

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Timeframe				
<b>Programme/ Unit : Uva Province</b>								
1	Human Resource development	Establishment of a training centre	2013-2014	Completed training centre	2014	PDHS		
		Capacity building for clinical staff	2013-2014	No trained	200/year	RDHS		
		Capacity building for non clinical staff	2013-2014	No trained	250/year	RDHS		
<b>Programme/ Unit :Northern Province</b>								
1	Strengthening of In-service Programme	Provision of training equipment and materials to all 5 districts in the Northern Province	2013-2014	No. strengthened	2013 - 3 2014 - 2	PDHS RDHS	2013-9 2014-6	GoSL
		In- service training programme for all categories of staff	2013-2015	No. of staff trained	25 per year	PDHS RDHS	2013-100 2014-100 2015-50	GoSL
		Establishment of a Provincial Training Centre	2015-2016	Provincial Training Centre established	2016	PDHS RDHS	2015-25 2016-25	
<b>Programme/ Unit : Central Province</b>								
1	Strengthen basic training	Improving coordination between NIHS and Regional Training Centres (RTC) for better training of staff	2013-2017	(No. of coordination meetings conducted) Minutes of coordination meetings	4 meetings per year	PDHS	0.02 / year	
2	Provincial in-service training Programmes to be strengthened	Identify training needs	2013	Comprehensive training need assessment is completed	2013	MOIC -RTC, PDHS	0.1	

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		Develop training guide, resource material for training gaps not supported by existing institutes and programmes and development training	2013-2014	Developed training guide for identified special training needs	2014	MOIC RTC, PDHS	2013-0.5 2014-0.5	
		Promote Regional training centers to offer training Programmes for other government departments and private sector	2013-2016	No. of other department and private sector staff trained	2016	MOIC RTC, PDHS	2013-1 2014-1 2015-1 2016-1	
3	Motivate the preventive health staff to perform duties more efficiently with dedication	All preventive health staff assessed annually on performance-based criteria	2013-2016	Completed annual assessment and award ceremony	1 per year	RDHS, PDHS	0.25/ Year	
		A reward system for those preventive health staff who have reached gold, silver and bronze level standards	2013-2016	Reward system is in place	2016	DPDMS	0.25 / year	
4	Motivate the curative health staff to perform duties more efficiently with dedication	Performance-based criteria to measure the performance of each category to be developed	2013	Criteria developed to assess each category	2013	DPDMS	0.5	
		All curative health staff assessed annually on performance based criteria	2013-2016	Completed annual assessment and award ceremony is held	1 per year	RDHS, PDHS	0.25 / year	
		A Reward system for those curative health staff who have reached gold, silver and bronze level stand standards	2013-2016	Reward system is in place		RDHS, PDHS	1.25 / year	
<b>Programme/ Unit : Provincial</b>								
1	Creating modern training centers at provincial level	Three new training centers to be established in three identified provinces	2013-2014					

<b>Main Strategy</b>	<b>K</b>	<b>The growing incidence of morbidity and mortality from non communicable diseases will be brought under control and reduced through preventive and curative programmes</b>
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**Strategic Objectives and Activities**

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
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<b>Programme/ Unit : National Cancer Control Programme</b>								
Specific Objectives								
1. To promote prevention & control of cancer related diseases in Sri Lanka								
1	National policy on cancer prevention is finalized and approved.	Finalize and approve national policy on cancer prevention.	2013	National cancer prevention policy is available.	Policy finalized and approved by 2013.	D/NCCP	1	WHO
2	National Centre for the National Cancer Control Programme is established.	Completion of construction of the building for the national centre for National Cancer Control Programme (NCCP) which has been identified in medium term strategic plan 2011-2013.	2013	Construction is completed and centre is established.	Completed new centre for NCCP	D/NCCP DDG/ Logistics	100	Rotary club of Sri Lanka.
		Provision of furniture and equipment for the national centre.	2013	Furniture and equipment are provided	2013	D/NCCP DDG/ Logistics	2	
		Relocation of central cancer screening clinic at the national centre and improvement of the facilities	2013	Established central screening clinic	2013	D/NCCP	3	
		Establishment of visiting specialists screening clinics at the national centre with the participation of medical specialists	2014	No. of patients screened	2013	D/NCCP DDG/MS1 DDG/MS 2 DDG/DS		

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		Establishment of Reference laboratory for cancer screening	2013-2014	Laboratory equipment Installed	2013-2014	D/NCCP DDG/LS	2013-2.5 2014-2.5	
3	Activities related to primary prevention of cancers are strengthened	Preparation and dissemination of IEC material on cancer prevention and control (oral, breast, cervical, colo-rectal, prostate cancers)	2013-2017	Preparation and dissemination of IEC material completed	100,000 copies distributed each year	D/NCCP	2013-2 2014-2 2015-2 2016-2 2017-2	WHO
		Conduction of Public awareness activities on cancer prevention including school programmes	2014-2016	No. of schools covered	50 schools per year	D/NCCP	2014-0.5 2015-0.5 2016-0.5	
		Conduction of Media seminars for special days	2013-2015	No. of seminars conducted	3 seminars per year	D/NCCP	2013-0.5 2014-0.5 2015-0.5	WHO
		Up-gradation of mobile cancer prevention exhibition unit to be used at national/ district level exhibitions and at healthy lifestyle clinics	2013-2016	Upgraded mobile cancer exhibition units	5 per year	D/NCCP	2013-2.5 2014-2.5 2015-2.5 2016-2.5	WHO
		Training of Health care workers on prevention and control of cancers regularly	2013-2016	No. trained	500 participants in ten programmes per year	DGHS DDG-ET&R D/NCCP PDHSS	2013-0.4 2014-0.4 2015-0.4 2016-0.4	WHO
		Development of Basic curricula on cancer prevention for primary health care staff	2013	No. of curricula developed	10	D/NCCP DDG-ET&R D/NIHS	0.5	WHO
		Establishment of mobile exhibition units on cancer prevention at provincial Level	2013-2016	No. of units	3 units per year	D/NCCP	2013-5 2014-5 2015-5 2016-5	

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		Organizing social marketing campaigns to promote healthy lifestyles and cancer screening in collaboration with other directorates	2013-2015	Awareness programmes for public conducted (based on viewership)	5 programmes per year	D/NCCP D/NCD D/Mental Health D/HEB	2013-3 2014-3 2015-3	GOSL
4	Cancer screening and early detection activities are enhanced	Upgrading of guidelines for cervical, breast, prostate, colorectal and oral cancer screening with the consultation of relevant stakeholders	2013	Upgraded guidelines	5 guidelines produced	D/NCCP Consultant Oncologist	0.5	WHO
		Training of Health workers regularly on cancer screening	2013-2016	No. trained	400 participants in 10 pro. per year	DGHS D/NCCP PDHSs	2013-0.4 2014-0.4 2015-0.4 2016-0.4	
		Conduction of mobile screening clinics according to the service needs	2013-2016	No. of screening clinics conducted	50 clinics per year	D/NCCP	2013-1 2014-1 2015-1 2016-1	
		Conduction of cervical cancer screening - alternative technique (HPV-DNA) – women over 35 years	2013-2017	No. of women screened	30,000 per annum	D/NCCP, D/FHB	2013-25 2014-18 2015-18 2016-18 2017-18	
		Establishment of Mobile screening units National and District level	2014-2016	No. of established screening clinics	5 per year	D/NCCP PDHSs RDHSs	2014-0.5 2015-0.5 2016-0.5	
		Organization of Daily screening walk-in clinic	2013	No. screened	3000 clients per year	D/NCCP	2013-0.1	Rotary club of Sri Lanka
5	Cancer surveillance is expanded	Data collection, analysis and publication of Hospital Based Cancer Registry (HBCR)	2013-2016	No. of patients' data collected	15,000 data from patients collected	D/NCCP	2013-0.3 2014-0.3 2015-0.3 2016-0.3	WHO

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	Continuation of Population-Based Cancer Registry (PBCR) in Colombo district	2013-2016	Established PBCR	PBCR in Colombo District	D/NCCP	2013-0.25 2014-0.25 2015-0.25 2016-0.25	WHO	
	Commencement of Population-based cancer registry (PBCR) in selected other districts	2014-2016	No. of districts where PBCR is established	2 per year	D/NCCP	2014-0.25 2015-0.25 2016-0.25	WHO	
	Establishment and networking of cancer surveillance units in each cancer treatment centre	2013	Establishment of cancer surveillance units	2013 – 6 centers	DGHS D/NCCP	2.5		
	Allocation of physical resources for National Cancer Surveillance Unit and Provincial Cancer Surveillance Units (dedicated vehicle for PBCR, network of computers with adequate server capacity and other furniture and stationary)	2013	Allocation of resources	2013 – 2013	DGHS D/NCCP	10		
6	Inter-sectorial coordination of prevention and control of cancers are strengthened.	Conduction of regular meetings of National Advisory Committee on Prevention and Control of Cancers	2013-2016	No. of meetings held out of the plan	Conduct 4 meetings per year	D/NCCP	2013-0.1 2014-0.1 2015-0.1 2016-0.1	WHO
7	Expanding rehabilitation and palliative care services for cancer patients and their care givers	Development of curriculum for post graduate diploma on palliative care for medical officers	2013	Curriculum for PG Diploma on palliative care is developed	Finished curriculum by end of 2013	Board of Study-PGIM	1	WHO
		Commencement of Post graduate Diploma on palliative care for medical officers	2013	PG Diploma on palliative care commenced on the targeted year	PG Diploma on palliative care is commenced in 2013	Board of Study-PGIM		

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		Development of In-service training module for medical officers and nursing officers on palliative care	2013-2014	No. of training modules developed out of the planned	(No.) The training module is completed by 2013	D/NCCP, D/NCI, Professional colleges	2013-0.15 2014-0.15	
		Development of guidelines on delivery of different components of palliative care	2013-2014	No. of guidelines developed	(No.) Guidelines are developed by end of 2013	D/NCCP, Professional colleges	2013-0.15 2014-0.15	WHO
		Initiation of pilot project of community-based rehabilitation and palliative care in selected districts and island wide expansion	2013-2015	No. of districts having CBR and Palliative care	Piloted in 3 districts by end of 2013	D/NCCP PDHS RDHS	2013-0.2 2014-0.2 2015-0.2	WHO
8	Cancer related research is strengthened and evidence is disseminated	Conduction of research related to different aspects of cancers as collaborative project with the participation of local and international partners	2013-2017	No. of researches conducted out of the planned	Minimum of 4 research studies to be completed by 2017 and evidence based Inter-venations implemented	D/NCCP, Professional colleges, Universities	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.3	
9	Development of a system to collect data on oral cancer	Development of a format to collect data on oral cancer	2013	Completed format / document	2013	DDG(DS) OMF CCDS	0.2	

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10	Establish OMF unit as the oral cancer focal point for district	Creating awareness on oral cancer in OMF clinics	2013	No. of meetings	2013	CCDS		
		Educate OMF staff	2013	No. of meetings	2013 (Q4)	OMF CCDS	0.8	
11	Develop a system to collect returns in the centre	Establishment of a recording system in OMF	2013	Established Recording system	2013 (Q4)	OMF CCDS	0.2	
		Development of documents for reporting system	2013	Completed documents	2013 (Q2)	OMF CCDS	0.2	
		Establishment of a centre to receive, analyse and disseminate information (Maharagama)	2013	Established System / Centre	2013 (Q1)	MH	0.5	

**Programme/ Unit : Non-communicable Disease Unit**

Specific Objectives

1. To reduce premature mortality due to chronic NCDs by 2% annually over next 5 years.
2. To strengthen prevention of injuries, disabilities and deaths through raising awareness among community and healthcare workers and through provision of optimal care to the victims.

1	To promote health interventions to reduce the main modifiable risk factors for NCD: tobacco use, unhealthy diet, physical inactivity and harmful alcohol use	Full implementation of the Framework Convention on Tobacco Control (FCTC) through district National Authority of Tobacco and Alcohol (NATA) cells by strengthening its functions.	2013-2017	Percentage of FCTC components implemented		Chairperson NATA D/NCD	2013-7 2014-7 2015-7 2016-7 2017-7	
		Establishment of Smoke-free public enclosed places.	2013-2017	No. of designated places under the act		Chairperson NATA D/NCD Police MO-NCD MOH/PHI	2013-0.05 2014-0.05 2015-0.05 2016-0.05 2017-0.05	



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	Training of primary care doctors to provide brief interventions on smoking cessation and availability of nicotine replacement at Government and private sector.	2013-2017	No. of doctors trained for providing brief interventions at PHC/OPD settings for patients.	80% of PHC/OPD doctors trained in 5 yrs	D/NCD NATA PDHS RDHS	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.3	
	Initiation of Social marketing programme against tobacco use.	2013-2016	No. of advertisements on tobacco prevention.	Tobacco prevention advertisement billboards placed in all districts and mass media advertisement commenced in all media By 2014	NATA D/NCD	2013-10 2014-10 2015-10 2016-10	
	Conduction of health promotion programmes for reducing smoking among school children.	2013-2016	Percentage of schools having health promotion programme-s specially targeting smoking prevention.	50% of schools by 2014  100% of schools by 2017	RDHS MO/NCD D/Education NATA MOH	2013-0.1 2014-0.1 2015-0.1 2016-0.1	
	Enforcement of ban on any form of tobacco advertising.	2013	No. of prosecutions or warnings issued.	Increase 10% every year from baseline.	D/NCD C/NATA		

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	Raising tax on tobacco products.	2013-2016	Proportion of year mark taxation out of the total.	15% increase from 2010 value by the end 2016.	S/Health S/Finance		
	Evaluation of implementation of Framework Convention on Tobacco Control by central NCD unit biannually	2013-2016	Number of National level review meetings conducted.	2 meeting each year	Secretary Health D/NCD	2013-0.75 2014-0.75 2015-0.75 2016-0.75	
	Conduction of Advocacy for increased availability, affordability and consumption of fruits and vegetable.	2013-2017	No. of advocacy meetings held with related sectors	4 meetings per year	D/NCD	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	
	Implementation of measures that promotes a healthy diet (develop FBDG – Food Based Dietary Guidelines), mandatory food labeling.	2013-2017	Availability of revised FBDG	Completed revision of FBDG by 2015	D/Nutrition D/NCD		
			Labeling of absolute weight, trans fat, saturated fat, salt and free sugar.	Essential food items contained labels year till 2017  20% - 2013 40% - 2014 60% - 2015 75% - 2016 85% - 2017	D/E&OH Food Advisory Committee	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	

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	Conduction of healthy diet promotion programmes to support healthier composition of foods by reducing: salt level, industrially produced trans fatty acids, saturated fats and limiting free sugars	2013-2017	Percentage or absolute weight of trans fat, saturated fat, salt and free sugar reduced by 10% annually by manufacturers	10% improvement annually	D/E&OH Food advisory committee D/NCD D/Nutrition Head/Nutrition MRI	2013-0.6 2014-0.6 2015-0.6 2016-0.1 2017-0.1	
No. of healthy diet promotion programmes held by MOH and other relevant sectors			Five(5) programmes per year to train preventive health staff, curative health staff, teachers, pre-school teachers and youth per MOH area	MO NCD, MOH	2013-48 2014-48 2015-48 2016-48 2017-48		

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	Development of national physical activity programmes for different target groups	2013-2014	Physical activity guidelines available for different target groups	100% available 2013-2014	D/Education (Health and Nutrition) Secretary sports ministry	2013-0.25 2014-0.25	
			No. of different sectors issuing circulars on Physical Activity	100% by 2016			
	Conduction of Physical activity programmes will be implemented in different sectors	2013-2016	No. of programmes conducted for health staff on Physical Activity guidelines	100% by 2016	PDHS RDHS MO-NCD MOH D/NCD D/Education	2013-1.5 2014-1.5 2015-1.5 2016-1.5	
			Proportion of schools in the districts conducting physical activity programme-s supported by MoH				
			Percentage of Provincial Council institutions that provide guidance on Physical Activity				
	Facilitation of regular physical activity at community level (both leisure time and household) and at work places	2013-2017	No. of awareness programme-s conducted	2013 -2017 10% increase each year	Local government authorities RDHSs	2013-0.5 2014-0.5 2015-0.5 2016-0.5	

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			No. of new recreational facilities created in each MOH area		District/NC D Steering Committee	2017-0.5	
			No. of community exercise programme-s conducted in each MOH area		S/M of labour D/NCD D/E&OH		
	Strengthening the implementation of NATA act	2013-2016	Percentage of alcohol component-s of NATA act implement-ed	70% by 2016	C/NATA D/NCD	2013-0.2 2014-0.2 2015-0.2 2016-0.2	GoSL WHO
	Enhance the capability of the health workforce to address the alcohol related harm	2013-2016	Percentage of health workers trained on alcohol prevention activities	70% healthcare workers (public health sector) trained on alcohol prevention activities	D/NCD D/MH PDHS RDHS MO-NCD	2013-0.5 2014-0.5 2015-0.5 2016-0.5	

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2	To implement a cost-effective NCD screening programme at community level with special emphasis on cardiovascular diseases	Setting up Healthy Lifestyle Centres (HLC) in Primary Health Care institutions in the districts	2013-2017	Percentage of HLC in PHCs in each district Percentage of MOH areas with at least one HLC  Fully equipped HLClinics present in all PHC institutions by 2017	80% of PHC institutions are having HLC by 2014  At least one HLC per MOH by 2013	D/NCD PDHSS RDHSS MO-NCD	2013-36 2014-36 2015-36 2016-36 2017-36  0.5 per year	
		Assuring that the available HLC are up to the standard	2013	Percentage of availability of Quality HLCs in the Districts	Cumulative increase by 25% each year	D/NCD RDHS	0.5 per year	
		Promotion of HLC and increase early detection of NCDs by launching a comprehensive social marketing programme	2013-2017	% of utilization of funding allocated for the social marketing	Utilization of 80% of funds by 2017	D/NCD D/HEB	2013-10 2014-10 2015-10 2016-10 2017-10	
		District level NCD units are strengthened		Provide vehicles to MO-NCDs to carry out activities 30% per year  District NCD units strengthened equipped 30% per year	100% completed in 2016  100% completed in 2016	Secretary health DGHS D/NCD DDG/ Logistics DDG/Lab D/MSD D/BES	2013-10 2014-10 2015-10 2016-10 2017-10	

