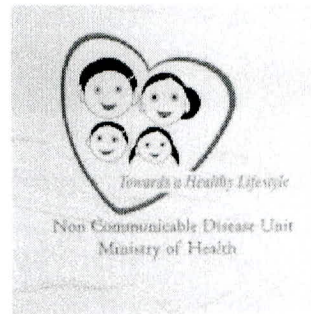
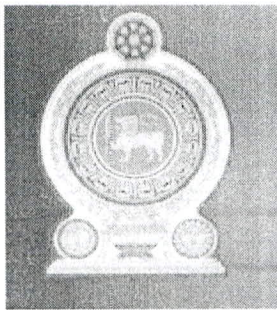


Results Framework

2021-2030

Directorate of Non-communicable Diseases
Ministry of Health, Sri Lanka



Contents

List of Abbreviations.....2

Introduction.....3

Results Framework4

List of Contributors.....12

List of Abbreviations

NCD	Non-communicable Diseases
CVD	Cardiovascular Diseases
BMI	Body Mass Index
MO/RMO	Medical Officer /Registered Medical Officer
MOH	Medical Officer of Health
HLC	Healthy Lifestyle Center
PMCI	Primary Healthcare Institutions
FBS	Fasting Blood Sugar
RBS	Random Blood Sugar
BP	Blood pressure
IEC	Information, Education and Communication
MIS	Management Information System
NO	Nursing Officer
PHNO	Public Health Nursing Officer
MOIC	Medical Officer in Charge
PMR	Personal Medical Record
SIM	Strategic Information Management
COPD	Chronic Obstructive Pulmonary Disease
eIMMR	electronic Indoor Morbidity Mortality Register
HIMS	Hospital Information Management System
STEPS	Stepwise Approach to Non-communicable Disease Surveillance
E&OH	Environmental and Occupational Health
HPB	Health Promotion Bureau
TOT	Training of Trainers
CCP	Consultant Community Physician

Introduction

Non communicable diseases (NCDs) are the highest ranking cause of death in Sri Lanka. The main chronic non communicable diseases contributing to this burden are cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. Among chronic non communicable diseases Ischemic heart disease is the number one leading cause of hospital deaths in Sri Lanka. Sri Lanka has a rapidly aging population and this is a non-modifiable risk factor for development of NCD. The four main non-communicable diseases are the result of four particular behaviours (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) that lead to four key metabolic/physiological changes namely raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol. Having a common set of modifiable behavioral risk factors indicate that, addressing them will reduce the burden of all major NCDs.

Non-Communicable Disease Unit (NCD), Ministry of Health functioning under the Deputy Director General (NCD) is responsible for planning, implementing, monitoring and evaluating the national NCD prevention and control programme in Sri Lanka. The NCD unit launched the National policy and strategic framework for prevention and control of non-communicable Diseases in 2010 with a vision to achieve a “country that is not burdened with chronic NCDs, deaths and disabilities”.

The national mutisectoral action plan for the prevention and control of NCDs from 2016 to 2020 has identified the roles and responsibilities of different sectors in prevention and control of NCDs in Sri Lanka. The national mutlisectoral action plan is developed based on the global NCD targets and intends to achieve a 25% relative reduction in premature mortality from cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases by year 2020. In order to achieve this traget, Sri Lanka has implemented many evidence based strategies to address the main NCD risk factors.

However the agenda for NCDs in the country is still unfinished with many targets initially set out still unachieved. Hence a results framework was developed to outline the expected NCD related outcomes for years 2021-2030. NCD unit expects to achieve the following impact through this results framework:

Expected Impact

1. 25% relative reduction of premature mortality from chronic NCD (CVD, DM, CKD , Chronic respiratory diseases) by 2030
2. Reduced/contained prevalence of chronic NCD from current rates by 2030 (25% reduced prevalence of hypertension, halt the rise in diabetes)

