

Reorganized Primary Health Care and Community-Based Participatory Approach

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Background/Introduction

The reorganization of Primary Health Care (PHC) takes precedence in Sri Lanka's healthcare system. A policy introduced in 2018 prioritizes this shift to counter the threat posed by Non-Communicable Diseases (NCDs). Health and Lifestyle Centers (HLCs) and community involvement mechanisms were established to enhance screening processes. "Friends of Facility Committee" groups were formed in every primary medical care institution.

Objectives

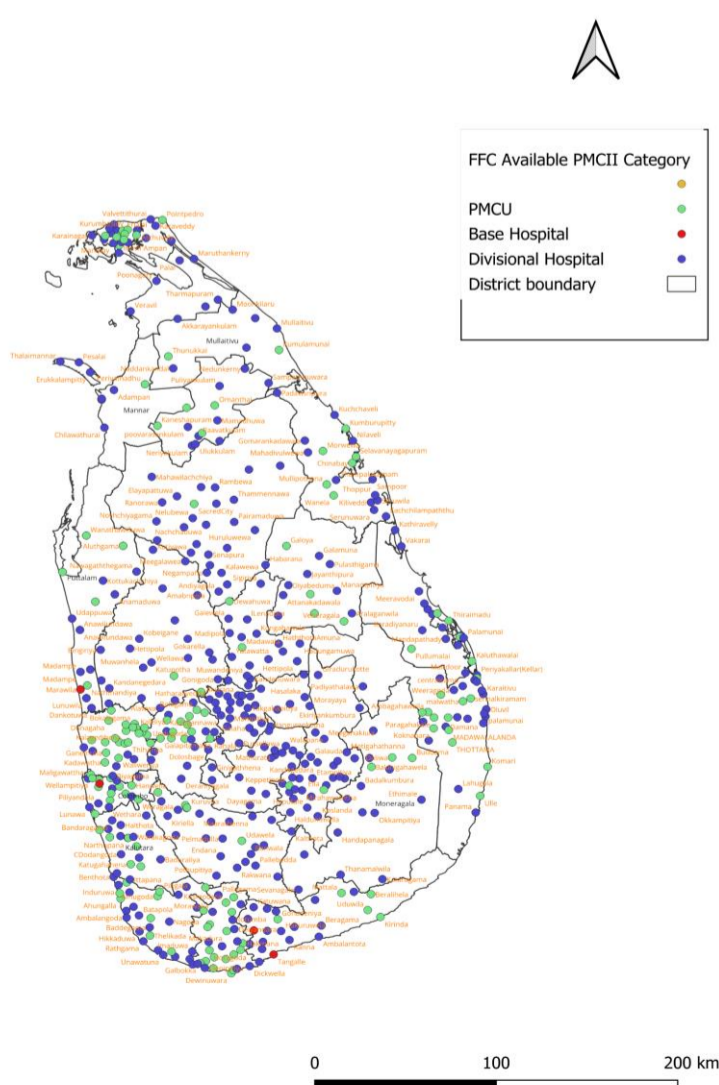
- Improve the preventive component of primary healthcare.
- Establish community ownership of the preventive health system.
- Enhance screening of NCD risk factors with a participatory approach.
- Promote health-seeking behavior among communities.
- Establish a health consumer organization structure.

Methodology

- Putting Policy on delivery of Health Care for Universal Health Coverage into action –Operationalization reorganization of primary care
- Program for community engagement and "Friends of Facility" committees established at each Primary Medical Care Institution (PMCI).
- Scalable approach with 550 committees implemented over three years.
- Committees composed of government service providers and community volunteers, overseen by the medical officer in charge.
- Various campaigns, training, and awareness events conducted.
- Regular monitoring, central-level facilitation, and coordination were introduced.