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3	To facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level	Improvement of access, capacity, quality of service and efficiency of primary care institutions to provide better NCD care	2013-2016	Percentage of primary care institutions providing optimal NCD care	4 PHCs per District providing optimal NCD care 80% PHC institutions providing optimal NCD care	PDHSs RDHSs D/NCD D/PHC	2013-72 2014-72 2015-72 2016-72	
		Improvement of knowledge and skills of General Practitioners and Primary Health Care doctors on NCD clinical guidelines	2013-2014	No. trained on protocols	80% of MOs in PHCs & GPs trained by 2014	D/NCD PDHS RDHS College of Physicians	2013-2.5 2014-2.5	WHO
		Monitoring of the implementation of standards and guidelines in all institutions	2013-2016	Percentage institutions following clinical guidelines	20% increase every year	D/NCD Quality secretariat Hospital Directors	2013-2.5 2014-2.5 2015-2 2016-2	
		Improvement of access to emergency NCD care	2013-2016	Percentage of institutions with basic emergency facilities (ETU / PCU)	75% of institutions are provided with basic emergency facilities by 2016	D/NCD PDHSs RDHSs Colleges	2013-72 2014-72 2015-72 2016-72	

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	Improvement of quality of rehabilitative care of NCD patients with stroke, MI	2013-2016	Percentage of Districts with at least in one stroke unit(institution) with multi-disciplinary teams.	75% of Districts with least one stroke unit by 2016	D/NCD D/YEDD	2013-2.5 2014-2.5 2015-2 2016-2		
	Establishment of Institution with comprehensive rehabilitation facilities with training facilities for home base care givers in the Districts	2013-2017	% of Districts with availability of an Institution with comprehensive rehabilitation facilities with training facilities for home base care givers in the Districts	25% of the Districts with established facilities yearly	S/H PDHSS D/NCD	2013-100 2014-100 2015-100 2016-100 2017-100		
4	To empower the community for promotion of healthy lifestyle for NCD prevention and control	Increasing the role of communities in multi-cultural health promotion activities by testing the developed models and mechanisms	2013-2016	Compilation of project report	Project report compiled by end of 2013	D/HEB D/NCD JICA	2013-0.25 2014-0.25 2015-0.25 2016-0.25	
	Conduction of advocacy programs for adoption of health policies by other sectors – e.g police, schools and working places	2013-2016	Number of sectors issuing circulars related to health promotion	10% increase every year	D/NCD D/HEB	2013-0.3 2014-0.3 2015-0.3 2016-0.3		
	Improvement of participation of local leaders and relevant stakeholders in NCD prevention and control	2013-2016	Number of advocacy meetings held	80% completion of planned advocacy sessions	RDHS MOH			



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	Establishment of linkages with already established senior citizen groups / patient societies for health promotion	2013-2016	Number of active patient societies at each MOH area	100% by 2014	D/YEDD D/NCD		
	Conduction of health promotion programmes to minimize health inequalities by coordinating with the poverty alleviation programmes to target and address the determinants/risk factors for NCDs	2013-2016	Number of health promotion programmes in coordination with poverty alleviation programmes	80 % completion of coordinated programmes -s 2016	RDHS MOH		
	Establishment of health promotion settings	2013-2016	Percentage of availability of - - health promotion villages - healthy working places - healthy school per MOH area	80% as planned by 2016	RDHS MOH		
5	To strengthen national health information system including disease and risk factor surveillance	Strengthening of NCD surveillance system and dissemination of information for action Provision of evidence/ information to policy makers	2013-2016	Functioning NCD surveillance system	80% Completed in 2016	D/NCD	2013-0.4 2014-0.4 2015-0.4 2016-0.4
		Improving quality and timeliness of NCD related mortality data from civil registration in collaboration with Registrar General's Department to obtain high quality mortality data	2013-2016	Coverage, quality and timeliness of vital statistics	75% Completed data system available in 2016	D/NCD Registrar General	

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	Improving quality of NCD related morbidity and mortality data generated from IMMR reporting system	2013-2016	Quality and timeliness of IMMR data	80% Quality and timeliness IMMR data available in 2016	D/NCD Director / Information			
	Assessment the risk factor profile by WHO risk factor surveys	2013-2016	Availability of risk factor data every 5 years	Conduct the assessments in every 3-5 years	DD/NCD			
	Dissemination of NCD information	2013-2016	Monthly update of the website Quarterly newsletter published Annual NCD report published	4 per year  One per year	D/NCD			2013-1 2014-1 2015-1 2016-1
6	To raise priority and integrate prevention and control of NCDs into policies across all Government ministries and private sector organizations	Implementation of healthy policies in other sectors through advocacy	2013-2017	% of advocacy meetings conducted	80% of planned meetings completed	D/NCD	2013-0.25 2014-0.25 2015-0.25 2016-0.25	
		Establishment of district NCD committee	2013-2017	No. of functioning district NCD committees	2013-2017	RDHS		
7	Monitoring and evaluation of the NCD programme	Regular monitoring of the NCD programme	2013-2017	% of review meetings conducted at national, district and divisionalevel	80% of the reviews completed	D/NCD	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.3	
		External evaluation of the NCD programme	2013-2014	Completion of external evaluation report	80% completed by 2013	DDG (MS)	2013-0.1 2014-0.1	

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8	Increasing awareness among community on injury prevention, safety promotion and first aid	Development of communication strategy	2013	Availability of a communication strategy	2013	D/NCD CCP-Injury Prevention	1	
		Launching of Mass media campaign; Development and dissemination of posters, leaflets	2013-2014	No. of advertisement aired / printed on injury prevention, safety promotion and first aid	2013-3 2014-3	D/NCD CCP-Injury Prevention	2013-120 2014-120	
		Training of school teachers on injury prevention, safety promotion and first aid	2013	No. of teachers trained on injury prevention and safety promotion	2013-10000 2014 -10000	D/NCD CCP-Injury Prevention	5	
9	Increasing awareness among preventive health sector and non-health sector on injury prevention, safety promotion and first aid	Revision of cadres and/ or job functions of existing health categories	2013-2015	Availability of revised cadres and job functions	Revised cadres and job functions 2015	D/NCD DDG/ET&R CCP-Injury Prevention	2013-0.04 2014-0.04 2015-0.04	
		Amendment of basic training curricula of preventive health staff (MOH, PHMs, PHIs) to strengthen their capacity to educate general public on injury prevention, safety promotion and first aid	2013	Availability of amendment to the basic training curricula of PH staff	Amended basic training curricula 2013-2013	D/NCD DDG/ET&R CCP-Injury Prevention	0.1	
		Training of preventive health staff (in-service training) on injury prevention, safety promotion and first aid to educate general public	2013-2014	No. of public health staff trained (MOH, PHM, PHI)	2013-11000 2014-11000	D/NCD DDG/ET&R CCP-Injury Prevention	2013-1.5 2014-1.5	

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				Output	Target & Time frame			
		Training of Non-health sector staff in collaboration with NGOs on injury prevention, safety promotion and first aid to educate general public	2013-2014	No. of officers trained from non-health sector (Ex: Samurdi officers)	2013-11000 2014-11000	D/NCD CCP-Injury Prevention	2013-1.5 2014-1.5	
10	Strengthening pre-hospital care for injured	Establishment of formal Emergency Medical Services (EMS) at selected urban cities	2013-2014	No. of EMS established	2013-3 2014-3	D/NCD CCP-Injury Prevention		
		Ensure availability of trained and certified Emergency Medical Technicians (EMT)	2013-2014	No. of EMT trained and certified	2013-100 2014-100	D/NCD CCP-Injury Prevention	2013-0.5 2014-0.5	
		Increase awareness of general public on the EMS	2013-2014	Availability of a communication strategy	Communication strategy established	D/NCD CCP-Injury Prevention	2013-25 2014-25	
		Ensure availability of appropriate informal Pre-hospital care (first responders)	2013-2014	No. of first responders trained	2013-11000 2014-11000	D/NCD CCP-Injury Prevention	2013-1.5 2014-1.5	
11	Strengthening institutional care for injured	Ensure availability of basic emergency care units at primary level health institutions	2013-2016	Percentage of improved primary level hospitals with basic emergency care	2013-10% 2014-20%	D/NCD CCP-Injury Prevention	2013-15 2014-15 2015-15 2016-15	
		Ensure availability of Emergency care units at secondary and tertiary level health institutions	2013-2014	Percentage of improved secondary and tertiary level hospitals with ETUs	2013-20% 2014-20%	D/NCD CCP-Injury Prevention	2013-75 2014-75	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Regular training of medical and para-medical staff in basic trauma care	2013-2014	No. of medical staff trained in basic trauma care	2013-500 2014-500	D/NCD CCP-Injury Prevention	2013-1.5 2014-1.5	
		Updating of clinical guidelines and protocols on trauma care which will be specific to different levels (Primary, Secondary, Tertiary) of health institutions are available	2013	No. of Clinical Guidelines and Protocols updated on Trauma Care	2013-60%	D/NCD CCP-Injury Prevention	5	
		Training of Medical officers in coding of ICD chapter 20		No. of Medical Record Officers trained in ICD chapter 20 coding	2013-30 2014-1000	D/NCD CCP-Injury Prevention D/Hi	3	WHO
		Expansion of sentinel injury surveillance system	2013-2014	No. of injury sentinel surveillance-e sites established	2013-6 2014-6	D/NCD CCP-Injury Prevention D/Hi	2013-2.5 2014-2.5	UNICEF
		Conduction of periodic surveys to complement injury surveillance system (e.g. one day OPD surveys every 3 years)	2013	Percentage of hospitals participated in the injury surveillance survey	2013	D/NCD CCP-Injury Prevention	1	UNICEF
		Linkage of health injury surveillance system with non-health health injury surveillance systems (e.g. Registrar General's, Police, Labour, JMO)	2015-2017	Annual report generated from the linked national injury surveillance system	Annual report published  2015-2017	D/NCD CCP-Injury Prevention	2015-0.04 2016-0.04 2017-0.04	UNICEF
13	Identifying evidence-based injury prevention interventions suited to Sri Lanka	Conduction of research to identify suitable injury prevention interventions and results disseminated	2013-2017	No. of research carried out using available funds	3 annually	D/NCD CCP-Injury Prevention	2013-1 2014-1 2015-1 2016-1 2017-1	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
14	Strengthening of community participation on injury prevention and safety promotion	Conduction of institution and community based screening for NCDs	2013-2016	No. of screening tests performed per day		MO-NCD Primary care institutional staff	2013-5 2014-5 2015-5 2016-5	
<b>Programme/ Unit : Director Primary Care Services</b>								
Specific Objectives								
1. To improve primary care institutions to provide a wider range of service at the end of year 2013 by 50% from the existing level								
1	Capital improvement in Primary care institutions including HLC	Provision of essential equipment to primary care institutions	2013-2017	Percentage of primary care institutions with essential equipments	20% of Primary care institutions each year	D/PCS D/PA and D	2013-100 2014-100 2015-100 2016-100	GOSL
		Infrastructure improvements in Primary care institutions including HLC	2013-2017	Percentage of primary care institutions with improved infrastructure				GOSL
2	Improving the quality of Primary care	Standard clinical protocols Personal health records Lifestyle modification tools	2013-2017	Percentage of primary care institutions using protocols, records and tools	20% of Primary care institutions each year	D/PCS D/PA and D	2013-5 2014-5 2015-5 2016-5 2017-5	
<b>Programme/ Unit : Eastern PDHS</b>								
Specific Objectives								
1. Mass screening for non-communicable diseases in the region								
2. To reduce premature mortality due to chronic NCDs by 2% annually over next 3 years								
1	To Establish of mobile screening unit for non-communicable diseases	Procurement of mobile screening unit (vehicles) for NCD unit 4 RDHS offices in Eastern Province	2013	No. of Screening units available	4 Operational by end of 2013	RDHS	32	WHO

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	To facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level	Strengthening of access, capacity, quality of service and efficiency of 140 provincial institutions to provide better NCD care in Eastern Province	2013-2017	Percentage of primary care institutions providing package of essential interventions (PEN)	80% PHC institutions providing essential NCD care	RDHS	2013-12 2014-12 2015-12 2016-12 2017-12	
3	To empower the community for promotion of healthy lifestyle for NCD prevention and control	Implementation of 42 healthy life-style villages in all MOH divisions for Eastern Province	2014-2016	Establish-ment of 20 HLS villages	100% by 2016	RDHS	2014-3 2015-3 2016-3	
4	To implement a cost-effective NCD screening programme at community level with special emphasis on cardiovascular diseases	Establishment of fully equipped NCD centers and facilities in hospitals and regional office	2013-2014	No of hospitals with established NCD units	142	PDHS RDHS	2013-17.5 2014-17.5	
5	Capacity building of public health staff	Completion of a training centre at Ampara district	2013	Completed training center	2013	PDHS RDHS	8	
6	To build the capacity of PHC staff on screening of cancers at district level	Conduction of training programmes on cancers for PHC staff of Eastern province	2013-2016	Percentage of PHC staff trained	50% by 2016	D/NCCP	2013-2.5 2014-2.5 2015-2.5 2016-2.5	
7	Prevention of CKD	Provision of a fully equipped mobile unit for screening of CKDs BH Dehiattakandiya	2013	One mobile unit	2013	PDHS RDHS	10	
		Construction of award to manage CKD patients at BH Dehiattakandiya	2013	CKD ward	2013	PDHS RDHS	8	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Northern PDHS</b>								
Specific Objectives								
1. Mass screening for non-communicable diseases in the region								
1	To implement a cost-effective NCD screening programme at community level with special emphasis on cardiovascular diseases	Establishment of life style modification clinics at GH, BH and DH	2013	Establish life style modification clinics at GH, BH and DH	26 by 2013 26 by 2014	D/NCD PDHS	50	
2	To facilitate provision of optimal NCD care by strengthening the health system to provide integrated and appropriate curative, preventive, rehabilitative and palliative services at each service level	Provision of a van for mobile NCD clinics at district level	2013-2014	Number provided	5 by 2014	PDHS DGHS	2013-25 2014-25	
		Establishment of NCD units at district level	2013-2014	No. of NCD units established	5 by 2014	PDHS D/NCD	2013-12.5 2014-12.5	
		Strengthening of trauma care services in major hospitals with specialties	2013-2016	No. of trauma care services established	14 by 2016	DGHS PDHS	2013-25 2014-25 2015-25 2016-25	
		Establishment of a burns unit at each major hospital	2013-2016	No. of burns unit established	14 by 2016	DGHS PDHS	2013-10.5 2014-10.5 2015-10.5 2016-10.5	
		Establishment of a stroke unit at each major hospital	2013-2016	No. of stroke unit established	14 by 2016	DGHS PDHS	2013-10.5 2014-10.5 2015-10.5 2016-10.5	
3	To establish a National centre for the National cancer control programme	Up-gradation of the Oncology unit at BH Thelippalai	2013-2016	Upgraded Oncology unit	Work completed by 2016	DGHS		Trail Project



Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
	Establishment of Oncology unit in Vavuniya	2013-2016	Established Oncology unit	Work completed by 2016	DGHS	2013-25 2014-50 2015-50 2016-15		
4	To establish primary centers to screen and do community mobilization	Establishment of 10 GHC per district in NP	2013-2016	No. of established GHC	50	PDHS	2013-80 2014-60 2015-60 2016-60	
5	To fill up the vacancies for each service category of the field	Strengthening of the existing Nurses Training School (NTS) in Vavuniya	2013-2016	Strengthened NTS - Vavuniya	Work completed by 2016		2013-60 2014-60 2015-60 2016-10	
		Strengthening of the existing RTC at Jaffna	2013-2016	Strengthened RTC - Jaffna	Work completed by 2016		2013-50 2014-50 2015-50	
6	To strengthen the Mental Health Services	Establishment of acute Mental Health inpatient unit	2013-2016	One per district	2013-2016		2013-5 2014-5 2015-5 2016-5	
		Establishing intermediate mental health stay unit	2013-2016	One per district	2013-2016		2013-5 2014-5 2015-5 2016-5	
<b>Programme/ Unit : North Central PDHS</b>								
Specific Objectives								
1. To implement a cost-effective NCD screening programme at community level with special emphasis on CKD								
2. To monitor implementation of NCD programme at district and divisional level with special emphasis on CKD								
1	To control the rising incidence and mortality from NCDs	Establishment of outreach clinics for NCD screening and prevention	2013-2017	Percentage of established clinics	100% by end of 2016	PDHS RDHS MO-NCD	2013-1 2014-1 2015-1 2016-1 2017-1	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Strengthening of NCD control and preventive activities	2013-2017	Percentage of strengthened programmes	80% by 2017	PDHS RDHS MO-NCD	2013-5 2014-5 2015-5 2016-5 2017-5	
	Strengthening of school dental services	2013-2017	Percentage of established school dental units	100% by 2017	PDHS RDHS RDS	2013-1 2014-1 2015-1 2016-1 2017-1	
	Provision of dental chairs	2013-2016	No. of dental chairs purchased	10 dental facilities provided with dental chairs by	PDHS RDHS RDS	2013-17.5 2014-17.5 2015-17.5 2016-17.5	
	Improvement of hospital dental care services	2013-2016	No. of hospital dental units improved	10 by 2016	PDHS RDHS RDS	2013-0.4 2014-0.4 2015-0.4 2016-0.4	
	Further establishment and strengthening of CKD prevention	2013-2017	No. screening programs for case detection	50 per year	PDHS RDHS MO-NCD	2013-5 2014-5 2015-5 2016-5 2017-5	
	Establishment of renal care centers	2013-2017	No. renal care centers	One per district	PDHS RDHS MO-NCD	2013-20 2014-20 2015-20 2016-20 2017-20	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Sabaragamuwa PDHS</b>								
1	To improve health conditions of estate, hard to reach and vulnerable communities	Establishment of service points for improvement of NCD, Cancer and eye care	2013-2016	No. of service points established	10 by 2016	D/NCD, D/NCCP D/FHB PDHS RDHS	2013-50 2014-50 2015-50 2016-50	
		Procurement of scooters for service points	2013-2017	No. of scooters provided			2013-10 2014-10 2015-10 2016-10 2017-10	
		Provision of residential facility for service point workers	2013-2017	NO. of personal accommodated			2013-10 2014-10 2015-10 2016-10 2017-10	
<b>Programme/ Unit : Uva PDHS</b>								
Specific Objectives								
<ol style="list-style-type: none"> <li>1. Screening for non-communicable disease at village level</li> <li>2. Lifestyle modification centers</li> <li>3. Mobile screening units established</li> <li>4. Strengthening rehabilitation with regard to NCDs</li> </ol>								
1	To strengthen health promoting villages at PHM levels	Provision of necessary equipment	2013-2016	No. of health promoting villages established	75 health promoting villages by end of 2013	PDHS RDHS MOHs	2013-0.5 2014-0.5 2015-0.5 2016-0.5	
2	To Establish new MOH offices	Construction of buildings	2013-2016	No. of established MOH offices	3 MOHs by 2013	RDHS RDHS	2013-15 2014-15 2015-15 2016-15	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Purchasing of necessary equipment	2013-2016	No. of equipped MOH offices	3 MOHs by 2013	RDHS PDHS	2013-5 2014-5 2015-5 2016-5	
3	To Modernize MOH offices	Modernization of MOHs	2013-2015	No. modernized MOH offices	5 per year	PDHS RDHS	2013-20 2014-20 2015-20	
		Equipping of MOHs	2013-2015	No. of equipped MOH offices	5 per year	PDHS RDHS	2013-10 2014-10 2015-10	
4	To Establish MCH clinic centres	Construction of buildings	2013-2017	No. of established MCH Clinics	2 MCH clinics per MOH per year for 4Y	RDHS RDHS	2013-30 2014-30 2015-30 2016-30 2017-30	
		Purchasing of necessary equipment	2013-2017	No. of equipped MCH Clinics	2 MCH clinics per MOH per year for 4 years	RDHS PDHS	2013-10 2014-10 2015-10 2016-10 2017-10	
5	To Modernize of MCH clinic centers	Modernization of buildings	2013-2017	No. of modernized MCH clinics	2 MCH clinics per MOH per year for 4 years	RDHS RDHS	2013-5 2014-5 2015-5 2016-5 2017-5	
		Purchasing of necessary equipment	2013-2016	No. of equipped MCH clinics	2 MCH clinics per MOH per year for 4 years	RDHS PDHS	2013-5 2014-5 2015-5 2016-5	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
6	To procure vehicles	Purchasing of double cabs for MOH offices	2013-2016	No. of vehicles provided	2 for RDHS Badulla per year 2 for RDHS Moneragala per year	DGHS PDHS RDHS	2013-40 2014-40 2015-40 2016-40	
		Purchasing of motorcycles for Public Health Inspectors	2013-2016	No. of vehicles provided	5 per RDHS per year - 25 vehicles	DGHS PDHS RDHS	2013-5 2014-5 2015-5 2016-5	
		Purchasing of Scooters for PHNS, SPHM and PHMs	2013-2016	No. of vehicles provided	20 scooters per year for Badulla RDHS 10 scooters per year for Moneragala RDHS	DGHS PDHS RDHS	2013-5 2014-5 2015-5 2016-5	
<b>Programme/ Unit : Western PDHS</b>								
Specific Objectives								
1. To establish community screening for major NCDs								
1	To Establish HLCs (Healthy Life Style Clinics) at MOH level	Renovation of under-utilized hospitals for HLCs	2013-2017	No. of renovated facilities	50 by 2017	PDHS RDHS MO-NCD	2013-20 2014-20 2015-20 2016-20 2017-20	
		Equipping of HLCs	2013-2017	No. equipped HLCs'	100 HLCs by 2017	PDHS RDHS MO-NCD	2013-10 2014-10 2015-10 2016-10 2017-10	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	To Screen of Government and Private sectoremployees	Printing of health records	By end of 2013	No. cards printed	1 million records	PDHS RDHS MO-NCD	10	
		Procurement of equipment	By end of 2013	Percentage of facilities provided with equipment	100% equipped by end of 2013	PDHS RDHS MO-NCD	30	
3	To Strengthen and capacity building of healthcare staff	Provision of necessary resources	2013-2016	Percentage of staff strengthened	100% by 2016	PDHS RDHS MO-NCD	2013-5 2014-5 2015-5 2016-5	
4	To Establish health promoting villages	Training and awareness of general public	2013-2016	No. of villages covered	50 villages by 2016	PDHS RDHS	2013-10 2014-10 2015-10 2016-10	
5	To Establish healthy cities	Conduction of awareness programme for urban people	2013-2016	No. of programmes held	3 programme	PDHS RDHS		
6	To Establish National centre for the National cancer control programme	Establishment of Oncology Clinics in DGH Gampaha and DGH Negombo	2013-2014	No. of Oncology clinics Established	2	PDHS RDHS	2013-1 2014-1	
7	To enhance cancer screening and early detection activities	Enhancement of Screening programmes for cervical and breast cancers	2013-2016	Percentage of Target population covered	50%	PDHS RDHS	2013-1 2014-1 2015-1 2016-1	
8	Provide transport facilities MO-NCDs	Procurement of 4 vehicles for MOO- NCD	2103	Provision of 4 vehicles	2013	PDHS	40	
<b>Programme/ Unit : Central PDHS</b>								
Specific Objectives								
1. To establish a comprehensive NCD prevention programme including injury prevention, mental health and cancer prevention at provincial level								
1	Strengthening of facilities for NCD prevention at district and institutional level	Strengthening of NCD focal points at RDHS	2013-2016	No. of focal points	One by 2013	RDHS	2013-0.125 2014-0.125 2015-0.125 2016-0.125	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	Screening of NCDs and risk factor assessments	Establishment of and further strengthening of HLCs at institutions and field health clinic centers	2013-2016	200 HLCs established	30 per annum	RDHS MO-NCD	2013-25 2014-25 2015-25 2016-25	
3	Strengthening of emergency services	Establish/strengthening emergency treatment units	2013-2016	156 ETU functioning	20 per annum	RDHS	2013-39 2014-39 2015-39 2016-39	
4	Strengthening of mental health rehabilitation services	Establishment of community mental health resource centre	2013-2016	46 units established		RDHS	2013-5.75 2014-5.75 2015-5.75 2016-5.75	
		Strengthening of Mental Health medium rehabilitation centres	2014-2015	5 units strengthened		RDHS	2014-12.5 2015-12.5	
		Alcohol rehabilitation centre	2014	3 units established		RDHS	15	
		Establish long stay mental health units	2013-2016	1 per district		RDHS	2013-15 2014-15 2015-15 2016-15	
5	Strengthening physical rehabilitation services	Establish physical rehabilitation services in Matale and Nuwara Eliya	2013-2016	2 units		RDHS	2013-5 2014-5 2015-5 2016-5	

**Programme/ Unit : North Western PDHS**

**Specific Objectives**

1. To establish a comprehensive NCD prevention programme including injury prevention, mental health and cancer prevention at provincial level

1	Screening of NCDs and risk factor assessments	Establishment of and further strengthening of HLCs at institutions and field health clinic centers	2013-2016	200 HLCs established	30 per annum	RDHS MO-NCD	2013-25 2014-25 2015-25 2016-25	
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Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Provision of reagents for essential laboratory investigations	2013-2017	No. of centers with adequate reagents	2013-2017 8 centers	RDHS MO-NCD	2 / year	
2	Strengthening of emergency services	Establish/strengthening emergency treatment units	2013-2015	100 ETU functioning	30 per annum	RDHS	2013-33 2014-33 2015-33	
3	Strengthening of mental health rehabilitation services	Establishment of community mental health resource centre	2013-2016	45 units established		RDHS	5.5 / year	
		Strengthening of Mental Health medium rehabilitation centers	2014-2015	5 units strengthened		RDHS	2014-30 2015-30	
		Alcohol rehabilitation centre	2014	4 units established		RDHS	20	
4	Strengthening physical rehabilitation services	Establish physical rehabilitation services Kurunegala &Puttlum	2013-2016	2 units		RDHS	2013-15 2014-15 2015-15 2016-15	

**Programme/ Unit : Southern PDHS**

Specific Objectives

1. To establish community screening for major NCDs

1	To Establish HLCs (Healthy Life Style Clinics) at MOH level	Renovation of under-utilized hospitals for HLCs	2013-2014	No. of renovated facilities	12 HLCs per year	PDHS RDHS MO-NCD	2013-7.5 2014-7.5	
		Equipping of HLCs	2013-2014	No. equipped HLCs'	12 HLCs per year	PDHS RDHS MO-NCD	2013-7.5 2014-7.5	
2	To Screen of Government employees	Printing of health records	By end of 2013	No. cards printed	0.1 million records	PDHS RDHS	1	
		Procurement of equipment	By end of 2013	Percentage of facilities provided with equipment	100% equipped by 2013	PDHS RDHS MO-NCD	5	



Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
3	To Strengthen and capacity building of healthcare staff	Provision of training programmes	2013-2017	No. of training programmes	2 per RDHS per year	PDHS RDHS MO-NCD	2013-0.6 2014-0.6 2015-0.6 2016-0.6 2017-0.6	
4	To Establish health promoting villages	Training and awareness of general public	2013-2017	No. of villages covered	1 per MOH area by 2017	PDHS RDHS MO-NCD	2013-5 2014-5 2015-5 2016-5 2017-5	
5	To Establish healthy cities	Provision of infrastructure facilities for physical centre and establishment of health clubs	2013-2015	No. of Centers established	1 per year	PDHS RDHS MO-NCD	2013-15 2014-15 2015-15	
6	Provision of mobile care for cancer patients	Procurement of vehicle and equipment for Galle District	2013-2014	No. of mobile units	1	PDHS RDHS	2013-6 2014-6	
7	To enhance cancer screening and early detection activities and NCD	Enhancement of Screening programmes for cervical and breast cancers and NCD	2013-2016	No. of screening clinics	3 per district	PDHS RDHS	2013-1 2014-1 2015-1 2016-1	
8	Provide transport facilities MO-NCDs	Procurement of 4 vehicles	2103-2016	Provision of 4 vehicles	2016	PDHS	2013-10 2014-10 2015-10 2016-10	

**Programme/ Unit : Sabaragamuwa PDHS**

1	The growing incidence and mortality from non communicable diseases will be brought under control and reduce through preventive and curative actions	Develop and implement screening protocols	2013-2014	Percentage of screening protocols developed	2014-100%	PDHS RDHS	2013-0.25 2014-0.25	
		Established & Maintain an electronic database for NCDs	2013-2017	Database available	2014-Implemented	PDHS RDHS	2013-1 2014-1 2015-1 2016-1 2017-1	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Institutions providing Healthy Lifestyle Promotion package	2013-2014	Percentage of institutions providing Healthy Lifestyle Promotion package	2014-100%	PDHS RDHS	2013-5 2014-5	
	Establish recreation facilities created at MOH level	2013-2014	Percentage of MOH areas with recreation facilities	2014-100%	PDHS RDHS	2013-5 2014-5	
	Health promotion in workplaces	2013-2014	Percentage of healthy work places	2014-100%	PDHS RDHS	2013-0.5 2014-0.5	
	Providing package of essential (PEN) interventions in primary care institutions	2013-2014	Percentage of primary care institutions providing of essential (PEN) interventions	2014-100%	RDHS	2013-0.25 2014-0.25	
	Establishment of institutions with ETUs	2013-2015	Percentage of institutions with ETU	2014-100%	PDHS RDHS	2013-10 2014-10 2015-10	
	Establishment of Community based rehabilitation institutions	2013-2015	Percentage of Community based rehabilitation intuitions	2014-100%	PDHS RDHS	2013-10 2014-10 2015-10	
	Establish Cataract surgery centers - in two DH	2013-2014	2 centers	2014- 2 centers	PDHS RDHS	2013-8 2014-8	

# Main Strategy

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## Provision of special care for youth, elderly and to meet needs of those affected with physical disabilities

### Strategic Objectives and Activities

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Timeframe				
<b>Programme/ Unit : Department of Youth, Elderly, Disabled and Displaced Persons</b>								
Specific Objectives								
1. To improve quality of life of elders through promotion, prevention and rehabilitation.								
2. To improve health of persons with disabilities								
3. To Improve the health of school and out of school youth								
4. To provide equitable health services to elderly and people with disabilities.								
1	To conduct awareness programmes on healthy aging	Conduct awareness programme on healthy aging for 20 public health staff at selected district level	2013-2016	No. of districts included	2 districts per year	D/YEDD PDHS RDHS	0.2 / year	
		Conduct awareness programmes on healthy aging for Ministry of Health officials	2013-2016	No. of programmes conducted	1 programme per year	D/YEDD	0.1 / year	
		Conduct advocacy programmes for political leadership, community leaders and clergy	2013-2016	No. of programmes conducted	2 programmes per year	D/YEDD PDHS RDHS	0.2 / year	
		Conduct activities to commemorate the international day of elders	2013-2016	No. of programmes conducted	1 per year	D/YEDD	0.2 / year	
1	To provide technical support to implement national action plan for the elderly prepared by the Social Service Ministry	Coordinate through national elderly council & social services ministry	2014-2016	Percentage of implementation of action plan	35% Implemented annually	D/YEDD PDHS/RDHS	0.2 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
1	To promote research in elderly care	Develop a list of research priorities in elderly care and disseminate among potential researchers	2014-2016	Developed research area list	33% completed annually	D/YEDD CCP/ YEDD and Team	0.05 / year	
		Conduct sample survey to determine socio-demographic characteristics of elderly in Sri Lanka	2013-2015	Survey completed	100% completed	D/YEDD CCP/ YEDD and Team RDHS	2013-0.4 2014-0.4 2015-0.4	
1	To train health personnel on elderly care in a regional country	Confer fellowships for health personnel working for elderly care	2013-2015	No. of persons trained	5 persons at the end of 2015	DDG-P D/YEDD	2013-0.4 2014-0.4 2015-0.4	
1	Geriatric special care units established	Geriatric special care units established in the Province	2014-2016	No of geriatric special care units available	10 facilities by 2016	PDHS RDHS	2014-3.4 2015-3.4 2016-3.4	
		Training on geriatric care for staff in the 10 hospitals	2014-2015	Percentage of trained staff available to provide care	100% Staff is trained in 10 facilities by 2016	PDHS	2014-0.25 2015-0.25	
2	To conduct advocacy and awareness programmes on implementation of accessibility regulations in government health institutions.	Conduct advocacy programmes to establish accessibility services in Teaching hospitals	2014-2015	No. of programmes	03 programmes completed at the end of each year	D/YEDD PDHSs	2014-0.2 2015-0.2	
		Conduct advocacy programmes to establish accessibility services in Base hospitals	2014-2015	No. of programmes	03 programmes completed at the end of each year	D/YEDD PDHSs	2014-0.2 2015-0.2	
		Conduct advocacy programmes to establish accessibility services in preventive health institutions	2014-2015	No. of programmes	03 programmes per year	D/YEDD PDHSs	2014-0.2 2015-0.2	

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Timeframe				
		Conduct activities to commemorate the international day of people with disabilities	2013-2016	No. of programmes conducted	1 per year	D/YEDD	2013-0.2 2014-0.2 2015-0.2 2016-0.2	
2	To conduct stakeholder meetings to provide accessibility service for people with disabilities.	Obtain expertise to establish an accessibility service and to know the requirements of differently-abled people on accessibility service	2014-2015	No. of programmes	03 programmes completed per year	D/YEDD PDHSS	2014-0.5 2015-0.5	
2	To establish Provincial Rehabilitation Centres and to develop existing centres.	To develop guidelines to establish provincial rehabilitation centers through 4 consultative meetings	2013	Percentage completed	100%	D/YEDD, PDHS	0.2	
		Establish new rehabilitation centres (3 per year) in districts without rehabilitation hospitals	2014-2016	No. of centres	3 centers per year	D/YEDD PDHSS	2014-3 2015-3 2016-3	
		To develop stage 3 of selected existing hospitals as per the guidelines which are to be developed	2014-2016	Percentage of Development of the stage 3	100% Developed at the end of 2014	D/YEDD PDHSS	2014-1.7 2015-1.7 2016-1.7	
2	To initiate Community Based Rehabilitation Programme	Initiate community-based rehabilitation programme through provincial rehabilitation centers	2014-2015	No. of centers with CBR	5 centers with CBR annually	D/YEDD PDHSS	2014-2.5 2015-2.5	
2	To conduct awareness programmes on disability care services.	Improve knowledge, attitudes and skills on disability among health staff	2014-2015	No. of programmes conducted	1 per year	D/YEDD PDHSS	2014-0.05 2015-0.05	
		Train 40 caregivers per year in 3 districts	2014-2015	No. of programmes conducted	1 per year	D/YEDD PDHSS	2014-0.05 2015-0.05	
		Conduct 2 training programmes for OT's and PT's	2014-2015	No. of programmes conducted	1 per year	D/YEDD PDHSS	2014-0.05 2015-0.05	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
2	To train health personnel on disability care in a regional country	Confer fellowships for health personnel working for disability care	2013-2015	No. of persons trained	15 persons at the end of 2015	DDG-P D/YEDD	2013-1.5 2014-1.5 2015-1.5	
2	To upgrade infrastructure facilities for rehabilitation	Upgrade Ragama Rehabilitation center as the National Centre of excellence	2014-2015	Upgraded as center of excellence	Complete at the end of 2014	D/YEDD, D/CNTH, D/RRH	2014-5 2015-5	
2	To strengthen the special services for physical rehabilitation	To establish P&O workshops at General Hospital (GH)Matara Teaching Hospital ( TH) Kandy, TH Anuradhapura and TH Jaffna	2014-2016	No. of P&O workshops established	4 workshops to be completed at the end of 2014	D/YEDD PDHSS RDHSS	2014-5.4 2015-5.4 2016-5.4	Nippon Foundation, Handicap International
3	To strengthen youth friendly health services	To establish new 10 Youth-friendly Health Services (YFHS) centers in health institutions in 10 Districts	2014-2015	Number of Centers Established	5 per year covering 5 districts	D/YEDD PDHSS and RDHSS	2014-1 2015-1	
3		Conduct 2 in service training programmes for Medical Officers attached to YFHSC	2014-2016	No. of programmes	2 per year	D/YEDD	2014-0.25 2015-0.25 2016-0.25	WHO/ UNFPA
		Conduct 2 in-service training programmes for other health personnel attached to YFHSC	2014-2016	No. of programmes	2 per year	D/YEDD	2014-0.25 2015-0.25 2016-0.25	WHO UNFPA
	To develop the capacity of Youth-Friendly Health Service providers	Confer fellowships for health personnel to get exposure to youth health services in regional countries	2014-2016	Number of persons trained	15 personal	MOH		WHO UNFPA
		Conduct 2 review programmes on Youth Friendly Health Services per year	2014-2016	Number of reviews conducted	2 per year	D/YEDD	2014-0.2 2015-0.2 2016-0.2	UNFPA
3	To Conduct research on youth friendly health services	Conduct research and surveys	2014-2016	No of Research carried out	1 per year	D/YEDD	2014-0.7 2015-0.7 2016-0.7	UNFPA