Results Framework –Directorate of Non-communicable diseases

Level		Indicators	Means of verification	Key assumptions
Outcome 1	Increased early detection and screening of chronic NCD and risk factors	Percentage of eligible population screened -Percentage of smokers/alcohol consumers/sedentary people out of those screened -Percentage with BMI>25kgm ⁻² / waist to height ratio>0.5 -Percentage with blood pressure =/>140/90mmHg -Percentage with FBS =/>126 mg/dl or RBS=/>200 mg/dl -Percentage with CVD risk =/>20%	Annual/quarterly NCD bulletins HLC return Work place NCD return	Human resources and logistics available for regular functioning of HLC
Output 1.1	Increased number of functioning HLC	Availability of a functioning HLC for each healthcare institution	Annual/quarterly NCD reviews	Human resources and logistics available
Output 1.2	Improved infrastructure facilities at HLC	Percentage of HLC with completed essential equipment list	Annual/quarterly NCD reviews	Funds are mobilized
Output 1.3	NCD early detection and screening established at formal sector work places	Percentage of workers screened out of eligible number of workers	Work place NCD return	Adherence to screening guidelines
Output 1.4	Increased capacity building on NCD early detection and screening among healthcare staff	Percentage of NCD screening related training programs conducted out of scheduled Percentage of staff trained	Annual/quarterly NCD bulletins	Resource availability for training
Output 1.5	Increased public awareness on early detection and screening	Number of IEC (video, posters, leaflets) materials developed and distributed on services provided at HLCs Percentage of people screened out of eligible people	HLC surveillance	Resources available

Output1.6	Updated screening/follow up guidelines and circulars available	Availability of updated documents	Documents at NCD directorate	Participation of relevant experts
Outcome 2	Improved diagnostic and treatment facilities in primary medical care institutions (PMCI)	Percentage of PMCI with essential diagnostic and treatment facilities	NCD health facility survey	Adequate fund mobilization
Output 2.1	Increased availability of NCD related diagnostic facilities at PMCI	Percentage of PMCI with essential NCD related diagnostic facilities (according to Essential Services Package)	NCD Health Facility survey Return on facilities at PMCI via MIS	Adequate funds and human resources are available
Output 2.2	Continuous supply and availability of essential drugs at each PMCI	% of PMCI which have not experienced out of stock episodes of essential drugs within last year	NCD Health Facility survey	Adequate funds are available
Output 2.3	Availability of a functional referral and back referral system	Availability of guidelines on referral criteria	Guidelines on referral criteria for NCD patients	Distribution and adherence to guidelines
Output 2.4	Strengthened human resources at PMCI to provide NCD services (MO/RMO, NO, PHNO, dispenser, health assistant)	Number of staff available from each category per PMCI Provision of NCD services identified as a duty in the duty lists Availability of NCD care in basic and post-basic training curricula	NCD Health Facility survey	Recruitment according to cadre allocations
Output 2.5	Capacity building of human resources (MOIC/MO/RMO /NO/PHNO)	Percentage of MOIC/MO/RMO trained on NCD management Guidelines Percentage/number of NO/PHNO trained on NCD services Percentage of MO/NO trained via online NCD modules	Annual NCD review	Adequate physical resources are available

Outcome 3	Improved quality of NCD care at secondary and tertiary care institutions	Percentage of secondary and tertiary care institutions adhering to standards and guidelines	NCD health facility survey	Adequate fund allocation
Output 3.1	Standards for medical clinics developed	Availability of standards for medical clinics	Directorate of NCD	Adequate fund allocation
Output 3.2	Guidelines for conduction of medical clinics developed	Availability of guidelines	Directorate of NCD	Adequate fund allocation
Outcome 4	Improved availability and access to palliative care services for NCD	Percentage of primary care institutions providing palliative care services for NCD	NCD health facility survey	Human resources available in primary care institutions
Output 4.1	Palliative care guidelines for NCD (CVD, COPD, diabetes) developed	Availability of guidelines	Palliative/rehabilitative care guidelines for NCD	Funds are mobilized
Output 4.2	Human resources trained for palliative care	Number of staff (MOs/PHNO) trained	Annual NCD bulletin	Funds are mobilized
Outcome 5	Strengthened surveillance, monitoring and evaluation	Availability of a NCD surveillance system	SIM unit	Adequate human and physical resources available
Output 5.1	Records/returns /registers revised and updated	Availability of updated PMR, HLC returns /registers Availability of revised HLC supervision form Availability of revised annual HLC evaluation form	Documents at Directorate of NCD	Funds are mobilized
Output 5.2	Updated database on chronic NCD maintained at national level	Availability of an updated database on chronic NCD morbidity, mortality screening, training, supervision and health promotion programs	Directorate of NCD	Staff trained to maintain database
Output 5.3	STEPS survey conducted periodically	Availability of survey report	Directorate of NCD	Funds are mobilized

