

EXECUTIVE SUMMARY

Introduction: A regular and continuous maintenance of fixed assets in healthcare institution is an essential element to deliver quality service to the community. However, it was observed that, many requests for renovation from healthcare institutions of Gampaha district are left unsolved and delayed yearly while 1.7 Million rupees of capital funds of Western Provincial Directorate of Health Services (PDHS) haven't been utilized during the year 2018. The district maintenance unit of Regional Directorate of Health Services (RDHS) Gampaha has no capacity to cover all repairs of the 78 health care institutions in the district.

Objective: This research project was undertaken to streamline rehabilitation process of selected fixed assets of all type-A divisional hospitals in Gampaha District

Methods: This was an interventional research project conducted in all type A divisional hospitals; Divisional Hospital (DH) Minuwangoda, DH Divlapitiya and DH Dompe and was designed in three phases. The pre-interventional phase aimed to identify gaps and issues in Fixed Asset Rehabilitation Process (FARP) in all selected hospitals. Various qualitative and quantitative techniques, namely key informant Interviews, direct observations, desk reviews and surveys were conducted during this phase. Interventions were developed and implemented to address the identified gaps in FARP and the effectiveness of the project was evaluated after six months.

Results: Gaps identified were: unavailability of proper funding mechanism and poor expenditure for FARP, missing repair activities by the RDHS, lengthy average time for repair conducts by RDHS, inadequate numbers Technical Officers (TO) and unavailability of delegation for unit heads to conduct their renovation activities. Following identification of gaps approval of the management committee meeting of the PDHS was obtained to execute financial mechanism. The intervention included;

development of guideline on FARP, exemption of need of the TO estimates for values bellow 10,000Rs, development of Financial Request Form and Bill Settlement Form, formulation of income and expenditure ledger (Labim Gevim Ledjaraya) at each hospital, starting of institutional Procurement Committee, execution of directly employed labour by local suppliers or hospital maintenance unit and capacity building of the staff.

The proportion of requested renovation activities implemented and the projects proposals yearly reached at financial authority were a significantly increased ($p < 0.001$) after the intervention. The proportion of project proposals yearly reached at financial authority was approximately five fold after the intervention. The post interventional mean expenditure (6701.7 ± 2247 Rs vs 5025 ± 8883.5 Rs; $p < 0.001$) and the value of expenditure as a fraction of total value of requests were significantly higher (17.35% vs 66.48% ; $p < 0.0001$) than pre interventional. The average project completion time: 278.1 days was significantly reduced to 71.1 days post interventional ($p < 0.05$). The mean knowledge on FARP (63.4 ± 26.4 , $n=31$ vs 80.7 ± 8.8 , $n=31$; $p < 0.01$) and the proportion of staff satisfied on FARP (32.3% , $n=10$ vs 100% , $n=31$; $p < 0.001$) were significantly improved post interventional. The average proportion of requests of building renovation projects completed per year was increased three folds (0.24 vs 0.72 ; $p < 0.001$) post interventionaly ($p < 0.001$).

Conclusion and recommendations: The interventions have significantly improved the effectiveness of rehabilitation process of selected fixed assets in all type A divisional hospitals in Gampaha District. It is recommended to establish an advance cash fund available at each hospital with money safety box facilities and apply same funding mechanism. This project can be implemented through RDHS for all the hospitals governed by its purview. Furthermore, it is recommended to implement this project in

other hospitals in the district as well as hospitals in other provinces to improve FARP of healthcare institutions.

Key words: Fixed assets, Renovation, Rehabilitation, Repair in healthcare