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
3	Inter-sectoral coordination to provide youth health services	Coordinate with Youth Affairs Ministry and provide technical support to finalize youth policy prepared by Youth Affairs Ministry	2014	No of meetings	2 per year	D/YEDD	0.1	UNFPA
<b>Programme/ Unit : Eastern PDHS</b>								
Specific Objectives								
1. Providing care for elderly and disabled								
1	Establishment of a special unit for elderly and disabled	Refurbishment of existing building for geriatric ward and rehabilitation unit at DH Palamunai	2014-2016	1. In-ward facilities for elderly available 2. Rehabilitation unit available	100% by 2015 100% by 2016	PDHS RDHS	2014-10 2015-10 2016-10	WHO
2	Upgrade infrastructure facilities for elderly and disabled	Establishment of separate section for elderly patients with good facilities at 4 Base Hospitals (BH) and 2 District Hospitals (DH) in Batticaloa	2014-2015	No. of sections established	6	RDHS D/YEED	2014-7.5 2015-7.5	
		Improving the facilities for the general disabled unit at GH Trincomalee, BH Dehiattakandiya, BHMahaoya	2014-2016	No of patients rehabilitated with prosthetic aids	100 patients per year	PDHS RDHS	2014-5 2015-5 2016-5	
<b>Programme/ Unit : Northern PDHS</b>								
Specific Objectives								
1. Providing care for elderly and disabled								
1	Improved services to youths	To establish Youth -Friendly Health Centres per district	2014-2015	No. of YFHS centers established	1 per district	D/YEDD	2014 -9 2015 -6	

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
<b>Programme/ Unit : North Central PDHS</b>							
Specific Objectives							
1. Improvement of elderly care							
1	Reduce morbidity and mortality among senior citizens	Establishment of elderly care wards in 5 identified hospitals(2 in Polonnaruwa and 3 in Anuradhapura district)	2013-2017	No. of established wards	1 ward per year	PDHS RDHS	10 / year
<b>Programme/ Unit : Southern PDHS</b>							
Specific Objectives							
1. Providing care for elderly and disabled							
1	Improvement of health service for elderly and disabled	Improvement of Physiotherapy and Rehabilitation services (1 per Base Hospitals)	2014-2016	Number of units established	3 per year	PDHS RDHS	15 / year
		Improving access to disabled persons at all levels of Hospitals	2014-2016	Percentage of hospitals with disability access	100%	PDHS/ RDHS	5/ year
2	Improvement health services to youth	Establishing Youth -Friendly Health Centers(1 per Base Hospitals)	2014-2016	Number of Health Centers established	3 per year	D/YEDD PDHS RDHS	1.5 / year
<b>Programme/ Unit : Western PDHS</b>							
Specific Objectives							
1. Providing care for elderly and disabled							
1	To conduct advisory committee meetings on development of guidelines to establish provincial Rehabilitation Centers.	Establishment of Stoke Management Units	2014-2016	Number of Units Established	7	D/YEED PDHS RDHS	2014-12 2015-12 2016-12
		Strengthening of Physiotherapy Units at BH and above	2014-2016	Number of Units	7	PDHS RDHS	2014-12 2015-12 2016-12



# Main Strategy

**M**

# Providing more effective and comprehensive mental health services

## Strategic Objectives and Activities

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Director Mental Health</b>								
Specific Objectives								
1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programme management								
1	Promotion of mental well-being and promotion of school mental health	Mental well-being in the education curriculum is monitored	2013-2014	No of Meetings with ministry of education	3 per year	Director Mental Health	2013- 0.5 2014- 0.5	
		Establishment of community support centers	2013-2016	One center per district established	100% by 2016	PDHSS under the guidance of the Directorate	30 / year	
		Establishment of District Mental Health Resource centers	2013-2017	One Centre per District	2017	PDHSS under the guidance of the Directorate	5/ Year	
1	Provision of comprehensive patient care	New mental health act passed	2013	Passed act	2013	Director MH	5	
		Establishment of acute in-patient unit per district	2013-2017	No of units completed	5 per year	PDHSS under the guidance of the Directorate	5/ Year	
		Establishment of intermediate unit per district	2013-2016	No of units completed	7 per year	PDHSS under the guidance of the directorate	10 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
	Establishment of long-term care unit per district	2013-2016	No of units completed	5 per year	PDHSs under the guidance of the Directorate	10 / year		
	Provide vehicle for RDHS for Mental Health Activities	2013-2017			Director/MH	100/ Year		
	Review District Mental Health Service quarterly	2013-2017	No. of District review conducted		Director/MH	0.25/ Year		
	Conduct National Mental Health review	2013-2017	No. of reviews conducted		Director/MH	1/ Year		
1	Control of alcohol, prevention, suicides and violence	Development of an National Alcohol policy	2013-2014	completed National Alcohol Policy	2014	Director Mental of Health	2013 - 0.25 2014 - 0.25	
		Community-based interventions conducted	2016	No. of piloting areas	Piloted in 3 areas -2016	Director/MH		
		Training PHC staff on preventing Suicide, Violence and Alcohol issues.	2013-2016	No. Trained		Director/MH	1/ Year	
		Capacity building of MO/MH focal points on preventing Suicide, Violence and Alcohol related harms	2013-2016		All MO/MH focal point trained	Director/MH	1/ Year	
		Conduct National Alcohol Prevalence survey	2013		2013	Director/MH	5	
		National Mental Disorder prevalence survey	2013		2013	Director/MH		
<b>Programme/ Unit : Central PDHS</b>								
<b>Specific Objectives</b>								
1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programmes of management								
1	Strengthening infrastructure and human resources	Infrastructure Development in Mental Health Clinics	2013-2016	Percentage of Clinics Improved	50% of total Clinics	D/Mental Health PDHS	10 per year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
	Strengthening Mental Health Services in Divisional Hospitals	2013-2016	Number of Hospitals Improved	21 Hospitals	D/ Mental Health	8 per year		
<b>Programme/ Unit : Eastern PDHS</b>								
<b>Specific Objectives</b>								
1. Promoting MH & reducing mental disorders through expanding skilled human resources and strengthening district level programmes of management								
1	Provision of comprehensive Psychiatric care	Strengthening vocational training for mental health patients	2013-2016	Percentage of pts who have undergone VT	75% coverage	D/Mental Health/ RDHS	0.25 / year	
		Conducting awareness programmes for community	2013-2016	No. of trainings conducted	100%	PDHS/ RDHS	0.25 / year	Provincial funds
2	Strengthening infrastructure and human resources	Provision of a vehicle for the mental health unit	2013-2014	Percentage of coverage of branch clinics and field visits conducted	100% coverage	DGHS PDHS RDHS	2013 - 4 2014 - 4	
		Strengthening the mental health clinics in the peripheral hospitals	2013-2016	No. of hospitals with well equipped mental health units	5	D/Mental health / RDHS / PDHS	2013 - 0.75 2014 - 0.75 2015 - 0.75 2016 - 0.75	
		Establishment of rehabilitation center for the district	2014-2016	Center established	Center established in 2016	D/Mental Health	2014 - 3 2015 - 3 2016 - 3	
		Construction of acute psychiatry ward at BH Kalavanchkudy	2013-2014	Established acute psychiatric ward	Ward Established	D/MH RDHS	2013 - 9.5 2014 - 9.5	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Northern PDHS</b>								
Specific Objectives								
1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programme management								
1	Promotion of mental well-being and promotion of school mental health	Organizing multi-disciplinary team for mental health services in district	2013-2014	No. of teams	5	D/ MH/ PDHS	2013-6 2014-4	
		Provision of vehicles for multi disciplinary team	2013-2014	No of vehicles provided	5	PDHS	2013-24 2014-16	
2	Provision of comprehensive patient care	Establish intermediate mental health care units one per district	2013-2014	No. established	5	PDHS	2013-30 2014-0	
		Establishment of community mental health support centres	2013-2014	No Established	21	PDHS	2013-25 2014-20	
		Establish / strengthen acute in-patient mental health care units one per district	2013-2015	No. established / strengthened	5 new units established	PDHS/RDHS	2013 - 30 2014 - 30 2015 - 30	
<b>Programme/ Unit : Sabaragamuwa PDHS</b>								
Specific Objectives								
1. Promoting Mental Health (MH) and reducing mental disorders through expanding skilled human resources and strengthening district level programme of management								
1	Comprehensive inward care for acute psychiatric patient	Establish new mental Health units in selected BHs	2013-2016	No. of units established	Completed by 2016	PDHS RDHS	2013 - 10 2014 - 10 2015 - 10 2016 - 10	
2	Comprehensive community mental care	Purchasing 3 vans for outreach units and establish outreach unit with equipment	2013-2015	No. of outreach units established	Completed by 2016	PDHS RDHS	2013 - 8 2014 - 8 2015 - 8	
3		Development care Dematanpitiya and 2 divisional hospitals	2013-2016	Developed ID hospitals	Completed by 2016	PDHS RDHS	2013 - 8 2014 - 8 2015 - 8 2016 - 8	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Southern PDHS</b>								
Specific Objectives 1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programme of management								
1	Strengthening infrastructure	Infrastructure Development in Mental Health Clinics (Base Hospitals)	2013-2015	No of refurbished clinics	3 per year	D/Mental Health PDHS	2013-3 2014-3 2015-3	
		Establishment of mental health units in divisional hospitals	2013-2015	Number of hospital with psychiatric units	6 per year	D/ Metal Health	2013-6 2014-6 2015-6	
<b>Programme/ Unit : Uva PDHS</b>								
Specific Objectives 1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programme management								
1	Strengthening infrastructure and human resources	Infrastructure Development in Mental Health Clinics	2013-2016	Percentage of clinics improved	50% of Clinics	D/MH PDHS	5 / year	
		Establishment of Mental Health units in divisional hospitals	2013-2016	Number of hospitals Improve	15	D/ Metal Health	5 / year	
<b>Programme/ Unit : Western PDHS</b>								
Specific Objectives 1. Promoting Mental Health and reducing mental disorders through expanding skilled human resources and strengthening district level programmes of management								
1	Promotion of mental well-being and promotion of school mental health	Community support centres established	2013-2017	No of completed centers	38 by 2016 (7/8 per year)	PDHS RDHS	10 / year	
2	Improving in-patient/acute care in Base Hospitals	Establishment of acute care and rehabilitation unit in BHs(7)	2013-2016	No of acute care units	2 per year	PDHS RDHS D/MH	9 / year	
		Procurement of equipment	2013-2016	Equipment	2016	PDHS/RDHS D/MH	5 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : North Central PDHS</b>								
Specific Objectives								
1. Promoting Mental Health and reducing mental disorders through improving knowledge, expanding skilled human resources and strengthening district level programmes of management								
1	Human Resource Development	Awareness programmes	2013-2017	No of skilled staff	100%	PDHS RDHS D/Mental Health	2013 -1 2014 -1 2015- 1 2016- 1 2017 -1	GoSL

<b>Main Strategy</b>	<b>N</b>	<b>Improving Nutritional status of targeted populations including pregnant mothers, infants &amp; pre-school Children (under 5 years)</b>
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**Strategic Objectives & Activities**

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme Unit - Nutrition Division</b>								
Specific Objectives								
1. To strengthen the nutrition division								
2. To formulate effective hospital nutrition system								
3. To ensure safe & healthy food for Sri Lankans								
4. To improve healthy life style & reduce the nutrition related disorders								
1	Strengthening of the nutrition division	Appointment of essential staff	2013-2014	No of Staff appointed	CCP – 02 MOO – 02 AO – 01 accountant -1 Nutritionist-4 Clerk – 02 Statistician	DGHS, Secretary, DDG(P)		
		Procurement of Two Vehicle & Office equipment	2013	No of Vehicles & equipment procured	2 Vehicles	Director / Nutrition, Director / Transport	15.0	
2	Establishment of effective hospital nutrition system	Establishment of effective hospital nutrition system	2013-2016	No of hospitals with an effective nutrition system	13 per year	D/Nutrition	12.5 / year	
		Production of appropriate dietary guidelines for specific diseases	2013-2016	No of Guidelines developed and distributed	15 by 2016	D/Nutrition	2	
		Establishment of hospital nutrition promotion clinics	2013-2015	No of clinics established	12 per year	D/Nutrition	0.8 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
3	Ensure Food Safety	Formulation and dissemination of guidelines to carry out healthy canteens in working places / schools	2013-2016	No of copies	250 per year	D/Nutrition	2013-0.5 2014-0.5 2015-0.5 2016-0.5	
		Awareness programmes for authorities in working places/Schools	2013-2016	No of working places covered	250 per year	D/Nutrition, Authorities / Working places	2013-0.15 2014-0.1 2015-0.1 2016-0.1	
		Creating awareness of Farmers / Organizations on health effects of agro-chemicals	2013-2016	No of Trainers Of Training (TOT) programme held	10 programme per year	D/Nutrition, D/ Agriculture, D/ (FHB)	2013-0.2 2014-0.2 2015-0.2 2016-0.2	
		Conducting Research to identify the residual chemicals in foods	2013-2016	No of research paper produced	1 per year	D/Nutrition, D / Agriculture, D/ (MRI)	2013-0.2 2014-0.2 2015-0.2 2016-0.2	
		Development of communication materials	2013-2016	No of Community friendly messages developed	3 per year TOT programmes conducted	D / Nutrition	2013-0.125 2014-0.125 2015-0.125 2016-0.125	
		Formulation and printing of public health guidelines on prevention of non-communicable diseases	2013-2016	No of copies disseminated	Published copies English 1000 Tamil 2000 Sinhala 5000 Dissemination 2000 /Y	D/Nutrition	2013-1 2014-1 2015-1 2016-1	
		Dissemination of public health guidelines on the prevention of non-communicable diseases	2013-2016	No of workshops for health staff	4 per year	D/Nutrition	2013-0.2 2014-0.2 2015-0.2 2016-0.2 (50,000 each)	



Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
				Output	Target & Time frame			
5	Improvement of nutrition of the urban poor	Survey to determine the status and determinants.	2013-2016	Availability of survey report	2016	DD / Nutrition	2013-0.125 2014-0.125 2015-0.125 2016-0.125	
		Nutrition support program to improve the nutrition levels	2013-2016	Percentage of anaemia reduced and percentage obesity reduced	Anemia reduced by 2% population Obesity reduced by 5%	DD / Nutrition	2013 - 1.25 2014 - 1.25 2015 - 1.25 2016 - 1.25	
6	Special nutrition program for nutritionally vulnerable pockets/areas of Sri Lanka	Establishing a mechanism to identify pockets	2013	Established Mechanism	100% completed 2013	DD / Nutrition	5.0	
		Design tailor made program	2014	Program designed	Initiated Dec 2014		5.0	
		Implementation of the program	2015-2016	Percentage of program implemented	Initiated Dec 2015		2015 - 2.5 2016 - 2.5	
5	Nutrition Guidance for special situations	Establish an effective hospital nutrition mechanism for dietary guidance for special diseases & conditions (e.g. Renal, Hepatic, Cardiac, Burns)	2013-2014	Guidelines printed and published	2014	D/Nutrition	1/ Year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Nutrition Coordination Division</b>								
Specific Objectives								
1. To Strengthen the advocacy, partnerships and networking								
2. To Ensure optimal nutrition through out the life cycle								
3. To Ensure food and nutrition security for all citizens								
4. To Strengthen Research, Monitoring and Evaluation								
1	Strengthen partnership and networking with relevant stakeholders for undertaking collaborative nutrition programmes at provincial, district, divisional & community levels	Development of District level action Plans	2013-2015	No of district action plans developed	9 per year	RDHS	2013-1.5 2014-0.5 2015-0.5	
		Implementation of National Nutrition Month	2013-2015	Percentage of success in implementation	100%	Central & Provincial Health Authorities	2013-1 2014-1 2015-1	
2	Strengthen partnership and networking among different units within the MoH, Other Ministries, NGO, Civil Societies & academic bodies	Conducting Nutrition Steering Committee (NSC) Meetings	2013-2015	No of meetings held	6 per year	D/Nutrition Co-ordination Division	2013-0.3 2014-0.3 2015-0.3	
	Improve family capacity for timely, appropriate and safe feeding of young children and strengthening psychosocial development activities under Early Childhood Care Development (ECCD) programmes	Training of ECCD officers and provincial health staff	2013-2015	No of r master trainers trained	150 Master trainers trained per year	D/Nutrition Co-ordination Division	2013-0.4 2014-0.4 2015-0.4	
		Training of pre-school teachers	2013-2015	No of pre-school teachers trained	500 per year	D/Nutrition Co-ordination Division	2013-0.7 2014-0.7 2015-0.7	
		Development and implementation of Pre-school Nutrition Action Plans	2013-2015	Percentage of completion of Nutrition plan developed and implemented	100% By 2015	D/Nutrition Co-ordination Division	2013-0.4 2014-0.4 2015-0.4	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
		Evaluation of Pre-school nutrition programmes	2013-2015	No of pre-schools evaluated per year	500 per year	D/Nutrition Co-ordination Division	2013-0.4 2014-0.4 2015-0.4	
3	Reduce nutrition related disorders in vulnerable population Ensure safe accesses to adequate quality nutrition, through out the year	Conducting Advocacy programmes	2013-2015	No of programmes conducted	6 programmes per year	D/Nutrition Co-ordination Division	2013 - 0.4 2014 - 0.4 2015 - 0.4	
4	Strengthen National Nutrition Surveillance System	Expand the National Nutrition surveillance system to the whole Island	2013-2015	No of Divisional Secretariat (DS) Divisions incorporated in to the surveillance system	30 per year	D/Nutrition Co-ordination division	2013 - 5 2014 - 5 2015 - 5	