Output 5.4	Mechanism to extract mortality data from eIMMR established	Availability of updated cause specific mortality statistics for chronic NCD	Directorate of NCD	Quality of eIMMR coding improved. Timely update of eIMMR
Output 5.5	NCD related information disseminated on time	Availability of quarterly and annual NCD bulletins	Directorate of NCD	Fund mobilization
Output 5.6	Human resources trained on surveillance	Number of training programs conducted Number trained	SIM unit	Fund mobilization
Output 5.7	Web based surveillance established at HLC	Number of HLC using HIMS-Cloud-HLC software	SIM unit	Fund mobilization
Output 5.8	Performance appraisal conducted	National performance appraisals conducted	HLC award ceremony	Funds are mobilized
Output 5.9	Web site of Directorate of NCD updated	Availability of a functioning web site	Directorate of NCD	Human resources and physical facilities are available
Output 5.10	National and district NCD reviews conducted	Number of national/district reviews conducted per year	SIM unit	Funds are mobilized
Output 5.11	National and district supervision of HLC conducted	Number of HLC supervisions by MO NCD per quarter Number of HLC supervisions conducted by Directorate of NCD	SIM unit	Funds are mobilized
Outcome 6	Risk factors for chronic NCD reduced - Physical inactivity	Prevalence of physical inactivity among people 18-69 years % of physically active participants in each district out of those screened at HLCs	STEPS survey HLC return	Funds are mobilized Human resources available
Output 6.1	Guidelines and training curriculums developed	Availability of guideline on doing physical activity during work hours Availability of physical	Documents at Directorate of NCD	Coordination with the Ministry of Sports

		activity guidelines for the public Availability of disease specific physical activity guidelines Availability of health assistant and Gym instructor curriculum		
Output 6.2	Capacity building on physical activity	Percentage of MO NCD/HLC staff trained on physical activity Number of health assistants and Gym instructors trained	Annual NCD review	Adequate human resources and funding available
Output 6.3	Public/ NCD patient awareness on physical activity improved	Availability of IEC material (videos/posters) Percentage of HLC conducting awareness on physical activity	Documents at Directorate of NCD HLC return	Adequate human resources and funding available
Output 6.3	Strengthened multi-sectoral partnership for promotion of physical activity	Number of advocacy programs conducted for relevant stakeholders	Annual NCD reviews	Adequate human resources and funding available
Output 6.3	Physical activity promotion included as an agenda item in National Advisory Board/Steering committee and council for NCD	Decisions taken on physical activity promotion	Minutes of meetings	multi-sectoral partnership
Outcome 7	Increased intake of healthy foods (Reduced consumption of saturated fats/trans fats, sugar, salt, increased consumption of fruits and vegetables)	% of adults who consume 5 servings (400g) of fruits and/or vegetables per day Mean number of servings of fruits and/or vegetables consumed by adult per day % of adults who always or often consume processed foods high in salt % households reported adding salt to rice while cooking % of households using saturated oil for cooking	STEPS survey	Fund and human resource allocation for periodic conduction of STEPS survey

Output 7.1	Strategies to reduce salt and trans-fat developed	Availability of a salt reduction strategy and action plan for Sri Lanka Availability of a trans-fat elimination strategy and action plan for Sri Lanka	NCD directorate	Adequate human resources available
Output 7.2	NCD specific dietary guidelines developed	Availability of disease specific dietary guidelines for NCD Availability of guidelines on hospital diet for inward patients developed in collaboration with Nutrition and E&OH units	NCD directorate	Multidisciplinary participation
Output 7.3	Advocacy meetings to implement guidelines and strategies on healthy food conducted with relevant stakeholders	Number of advocacy meetings conducted	NCD directorate	
Output 7.4	Capacity building of staff on guidelines and regulation related to healthy food	Number of trainings conducted on guidelines and regulation related to healthy food Percentage of primary healthcare staff trained	Annual NCD bulletin	Funds are mobilized
Output 7.5	Increased public awareness on healthy foods	Availability of IEC material (videos/posters) developed with assistance of HBP Number of public awareness programs conducted by MO NCD on healthy foods to prevent NCD	Documents at Directorate of NCD MO NCD review	Adequate human resources and funding available
Outcome 8	Reduced cardio-metabolic risk of consuming unhealthy foods	Prevalence of overweight and obesity among people 18-69 % with normal BMI in each district out of those screened at HLCs	STEPS survey HLC return	Funds mobilized
Output 8.1	Obesity management guidelines developed	Availability of overweight/obesity management guideline	Directorate of NCD	human resources available