Results/Major Findings

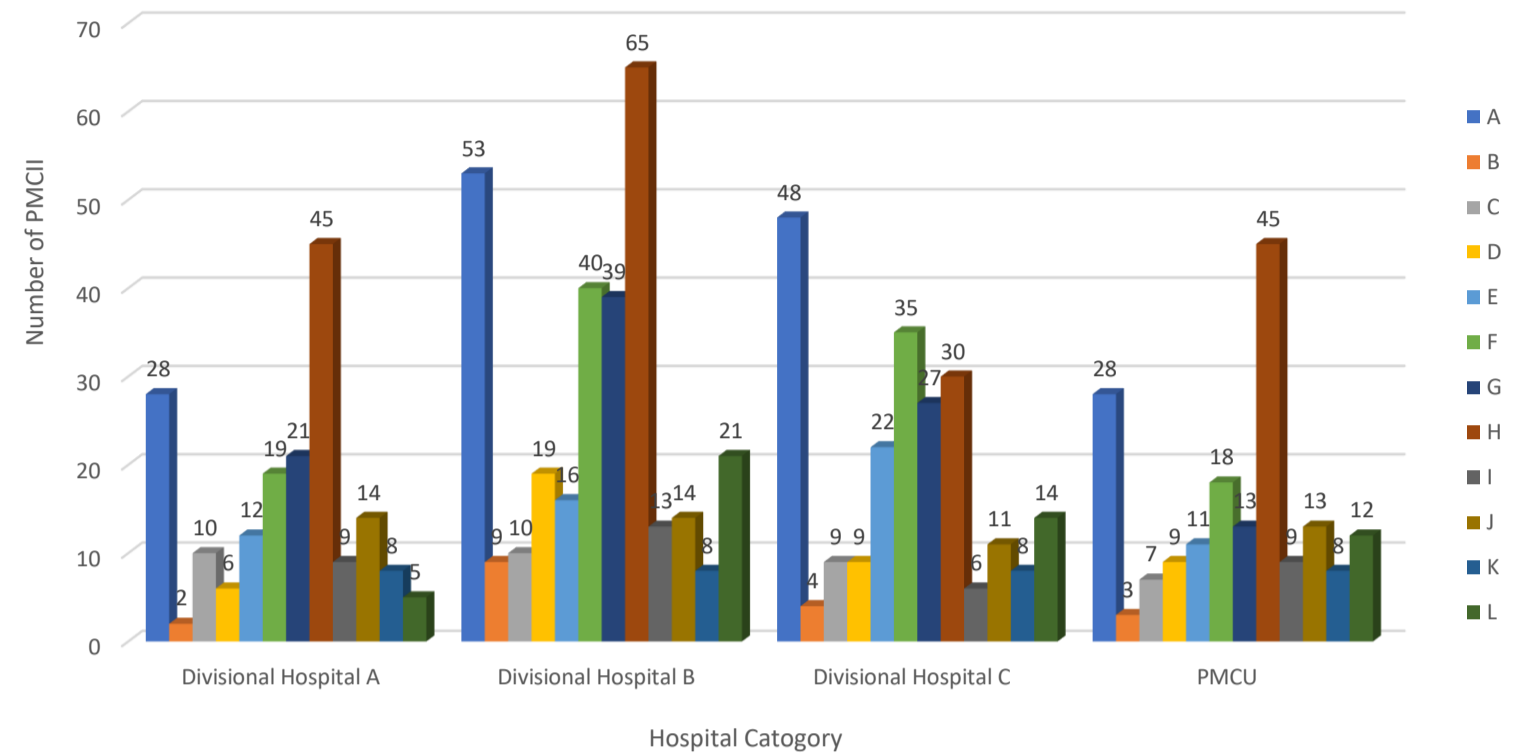
- 663 out of 1100 PMCIs have active community engagement committees.



•FFC Availability by location

Results/Major Findings

•Graph 02: FFC Contribution to routine activities and project-related achievements.



A	FFC committee is available
B	New construction
C	building renovation & improvement
D	exercise program
E	Empaneled population screening
F	Community awareness
G	Mobile clinic
H	Sum of Furniture and non medical / medical
I	Furniture and non medical / medical
J	Drugs and covers ,Printing
K	Innovation
L	Gardening and agriculture practices , cleaning

•Screening of over 1.4 million populations aged over 35 for NCD risks nationwide.

A few examples of community Actions



6 LKR Mn worth of Dental clinic building done by FFC Beralapanathara



Jogging track constructed by FFC PMCU Thihariya

Conclusion/Lessons Learned/Policy Recommendation

•**Conclusion:** Evidence-based community engagement and population empowerment are achievable with well-planned action.

•**Lessons Learned:** Time is needed for effective community engagement. Felt need-oriented programs succeed more than normative needs. Multinational coordination is crucial.

•**Policy Recommendation:** Establish one FFC in a health area and entrust all relevant tasks rather than forming different groups for each task. Introduce a performance appraisal mechanism at the PHC