**Programme/ Unit : Nutrition - MRI**

Specific Objectives

1. Ensure high quality Research and assessments conducted by MRI and partners
2. Increase effectiveness of health interventions implemented by partners
3. Provide partnership for related technical areas, technical reports, or other widely distributed technical documents steering committees

1	Ensure High quality Research & assessments conducted by MRI & partners	Update and develop standardized survey methods	2013-2017	Updated % of Training programmes / workshops conducted	100% by 2017	D/MRI	2013-1.25 2014-1.25 2015-1.25 2016-1.25 2017-1.25	
		Develop a research agenda related to assessment of health status and associated factors and implement priority areas	2013-2017	Percentage of Research agenda available	100%	D/MRI	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
	Provide Technical recommendation for policy guidance to the MoH for conducting assessments of health problems and / or associated factors in population	2013-2014	No of Stake holder meetings	3 per year	D/MRI	2013-0.3 2014-0.3	
	Develop & implement surveillance programme with priority diseases and emergency settings	2013-2014	No of programmes	2 dengue surveillance and 2 leptospirosis programs per year	D/MRI	2013-2 2014-2	
	Develop and implement monitoring and impact evaluation systems of health interventions in priority diseases / selected areas	2013	Monitoring and impact evaluation systems to be made available	100% completion	D/MRI	3	
	Develop a research agenda related to monitoring and evaluation of health interventions and implement priority / selected studies	2013-2016	No of priority research	3 per year	D/MRI	2013 - 0.3 2014 - 0.3 2015 - 0.3 2016 - 0.3	
Increase effectiveness of health interventions implemented by partners	Conduct training workshops on monitoring and evaluation methods	2013-2015	No of workshops	3 per year	D/MRI	2013 - 0.5 2014 - 0.5 2015 - 0.5	
	Improve laboratory capacity among partners and provide specialized laboratory facilities to them	2013-2015	No of In-service training for MLTs	3 per year	D/MRI	2013-1.25 2014-1.25 2015-1.25	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds		
			Output	Target & Time frame					
			Increase participation in external quality control networks to establish quality control and accreditation of laboratory services	2013-2015	No of Quality control programmes	3 per year	D/MRI	2013-1.25 2014-1.25 2015-1.25	
			Conduct and participate in basic training, in-service training and postgraduate training programmes of health personnel	2013-2015	No of Training programs	3 per year	D/MRI	2013-2.0 2014-2.0 2015-2.0	UNICEF WFP
3	partnership for related technical areas, technical reports, or other widely distributed technical documents steering committees		Convene meetings and participate in key technical activities that develop recommendations, guidelines, frameworks, and/or reports of wide impact	2013-2015	No of meetings	4 per year	D/MRI	2013-2.5 2014-2.5 2015-2.5	UNICEF WFP
			Strengthen formal and informal collaboration with partners	2013-2015	No of meetings	4 per year	D/MRI	2013-0.75 2014-0.75 2015-0.75	UNICEF WFP
			MRI staff participate in an active role in national and international scientific conferences	2013-2016	No of participants	2 per year	D/MRI	2013-1.5 2014-1.5 2015-1.5	UNICEF WFP
			MRI staff publishes articles or reports in peer reviewed journals	2013-2015	No of articles published	4 per year	D/MRI	2013-0.5 2014-0.5 2015-0.5	UNICEF WFP

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit – Family Health Bureau (MC&amp;H)</b>								
Specific Objectives								
1. Enable all children under 5 years of age to survive and reach their full potential of growth & development through provision of optimal care								
2. Ensure safe out come for both mother & newborn through provision of quality care during pregnancy, delivery & post partum period								
1	Maintain optimal nutritional status among children	Development of national strategic plan on Infant & Young Child Feeding (IYCF)	2013	Strategic Plan available	Strategic Plan available by 2013	D/MCH	2013-0.35	
		Regular growth monitoring of under-5 year children	Routine Programme ongoing	Percentage of children under 5 years whose growth is monitored regularly	85% by 2016	D/MCH	2013-30 2014-30 2015-30	
		Promotion of appropriate IYCF practices to improve the nutritional status among children under 5 years	2013-2016	Percentage Prevalence of under-weight among children under 5 reduced	Bring down to 16% by 2016	D/MCH	2013-20 2014-20 2015-20 2016-20	
				Percentage Prevalence of wasting among under 5 children reduced	Bring down to 11.5% by 2016			
				Percentage Prevalence of stunting among under 5 years children reduced	Bring down to 14.5% by 2016			
				Percentage Prevalence of iron	Bring down to 18% by 2016			

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
			deficiency anemia among under 5 reduced  Percentage Prevalence of vitamin A deficiency among under 5 children reduced	Bring down to 18% by 2015				
	Integrated Nutrition Package (INP) fully implemented in 6 selected districts and expansion to other vulnerable districts	2013-2016	Percentage of coverage of INP package	100% coverage of INP package in 6 selected districts	D/MCH	2013 - 25 2014 - 25 2015 - 25 2016 - 25		
	Provision of age appropriate vitamin supplement for all children under 5 years	2013-2016	Percentage of target population covered  Percentage Reduction of vitamin A deficiency among of under 5 years	90% coverage by 2016  Prevalence of vitamin A deficiency Bring down to 18% by 2016	D/MCH	2013-9.4 2014-9.4 2015-9.4 2016-9.4		
2	Ensure appropriate evidence based targeted nutrition intervention for pregnant & lactating women	Improvement of Nutritional status of pre-pregnant, pregnant and lactating women through appropriate intervention	2013-2016	Percentage reduction of mothers with BMI less than 18.5  Improvement of the Percentage of mothers gain	50% by 2016  75% mothers to gain	D/MCH	2013 - 1 2014 - 1 2015 - 1 2016 - 1	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
			adequate weight according to the BMI during pregnancy	adequate weight by 2016				
			Reduction of the Percentage of pregnant women with Hb < 11g/dl	Bring down to 12% by 2016				
<b>Programme/ Unit – Eastern PDHS (Ampara, Mannar, Trincomalee &amp; Batticaloa)</b>								
Specific Objectives								
<ol style="list-style-type: none"> <li>1. Providing Dietary Guideline based on locally available Food Items</li> <li>2. Improve the Nutritious status of Mothers &amp; children's (RD – Ampara)</li> <li>3. Improve the Healthy Lifestyle in the region (RD – Kalmunai)</li> </ol>								
1	Providing Technical Information on food and diet for families and individual	Publishing a booklet on nutritious value of locally available food items and daily requirement for individuals	2013-2014	Dietary guidelines available	2013-2014 100% families provided Dietary guideline	PDHS & RDDHS	2013 - 5 2014 - 5	
<b>Programme/ Unit – North Central PDHS (Anuradhapura &amp; Polonnaruwa)</b>								
Specific Objectives								
<ol style="list-style-type: none"> <li>1. To Improve the stakeholder capacities on delivering nutrition services</li> <li>2. Reduction of No. of underweight of infants (RDHS – Polonnaruwa)</li> </ol>								
1	Reduced nutrition related mobility	Strengthening field based nutrition activities for targeted groups	2013-2017	20% reduction of malnutrition rate	5% each year	PDHS RDHS	2013-1.25 2014-1.25 2015-1.25 2016-1.25 2017-1.25	
2	Strengthening of essential breastfeeding (BF) programme	Training programme for Public Health Midwives (PHMS)s on BF	2013-2015	20% reduction of malnutrition rate	5% each year	PDHS RDHS	2013-1.25 2014-1.25 2015-1.25	



Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
	Awareness programme for Anti Natal Care (ANC) mothers at each ANC	2013-2015	No. of programmes conducted	10 programmes per year	PDHS RDHS	2013-0.5 2014-0.5 2015-0.5		
	Awareness programme for ANC mothers at each ANC and demonstration at weighing post	2013-2015	No. of programme conducted	5 programmes per year	PDHS RDHS	2013-0.5 2014-0.5 2015-0.5		
3	Strengthening of complementary and weaning food programmes	Integrated Nutritional Package (INP) training programme for awareness programme for field staff	2013-2015	No. of programme conducted	10 programmes per year	PDHS RDHS	2013-0.5 2013-0.5 2014-0.5 2015-0.5	
4	Reduction of underweight preschool children	Weigh the preschoolers and display the monitoring	2013-2015	Percentage of children under-weight	25 Schools per year	PDHS RDHS	2013-0.5 2013-0.5 2014-0.5 2015-0.5	

**Programme/ Unit - Northern PDHS (Jaffna, Killinochchi, Mulitive, Mannar & Vavuniya)**

**Specific Objectives**

**1. Providing Dietary Guideline based on locally available Food Items**

1	Providing Technical Information on food & diet for families & individual	Publishing a booklet on nutritious value of locally available food items and daily requirement for individuals	2013-2014	Dietary guideline available	2013-2016 100% families provided with dietary guideline	PDHS & RDHS	2013 - 100 2014 - 100	UNICEF
2	Adaptation of healthy lifestyle by individual & families	Establishment of one model healthy village for each MOH Divisions (31 MOH divisions)	2013-2015	Established healthy lifestyle village	08 lifestyle villages per year	PDHS & RDHS	2013-22 2014-22 2015-22	WHO
3	Reduced nutrition related morbidity	Strengthening field based nutrition activities for targeted groups	2013-2015	Percentage reduction of malnutrition rate	25 programmes per year in 01 district	PDHS & RDHS	2013-1.25 2014-1.25 2015-1.25	
4	Improved Nutrition Awareness among the public	Conduct Nutrition Exhibition in each MOH Division	2013-2015	No. of Exhibitions conducted	Exhibitions in 10 MOH areas per year	PDHS & RDHS	2013-5.0 2014-5.0 2015-5.0	UNICEF

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
5	Improved Nutrition assessments at Community level	Conducting regular nutrition assessment programmes at community level	2013-2015	No. of assessment Programme conducted	10 programmes per year	PDHS & RDHS	2013-1.25 2014-1.25 2015-1.25	
		Provision of anthropometric equipments	2013-2015	No. of MOH offices provided with equipment	150 equipment per year	PDHS & RDHS	2013-5.0 2014-5.0 2015-5.0	UNICEF
		Strengthening the Mothers' Club activities	2013-2015	No. of Mothers' club supported	250 Mothers' club per year	PDHS & RDHS	2013-5 2014-5 2015-5	UNICEF
7	Improved Nutrition supplementation programmes	Strengthening Storage Facilities at MOH offices for Nutrition Supplementations	2013-2015	No. of MOH offices provided with storage facilities	10 storage facilities per year	PDHS & RDHS	2013 - 10 2014 - 10 2015 - 10	

**Programme/ Unit – Southern PDHS (Galle, Hambanthota & Matara)**

Specific Objectives

1. Strengthening MCH/FP (RH) Programme
2. Improve Nutrition status of Pregnant Mothers & Infants
3. Improve Nutrition status of School children

	Improving Nutritional Status of targeted populations including pregnant mothers, infants and pre-school children (under five year )	Strengthening field based nutrition activities for targeted groups. (LBW / Growth Faltering Children)	2013-2015	No .of Nutrition activities carried out	1 programme per MOH area	PDHS RDHS	2013-0.1 2014-0.1 2015-0.1	
		Establishing Village / Mothers / or Inter-sectoral committees for strengthening nutrition	2013-2015	No. of committee established	1 per PHM(790) .01/each	PDHS RDHS	2013-3 2014-3 2015-3	
		Establishment of health promotion units in school	2013-2015	No. of units established	1 per MOH area per year	PDHS RDHS	2013-1.6 2014-1.6 2015-1.6	
		Conduction of Sisu Suwa Udana program to cater remote areas	2013-2015	No. of programme	1 per year	PDHS RDHS	2013-1.8 2014-1.8 2015-1.8	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit - PDHS - UVA</b>							
Specific Objectives							
1. To improve the nutritional status of children under 5 pregnant & lactating mothers and adolescents							
Establishment of health promoting villages	Purchasing of necessary equipment for food demonstration and preparation	2013-2015	No. of equipment purchase	Purchasing equipment for 07 MOH per year	PDHS /RDHS /MOH	2013-0.5 2014-0.5 2014-0.5	
	Capacity building of PHC staff	2013-2015	No. of programmes done	20 programmes per year		2013-1.0 2014-1.0 2015-1.0	
	Advocacy Programmes for Community leaders	2013-2015	No. of programme done	20 programmes per year		2013-0.6 2014-0.6 2015-0.6	
	Awareness programme for villagers	2013-2015	No. of programme done	20 programmes per year		2013-0.7 2014-0.7 2015-0.7	
	Conducting Health Promoting activities (Lifestyle modification activities)	2013-2015	No. of programme done	20 programmes per year		2013-0.7 2014-0.7 2015-0.7	
	Conducting symposium on health promotion	2013-2015	No. of programme done	2 programmes per year		2013-0.7 2014-0.7 2015-0.7	
	Monitoring & Evaluation	2013-2015	No. of review meetings conducted	3 review meetings per year		2013-0.3 2014-0.3 2015-0.3	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit -Western Province - PDHS</b>							
Specific Objectives							
1. Improve Nutritional status of FTZ							
	Providing Technical Information on food & diet for factory workers & management	Conduction of awareness programme Screening for nutritional status Provide specific intervention	2013-2016	Percentage of factories covered	3000 workers per year	PDHS & RDHS	2013-1.25 2014-1.25 2015-1.25 2016-1.25
	Improving Nutritional Status of the Estate Population in Kalutara/Colombo District	Conduction of awareness programme	2013-2016	Percentage of population covered	4000 workers per year	PDHS & RDHS	2013-2.5 2014-2.5 2015-2.5 2016-2.5
		Provide specific intervention	2013-2016	Percentage of population covered	4000 workers	PDHS RDHS D/Esta	2013 - 1 2014 - 1 2015 - 1 2016 - 1
<b>Programme / Unit - Sabaragamuwa PDHS</b>							
	Strengthening of investigation facilities	Provision of screening equipment – Weighing Scale, Hb testing	2013-2015	Percentage of Hb tested mothers	50% of all mothers - 1st year	PPDHS RDHS	2013 - 2 2014 - 2 2015 - 2
	Establish nutritional programme for under nourished mothers (BMI < 18.5) in the community.	Provision of IEC material. (Behavioural intervention for target groups) Indicator and activity doesn't match	2013-2015	Percentage of enters with all basic facilities	50% of mothers - 1st year	PDHS RDHS	2013-1.7 2014-1.7 2015-1.7

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit – Central PDHS</b>							
Specific Objectives							
1. Ensure exclusive Breast Feeding at 6 months.							
2. Reduce acute wasting							
	Strengthen community awareness on breast feeding practices	Awareness and distribution of resource material for breastfeeding promotion including 5 booklets	2013-2015	Booklets available	48,000 mothers – per year	PDHS RDHS	2013-0.1 2014-0.1 2015-0.1
		Perform Activities related to world breastfeeding week	2013-2015	Breast feeding week celebrated	Breast feeding awareness in 48 MOH areas - per year	PDHS RDHS	2013-0.2 2013-0.2 2014-0.2 2015-0.2
		Lobby the issue of maternity benefits in the estate sector	2013	Maternity benefits among estate workers	Issue on maternity benefits tabled at national MCH steering committee – per year	PDHS RDHS	2013-0.05 2014-0.05 2015-0.05
	Nutrition status of under five children improved	Strengthen policy on Breast Feeding (BF)	2013-2015	Number of MOH where BF policy promoted	BF policy implemented in 48 MOH areas	PDHS RDHS	2013-0.3 2014-0.3 2015-0.3
		Encourage mothers on interactive IYCF practices	2013-2015	Number of sessions where correct IYCF practices promoted	68000 home nutrition promotion counseling sessions	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
	Incentives for mothers who give correct feeding and reflected in healthy growth	2013-2015	Number of mothers to whom non monetary incentives are given	500 mothers who practice correct IYCF felicitated – per year	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
	Community level food preparation demonstration	2013-2015	Number of demonstrations held	485 nutrition demonstrations	PDHS RDHS	2013-0.5 2014-0.5 2015-0.5	
	Promote model health clinic / hospital gardening	2013-2015	Number of clinic garden and hospital gardens	56 model clinics/hospital gardens established – per year	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
	Promote model home gardening	2013-2015	Number of households with home gardening promoted	Home gardening promoted among 120,000 households	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
	Promote vitamin A and MMN supplementation for infants and children	2013-2015	Percentage of coverage of Vit. A and MMN	90% - within 4 years	PDHS RDHS	2013-0.3 2014-0.3 2015-0.3	
	Provision of supplementary food for acutely wasted infants/children	2013-2015	Number targeted with supplementary feeding programs	2000 children rehabilitated	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
Integrated Nutrition Package fully implemented	Nutrition Coordination Committees established at Provincial District and Divisional level	2013-2015	Number of nutrition coordination committees in place	51 coordination committees established	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
	Nutrition inter-sectoral plans prepared at Provincial, District and Divisional level	2013-2015	Plans available at all levels		RDHS, PDHS	2013-0.5 2014-0.5 2015-0.5	
	Targeted interventions to address the underling causes of those detected with acute wasting	2013-2015	No. of children addressed with targeted interventions	Underlying causes of 2000 children addressed	PDHS RDHS	2013-10 2014-10 2015-10	
	Monitoring of interventions and results at household-level of vulnerable mothers and children	2013-2015	Number of children monitored with the monitoring system in place	Monitoring of nutritional condition of 2000 children year	PDHS RDHS	2013-0.3 2014-0.3 2015-0.3	
	Home-based Nutrition Rehabilitation Programme (NRP)	2013-2015	No. of children enrolled in NRP	150 children with severe wasting treated – per year	PDHS RDHS	2013-2.0 2014-2.0 2015-2.0	
Nutrition status of pre school children is improved	Improve pre-school meal programme	2013-2015	Number of Pre-schools promoted for provision of quality of food	Promote balanced nutrition and monitor in 2500 pre schools – with in 4 y	PDHS RDHS	2013-0.1 2014-0.1 2015-0.1	
	Improve hygienic practices among children	2013-2015	Number of Pre-schools promoted for hygiene improvement	Hygiene promotion in 2500 preschools	PDHS RDHS	2013-0.2 2014-0.2 2015-0.2	
	Pre and post assessment of nutrition status of children	2013-2015	Assessment completed	Assessment report year	PDHS RDHS	0.5 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
School child nutrition improved	Screening of children for nutritional status	2013-2015	Number of children in whom the nutritional assessment is completed	100,000	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
	Ensure at least two meals taken under supervision	2013-2015	No. of schools where two meals are ensured	Monitor meals in 1,483 schools with in 4 years	PDHS RDHS	2013-0.1 2014-0.1 2015-0.1	
	Strengthen the supplementary programme	2013-2015	Number of nutritionally vulnerable children who have Supplementary feeding	Supplementary feeding of 15,000 acutely wasted children	PDHS RDHS	2013-2.5 2014-2.5 2015-2.5	
Young adult nutrition strengthened	Screening of all young adults on nutritional status	2013-2015	Number of young adults screened	52,000 young adults - with in 4 years	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	
	Nutrition intervention to ensure healthy father, healthy mother concept	2013-2015	Number of vulnerable youth who are subjected to nutrition interventions	Nutrition promotion and rehabilitation of 500 young adults/year	PDHS RDHS	2013-0.3 2014-0.3 2015-0.3	
Implement the national strategy to reduce micro-nutrient deficiencies	Implement national strategies to reduce anemia, Iodine, Vitamin A and other MN	2013-2016	Number of children targeted with implemented national strategies	Targeted intervention for 200,000 children	PDHS RDHS	2013-1.0 2014-1.0 2015-1.0	



