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1. Introduction

Sri Lanka has achieved a commendable progress in providing universal healthcare and the country must maintain its global lead role in healthcare in the future too. The main health indicators of Sri Lanka are far ahead of the averages for countries at comparable levels of income. Social indicators such as life expectancy and mortality rates as well as education have been among the best in developing countries and are even comparable to some developed countries. Access to public health services is high in most areas and maternal and child healthcare services have performed well in the society.

The health expenditure in government sector has gone up every year and new units and technologies are being introduced at present at a very high cost to improve overall quality of healthcare. As the policy of the government at present is to provide total health care free of charge at all points of delivery, the Ministry of health need to prioritize health needs of the people and to strengthened evidence based planning in order to utilize available resources optimally.

In order to achieve above objectives, the Ministry of Health with the assistance of the Ministry of Finance has decided to prepare a Medium Term National Health Development Plan covering the period 2012 – 2015 with a view of identifying all major development activities in line with the government policy "Mahinda Chintanaya" and to stream line all health related development activities in a more rational manner according to a well-developed plan.

1.1 Current situation of health sector and the challenges

1.1.1 Overview of the current health status

The country's health indicators show a steady improvement over recent decades, particularly in maternal and infant mortality and life expectancy. The Maternal Mortality Ratio of 3.4 /10,000 live births in 2008 was an exceptional achievement for a developing country. The improvements in these indicators are predominantly attributed to the Maternal and Child Care Programmes implemented nationally as an integral component of the state health care system. Similarly, the Infant Mortality Rate of 10.9 per 1,000 live births has been achieved by effective and widely accessible preventive and primary health care strategies including treatment of minor infections. However, whilst post-neonatal mortality has declined significantly, there has been less success in reducing prenatal and neonatal mortality. A neonatal mortality rate of 12.9/1,000 over the last decade suggests continuing problems requiring both increases in financing and improvements in management.

Life expectancy has risen steadily to around 76 for females and 70 for males. The Total Fertility Rate has declined to around 1.9 i.e. below population replacement level. With the rapid ageing of the population and the success in combating the major communicable diseases, the disease burden has started shifting rapidly towards non-communicable diseases including mental diseases, accidents and injuries. Nutritional status has improved but remains a serious problem among the poorer and vulnerable communities and, even on average, needs considerable improvements.

The leading causes of death (by percentage of total mortality for year 2007) are Ischemic Heart Disease (13.1%), Neoplasms (10.1%), Pulmonary Heart Disease and Diseases of the Pulmonary Circulation (10.1%), Cerebro-Vascular Disease (9.2%), Diseases of the Intestinal Tract (7%) and Over time, infectious and parasitic diseases have declined in importance, while cardiovascular diseases and homicides have increased in a proportionate manner. In 1996, violence (accidents, suicides and homicides) accounted for 22% of the deaths, while cardiovascular diseases and diabetes accounted for another 24%, which indicates that the epidemiological transition is also rapid.

This brief analysis is based on information related to the whole country and does not address the disparities that exist between provinces. When

the Provincial or District level figures on infant and maternal mortality rates are compared there are considerable disparities, some of which may be due to differential underreporting or to the referral of cases. In particular, health status in the conflict-affected areas and the estates is below average.

The fastest growing segment of private sector health care is outpatient or ambulatory care. Over 45 million outpatient visits were estimated to have taken place in 2007,an increase of 2 million over the 1996 estimate. Of the total ambulatory care market 50% is serviced by the private sector, i.e. 34% by government doctors both specialist and non-specialists, 11% by private general practitioners and 5% by traditional practitioners. Private hospitals played a minimal role in providing inpatient care till the early 1980s. Reintroduction of private practice for government doctors, liberalization of drug imports and service provision improvements have strengthened the private health sector contribution towards delivery of comprehensive health services.

1.1.2 Challenges and their implications

The demographic and epidemiological transition is leading to challenges of aging, a growing burden of non-communicable diseases (NCD) and lifestyle related diseases. The percentage of the population over 60years of age is expected to grow from current level of11 percent to 16 percent by 2020 and to 29 percent by 2050. Therefore, the health problems of the aging, including more NCDs, will be the main challenge in the future. Also, under-nutrition among mothers and children under five years continues to be a challenge. In addition, persisting, emerging or re-emerging communicable diseases (Dengue, Rabies, Tuberculosis, etc.) invite immediate attention of health planners and medical officers.

The Government's commitment to equality in access to healthcare will lead to greater access for the low-income households for whom medical needs are typically greater than the middle and high income groups. Tackling inequalities helps to improve overall health indices of the country. It has been identified that many inter-related issues and challenges faced by the health sector require a coordinated and concerted effort. These efforts must be coordinated within the health sector, and also with other sectors. While the Ministry of Health will take the lead in planning for the sector, it needs to ensure the full participation of all those involved in contributing to a healthy nation.

The services in the state sector are characterized by a very busy and overcrowded system of National, Teaching, Provincial, General and Base Hospitals and a widely- spread network of Divisional Hospitals and Primary Medical Care Units operating at lower levels of utilization and occupancy. It is observed that patients by-pass the lower level services (keeping occupancy rates low at peripheral hospitals) in favour of larger city and provincial hospitals, thereby causing overcrowding at these facilities. This is aggravated by an absence of clear admission and referral policies. Referral and counter referrals need to be clearly formalized and monitored, and supplies and drugs have to be ordered and stocked, taking the counter referral possibility into account for the most frequent diseases. The primary level, which is to provide the follow up, would then be conversant and ready to provide the care required.

Despite the increasing numbers of specific categories of Human Resources in the health sector, the past years have witnessed many problems and challenges. One of the recurrent constraints for improving the effectiveness of human resource policy and planning in the health sector is the lack of a comprehensive human resource strategy and lack of coordination among all units concerned in Ministry of Health and Ministry of Education. The current major problems are the absence of a realistic approved cadre, imbalance in the recruitment and production of different categories of staff, inequity in staff deployment and the disparity between expected job performance and training, due to the quality of training. There is also a significant imbalance existing in the distribution of Human Resource for Health (HRH) among districts. Specifically, the number of health personnel in the Northern Province is

extremely low while districts such as Colombo, Kandy and Galle have a significantly higher concentration.

