** Solutions to improve the efficiency of the 1990 Suwa Seriya service, including strengthening the central coordination facility of the service developed using systemic design and human centered design approaches and required supplies and emergency	Visibility and communications on DFAT's contribution efforts to the ambulance service system highlighted while advocating for direct helplines and ability of general public to tap into such resources during a time of crisis - • Awareness campaign on ambulance	3,5 and 10	87,778	Notes on goods received Testimonials and feedback from patients directly, Case studies Pre and Post Assessment through feedback surveys from the trainings provide to test increase in awareness and understanding.	Risks: 1.Pilot solutions to improve patient transfer system not fully tested and rolled out before project closure. 2. Lack of buy-in to the Design Thinking/Human Centered Design process from partners, leading to limited rollout of solutions.

patient transfer protocols **Baseline: 0** *(Planned targets to be determined)*	medical equipment required to enhance capacity of the pre-hospital ambulance care service procured.,	service (TV/Radio/ Digital) • Development of content accessible by PWDs • Stories from the field (interviews with ambulance drivers and first responders) • Series of infographics on local/digital media • Interviews and stories to highlight PWD and female patient experiences				Assumptions: There is political will to improve the Suwa Seriya system, amidst competing priorities during the pandemic. Continued willingness to engage with development partners to improve services. Suwa Seriya staff will take ownership of the solutions given they will be developed through a co-design process.
	Activity 2.2 Using design thinking tools such as user journey maps to identify the special adaptive facilities required by PWDs and implementing the requirements to the Ambulances			30, 000		
	Activity 2.3 On-call cadre trained to support the safe and efficient transfer of female and PWD patients following do no harm principles			20, 000		
Comms Budget				**15, 000**		
Indirect Support Cost (GMS 7%)				**30,421**		
TOTAL				**465, 000**		