# Main Strategy

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**Improving health care services specially targeting the estate sector, hard to reach, vulnerable, displaced and rural communities in order to fulfill specific needs**

## Strategic Objectives and Activities

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Estate and Urban Health</b>								
Strategic Objectives								
1. Improve the quality of curative, preventive and public health service to the residential population in the plantation sector on par with that in other areas								
2. Strengthening preventive and promotive health interventions to the urban population								
1	Improving the quality of curative and public health services provided to estate populations	Improving the buildings and other facilities in the estate hospitals taken over by the Ministry of Health	2013-2016	Number of Hospitals upgraded	32 hospitals (Badulla- 12 CP - 09 Sab P - 07 SP - 02 WP - 02)	DGHS, D/E&UH PDHS	2013 - 20 2014 - 20 2015 - 20 2016 - 20	
		Strengthen the public health services provision with the appointment and training of public health field staff (Public Health Midwives - PHM and Public Health Inspectors - PHI) in the estates to improve preventive health services provided	2013-2016	Number of Public health staff (PHMM & PHII) appointed and trained	80 per year	DGHS D/E&UH PHDT PSoc PDHS		
		Improving the Sanitary facilities of the estate population with the construction of toilets	2013-2016	No. of sanitary facilities built	1700 new toilets per year	DGHS D/E&UH PDHS	2013-25 2014-25 2015-25 2016-25	
		Strengthening the Monitoring and Evaluation (M&E) activities by implementing the M&E process for the estate health in the provinces	2013-2016	No. of provincial progress review meetings held	80 per year	DGHS D/E&UH PDHS	2013-0.6 2014-0.6 2015-0.6 2016-0.6	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
				Output	Target & Time frame			
2	Initiating functional links between national health service and local authorities in Urban areas and strengthen the public health service provision to the urban populations	Establish and conduct functional National Level Urban Health Development Committee meetings	2013-2016	Number of functioning committee meetings at national level	2016 4 committee meetings	DGHS D/E&UH PDHS	2013-0.5 2014-0.5 2015-0.5 2016-0.5	
		Establish and conduct functional Regional Level Urban Health Development Committee meetings	2013-2016	Number of functioning committee meetings at regional level inclusion of all urban areas in the region	2016 (5 per year)	DGHS D/E&UH and PDHS	2013-0.5 2014-0.5 2015-0.5 2016-0.5	
		Conduct Advocacy Workshops with stakeholders to improve the public health services provided to the Urban populations	2013-2016	No. of workshops held	2016 (10 urban areas per year)	DGHS D/E&UH and PDHS	2013-2 2014-2 2015-2 2016-2	

**Programme/ Unit – Disaster Preparedness & Response Division**

Strategic Objective

1. To improve the preparedness & response of the health sector in relation to disasters in the provinces, districts & institutions

1	Improve the health sector disaster preparedness and response capacity at National, Provincial and District levels	Appoint and train focal points for disaster Management in each major health institution / province and district	2013-2015	No of focal points trained in disaster management per year	10 per year	C/DPRD, D/MS, PDHS/ RDHS	2013-1 2014-1 2015-1	
		Preparation of Disaster Management Plans for the Institutions / Provinces & Districts	2013-2015	No of plans	40 Plans per year	C/DPRD, D/MS, PDHS/ RDHS	2013-1 2014-1 2015-1	
		Train the Focal points on Disaster management and other stakeholders on Standard Operating Procedures (SOP)	2014-2015	No of Disaster Management teams trained on SOP	20 per year	C/DPRD, D/MS, PDHS/ RDHS	2013-2 2014-2 2015-2	WHO

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : National Health Development Fund (NHDF)</b>								
Strategic Objectives								
1. The Development and Promotion of Institutions providing health care services in Sri Lanka								
2. To Finance any project for the purpose of taking necessary steps for the prevention of disease among or protection of the health of the people of Sri Lanka								
1	To enhance health facilities in the rural sector	Construction of Health Care Clinics	2013-2016	No of Health Care Clinics built per Y	8 per year	PDHS and RDHS	2013 - 24 2014 - 24 2015 - 24 2016 - 24	NHDF
		Supply of medical equipments	2013-2017	Percentage of clinics supplied with equipments	100%	PDHS and RDHS	2013 - 4 2014 - 4 2015 - 4 2016 - 4 2017 - 4	NHDF
2	Introduce innovative tools and strategies for surveillance and control of Dengue	To collect Blood Samples for Laboratory analysis every year	2013-2015	Percentage of surveillance sites supplied with tools completed	100% by 2015	Epid Unit	2013-2 2014-2 2015-2	European Commission
		Recruit and training of Research staff	2013-2015	Percentage of Staff appointed	100%	Epid Unit	2013-5 2014-5 2015-5	European Commission
		Laboratory Surveillance carried out in selected health institutions	2013-2015	Percentage of Laboratories & Hospitals surveillance conducted	100% by 2015	Epid Unit	2013-10 2014-10 2015-10	European Commission

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit : Senior Assistant Secretary (I&amp;P) - Suwa Udana</b>							
Strategic Objectives 1. Create awareness & coordination mechanism with Provincial Health authorities and NGO's 2. Identify the areas for improvement of health status and implementation of the programmes							
1.	Establish coordination mechanism with provincial and district authorities and NGO	Planning mobile clinics & education programs with the support of provincial, district, & local NGOs	2013-2014	No of programmes planned	6 programmes planned per year	SAS (I&P)	
2.	Improve the health status of the people	Organize "Deyata Kirula" National Exhibition and Conduct mobile clinics & education programmes in the most remote areas.	2013-2014	No of programmes conducted	6 programmes per year	SAS (I&P)	2013-10 2014-10
<b>Programme/ Unit - Thripasha Programme</b>							
Strategic Objectives 1. Eliminating malnutrition in Sri Lanka 2. Introduce Thripasha to the local market as a commercial product. 1. Introduce Thripasha to the world market as a commercial product. 2. Uplift the economic standard of the local paddy farmers and the agriculture sector							
		Buy one fork lift to improve of material handling	2013	No of folk lift	1 folk lift by 2013	Chairman /Board of Directors ,OM, EM, PM	6.5
		Fabrication of new miracle tanks to replace 35 year old tanks	2013	No of storage tanks	3 storage tanks	Chairman /Board of Directors ,OM, EM, PM	9.0
		Conduction of productivity program 2013	2013	No of programmes	5 programmes	Chairman /Board of Directors	3.0
		Establishment of product automatic racking system	2013	Percentage of storage improvement	40%	Chairman /Board of Directors	7.0

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds	
			Output	Target & Time frame				
	Staff training	2013-2017	No of staff training	40 per year	Chairman /Board of Directors,OM, HM	2013-2 2014-2 2015-2 2016-2 2017-2		
	Acquiring a vehicle for transport	2013-2017	No of vehicles	One cab, one van and two lorries by 2017	Chairman /Board of Directors ,OM, EM, PM	2013 - 5 2014 - 5 2015 - 5 2016 - 5 2017 - 5		
2	Increase Thripasha production up to 125% - 25000MT's ( Annual)	Purchase and Install new Anderson extruder / Dryer / 15mm Hammer mill	2013	Purchased and installed	125%	Chairman /Board of Directors ,OM, EM, PM	50	
		Purchase and Install New Boiler - 3Ton	2013-2014	Purchased and installed	completed	Chairman /Board of Directors ,OM, EM, PM		
		Supply and install two fully automatic packing lines with special printing options to the packing section	2013-2014	Supply and installed	completed	Chairman /Board of Directors ,OM, EM, PM	2013-6.5 2014-6.5	
		New 100 MT Silo for soya storage	2013	50% improvement of storage of raw materials	11 months	Chairman /Board of Directors ,OM, EM, PM	15 .0	
3	Fully upgraded lab	Smoothen the quality process and reduce the storage period - of finish products	2013	Percentage Improvement of quality	100%	Chairman /Board of Directors ,OM, EM, PM	10.0	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
				Output	Target & Time frame			
4	Increase Thripasha production up to 200% - 40000MT's (Annually) Considering that malnutrition is one of the biggest problems in the world	Complete Anderson production line , New storage complex with two silos of 100 T's each	2013-2016	200% production improvement	5 years - Long term plan	Chairman /Board of Directors ,OM, EM, PM	2013- 30 2014- 30 2015- 30 2016- 30	
<b>Programme/ Unit : Northern PDHS (Jaffna, Killinochchi, Mulitive, Mannar &amp; Vavuniya)</b>								
Strategic Objectives								
1. To Improve the Health Care Services for Internally Displaced & Resettled People								
1	Improve the medical care and other health services provided to the Internally displaced and resettled populations in the Northern Province	Conducting mobile medical clinics in IDP camps, resettled and hard to reach areas	2013-2016	No. of Mobile Clinic Conducted	2016	PDHS RDHS	2013-5 2014-5 2015-5 2016-5	
		Strengthening the supportive services of the hospitals in resettled and hard to reach areas with the provision of Solar Panels for lighting & solar refrigerators (25 hospitals)	2013-2016	No. of solar systems provided	2016	PDHS RDHS	2013-15 2014-15 2015-15 2016-15	
		Modification of existing building structures to provide access for disabled at all Healthcare Institutions (95 nos)	2013-2017	No of healthcare institutions modified	2017	PDHS	2013 - 10 2014 - 10 2015 - 10 2016 - 10 2017 - 10	
		Strengthening the Rehabilitation Units in GH Vavuniya and GH Mannar	2013-2014	No of units strengthened	2014	PDHS	2013-5 2014-5	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit – Sabaragamuwa PDHS</b>							
Strategic Objectives							
1. To Improve the Health Care Services for the rural and hard to reach populations of the province							
1	Strengthen the curative and public healthcare services provided to the populations of the rural and hard- to - reach areas	Carry-out interventions on priority nutritional issues with the establishment of service points	2013-2014	No. of service points established	2014 -25 service points / year for 3 years	RDHS	2013 - 10 2014 - 10
		Carry-out interventions on priority NCD by providing IEC material	2013-2014	No. of institutions with IEC Material	2014 - 50 institutions / year for 3 years	RDHS	2013-2 2014-2
<b>Programme/ Unit – Southern PDHS (Galle, Hambanthota &amp; Matara)</b>							
Strategic Objectives							
1. Outreach services for estate mothers, Children disabled, elders and other vulnerable groups							
1	Improving health care services especially targeting the estate sector , hard to reach , vulnerable and rural communities in order to fulfill specific needs	Increase and improve outreach services including clinics for estate mothers, children, disabled, elders and other vulnerable groups	2013-2016	No of out reach clinics established	03/district/ per year	RDHS	2013-2 2014-2 2015-2 2016-2
		Conduct Community awareness programmes on Prevention of Maternal and Child Health, Communicable Diseases & Non - Communicable Diseases	2013-2016	No. of programmes conducted	Increased by 60% by 2016	RDHS	2013-0.5 2014-0.5 2015-0.5 2016-0.5
		Construction of Latrines for the needy people	2013-2016	No. of latrine constructed in estate sector	2016 (90% completed by 2016)	RDHS	2013-1 2014-1 2015-1 2016-1

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Million)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit - Central PDHS</b>							
Strategic Objectives							
1. Equitable curative care services and preventive health services for the estate sector (one MOH per 60,000 population one inpatient facility for 30,000 population)							
1	Improvement of the curative and public health services provided to the estate populations of the Central Province	Conduct consultative meeting to identify occupational health problems and correlates with the estate sector through consultative meetings	2013	Report on occupant-ional health problems and issues are identified	2013	PDHS RDHS	2013- 0.1
		Conducting Training of Trainers (TOT) programmes on occupational health and safety for estate sector workers	2013-2016	Number of TOT programmes conducted	2016	RDHS	2013-0.5 2014-0.5 2015-0.5 2016-0.5
		Conduct TOT programmes and Nutrition Intervention Programmes on improvement of nutritional status of the plantation sector population	2013-2016	Reduction of acute wasting in the plantation sector	2016	PDHS	2013-9 2014-9 2015-9 2016-9
		Conduct progress review meetings with the relevant stakeholders on estate health development	2013-2016	Annual progress meeting in 3 regions	2016	PDHS	2013-0.3 2014-0.3 2015-0.3 2016-0.3
		Establishment of Ragala and Bogawanthalawa MOH offices	2013-2014	Functioning MOH	2014	PDHS RDHS	2013-10 2014-10
		Provision of transport for the newly created MOH areas	2013-2016	Number of vehicles	2016 (6 vehicles)	PDHS RDHS	6/ Year
		Provision of equipment and other facilities to expand outpatient care especially in Maskeliya, Bogawanthalawa and Kotagala areas	2013-2016	Improved outpatient care services	2016	PDHS RDHS	2013-6 2014-6 2015-6 2016-6



<b>Main Strategy P</b>	<b>Improving managerial efficiency, productivity, quality and safety of healthcare services at all levels of delivery</b>
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**Strategic Objectives and Activities**

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme / Unit: Quality and Safety</b>								
<b>Specific Objectives</b>								
<ol style="list-style-type: none"> <li>1. To facilitate all healthcare institutions towards quality and safety improvement through a process of consultation</li> <li>2. To develop policy guidelines towards improving quality and safety in healthcare</li> <li>3. To facilitate the setting up of standards in clinical care practice and management of hospitals towards quality and safety</li> <li>4. To enhance the knowledge of health care personnel through continuous capacity building programmes</li> <li>5. To establish a Monitoring and Evaluation mechanism to assess the level of quality and safety in healthcare institutions</li> <li>6. To carry out research on quality and safety in healthcare</li> <li>7. To promote quality and safety in all health care institutions</li> <li>8. To network with national and international organization to improve quality and safety in healthcare institutions</li> </ol>								
1	Strengthen the National Quality Secretariat (QS) and ensure networking with provincial/district Quality Units	To organize the D / HQS head office with human resource, equipment and furniture	2013	Functioning D / Healthcare Quality & Safety	By end of 2013	Sec / H DGHS DDG (P) DDG(MS)I	2	
2	Establish a Committee for Quality Improvement and Safety	Establishment of an Advisory Committee	2013	Availability of a functioning Advisory Committee	By end of 2013	Sec/H DGHS DDG(P)		
		Ensure advisory committee meetings are held quarterly	2013-2017	Having advisory meetings every year	Having at least 3 meetings/y	DGHS	0.02 / year	
3	Improve infrastructure facilities of quality secretariat	Provide necessary furniture and other equipment	2014-2015			DDG(MS I) DDG/F I	5 / year	
		Establishing District Health Quality improvements unit	2014-2016	Establishing districts health quality units by 2016		DDG/MS I PDHS		

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Training of the District HQS staff with regard to managing the HQS Office Management	2013-2015	Percentage of national and District HQS staff trained on managing QS	90% of National and District HQS staff -2015	DDG(MSI) D/HQS	2013-0.5 2014-0.5 2015-0.5	WHO
4	Establishment of a model hospital of quality for benchmarking	Identify and establish a model hospital / MOH in each district	2013-2015	Availability of a model hospital and a MOH office in each District	All districts has a model hospital and a MOH 2015	DDG(MSI) DDG / P D/HQS	2013 - 0.5 2014 - 0.5 2015 - 0.5	
		Conducting a situation analysis in these hospitals / MOH Office	2013-2015	Availability of a situation analysis report of those model hospitals and MOH offices	In all model hospitals and MOH offices situation analysis completed situation analysis report is available by 2015	DDG(MSI) DDG/P D/HQS		
		Provision of assistance to develop the identified hospital / MOH Office according to the situation analysis	2013-2015	Consultation meeting with the relevant hospital / MOH management on situation analysis	Having consultation meetings 100% completed in each year	DDG(MSI) DDG/P D/HQS		