The estimates done of the financial burden of the health system for the next fifteen years clearly show the extent of the additional funds needed to manage the health system, if there are no significant gains in efficiency. To decrease the resource gap, there is significant pressure to make the best use of the limited financial resources available and rationalize logistics and administration, in order to optimize resource utilization. Even so, there will still be a need to mobilize more resources, particularly for health and nutrition promotion, preventive and curative primary and secondary level care. The Central Government's financial allocations to Provincial Councils largely cover preventive and curative primary and secondary level health care. These financial allocations so far are not based on objective and transparent measures of people's needs.

Although Sri Lanka's health sector has been very successful in reducing the major public health problems that still affect other developing countries at the turn of the century, the health system faces several major problems in its organization and management, financing and service delivery mechanism, which require review and effective responses. The prevailing ethos is one of administration, rather than management. Standards and norms are set centrally with little flexibility and authority for managers at peripheral levels to make decisions on finance, staffing and utilization of resources and to deal with emergency and disaster situations. The issues created by the unfinished agenda of devolution, lack of an efficient management information system and lack of a results-based performance appraisal mechanism pose significant challenges to management.

In addition, the health information system is also beset with many challenges. Lack of updated mechanisms for obtaining information from public and private health providers, insufficient coordination among managers of information, lack of easy access to existing information, uneven information management capacity, the substandard quality of the existing data and the sub-optimal use of information and other technology are important challenges that need to be overcome.

The need to strengthen health legislation and to enhance the effectiveness, efficiency and accountability of the Ministry of Health (MoH) through improved human and financial management and to strengthen managerial performance at the provincial and sub-provincial levels with improved capacity, are apparent. Capacity building to handle responsibility for managing the devolved health care services, strengthening monitoring and evaluation of health service quality and delivery and enhancing evidence-based decision-making by the Ministry of Health and other institutions are important challenges for the new century.

The devastating results of the conflict which lasted nearly thirty years has resulted in damaged infrastructure ranging from primary care centers to tertiary hospitals, the scarcity of human resources for health in the conflict affected areas, breakdown of preventive and promotive services, lack of other supportive facilities and the disorganization of other systems such as education, sanitation, etc. that have a direct adverse influence on health have created negative health impacts among those living in these districts. The displacement of people further has created a range of physical and psychosocial problems that require careful attention. In addition to those districts that belong to the North and the East provinces, four borderline districts that belong to North Central, North Western, and Uva Provinces too were affected to a certain extent by the prolonged conflict.

While Sri Lanka can justly be proud of a well-established public sector for health care provision, the private sector also plays a significant role in developing healthy citizens. The Government encourages individuals to pay for their own health care when they are able to do so and for the private health sector to meet these needs. However, Government has an overall responsibility to ensure that patients are protected and get value for money in both state and private sectors. Legislation has been passed

in 2006 that provides the government with the framework to regulate the private health sector and obtain data from this sector, without stifling its initiative and innovation. The capacity of the private health sector to provide quality care needs to be strengthened. Consideration also needs to be given to how best to encourage partnerships between state and private sectors to deliver quality services and contribute to the national health goals.

There is growing consumer dissatisfaction with the services rendered by most of the state-owned health care facilities, and patients are becoming more inclined to express their dissatisfaction. The issues that are particular causes for concern include overcrowding in the larger hospitals, long waiting times, poor surroundings and the unsatisfactory attitudes of some health care workers. Issues of professional negligence are being raised strongly in the national press and recent cases have involved individuals suing the government for compensation for negligence. There is little or no information on consumer views about the private sector. More information is required on the attitudes and perceptions of the public on the services they receive. Overall improvement of quality of healthcare provided is a priority at this moment. Appropriate systems will have to be developed for complaints to be heard and problems resolved.
While the Ministry of Healthcare & Nutrition will take the lead in planning for the sector, it needs to ensure the full participation of all its partners i.e. other governmental ministries, the private sector, the NGO sector, and development partners as well as civil society. This approach will ensure that contributions from donor agencies are well targeted and support the Government's policy and overall strategy.

In view of these needs, the Ministry of Health need to be restructured to become more results oriented and responsive to people's needs. This will require additional resources, in terms of financing, human resources and physical infrastructure. The future healthcare delivery system will employ an integrated approach with three functional arms, namely: (i) preventive, (ii) curative and (iii) rehabilitative The Ministry of Health has made a commitment towards the policies of the Government that reflect the health concerns of vulnerable populations, particularly in estates, and remote rural areas. The future health system is expected to be a patient-focused system that provides services closer to the client.

1.2 Vision for health sector development

1.2.1 Vision

The government aims to foster a healthier nation that contributes to its economic, social, mental and spiritual well-being

1.2.2 Mission

To achieve the highest attainable health status by responding to people's needs and working in partnership to ensure access to comprehensive high quality, equitable, cost-effective and sustainable health services.

1.2.3 Mahinda Chintanaya and health policy

The main goals of the government health policy according to "Mahinda Chintanaya" can be described and summarized into the following eight broad areas:

1. Increase of life expectancy by reducing preventable deaths from both communicable and non-communicable diseases;
2. Improvement of "Quality of Life" through healthy lifestyles and by reduction of preventable diseases and disabilities;
3. Focusing of services on vulnerable groups and community needs that require special attention; the elderly, disabled and mental health;
4. Improvement of patient care provision and quality by reorganizing the health care delivery system, especially at district and provincial levels;
5. Rationalization of human resource development;

6. Establishment of mechanisms to provide need-based care, set priorities and allocate resources equitably;
7. Reform of the organizational structure and management of the health system to improve efficiency, effectiveness and accountability; and
8. Promotion of health through IEC (Information, Education and Communication)

1.2.4 Health Master Plan

The Health Master Plan for Sri Lanka is the synthesized output of two interactive activities, complementary to each other, initiated with the assistance of two development partners and enriched by the outcomes of an extensive consultation process. It provides the policy and strategic framework for the development of an innovative health system over the next decade, targeting the year 2016.