Output 8.2	Staff trained on obesity management	% of MO NCD/MO trained on obesity management	Annual NCD reviews	Funds mobilized
Output 8.3	Obesity management programs established at HLC	% of HLC with obesity management programs established	Annual NCD reviews	human resources available
Outcome 9	Reduced prevalence of current tobacco use	% of current smoking among persons 18-69 years % of current smokeless tobacco use among persons 18-69 years % of students (13-17) who currently smoked Cigarettes % of students (13-17) who currently used any tobacco product % of current tobacco users in each district out of those screened at HLCs	STEPS survey School health survey HLC return	Fund and human resource availability
Output 9.1	National tobacco cessation and prevention action plan developed	Availability of an action plan	Directorate of NCD	Multi-sectoral participation
Output 9.2	Human resources trained to perform tobacco cessation activities	Percentage of trainers trained (CCP, Psychiatrist, MO NCD, MO Mental Health) Number of primary health care staff trained on tobacco cessation	Annual NCD reviews	Fund availability
Output 9.3	Training materials for tobacco cessation developed	Availability of a TOT module on tobacco cessation counselling	Documents at NCD directorate	Multi-sectoral participation
Output 9.4	Tobacco cessation services established	Percentage of HLCs providing tobacco cessation counselling	HLC return	Human resource availability
Output 9.5	Improved public awareness on harmful effects of tobacco	Number of community awareness campaigns conducted	Annual NCD review	Fund allocation
Output 9.6	Tobacco free zones established	Number of tobacco free zones functioning per MOH area	Annual NCD reviews	Fund allocation and political leadership

Outcome 10	Prevalence of alcohol use reduced	% of current alcohol use among people 18-69 years	STEPS survey	Multi-sectoral collaboration
Output 10.1	Collaborate with Directorate of mental health to establish treatment and rehabilitation services related to alcohol	Number of treatment and rehabilitation services related to alcohol established	Directorate of mental health	
Outcome 11	Healthy behaviours promoted at key settings	Number of functioning happy villages/safe communities	HLC return	Coordination with Health promotion bureau
Output 11.1	NCD communication strategy developed	Availability of a NCD communication strategy	Directorate of NCD	Coordination with Health promotion bureau
Output 11.2	Collaborate with Health Promotion bureau in establishment of happy/safe settings Promotion Bureau	Number of functioning happy /safe schools, villages per MOH area/district	Annual NCD reviews HPB	Fund and human resource availability
Outcome 12	Strengthened national NCD control program	Percentage reduction in premature mortality due to chronic NCD	Evaluation report	External evaluation conducted
Output 12.1	National NCD policy prepared	Availability of a national NCD policy	Directorate of NCD	Adequate participation of experts
Output 12.2	Regular monitoring through national NCD council/ Steering committee	Number of committee/council meetings held per year	Minutes of steering committee/ council meetings	Participation of all relevant stakeholders
Output 12.3	Availability of an adequately staffed Directorate for NCD	Percentage of cadre filled in each staff category	NCD directorate	Required cadre approved
Output 12.4	Availability of permanent MO	Proportion of districts with a permanent MO NCD	Annual NCD review	Advertised annually in the

	NCDs in all districts			MO transfer list
Outcome 13	Evidence generated for national policy and program development		NCD directorate	Funds are mobilized
Outcome 13.1	National research agenda for NCD prepared	Availability of an updated list of priority research areas	NCD directorate	
Outcome 13.2	Priority researches conducted	Proportion of priority research conducted annually	NCD directorate	Funds are available
Outcome 13.3	Repository on NCD research maintained	Availability of an updated repository	NCD directorate	Human resources are available

List of Contributors

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