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
5	To finalize the National Policy on Hospital Quality and safety	Finalization of the National Policy on Hospital Quality and Safety	2013	Availability of a policy document on quality and safety in healthcare institutions	Availability of a policy document on quality and safety in healthcare by end of 2013	DDG(MSI) D/HQS	0.3	WHO
6	To standardize the Clinical Practice according to the acceptable level of standards and carrying out audits on clinical practices	Minimize the variation by developing evidence based clinical protocols and guidelines on clinical procedures.	2013-2017	Availability of revised clinical 87 guidelines 2015  Dissemination of those guidelines to all the BH and upwards	90% Completion of clinical guidelines by end of 2015 Availability of clinical guidelines in BH and upwards - 100% by 2016	DDG(MSI) D/HQS	2013 - 0.5 2014 - 0.5 2015 - 0.5 2016 - 0.5 2017 - 0.5	
		Conducting TOT programs on Clinical Audit	2014	12 master trainers trained in clinical audit	12 master trainers trained on Clinical audit by year 2014	DDG(MSI) D/HQS	1.0	
		Training of Medical Officers on surveying of hospitals and conducting Clinical Audits	2013-2017	Conducting workshops on clinical audit	Conducted 3 workshops / year	DDG(MSI) D/HQS	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Development of a mechanism for professional oversight, peer review and audit of clinical practices	2013-2016	Establishing a clinical audit unit, assist the hospitals to conduct clinical audit and reviewing the clinical audits conducted	Availability of a clinical audit unit by end of 2013 40% of the clinical audit conducted throughout the country are reviewed each year		2013-1 2014-1 2015-1 2016-1	
	Strengthen the clinical management information system to help in decision making	2015-2017	Survey report on the clinical management information system on accuracy, comprehensiveness, timeliness etc.	Availability of the survey report by 2016	DDG(MSI) D/HQS	2015-0.17 2016-0.17 2017- 0.17	
	Education and training of health personnel in key areas of quality and safety	2013-2017	Conducting training programmes for top and middle level managers every year	Completion of 4 training programmes each year	DDG(MSI) DDG/P D/HQS		

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Conduct 3 Training of Trainers (TOT) programmes each year	2013-2017	Prepare lesson plan and teaching materials for TOT programme  No of TOT programmes conducted	Availability of lesson plan and teaching materials for TOT programme by - 2013 3 TOT programmes conducted every year from 2013 – 2017	DDG(MSI) D/HQS	2013-0.75 2014-0.25 2015-0.25 2016-0.25 2017-0.25	
	Producing a film on Responsive Health Care	2014-2015	Availability of film of Responsive Healthcare	A film on responsive healthcare available by year 2015	DDG(MS) I DDG(MS) II DDG(PHS)I DDG(PHS)II	2014 – 0.5 2015 – 0.5	
	Development of study materials on Quality and Safety in healthcare	2014-2015	Availability of a study material on basics of Quality and Safety in healthcare	Study material on basics of Quality and Safety in healthcare is available by year 2015	DDG(MSI) DDG/P D/HQS	2014 - 1 2015 - 1	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Development of National Guidelines on Quality and Safety	2013-2017	Availability of a National Guidelines on Quality and Safety in healthcare	Availability of updated guidelines on Quality and Safety in Healthcare by year 2014 & 2016	DDG(MS) I DDG(MS) II DDG(LS) DDG(P)		
7	Strengthen systems and procedures in support of quality and safety programmes	Encouragement and guidance of health care institutions to celebrate National Quality Week (Oct 12 <sup>th</sup> – 19 <sup>th</sup> ) every year	2013-2017	All health care institutions should celebrate National Quality Week	70% of the healthcare institutions celebrate the quality week every year from 2013 to 2017	DDG(MSI) D/HQS	2013 – 0.25 2014 – 0.25 2015 – 0.25 2016 – 0.25 2017 – 0.25	
		Recommendation and guidance to have competition among units / staff in health care institutions in relation to 5S, Productivity & Quality	2013-2017	All health care institutions should carry out competition among units	60% of the institutions conducted competition by end on 2016	DDG(MSI) D/HQS		
		Conduct one QA review meeting in each Province each year	2013-2017	One QA review meeting conducted in each province every year	90% of the provincial review meetings conducted every year	DDG(P) DDG(MSI) D/HQS	2013-0.75 2014-0.75 2015-0.75 2016-0.75 2017-0.75	WHO

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Conduct a three day workshop on Best Sharing Practice of selected hospitals during the provincial review meetings	2013-2017	Best sharing practice workshop conducted every year	One best sharing practice meeting conducted each year 2013 - 2017	DDG(MS-I) D/HQS	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	WHO
8	Establish a mechanism for professional oversight aimed at prevention of medical errors	Conduction of a study on safety culture in pilot hospitals	2013-2014	Availability of report on the study of patient safety culture	2 reports on patient safety culture available 2013	DDG(MSI) D/HQS	2013- 0.3 2014- 0.3	
		Introduction of standardized formats to report adverse events	2014-2015	Finalized standardized formats to report adverse events available	Availability of standardized formats to report adverse events	DDG(MSI) D/HQS		
		Training of Master Trainers in Patient Safety	2014-2017	20 Masters trainers trained in Patient safety each year since 2014	20 master trainers in patient safety trained each year since 2014	DDG(MSI) DDG (ET&R) D/HQS	2014-0.3 2015-0.3 2016-0.3 2017-0.3	
		Training of health staff on patient safety	2014-2017	120 health personnel trained in patient safety / year since 2014	120 health personnel in patient safety trained each year since 2014	DDG /MS I		

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Measure patient safety culture in hospitals routinely and disseminate the findings	2014-2017	Availability of report on patient safety culture	Two reports on patient safety culture available each year 2014-2016	DDG(MS)I DDG(MS)II D/HQS		
		Developing guidelines on Infection control, Waste Management, Model CSSD, Laundry, Linen Services	2014-2015	Availability of guidelines on Infection control, Waste Management, Model CSSD, Laundry, Services	guidelines on Infection control, Waste Management, Model CSSD,	DDG(MS)I DDG(MS)II DDG(LS)	2014 - 1.5 2015 - 1.5	
9	Enhancing the Managerial Systems in the provision of quality and safety care	Construction of a new building for Ministry of Health to accommodate new units in order to improve efficiency of managerial functions	2013-2014	New building for Ministry of Health constructed	2014	Addl.Sec. (Admin) DDG(P) DDG (Logistics)	2013-200 2014-200	
		Establishment of a hospital accreditation process (Creating a national accreditation or third party evaluating body);	2015-2017	Availability of a document on Hospital Accreditation process with guidelines and measurable elements  Pre -testing of the accreditation carried out	A document on the hospital accreditation process is available by June 2016  Report on the pre-testing is available by end of 2016	DDG(MS)I DDG(MS)II DDG(LS) D/HQS		



Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Initiation of a programme in accordance with International Essentials of JCI (Joint Commission Accreditation) in two pilot hospitals	2016	Programme in accordance with the International Essentials of JCI has been initiated	Two hospitals are guided according to JCI International Essentials by end of 2016	DDG(MS)I DDG(MS)II D/HQS		
10	Carrying out research on Quality and safety in health care institutions	Establishment of a library with reading materials on quality and safety	2013-2014	Availability of a functioning library based on quality and safety in healthcare	A (No. ) functioning library focusing on quality and safety in healthcare is available by end on 2014	DDG(MSI) D/HQS	2013 - 1.5 2014 - 1.5	
		Encouraging and conducting research on quality and safety in healthcare	2013-2016	Two researches are carried out on quality and safety in healthcare each year from 2013 to 2016	Two research papers are available / published on quality and safety in healthcare each year from - 2016	DDG(MSI) DDG/ET&R D/HQS	2013-1 2014-1 2015-1 2016-1	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
11	Liaise with other organizations to improve quality and safety in healthcare	Close association with Sri Lanka Standards Institution (SLSI), National Productivity Secretariat, JASTECA etc.,	2013-2016	Has conducted award ceremony, academic activities etc with SLSI, National Productivity Secretariat, JASTECA	Percentage of activities carried out association with SLSI, National Productivity Secretariat, JASTECA etc., each Y.	DDG(MSI) D/HQS		
<b>Programme/ DDG(Planning)</b>								
Specific Objectives								
1.To assist in development and reviewing of the health service delivery plan								
2. To get the approval for new cadre document for Medical Officers								
3. To Improve the quality and Safety in government healthcare institutions								
1	Development of medium term strategic plan 2013 – 2017	Printing of medium term strategic plan 2011-2016	2013	Activity Completed		DDG(P)	1	
2	Yearly review of Annual Health Service delivery plan	Conduction of mid-year review	July each year	Activity Completed		DDG(P)	0.5	
		Conduction of end of the year reviews	March next year	Activity Completed		DDG(P)	0.5	
		Conduction of review of Annual Plan	September each year	Activity Completed		DDG(P)	0.5	
		Conduction of review of Medium Term Strategic Plan (MTSP)	July 2013	Activity Completed		DDG(P)	0.5	
3	Yearly publishing of Annual Health Service delivery plans	Development of yearly Health Service delivery plans	By August each year	Activity Completed		DDG(P)		
		Review of Health service delivery plans	September each year	Activity Completed		DDG/P, D/P	0.1	
		Publishing of Health Service delivery plans	October each year	Activity Completed		DDG/P, D/P	0.3	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Dissemination of Health Service delivery plans	October each year	Activity Completed		DDG/P, D/P		
4	Carry out a survey on Human Resources situation in North and East	Development of a survey proposal	2013			DDG/P	0.5	GAVI
		Publication of the report of research	2013			DDG/P	0.1	GAVI
		Conduct training of PHMM	2013			DDG/ET&R	5	GAVI
5	Conduct yearly training of trainers (TOT)	Conduction of nine programs per year	2013-2017	No conducted	9/ year	DDG/P	2013 – 0.3 2014 – 0.3 2015 – 0.3 2016 – 0.3 2017 – 0.3	WHO
	Conduct bi-annual review meetings with MO/Planning	Conduction of ten review meetings	2013-2017	No conducted	4/year	DDG/P	2013 – 0.8 2014 – 0.8 2015 – 0.8 2016 – 0.8 2017 – 0.8	WHO
6	Establishment of an HRD division at central level and HRD units at Provincial level with clear demarcation of roles, responsibilities & authorities	Establishment of Human Resources Development (HRD) division	2013-2015			SH DDG/P	10 / year	
7	Development of norms for all categories of staff	Conduction of workshops to identify cadre norms	2013-2014			DDG/P	3/year	
	Prepare cadre document for all health staff	Collect information from all institutions and compile the document	By 2013			DDG(P)	1	
		Review cadre document	By July 2013			S/H, DGHS, DDG/P, D/P		
		Publishing of cadre document	2013			DDG/P,D/P		

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
8	Get approval for a new cadre document for Medical Officers	Review meeting to decide on cadre	2013	Cadres for MOO prepared	2013	DDG/P	1	
9	To expand the National Quality Improvement programme to institutions at all levels in order to improve the quality of care provided	Identification of one hospital as a benchmark hospital in each district	2013-2017		2013-2016	DDG/P DDG(MSI)	3 / year	
10	To conduct regional level training Programmes for motivation of staff to provide quality care	Establishment of province and district level Quality Management Units	2013-2017		2013-2016	DDG/P, PDHS, RDHS	2013 - 0.4 2014 - 0.4 2015 - 0.4 2016 - 0.4 2017 - 0.4	
11	Conduct the National Health Excellence Award programme annually	Conduction of National Health Excellence Awards competition in 08 categories	2013-2017		2013-2016	DDG P	2013-3 2015-3 2017-3	
<b>Programme/ Unit - Director / Organization Development</b>								
Specific Objectives								
1. To develop and upgrade the quality of the hospital management committees assuring quality service to the patients								
2. To strengthen the health development network at different levels in order to obtain inter-sectoral cooperation to achieve a better health status.								
1	Review the situation of the present hospital management committee system and develop the new role of a hospital management committee	Hospital Management Committees will effectively function adhering to the re-developed role	2013-2017	Number of hospitals with functioning hospital committees	100% of hospitals with Hospital Committees in 3 Years	DDG (P) D/OD	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	Assessment of the roles, responsibilities of the currently available inter-sectoral mechanisms at national, provincial, district and divisional levels	Assessment of existing inter sectoral, coordination and collaboration mechanisms at national, provincial, district and divisional levels	2013-2017	Establish-ment of MoU (Memorandum of Understanding) for all levels of inter-sectoral coordination	MoU at end of 7 years (HDC) & (NHDC) meetings established and held regularly 2013-2017	DDG/P D/OD PDHSS	2013-1 2014-1 2015-1 2016-1 2017-1	
		Other areas where, multi-sectoral coordination is essentially needed, and relevant sectors to be incorporated were identified	End of eight years	Establishment of guidelines for coordinated collaboration for multi-sectoral involvement	Documented guidelines at end of seven years Activity and field survey reports at the end of seven years	DDG/P D/OD PDHSS	5 per year	
3	Capacity building of the health personnel	To conduct training programmes for all major categories of staff on management	2013-2017	Conducting 12 training programmes /year	12 training programmes / year	DDG (P) D / OD	2013-4 2014-4 2015-4 2016-4 2017-4	
4	Revising /introducing hospital formats	To revise the existing hospital formats / introduce new hospital formats	2013-2017	Revised / Introduced 6 hospital formats year	6 hospital formats revised / introduced per year	DDG (P) D / OD D/HI	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	
5	Availability of Job Descriptions for all categories of staff	To develop Job Descriptions for different categories of staff through service of consultations	2013-2017	Developing job descriptions for 6 categories of staff / year	Job description for 6 categories of staff /y	DDG (P) D / OD	2013 - 2 2014 - 2 2015 - 2 2016 - 2 2017 - 2	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
6	Established monitoring and evaluation mechanisms of curative health care institutions	To get returns performance and progress from all hospitals base hospitals upwards	2013-2017	Getting returns from Base Hospitals upwards on performance and progress	Getting returns from 80% of hospitals by 2015&100% of hospitals in year 2017	DDG (P) D / OD All Heads of Institutions	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.5	

**Programme/ Unit : Northern PDHS (Jaffna, Killinochchi, Mulitivu, Mannar & Vavuniya)**

Specific Objectives

1. To improve the Quality & Productivity of the Healthcare Services

1	By introducing 5S Management System	Introduce and implement 5S system in all health institutions & MOH Offices	2013-2016	No of Health Institutions introduce 5S	No. 2013-2016	PDHS & RDHS	2 / year	
		Conducting competition among the health institutions & among the health units in the hospital	2013-2016	No of competition conducted	No. 2013-2016	PDHS & RDHS	1 / year	
		Conducting Provincial Level Health Exhibitions	2013-2016	No of Exhibition conducted	No. 2013-2016	PDHS & RDHS	1 / year	
		Observing Health Related International days	2013-2016	No of Days observed	No. 2013-2016	PDHS & RDHS	2.5 / year	
		Construction of Office for the PD office – Northern Province	2016	PD office constructed	2016	PDHS RDHS	2016-30 2017-30	
		Extension for the office of Regional Director of Health Services office - Vavuniya	2016	RDHS office complex constructed	2016	PDHS RDHS	2016-10	
		Extension for the Regional Director of Health Services office – Mannar	2015	RDHS office complex constructed	2015	RDHS, PDHS	2015-10	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit - Western PDHS</b>							
Specific Objectives							
1. To improve the Quality, Equity & safety of the Health Institutions							
1	Conduct Regional Level productivity award system	Conduction of training programme on productivity	2013-2016	Percentage of health institutions	No. 2013-2016	PDHS RDHS	2013 - 2 2014 - 2 2015 - 2 2016 - 2
		Establishment of observation visits					
		Monitoring & Evaluation at regional level					
		Introduction of competition among institutions					
2	Provide community friendly RDHS office complexes	Construct new RDHS office complex in Colombo and Kalutara	2015-2017	Completed RDHS complex	1 RDHS in 2 years	PDHS	2015-30 2016-30 2017-30
3	Improve quality services of Planing units	Purchase vehicles for planning, development and management units	2013-2014	4 vehicles purchased	2 per year	PDHS	2013 - 20 2014 - 20
<b>Programme/ Unit - Southern Province</b>							
Specific Objectives							
1. To improve efficiency , productivity and quality of healthcare services at all levels of delivery							
1	Provision of container for store room facilities to RMSD	Provision of container for store room facilities to RMSD	2013-2016	Percentage of storage facilities increased	increased 80% storage facilities at 2016	PDHS RDHS	2013 - 0.35 2014 - 0.35 2015 - 0.35 2016 - 0.35
		Conduction of Dakshina Suwa Wiruo programme (Selecting the best performing Management Unit and best unit)	2013-2016	No. of units assessed	yearly	PDHS RDHS	2013 - 1.5 2014 - 1.5 2015 - 1.5 2016 - 1.5
		Construction of new RDHS office - Galle and Matara	2013	Two new RDHS offices constructed	2013	DDG (Logistics), PDHS	2013-45