The Health Master Plan (HMP) aims to build on the successes and experiences of the past, and address the challenges of today and tomorrow, based on recognition that Sri Lanka is facing a health transition. These challenges include: changing demographic and disease patterns, limited resources, increased demand and expectations by the public, the need for equity and the development of a management ethos that ensures good governance and value for money in delivering quality services.

The HMP is carefully designed to support Sri Lanka's overall economic and social goals. It aims to facilitate equity through ease of access to health services, improve productivity and ensure that resources allocated to health result in a healthier population that is able to contribute to the economic and social wellbeing of the country. This is to be achieved by responding to the people's needs and working in partnership to ensure access to comprehensive, high-quality, equitable, cost-effective and sustainable health services. The overarching aim of improving health status and reducing inequalities will be achieved by the five strategies, namely:

1. To ensure the delivery of comprehensive health services, which reduce the disease, burden and promote health;
2. To empower communities (including households) towards more active participation in maintaining their health;
3. To improve the management of human resources for health;
4. To improve health financing, resource allocation and utilization; and
5. To strengthen stewardship and management functions of the health system.

The immediate objectives that are to be achieved under each strategic objective are outlined below:

To ensure the delivery of comprehensive health services, which reduce the disease, burden and promote health:

a) To rationalize and strengthen health network of facilities and services
b) To reduce priority diseases/conditions through strategic interventions
c) To enhance quality of service delivery
d) To improve health status of vulnerable populations
e) To increase public confidence and patient/client satisfaction in the health services
f) To access new technologies
g) To strengthen public - private partnerships in order to enhance efficient health service de-livery
h) To ensure adequate drugs, material and equipment for service delivery

To empower communities (including households) towards more active participation in maintaining their health:

a) To improve public awareness of their rights, responsibilities and options for care
b) To improve participation of civil society and Non-Governmental Organizations in promoting behavioral and lifestyle changes

c) To monitor public perception of their needs and of the health system towards serving as an input for improvement
d) ***To improve the management of human resources for health:***
e) To expand functions and strengthen capacities of National and Provincial Ministries of Health in human resource development and management
f) To rationalize the development and management of human resources for health
g) To improve management, clinical and public health competencies of health staff

To improve health financing, resource allocation and utilization:
a) To increase government financial support at all levels to strengthen the financial sustainability of the health sector
b) To improve allocative efficiency of public funds
c) To make optimal use of existing financial resources
d) To strengthen financial management
e) To improve financial equity and related equity of access
f) To identify and test alternative financing mechanisms
g) To optimise private sector contribution, initially establishing an information sharing mechanism to include: reporting on service use and quality as well as financing.

To strengthen stewardship and management functions of the health system:
a) To strengthen managerial performance at national and provincial levels
b) To enhance efficiency, effectiveness and accountability of the MoH &decentralized units

The HMP profiles a number of "strategic programmes" to achieve the above immediate objectives and packages of "projects to be implemented in line with the corresponding programmes". In order to identify these possible interventions and programmes, a series of intensive discussions were held using Working Groups consisting of stakeholders from the Ministry of Healthcare and Nutrition (MoH), Provincial Ministries, other Ministries, professional groups and other civil society organizations. This participatory approach should be maintained to continuously review strategy and work out more detailed activity profiles for priority projects, covering the required inputs, verifiable indicators and means of verification, along with broad budgets for each activity.

1.2.5 Millennium Development Goals(MDG)

During the period 1991 -2008 , economic growth in Sri Lanka has ranged around 4 to 7 percent. Economic growth is an important prerequisite for poverty reduction and the analysis conducted in the context of 2nd MDG country report clearly shows that poverty rates are declining. Overall, Sri Lanka has achieved considerable success with respect to a range of social indicators that comprise the MDGs and is on tract in achieving MDG targets for most of remaining indicators. Although many indicators show encouraging trends at national level still there are regional disparities which need the attention of policy makers and planners. Inadequate infrastructure and weakness of service delivery systems are the main factors behind these disparities.

1.3 Future Strategies for health sector development According to "Mahinda Chintanaya" and health Policy

a) Providing basic healthcare free of cost to all individuals in an equitable manner at the point of delivery in state sector healthcare institutions ensuring universal coverage
b) Creating a country free from major communicable diseases by strengthening disease control programmes
c) Improving existing preventive health programmes including maternal and child care and strengthening health promotion for education of preventable disease and disabilities by promoting

healthy behaviors, community participation and community empowerment

d) Developing a network of modern hospitals with state-of-the-art technologies and pleasant patient friendly environment to meet a wider range of medical needs.
e) Introducing effective and affordable new technologies and innovations into the state healthcare services
f) Developing and maintaining Centers of Excellence in Cardiology, Oncology, Accident & Trauma, Renal care, Maternal care, Child care and Oral Health
g) Strengthening and recognizing laboratory services in government and private sectors
h) Increasing the efficiency and cost effectiveness of medical equipment utilization and management in the government healthcare institutions
i) Ensure quality, safety, adequacy and cost effectiveness of the blood transfusion service in accordance with the national requirement
j) Human resource development will be supported and strengthened in keeping with contemporary needs of the health sector
k) The growing incidence of morbidity and mortality from non-communicable diseases will be brought under control and reduced through preventive and curative programs
l) Provision of special care for youth, elderly and to meet needs of those effected with physical disabilities
m) Providing more effective and comprehensive mental health services
n) Improving nutritional status of targeted population including pregnant mothers, infants and pre-school children (under five years)
o) Improving healthcare services especially targeting the estate sector, hard to reach, vulnerable, displaced and rural communities in order to fulfill specific needs
p) Improving managerial efficiency, productivity, quality and safety of healthcare services at all levels of delivery
q) Strengthening the health information system for better management of health services with modern e-health solutions
r) Promoting and Regulating of private health sector to deliver affordable and quality services
s) Improving public-private partnerships in providing healthcare services
t) Strengthening integrated approaches with other governmental and non-governmental agencies to facilitate greater coordination and support
u) Strengthening the implementation of National Drug Policy for better management of medical supplies and increasing local manufacturing capacity of pharmaceuticals
v) Promoting medical research for better health
w) Promoting medical tourism
x) Improve health financing, resource allocation, optimal utilization and Promoting alternative financing options for healthcare

