PR

29866

Assessing the Gaps between the "Outputs" and "Outcomes" of National Leprosy Control Programme in Sri Lanka

A thesis

Presented to

The Faculty of Management Studies

Rajarata University of Sri Lanka

Mihintale

RAJMNLIB
29866

By

SUNIMAL CHANDRASIRI

(RJT/MBA/2008/52)

ACC NO 29866
CALL NO. 362.1 CHA

In partial fulfillment of requirements

For the degree of

Masters of Business Administration

2014

Faculty of Management Studies
28 JUN 2014
Rajarata University of Sri Lanka, Mihintale.

Library
Rajarata University of Sri Lanka
Mihintale

ABSTRACT

Result Based Management (RBM) is recognized as a comprehensive process to adapt for project or programme management globally in foreign funded projects. It focuses on the outputs, outcomes, impact and the need for sustainable benefits to the beneficiaries as well as the society. Sustainability of the programme is determined by measuring the levels of anticipated outcomes reached to the beneficiaries. In light of this finding of gaps between the outputs and outcomes shows levels of sustainability of the programme.

Purpose of this research was to find the programme results such as outputs, outcomes and gaps between outputs and outcomes which use the National Anti-Leprosy Programme (NALCP) Sri Lanka as the case. This has conducted NALCP covering all districts in Sri Lanka. Four districts were selected for the study, includes Colombo, Gampaha, Kaluthara, and Polonnaruwa by taking in to the account of the presence of highest newly found leprosy patients among other districts.

Methodology of this study used formal survey methods and interviewed key informants, including officials of NALC and staff of the skin clinics in four districts. Formal survey was carried out which included likert scale based analysis for both relevant health staff and the leprosy patients. The Statistical Package for Social Sciences (SPSS) computer package was used for the data analysis. Cronbach values and Principle Component Analysis were established for the each output (OP) and outcome (OC); *t* test was carried out to evaluate the differences between outputs and outcomes. Ways and means discussed to reduce gaps between OPs and OCs.

There were five outputs determined such as: (OP1) Conducted Knowledge Improving Programmes for Leprosy; (OP2) Leprosy diagnosing skills improved; (OP3) Contact tracing programmes conducted; (OP 4) Improved filling of Individual Patient Form (IPF), and (OP5) MDT drugs have received at the satisfactory level for the skin clinics. Anticipated outcomes against the output were found as: (OC1) Patients' awareness on leprosy improved; (OC2) Leprosy Patients' diagnosed Gaps reduced; (OC3) Contact tracing done passively by the patients; (OC4) Patients registration improved, and (OC5) MDT drugs received on time.

Statistical *t* test were used to analyze the gaps between outputs and outcomes. Output (OP1) Vs Outcome (OC1) *t* calculated value 0.009 < 2.306 table value, Output (OP2) Vs Outcome (OC2) *t* calculated value 0.0175 < 2.306 table value, Output (OP3) Vs Outcome (OC3) 0.0175 < 2.306 table value, Output (OP4) Vs Outcome (OC4) *t* calculated value 0.041< 2.365 table value, Output (OP5) Vs Outcome (OC5) *t* calculated value 0.188 < 2.776 table value. Outputs and anticipated outcomes are not significantly difference and study results shows immediate effects (outcomes) respective outputs to the beneficiaries are above satisfactory levels. Patients' socio economic back grounds were examined and majority of them getting monthly income above Rs.10,000.00 and most of them are in better economic status. It shows satisfactory levels of outcomes.

Based on the findings of the study it is possible to recommend that need monitoring plan to measure programme outputs and intended outcomes. Reducing gaps between outputs and outcomes of the leprosy control programme are very essential when considering some factors like MDT drug distribution and availability of sufficient quantities among skin clinics and receiving of drugs at the time of clinic visit. Recommended to get sufficient MDT from the Medical Stores and to be launched proper awareness campaign the island wide for preventing and controlling Leprosy and disability for different socio economic levels of the Sri Lankan society.