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
1	Improve facilities in RDHS office complexes Galle/Matara and Regional Training Centre(RTC) in Galle	Provision of furniture to newly constructed RDHS office complexes Galle/Matara and Regional training centre in Galle	2013	RDHS office complexes and RTC with facilities	2013	PDHS RDHS	5	
<b>Programme/ Unit - Central Province (DH)</b>								
Specific Objectives								
1. To ensure 50% of the Divisional hospital reach the minimum level quality by 201								
2. To achieve minimum marks (700) in health excellence award in 2015 for all 6 secondary hospitals in the Central Province								
1	Quality assurance	Ensure all 147 hospitals work towards meeting the minimum standards of the quality assurance (Internal & external assessments)	2013-2016	Assessment reports of internal monitoring committee and external committee	Incremental	MOIC RDHS PDHS	2013 - 2 2014 - 2 2015 - 2 2016 - 2	
2	Quality assurance	Ensure all 6 hospitals work towards meeting the minimum standards of the quality assurance (Internal & external assessments)	2013-2016	Assessment reports of internal monitoring committee and external committee	incremental	MS/ PDHS/ RDHS	2013 - 2 2014 - 2 2015 - 2 2016 - 2	
		Construction of a new RDHS Office complex - Kandy	2014-2016	New RDHS Complex constructed	2016	PDHS RDHS	2014-30 2015-35 2016-35	
<b>Programme/ Unit - Sabaragamuwa Province</b>								
	Improvement of clinical quality in hospitals	Development of Performance standard	2013-2014	Developed standards	2014	PDHS/ RDHS	2013 - 5 2014 - 5	
	Improve service quality in hospital	Training on service provision standards	2013-2014	Percentage of personnel trained in 5s	200 personnel/ year	PDHS/ RDHS	2013 - 0.5 2013 - 0.5	
		Training on safety standards	2013-2014	Percentage of hospitals with SOP	25 hospitals/ year	PDHS/ RDH	2013 - 0.5 2014 - 0.5	



Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit - Investigation and flying Squad Division</b>							
Specific Objectives							
1.To develop and upgrade the quality of the Investigation and Flying Squad Division							
Facilitate the functioning of Investigations and Flying Squad Unit	Procurement of two vehicles	2013	No of Vehicle (VAN) for new Assistant Secretary Flying Squad III	Procurement of one One Van 2013	Director (Transport)	8	
		within 3 months in 2013	No of Vehicle for Investigation Branch	Procurement of One Van 2013	Director (Transport)	8	
	Recruitment of Investigation Assistant	2013	No of Investigation Assistant recruited	20	DDG Admin I/ Director Admin 06		
	Recruitment of clerical staff	2013	No of clerical staff to be recruited	2	DDG Admin I/ Director Admin 06		
Human Resource Development through training of staff attached to Investigations and Flying Squad Division	Training of staff officers (Local)	2013-2017	Percentage of staff officers to be provide refresher trainings	100% by 2017	DDG ET& R / DDG Investigation	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.5	
	Training of all staff and non-staff officers (Local)	2013-2017	No of residential programme per year	1programmes conducted, Per year	DDG ET& R / DDG Investigation	2013-0.3 2014-0.3 2015-0.3 2016-0.3 2017-0.5	
	Training of staff officers (Masters)	2013-2016	No of officers trained per year	2 officers trained per year	DDG ET& R / DDG Investigation	2013-0.4 2014-0.4 2015-0.4 2016-0.4	

# Main Strategy

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## Strengthening the health information system for better management of health services with modern e-health solutions

### Strategic Objectives and Activities

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Health Information Unit</b>								
Specific Objectives								
1. Strengthening of existing health information system								
2. Improvement of capacities of staff on health information management								
1	Development of health information policy, strategic plan and eHealth Policy	Situational analysis of existing health information system	2013-2014	Report on situation analysis	Complete 2014	DDG/P DHI	2013-5 2014-5	
		Development of health information policy and e-health policy	2013-2015	Information policy and e-health policy available	Complete by 2015	DDG/P DHI	2013-1.5 2014-1.5 2015-1.5	
		Development of eHealth Standards and Guidelines	2013	eHealth Standards and Guidelines document available	Complete by 2013	DDG/ P D/HI	2013-1.5	
2	Strengthening of existing databases	Re-development of human resources information system and training of staff on usage	2013-2015	Re-developed HR information system & Percentage of staff trained on usage	25%-2013 50%-2014 25%-2015	DDG/P D/HI AD/ICT	2013-2.0 2014-2.0 2015-1.0	
		Development of facility utilization information system and training of staff on usage	2013-2015	New database on facilities & Percentage of staff trained	25%-2013 50%-2014 25%-2015	DDG/P D/HI AD/ICT	2013-2.0 2014-2.0 2015-1.0	
3	Capacity building of health information management staff	Capacity building of staff in the health information unit on information management	2013-2015	Percentage of staff trained on health information management	25%-2013 50%-2014 25%-2015	DDG/P D/HI	2013-2 2014-2 2015-2	
		Capacity building of health information management staff of line ministry institutions	2013-2014	Number of staff trained	Complete all relevant staff - 2014	DDG/P D/HI	2013-2 2014-2	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Training of MRO's on ICD coding and medical terminology	2013-2015	Number trained	400 MROs trained by 2015	DDG/P D/HI	2013-1.5 2014-1.5 2015-3.0	
	Monthly review meetings for MOs' (HI) and MRO's	2013-2015	No. of review meetings held	12 review meetings -Y	DDG/P D/HI	2013-0.5 2014-0.5 2015-0.5	
	Training of relevant staff on software solutions in identified health information sub-systems	2013-2017	No of staff trained		Relevant Program directors D/ HI	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	
	Training of trainers on Computer application	2013-2017	No of trainers trained		PDHS RDHS Heads of Programmes Institutions D/HI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	
	Develop and print training manuals on Computer application	2013-2017	Training manual published		DDG ET&R D/HI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	
	Overseas short term training for doctors on health information management (3/year)	2013-2017	No. trained		D/HI	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	
	Overseas short term training for health information staff (other than doctors) on health information management (4/year)	2013-2017	No. trained		DDG P D/HI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
	Local training on information management for staff	2013-2017	No. trained		DDG P D/ HI			
	Conducting of quarterly review meeting of medical record staff	2013-2017	No. of review meetings conducted		DDG/P D/ HI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2		
	Conducting of quarterly review meeting of medical officers involved in health information management	2013-2017	No. of review meetings conducted		DDG/P D/ HI	2013-0.2 2014-0.2 2015-0.2 2016-0.2 2017-0.2		
4	Strengthening of health information unit at the ministry	Provision of equipment	2013-2014	Percentage of equipment purchased	40%-2013 30%-2014 30%-2015	DDG/P D/ HI	2013-4.0 2014-3.5	
		Establishment of health information resource centre	2013-2015	Health information resources centre established	Complete by 2015	DDG/P DHI	2013-50 2014-25 2015-25	
		Improvement of intranet system	2013-2015	Improved connectivity	50%-2013 25%-2014 25%-2015	DDG/P DHI	2013-4.0 2014-2.5 2015-1.5	
5	Improvement of infrastructure to facilitate information management	Upgrade MRD in 25 hospitals	2013-2015	No. of MRDs upgraded	9MRDs/ year	DDG/P D/ HI D/Hospital	2013-4 2014-4 2015-4	
		Networking and provision of internet connections to hospitals	2013-2015	Percentage of hospitals provided internet connections	40%-2013 40%-2014 20%-2015	DDG/P D/ HI	2013-1.5 2014-1.5 2015-1.5	
		Establish a resource center under Health Information Unit	2013-2015	Resource center established		DDG P D/ HI	2013-100 2014-50 2015-50	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Strengthening of Medical Record Rooms (MRR) in Divisional and Base Hospitals by providing computer, printers and internet connectivity	2013-2017	No. of MRRs upgraded		Directors of Hospitals DDG/P D/ HI	2013-24 2014-24 2015-24 2016-24 2017-24	
6	Improve information flow at Radiological facilities	Establishment of a Radiological Information System with PACS in selected hospitals		No. of hospitals provided with PACS facility		DDG/BES DDG/P D/HI Hospital Directors		
7	Improve document management and communication within health ministry and line ministry hospitals	Establishment of a document management and communication system at MoH head office and line ministry hospitals		Number of hospitals linked to the system		DDG/P D/HI		
8	Improve management of information	Improvement of LAN and server facilities in the ministry of health head office		New/improved system		D/HI AD/ICT		
10	Strengthening of software procurement mechanism	Standardization of procured software	2013-2017			DDG/P D/HI	1.2	
11	Improvement of healthcare indicators	Identification of core sets of health indicators from within and outside the ministry of health (central, provincial and private sector)for timely monitoring of health situation in country	2013-2017	List of core indicators identified		Secretary Health DGHS DDGP PDHI D/HI	3	
12	Improvement of Information products and use dissemination	Conduct of DHS and reporting	2014	Availability of DHS report		SH DDG/P D/HI	90	
		Conduct of health facility survey	2013 & 2017			DDG/P D/HI	2013-12.5 2017-12.5	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Improvement of quality of mortality data	2013-2017	number of medical officers trained		DGHS DDG/P D/HI	2.4 / year	
	Development of a directory of health institutions	2013-2014	Directory developed		DDG/P D/HI	2013-1.75 2014-1.75	
	Improvement of quality of medical record documentation	2013-2017	number of medical officers trained		DDG/P D/HI	2.4 / year	
	Revamping of Ministry of Health website and develop it as a web portal	2013	Availability of web portal		DDG/P D/HI	2.0	
	Facilitation of website development in PDHS and Line Ministry institutions	2013-2017	Number of new web sites developed		PDHS Head of institution D/HI SH DDG/P DHI	1.2 / year	
	Reviewing of current structure of Annual Health bulletin for its usefulness and modifications accordingly	2013, 2015 and 2017	Workshop report		SH DDG/P D/HI	2013-1 2015-1 2017-1	
	Printing of Annual health bulletin	2013-2017	Annual health bulletin published		DDG/P D/HI	0.6 / year	
	Printing of annually updated telephone directory	2013-2017	Telephone directory published		DDG/P D/HI	0.2 / year	
	Conduct health situation analysis annual conference	2013-2017	Annual Meeting held		SH DDG/P	1 / year	
	Publication of quarterly report on health situation in Sri Lanka	2013-2017	No. of publications/year		DDG/P Programme directors PDHS	1 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
	Conduct research to improve quality of health information	2013-2017	no. of research studies conducted		DDG/P D/HI	2013-2 2014-2 2015-2 2016-2 2017-2		
<b>Programme/ Unit : Medical Statistic Unit</b>								
Specific Objectives								
1. Improve the quality and timeliness of health statistics								
2. Timely release of Annual Health Bulletin								
1	Strengthen the Indoor Morbidity and Mortality reporting system	Implement eIMMR system in relevant hospitals	2013-2017	Percentage. of hospitals with e-IMMR system implemented	20% -2014 75%- 2015 100%-2017	DDG/P DDG(MS)I DDG(MS)II DD/MSU	2013-0.5 2014-0.5 2015-0.5 2016-0.5 2017-0.5	
		Training of staff on eIMMR		No of staff trained		DDG/P DDG(MS)I DDG(MS)II DD/MSU	2013-0.4 2014-0.4 2015-0.4 2016-0.4 2017-0.4	
	Provide infrastructure facilities to Medical Record Rooms	2013-2017	Percentage. of record rooms with computer and internet	20% -2014 75%- 2015 100%-2017	DDG(MS)I DDG(MS)II DD/MSU	2013-5 2014-5 2015-5 2016-5 2017-5		
	Conduct training programmes for Medical record officers and other stakeholders	2013-2015	No. of training programmes conducted	20/year	DDG/P DDG(MS)I DDG(MS)II DD/MSU	2013-0.5 2014-0.5 2015-0.5		
	Conduct monitoring and evaluation programmes	2013-2017	No.of programmes conducted	3 /year	DDGH/P DDG(MS)I DDG(MS)II DD/MSU	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1		

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
2	Improve existing data collecting formats	Revise existing data collecting formats	2013-2017	No. of formats revised	Completion of task by 2017	DDG(P) DD/MSU	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	
		Incorporate data collecting formats to the web based system	2013-2017	No. of formats incorporated	Completion of task 2017	DDG(P) D/HI DD/MSU	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	
3	To improve infrastructure facilities at MSU	Provision of Web Server, Computers and Connectivity	2013-2014	Availability of facilities	Completion of task by 2014	DDG/P DD/MSU	2013-1 2014-1	
4	Improve skills and capabilities of staff involve in producing health statistics	Provide training programmes for MROs and other relevant staff	2013-2017	Number of officers trained	10 officers per year	DDG/P DD/MSU	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	
<b>Programme/ Unit : Mental Health Unit</b>								
	Improving quality of Mental Health Information system	Develop and implement Web based information system	2013-2015	No. of Districts with WBIS		DDG/P D/ MH	1/ Year	
<b>Programme/ Unit : Epidemiology Unit</b>								
1	Improvement of immunization information	Implementation of web based Immunization Information System				DDG/P Epidemiology Unit		
<b>Programme/ Unit : National Blood Transfusion Services</b>								
1	Improve quality Information	Develop and Implement web based information system for NBTS				DDG/P D/ NBTS		



Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit : Medical Research Institute</b>								
1	Improve quality of information	Develop and implement computerized Laboratory Management Information System linked to MRI		No. of institutions provided with web based system	DDG/P D/MRI			
<b>Programme/ Unit : Family Health Bureau</b>								
1	Improve quality of information	Develop and implement web based perinatal information system		No. of institutions provided with web based system	DDG/P D/FHB			
<b>Programme/ Unit : National STD/ AIDS Control Programme</b>								
1	Improve quality of Information	Develop and implement web based monitoring and evaluation system for STD/AIDS programme		No. of institutions provided with web based system	DDG/P D/NSACP			
		Develop and implement web based patient information management system for HIV clinics		No. of institutions provided with web based system	DDG/P D/NSACP			
<b>Programme/ Unit : DDG MS I</b>								
	Improve quality of Information	Develop and implement Transplant Management Information System		No. of transplant centres linked to the centre	DDG/P DDGMS I			
<b>Programme/ Unit : DDG MS II</b>								
	facilitate obtaining updated information on doctors	Implementation of a web based Doctor Database and Transfers system		Availability of updated information on doctors	DDG/P DDGMS II			
<b>Programme/ Unit : North Western Province</b>								
1	Streamlining and Coordinating of Health Information flow & electronic communication in healthcare services	Implementation of information management system in MRDs of all curative care institutions	2013-2016	No. of institutions covered	25 institutions/ year	PDHS RDHS Asst. Dir (HI)	2013-0.25 2014-0.25 2015-0.25 2016-0.25	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
		Establishment of ICT based inventory management system	2013-2017	No. of institutions covered	5 institutions/year	PDHS RDHS Asst. Dir. (HI)	2013-2 2014-2 2015-2 2016-2 2017-2	
<b>Programme/ Unit : Eastern Province</b>								
1	Strengthening of existing health information system	Establish and strengthen e-Health systems in hospitals in eastern province	2013 – 2014	No. of hospitals computerized	Complete by 2014	PDHS RDHS	2013-5 2014-5	
<b>Programme/ Unit : Central Province</b>								
1	Building the capacity of streamlining the e-Health Activities & research activities	Establishment of Health Information & Research Unit	2013-2014	Unit Established	Complete by 2014	PDHS	2013-1 2014-1	
<b>Programme/ Unit : Northern Province</b>								
1	Strengthening the HIMS	Introducing HMIS to all 4 – District General and 10-Base Hospital, PDHS, 5-RDHS offices, (20 Institutions)	2013-2017	No. of health institutions Covered	4 Institution per year	PDHS RDHS	2013-5 2014-5 2015-5 2016-5 2017-5	
		Establishment of e Health units in all General and Base Hospitals (14 Institutions)	2013-2017	No. Hospitals Covered	3/year	PDHS RDHS	2013-5 2014-5 2015-5 2016-5 2017-5	
		Implementation of eIMMR solution in all the General and Base Hospitals (14 Institutions)	2013-2017	No. Hospitals Covered	3/year	PDHS RDHS	2013-3 2014-3 2015-3 2016-3 2017-3	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
<b>Programme/ Unit: Sabaragamuwa Province</b>							
1	Increasing the ICT networking capability among hospitals (HIS &PIS)	Procurement of hardware, software GPS and Multimedia equipment's to network health institutions in Sabaragamuwa Province	2013-2014	Equipments and software purchased	Complete by 2014	PDHS	2013-5 2014-5
		Establish a provincial web site	2013-2014	web site Established	2014	PDHS	2013-0.25 2014-0.25
		Develop solutions based on enterprise platform	2013-2014	Development completed	2014	PDHS	2013-2.5 2014-2.5
<b>Programme / Unit: Uva Province</b>							
1.	Efficient utilization of ambulances using Information and Communication Technology	Formation of ICT based transport -network system	2013-2014	Transport-network system established	2014	PDHS	2013-5 2014-5
<b>Programme / Unit: Provincial</b>							
1	Improvement of ICT infrastructure at the provincial level	Improvement of computer, server facilities and connectivity in PDHS and RDHS offices	2013-2017	No. of PDHS/ RDHS offices provided server facilities		PDHS RDHS	2013-10 2014-10 2015-10 2016-10 2017-10

# Main Strategy

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## Promoting and regulating the private health sector to deliver affordable and quality services

### Strategic Objectives and Activities

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimate Cost Rs. (Millions)	Potential Source of Funds	
			Output	Target & Time frame				
<b>Programme/ Unit: Private Health Sector Development</b>								
Specific Objectives								
1. To amend existing Private Medical Institution (PMI) Act								
2. To educate Private Health Services Regulatory Council (PHSRC) members / all authorized officers at provincial levels / private health sector personnel / patient right groups about amended PMI Act								
3. To improve registration and regulations for private medical institutions.								
4. To develop a methodology for obtaining Health Information from private health sector institutions								
5. To introduce General Practitioner (GP) commissioning clusters								
6. To pilot health promotion programs in selected private health institutions								
7. To pilot client-friendly reproductive health programme in selected private health institutions								
1.	Strengthen the existing Private Medical Institution regulation system.	Amend existing private medical institution act	2013-2014	Amended Act available	Complete by 2014	DDG/MS2 D/PHSD Legal Officer (LO)	2013 – 0.5 2014 – 0.5	
2	Education of all authorized officers / PHSRC members / patient right groups about PMI Act	Advocacy programmes for PHSRC members	2014-2015	02 Advocacy programmes	Complete in 2015	DGHS,D/PH	2013-0.025 2014- 0.025 2015-0.025	
		Advocacy programs for all Authorized officers at Provincial level	2015	9 programs	Completion of 9 program by 2015	D/PHSD, PDHHS	0.6	
		Advocacy programs for all relevant officers at District level	2016-2017	26 programmes for all districts	Completion of 26 programs by 2017	D/PHSD, PDHHS RDHS	2016-1.5 2017-1.5	