1.4 Budget Proposals -2012

a) Expand residential facilities and dedicated wards for the elderly in Base hospitals and Ayurvedic Hospitals
b) Launch a national programme to improve 1000 hospitals to cover all provinces
c) To provide Equipment, Ambulances and Building facilities required by District and Base Hospitals situated throughout the country
d) Construction of a modern complex for Maharagama Cancer Hospital
e) Build a multi storied hospital complex for the Colombo National Hospital consolidating all facilities. A modern ambulatory care center consisting of 18 floors will be constructed as the first stage of the above development project

Present State of the State Health Sector

Distribution of Health Manpower

Category	Line Ministry Institutions	Provincial Institutions	Total
Administrative Grade MOs	125	85	210
Specialist MOs	935	408	1,343
Medical Officers	8,403	4,873	13,276
Dental Surgeons	527	628	1,155
Registered/Assistant MOs	127	957	1,084
Nurses	19,790	9,991	29,781
Midwives	1,140	7,605	8,745
Pharmacists	816	470	1,286
Medical Lab-Technologists	998	415	1,413
Physiotherapists	266	59	325
Radiographers	414	132	546
Occupational Therapists	99	11	110
School Dental Therapists	13	400	413
Public Health Lab Technicians	56	232	288
Public Health Inspectors	116	1,495	1,611
Dispensers	86	1,144	1,230

Distribution of selected key Health Personnel according to Provinces

Province	Administrative Grade MOs	Specialist MOs	MOs	Nurses	Midwives
Western	99	503	4,310	10,664	1,742
Central	22	185	1,518	4,076	1,199
Southern	18	162	1,209	3,776	1,270
North Western	11	107	1,001	2,598	973
Northern	15	68	522	1,022	557
Eastern	19	93	916	2,013	883
Sabaragamuwa	10	82	762	2,241	891
Uva	9	80	622	1,570	643
North Central	7	63	533	1,797	587
Total	**210**	**1,343**	**13,276**	**29,781**	**8,745**

Facility Details

Description	Number
Number of Hospitals	570
Number of Primary Medical Care Units	474
Total Curative Care Institutions	1044
Total Beds in Govt. Sector	69501
MOH Offices	324
Work Force – Line Ministry	60992
Work Force – Provincial	53167
Total Work Force – State Health Sector	114159

Indicators for Relevant Strategies

A Providing basic healthcare free of cost to all individuals in an equitable manner at the point of delivery in state healthcare institutions ensuring universal coverage

- To establish one District General Hospital per district with all the identified services by 2017
- No. of Doctors per 100,000 population to be increased to 90 by 2017 from the present ratio of 60
- No. of Nurses per 100,000 population to be increased from the present ratio of 130 to 160 by 2017
- No. of Public Health Midwives to be increased up to 1 per 3000 population by 2017

B Creating a country free from major communicable diseases by strengthening disease control programmes

- Percentage of children received DPT 3 immunization to be increased to 100% by 2017
- Number of Malaria positive cases per 1000 risk population to be reduced to less than 1%

C Improving existing preventive health programmes including maternal and child care and strengthening health promotion for education of preventable diseases and disabilities by promoting healthy behaviors, community participation and community empowerment

- Maternal mortality ratio reduced to 25 per 100,000 live births by the year 2017
- Infant mortality rate to be reduced to 10 per 1000 live births by 2017
- Percentage of pregnant mothers registered before 8 weeks to be increased to 95%by 2017
- Prevalence of modern contraceptive methods among eligible couples to be increased to 60% by 2017
- Percentage of mothers received trained assistance at delivery to be increased to 99.9% by 2017

D Developing a network of modern hospitals with state-of-the-art technologies and pleasant patient friendly environment to meet a wider range of medical needs and customer expectations

- Number of beds available per 10000 population to be increased from the present figure of 34 to 40 by 2017
- To provide specified basic facilities to 250 identified Divisional Hospitals by 2017 in order to improve services to meet customer expectations.
- To establish an Emergency Treatment Unit with specified facilities in all hospitals with inpatient care services by 2017.
- To establish a minimum of one environmentally friendly hospital in each district by 2017 to promote green and healthy hospital concept.

G Strengthening and reorganizing Laboratory Services in Government and Private Sectors

- To establish at least one central laboratory with all four subdivisions (Microbiology, Haematology, Chemical Pathology and Histo-Pathology) at and above District General Hospital Level.
- To provide basic laboratory services to lower levels by establishing a laboratory network in all Districts linking the main referral hospital to other small hospitals by 2017

H Increasing the efficiency and cost-effectiveness of medical equipment utilization and management in the government healthcare institutions

- To establish at least one Biomedical Engineering Maintenance Unit with required facilities in each District by 2017.

I Ensure quality, safety, adequacy and cost effectiveness of the blood transfusion services in accordance with national requirement

- To establish Blood Banks running a 24- hour service with basic equipment and trained staff at and above the level of Base Hospitals by 2017.

J Human resource development will be supported and strengthened in keeping with contemporary needs of the health sector

- To recruit 1200 Medical graduates each year for the next 5 years till 2017
- To Train and recruit 3000 Nurses each year for the next 5 years till 2017
- To Train and recruit 1000 Public Health Midwives each year for the next 5 years till 2017
- To establish a minimum of one Regional Training Center which state of the art facilities by 2017 to train national and international health staff in order to build capacity for better health care.

K The growing incidence of morbidity and mortality from non-communicable diseases will be brought under control and reduced through preventive and curative programs

- To establish a minimum of one Healthy Lifestyle clinic with specified basic facilities in each Medical Officer of Health area by 2017.