List of Contents

		Page
Certification of the Supervisor		i
Declaration		ii
Abstract		iii
Acknowledgement		v
List of Content		vi
List of Table		x
List of Figures		xii
List of Annexure		xiv
Abbreviations		xv

Chapter 1

Introduction

1.1	Result Based Management	01
	1.1.1 Project Monitoring and Evaluation	02
1.2	Research Problem	04
1.3	Significance of the Study	06
1.4	Objectives and Hypothesis	08
1.5	Methodology	08
1.6	Organization of the Thesis	09
1.7	Limitations of the Study	10

Chapter 2

Literature Review

2.0	Introduction	11
2.1	Stakeholders of a Project	11
	2.1.1 Beneficiary Groups	11
	2.1.2 Project Executive Agencies	12

2.1.3 Project Management Unit (PMU) 12

2.1.3.1 Project Monitoring and Evaluation Unit (M&E Unit) 13

2.2 Theoretical Framework 14

2.2.1 Project Life Cycle 14

2.2.2 Different thoughts of Project Monitoring and Evaluation 16

2.2.3 Project Monitoring Factors 19

2.2.4 Different Project Models 22

2.3 The Global and Local Situation of Leprosy 30

2.3.1 Global Research on Leprosy 33

2.3.2 The National Leprosy Control Programme 37

2.3.3 Research Studies on Leprosy in Sri Lanka 38

2.3.4 Research Studies on Result Base Project Management 39

Chapter 3

Methodology 42

3.0 Introduction 42

3.1 Sample Selection 43

3.2 Instrumentation 48

3.3 Data Collection and Analysis 49

3.4 Conceptual Framework 50

3.4.1 Macro Context/ Leprosy patients 50

3.4.2 Primary Health Care (PHC) service 51

3.4.3 Inputs /Structural capacity 51

3.4.4 Process/Annual programme 51

3.4.5 Output (OP) 52

3.4.6 Outcome (OC) 52

3.5 Research Model 53

3.6 Research Design 54

Chapter 4

Results and Discussions 55

4.0 Introduction 55

4.1 Descriptive Statics of Leprosy Patients Study Sample 55

4.1.1 Patients in different Age Groups 55

4.1.2 Income Sources 56

4.1.3 Income distribution 57

4.1.4 Housing Facilities 59

4.1.4.1 Type of houses 59

4.1.4.2 House of the Patient 60

4.1.4.3 Condition of Roof of the House 61

4.1.4.4 Walls of the House 62

4.1.4.5 Floor Conditions of the House 63

4.1.4.6 Sanitary Conditions of the House 64

4.1.4.7 Drinking Water Facilities 65

4.1.4.8 Communication Facilities 66

4.1.4.9 Electricity Facilities 67

4.1.4.10 Entertainment Facilities 68

4.2 Outputs Results of the National Leprosy Controll Programme 69

4.2.1 Status of Achieving Outputs (OPs) Specified in the Programme 70

4.2.1.1 Conducted Knowledge Improving Programmes for Leprosy (OP1) 70

4.2.1.2 Reduction of Leprosy diagnose gap (OP2) 72

4.2.1.3 Improvement of contact tracing (OP3) 73

4.2.1.4 Improvement of Patients registration (OP4) 74

4.2.1.5 Availability of leprosy drugs (MDT) at the skin clinics (OP5) 75

4.2.2 States of achieving Programme Outcomes (OCs) 76

4.2.2.1 Improved Patients' Awareness on Leprosy Disease (OC1) 77

4.2.2.2 Reduction of leprosy diagnose gaps (OC2) 77

4.2.2.3 Improvement of Contact Tracing (OC3) 78

4.2.2.4 Outcome improvement of patients' registration (OC4) 80

4.2.2.5 Receiving of Leprosy drugs (MDT) (OC5) 81

4.2.3 Comparison of Outputs verses Outcomes 82

4.2.3.1 Output 1 vs. Outcome 1 82

4.2.3.2 Output 2 vs. Outcome 2 83

4.2.3.3 Output 3 vs. Outcome 3 84

4.2.3.4 Output 4 vs. Outcome 4 85

4.2.3.5 Output 5 vs. Outcome 5 86

4.3 General Information on Outcomes 86

4.3.1 Patients Awareness on Leprosy 87

4.3.2 Reduction of Leprosy Diagnose Gap 91

4.3.3 Patients Contacts Tracing 94

4.3.4 Availability of required Forms at clinics for Patients' Registration 98

4.3.5 MDT Drugs Distribution system 100

Chapter 5

Conclusion and Recommendations 104

5.1 Summary of Findings 104

5.2 Conclusions 107

5.2.1 Outputs 107

5.2.2 Outcomes 108

5.2.3 Gaps between Outputs and outcomes 108

5.3 Recommendations 108

References 110-117