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

- To establish a minimum of one elderly care ward with required facilities in each district by 2017.

M Providing more effective and comprehensive mental health services

- To establish at least one Mental Health Rehabilitation Centre with basic facilities in each district for long stay of mental health patients by 2017.

N Improving Nutritional status of targeted populations including pregnant mothers, infants & pre-school Children (under 5 years)

- To Increase Thriposha production capacity to 25000 Metric Tons annually by 2017 from the present level of 13000 Metric Tons per year

P Improving managerial efficiency, productivity, quality and safety of healthcare services at all levels of delivery

- To establish Hospital Management Committees in all major hospitals by 2015 at an above Base Hospital level in order to improve managerial efficiency
- To establish Quality Management Units at or above the level of Base Hospitals by 2017.
- To establish a model hospital and a MOH Office in each district with all quality standards for benchmarking for others by 2017

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

- To establish an e-IMMR system in each health care institution at and above Base Hospital level through provision of all necessary facilities for the Medical Records Department by 2017.
- Introduction and implementation of HMIS systems in relation to Inventory and Logistics management in all health care institutions at and above Base Hospitals and MOH Offices by 2017
- To establish HMIS in relation to Human Resources management in Line Ministry Institutions and at the level of Regional Directors and Provincial Directors by 2017.

U Strengthening the implementation of national drug policy, better management of medical supplies and increasing local manufacturing capacity of pharmaceuticals

- To formulate a National Medicinal Drugs Act and to establish a National Medicinal Drugs Authority by 2013 to strengthen the drug regulatory mechanism in Sri Lanka.
- To establish a Management Information System with networking on medical supplies between Medical Supplies Division and all Regional Medical Supplies Divisions and line ministry hospitals by 2014.

Main Strategy A	Providing basic healthcare free of cost to all individuals in an equitable manner at the point of delivery in state healthcare institutions ensuring universal coverage

Strategic Objectives and Activities

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme/ Unit : Ministry of Health								
Specific Objectives 1. To preserve the free health service and safeguard the right of every citizen for benefits of the free health service 2. To strengthen healthcare services for achieving universal coverage with special attention towards social determinants of health 3. To strengthen the existing healthcare delivery mechanism to a patient focused system which promotes easy access and supports a high quality of life 4. To strengthen the existing health legislations to meet the current needs of the community and current challenges of the implementation mechanisms 5. To strengthen central – provincial coordination for delivery of equitable quality healthcare 6. To promote community participation for better delivery of healthcare								
1	Review existing health policy	Formulation of a National Steering Committee	2013	Committee formulated	Mar 2013	DGHS/ DDG (Planning)		
		Conduction of meetings to review health policy	2013-2014	No. of meetings conducted	3 national level and 9 provincial meetings conducted During 2013 - 2014	DGHS/ DDG (Planning)	2 / Year	
		Advocacy meetings to present identified gaps	2014	No. of Meetings	3 meetings to be conducted 2014	DGHS/ DDG (Planning)	1	
		Formulation of revised policy	2013-2014	Availability of reviewed policy	2014	DGHS/ DDG (Planning)		
		Publish the National Health Policy	2014	Policy published	2014	DGHS/ DDG (Planning)	2	
2	Review Health Master Plan	Formulation of a National Steering Committee	2013	Committee formulated	Mar 2013	DGHS/ DDG (Planning)		

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conduction of meetings to review Health Master Plan (HMP)	2013-2014	No. of meetings conducted	3 national level and 9 provincial meetings conducted During 2013-2014	DGHS DDG (P)	2/ year	
		Advocacy meetings to present identified gaps	2014	No. of Meetings	3 meetings to be conducted 2014	DGHS DDG (P)	1	
		Formulation of revised HMP	2014	Availability of reviewed HMP	2014	DGHS DDG (P)		
		Publish the HMP	2014	HMP published	2014	DGHS/ DDG (Planning)	2	
3	Review of the five year National Health Development Plan (NHDP)	Conduction of meetings to review the NHDP	2013	No. of meetings conducted	2 national level and 3 provincial meetings conducted During 2013	DGHS DDG (P)	2	
		Formulation of the revised NHDP	2013	Availability of reviewed NHDP	2013	DGHS DDG (P)		
		Publish the NHPD	2013	NHDP published	2013	DGHS DDG (P)	2	
5	To strengthen central – provincial coordination	Conduction of regular Health Development Committee Meetings (HDC)	2013-2017	No. of meetings conducted	6 meetings to be conducted per year	DGHS/ DDG(P)	1/year	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conduction of regular National Health Development Committee meetings(NHDC)	2013-2017	No. of meetings conducted	6 meetings to be conducted per year	SH DDG(P)	0.5/year	
		Conduction of provincial health ministers meetings	2013-2017	No. of meetings conducted	4 meetings to be conducted per year	Add. Sec Developme nt	1/year	
6	promote community participation for better delivery of healthcare	Annual Health Forum to be conducted yearly	2013-2017	No. of meetings conducted	Annual meeting	DDG(P)	3/year	
		Advisory committees to be established at each levels	2013-2017	No. of meetings conducted	4 meetings to be conducted per year	Add. Sec Dev.	0.5/year	
		Hospital Development Committees to be established at each government hospitals	2013	No. of meetings conducted	6 meetings to be conducted per year	DDG(P) DDG MS I		

Main Strategy B	Creating a country free from major communicable diseases by strengthening disease control programmes

Strategic objectives and Activities

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme / Unit : National Programme for Tuberculosis control & Chest Diseases (NPTCCD)								
Specific Objectives 1. To ensure that allTuberculosis (TB) patients have access to effective diagnosis, treatment and cure 2. To interrupt the transmission of TB 3. To prevent the emergence of drug resistance 4. To reduce the social & economic toll caused by TB								
1	Increased access to quality DOTS to enhance case finding and to further improve treatment results	Mobile digital x-ray machines fixed on vehicle	2013-2014	Availability of two vehicles with digital x-ray machines	No of digital x-ray machines	Director - NPTCCD	2013-10 2014-7	
		Capacity building of relevant stakeholders in DOTS provision	2013-2017	No of personnel trained	20 participants x 30 programmes / year x 5	Director - NPTCCD	1 / year	
		Conduction of In-service training for the microscopists in public and private sector	2013-2017	No of MLT / TB Assistants trained	80 programmes / year x 5	Director- NPTCCD	0.3 / year	
2	Address MDR TB, TB/HIV, TB contacts and the needs of poor and vulnerable people	Capacity building of healthcare staff on MDR TB, TB/HIV and healthcare provision for vulnerable populations	2013-2017	No of participants trained/ sensitized	4 programmes / year	Director - NPTCCD	0.2 / year	
		Implementation of cross-trainings of staff who are involved in care of TB and HIV on these diseases	2013-2014	No of participants	02 / Prog / Year (25 participants / Prog)	Director - NPTCCD	2013-0.15 2014-0.15	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Sensitization of health personnel on MDR-TB	2013-2014	No of participants sensitized	01 workshop / 1 year		2013-0.3 2014-0.3	
		Programme to support malnourished TB and MDR TB patients during the period of treatment	2013-3017	No. of TB patients received nutritional support	20% of TB patients and 100% of MDR TB patients received nutritional support	Director-NPTCCD	15 / year	
3	To strengthen infrastructure and systems addressing chest diseases and contribute to better health	Accreditation of National TB Reference Laboratory	2013-2017	Availability of BSL 3 level laboratory	Functioning BSL 3 lab	Director - NPTCCD	2013-80 2014-25 2015-25 2016-25 2017-25	
		Upgrading of the Central Chest Clinic to a centre of excellence (Building, equipment etc)	2013-2016		Upgraded Central Chest Clinic	Director - NPTCCD	2013-20 2014-40 2015-10 2016-10	
		Construction of respiratory units in identified 10 major hospitals	2013-2016	Availability of fully equipped respiratory units		Director - NPTCCD	2013-24 2014-60 2015-24 2016-12	
		Establishment of Regional TB Culture Laboratories	2013-2015	Availability of regional TB culture labs in Karapitiya and Batticaloa	No of regional TB culture labs	Director - NPTCCD	2013-36 2014-15 2015-6	

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Maintenance and updating of the web based patient information management system, (e-PIMS) network system at central and district levels	2013-2017	No of available updated electronic TB registers	In all Districts	Director - NPTCCD	1.2 / year	
	Development of customized laboratory information management system	2013-2014	Availability of LIMS	Functioning LIMS	Director- NPTCCD	2013-1 2014-0.5	
	Conducting external reviews	2013-2016	No of external review programmes conducted	1 review/ 3 years	Director - NPTCCD	1/ year US$ 7000	 WHO
	Construction of District Chest Clinics: Hambanthota, Matale, NuwaraEliya, Kilinochchi, Mullaitivu, Ampara, Trincomalee	2013-2017	No. of clinics constructed	7 chest clinics constructed by 2017	Director - NPTCCD	30 / year	
	Construction of Respiratory Disease Treatment Units: Gampaha, Avissawella, Homagama	2013-2015	No. of facilities constructed	Three facilities constructed by 2015	Director - NPTCCD	25 / year	
	Upgrading of chest clinics: Galle, Matara, Kandy, Kalmunai, Batticaloa, Polonnaruwa, Puttalam, Kurunegala, Badulla, Monaragala, Kegalle, Ratnapura	2013-2017	No. of facilities upgraded	12 chest clinics upgraded by 2017	Director - NPTCCD	7 / year	
	Construction of Respiratory Wards in: Kegalle, NuwaraEliya, Ratnapura, karapitiya, Matara, Trincomalee, Batticaloa	2013-2017	No. of Respiratory Wards constructed	7 respiratory wards constructed by 2017	Director - NPTCCD	50 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Procurement of vehicles 1. One van to the Central Unit	2013-2015	Central unit and the District chest clinics with adequate vehicle facilities	No. of vehicles procured	Director - NPTCCD	2013 – 2.3 2014 – 2.3 2015 - 2.4	
		2. Eight double cabs to districts and central unit					16 / year	
		3. 26 three wheelers to districts					5 / year	
		4. 40 Motor cycles to PHI					2013 – 3 2014 – 2.5 2015 - 2.5	
4	Engage all care providers in TB control and management of chest diseases	Sensitization of non-NTP health care providers on adhering to NPTCCD guidelines	2014-2017	No of participants sensitized	50 programmes / year	Director - NPTCCD	5 / year	
		Preparation of management guidelines for other respiratory diseases	2014-2015	Availability of management guidelines	No of guidelines formed	Director - NPTCCD	1.5 / year	
5	Implement a tailored advocacy, communication and social mobilization campaign for TB and chest diseases	Conducting advocacy meetings at provincial and district levels for all the stakeholders	2013-2017	No of stakeholder meetings held	02 meetings/ Year	Director - NPTCCD	0.6 / year	
		Development of communication strategic plan	2013	Availability of the Com start plan by 2013	Completion of strategic plan	Director - NPTCCD	0.5	
6	Conduct operational research with a focus to improve programme performance	Conduct of operational research on improved case finding and treatment outcome	2013-2017	Availability of completed research	3 research/ year	Director - NPTCCD	0.4 / year	
							US $ 10000	WHO
		Annual Conference to disseminate research findings	2013-2017	No. of conferences held	One conferences per year	Director - NPTCCD	3 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme / Unit : National STD/AIDS Control Programme (NSACP)								
Specific Objectives 1. To increase the coverage and effectiveness of prevention interventions. 2. To increase the coverage and effectiveness of care, support and treatment interventions. 3. To improve generation and use of information for planning and policy development. 4. To increase the involvement of relevant sectors and administrative levels of government in the response to the HIV/AIDS control. 5. To develop more supportive public policy and legal environment for HIV/AIDS control. 6. To improve the management and coordination of the response to the HIV/AIDS control.								
1	To Provide sexual health services for sex workers	Provision of sexual health services for female sex workers and their clients	2013-2015	Number of female sex workers reached	2015	Director National STD/AIDS Control Program	US$ 25,746 /Year	GFATM R9
		Provision of education for female sex workers		Number of female sex workers educated	2015			
		Referral of female sex workers to STD clinics, accompanied by NGO personnel		No. of FSW referred to STD clinics				
		Provision of voluntary counseling and HIV testing for female sex workers		Number of female sex workers received voluntary counseling & HIV testing	2015			
		Provision of sexual health services for (MSM) Men who have Sex with Men	2013-2015	1. Number of MSM peer educators trained to deliver BCC intervention	2015	Director NSACP/ Sarvodaya	US$ 400000 /Year	GFATM R9
				2. Number of MSM received voluntary counseling & HIV testing				

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Provision of sexual health services for beach boys	2013-2015	Number of beach boys reached	2015	Director NSACP/ Sarvodaya	US$ 150000 /Year	GFATM R9
		Preparation and provision of comprehensive harm reduction services for drug users	2013-2015	Number of Advocacy programmes conducted	2015	Director NSACP	US$ 400000 /Year	GFATM R9
		Provision of sexual health services for prisoners	2013-2015	1. Number of peer educators trained in the prisons 2. Number of prisoners who received BCC intervention	2015	Director NSACP	US$ 85,833 /Year	GFATM R9
		Procurement and distribution of health products	2013-2015	Number of condoms distributed	2015	Director NSACP	US$ 250000 /Year	GFATM R9/ GoSL
		Strengthen Information, Education, Communication (IEC) activities	2013-2015	Number of population groups reached		Director NSACP	12 /Year	
		Provision of testing and counseling services	2013-2015	No of testing and counseling centers established	2015	Director NSACP	US$ 21,260 /Year	GoSL/ GFATM R9
2	To increase quality and coverage of HIV/AIDS treatment services	Provision of Anti-Retroviral Therapy for adults and children	2013-2015	Number of Adults and children received Anti-retroviral therapy	100%	Director NSACP	US$ 451,974 /Year	GFATM R9
		Provision of Anti-Retroviral Therapy for the Prolongation of life	2013-2015	Percentage of adults and children still alive 12 months after initiation of treatment	100%	Director NSACP		

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Ensuring the availability of Anti-Retroviral drugs at all times	2013-2015	No. of stock out situation	100%	Director NSACP		
		Screening of patients with HIV for TB and provision of treatment	2013-2015	Percentage of TB patients screened for HIV	100%	Director NSACP	US$ 100,000 / Year	GFATM R9
		Increase quality and coverage of home and community based care for People living with HIV (PLHIV)	2013-2015	1. Number of people who have received any kind of care and support activities from community organizations 2.Percentage of adult and children receiving treatment for opportunistic infections	100%	Director NSACP/ Sarvodaya	US$ 100,000 / Year	GFATM R9
		Increase quality and coverage of HIV and AIDS treatment services	2013-2015		2015	Director NSACP	150,000 USD/ Year	GFATM R9
		Provision of routine STD treatment, care and support	2013-2015	1. No of clients who have attended STD care services 2. % of STD episodes treated	2015	Director NSACP	US$ 710,868/ Year	
3	To improve generation and use of information for planning and policy development.	Monitoring, documenting, and dissemination of HIV/AIDS related services (a) Conduct review meeting (b) Produce annual reports	2013-2015	1. No. of review meetings conducted 2. No. of review reports produced	2015	Director NSACP	US$ 50000/ Year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Implementation, documentation and dissemination of National Integrated Behavioral and Biological Surveillance (IBBS)	2013-2015	Production of the report	2015	Director NSACP	US$ 212,532 /Year	GFATM R9
		Implementation, documentation and dissemination of formative and operational research and information (a) Conduction of special research studies (b) Update information in the website (c) Establishment of functional and accessible research inventories (d) Comprehensive review of strategic information management system	2013-2015			Director NSACP	US$ 4,636 /Year	GFATM R9
		National Size Estimation of female sex workers, men who have sex with men, beach boys and drug users (GFATM R9-SDA 3.4)	2013		2013	Director NSACP	US$ 22,839	GFATM R9
4	To increase involvement of relevant sectors and levels of government in the response.	Increase engagement and capacity of NGOs in prevention, care and policy development	2013-2015			Director NSACP	US$ 87,100 /Year	GFATM R9
		Improvement of engagement and capacity of key Ministries/ Departments	2013		2013	Director NSACP	US$ 12000	GFATM R9

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
5	To create More supportive public policy and legal environment for HIV/AIDS control.	Improvement of compassionate and supportive attitudes among lawmakers, advocates and law enforcers	2013-2015	Number of advocacy and sensitization programmes conducted	22015	Director NSACP	US$ 121760/ Year	GFATM R9
6	To Improve management and coordination of the response to the HIV/AIDS control	Increase institutional and man power capacity at NSACP	2013-2015	1. % of capacity building activities undertaken against the capacity building plan a needs assessment 2. % of people trained by the capacity building program of NSACP		Director NSACP,DDG PHS-I	40/ Year	GFATM R9
		Increase financial management and procurement capacity of NSACP	2013-2015			Director NSACP		GFATM R9

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme / Unit : Quarantine Unit								
Specific Objectives 1. To strengthen the quarantine service of the country by improving infrastructure facilities at the points of entry and through capacity building of public health staff								
1	To establish or/ and maintain 11 Quarantine stations namely Quarantine Unit (Ministry of Health) BIA Katunayaka, IA Hambantota(Mattala), IA Ratmalana, Colombo port, Galle port, Hambantota port, Kankasanture port, Norochcholai port, Trincomalee, port and Oluvil Port	Identification of building and office premises in an around port of entries with the assistance of Airport Authority and Port Authority	2013-2015	No. of quarantine stations established	Establishment of 11 quarantine station by 2015	Director Quarantine	10 / year	
		Identification of residential facilities for quarantine and public health staff	2013-2015	No. of facilities constructed	Completion of task by 2015	Chairman, Port / Airport Authority, Director Quarantine	10 / year	
2	To be prepared for the control of international spread of diseases at points of entry	Strengthening of infrastructure facilities such as isolation rooms, emergency rooms, vaccination rooms, office rooms, medical consultation rooms and ambulances for quarantine stations	2013-2015	All quarantine stations with infrastructure facilities established	Completion of task by 2015	Director Quarantine	10 / year	
		To establish sentinel sites at international airports and seaports	2013-2015	No of sentinel sites established	3 sites by 2015	Director Quarantine	30 / year	
		Provision of medical and non-medical equipment for 11 quarantine stations	2013-2015	Necessary items provided	Completion of task by 2015	Director Quarantine	05 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
3	To build-up the capacity of staff on quarantine services on emerging and re-emerging diseases, risk assessment, risk communications, rapid response International Health Regulations (IHR), Management information system, 5S and Quality improvement	Conduction of local and foreign training programmes	2013-2015			Director Quarantine	3 / year	
4	To improve lab facilities at national level and establish lab facilities at regional level for identification of emerging and reemerging diseases	To strengthen lab facilities at MRI and establish / strengthen lab facilities in regional hospitals close to quarantine stations.	2013-2017	No of labs established / strengthened	Establish / strengthen 5 labs by 2017	Director Quarantine	10 / year	
Programme/ Unit : Anti Filariasis Campaign								
Specific Objectives 1. To strengthen the parasitological surveillance and control activities 2. To strengthen the entomological surveillance and control activities 3. To strengthen the laboratory facilities in Central and Regional Filariasis Control Units 4. To prevent complications and disabilities of affected individuals by morbidity management								
1	To strengthen the parasitological surveillance and control activities in endemic districts	Increase the number of night blood films examined per year in endemic districts	2013-2017	No of Blood films examined	1% more than the previous year	D/AFC, RDHS	1/ Year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
			2013 - 0.03% 14-.0295% 15-0.029% 16-.0285% 17-0.028%	Microfilaria rate (% of positive films)	Reduction of MF rate by 0.0005% than the previous years	D/AFC, RDHS		
		Conduct community and school surveys on WuchereriaBancrofti Parasite in endemic districts	2013	Number of community and school children tested	1000 community samples 700 school samples per district	D/AFC	1.3 (10,000 US$)	NIH
2	To conduct parasitological & entomological surveys in non-endemic districts to detect the Lymphatic Filariasis status	To conduct parasitological surveys in the community	2013-2017	Number of samples examined	500 samples per year	D/AFC	0.5 / year	
3	To conduct surveillance on BrugiaMalayi in selected endemic districts	To conduct community surveys in selected endemic districts	2013-2017	Number of samples examined	500 samples per year	D/AFC	0.1 / year	
4	To strengthen the entomological surveillance and control activities in endemic districts	Increase the examination of mosquitoes in endemic areas	2013-2017	No. of mosquitoes collected	1% more than the previous year	D/AFC, RDHS	1/Year	
			2013-2017	No. of mosquitoes dissected	1% more than the previous year	D/AFC, RDHS		
			2013-2017	Mosquito infective rate	0.0005% reduction than the previous year	D/AFC, RDHS		

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
			2013- 0.06% 2014- 0.0595% 2015- 0.059% 2016- 0.0585% 2017- 0.058%	Mosquito infected rate	0.0005% reduction than the previous year	D/AFC, RDHS		
		To conduct Mansonia vector surveys in selected endemic districts	2013-2017	Number of mosquitoes dissected	1000 mosquitoes per year	D/AFC	0.1 / year	
5	To conduct entomological surveillance activities in non endemic districts	To conduct entomological surveys	2013-2017	Number of mosquitoes dissected	1000 mosquitoes per year	D/AFC	0.5 / year	
6	To strengthen the laboratory facilities at Anti Filariasis Campaign (AFC) & Regional Filariasis Units.	Procurement of reagents for the PCR lab	2013-2014	Reagents purchased for the PCR lab	Completion of the task	D/AFC	2013-1 2014-1	Centre for Neglected Tropical Diseases (CNTD)
			2015-2017	Reagents purchased for the PCR lab	Completion of the task	D/AFC	1 / year	
		Improvement of conduction of PCR tests at the center	2013-2015	Number of mosquito pools subjected to PCR	2.5% more than the previous year	D/AFC	0.5 / year	NIH, CNTD
		Procurement of lab equipment	2013-2015	Number of filariasis labs equipped	2015	D/AFC	1 year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
7	To alleviate suffering and prevent disability of affected individuals	Conduction of regular lymphodema clinics in districts and AFC	2013-2017	Number of clinics conducted	Completion of the task	D/AFC, RDHS	1/ Year	
		Conduction of self-care training programmes for lymphoedema patients	2013-2017	No of patients trained	120 lymph-oedema patients per year	D/AFC	0.2 / year	WHO
		To conduct training programmes on disability management among Health staff at Government Hospitals	2013-2017	Number of Programmes conducted	2 programmes per year	D/AFC	0.1 / year	WHO
				Number of staff trained	50 staff per year	D/AFC		
		To trace the lymphoedema patients in the community to conduct morbidity management programmes& Map the lymphoedema cases	2013-2017	Number of Programmes conducted	5% more than the previous year	D/AFC /RMO	0.5 / year	
8	To carry out regular reviewing of programmes	Conduct monthly review meeting with MO/AFC & RMOs at Regional Filariasis Unit	2013-2017	Number of meetings conducted	08 -monthly review meetings per year	D/AFC	0.16 / year	WHO
		Conduct district review meetings at Regional Filariasis Units	2013-2017	Number of meetings conducted	4 review meetings per year	D/AFC	0.16 / year	WHO
9	To develop Infrastructure for filarial control	Maintenance of building and procurement of equipment	2013-2017	Number of items purchased	Completion of the task	D/AFC	0.2 / year	
10	Capacity Building of the staff of AFC and Regional Anti Filariasis Units	To attend training programmes	2013-2017	Number of staff trained	4 persons per year	D/AFC	0.8 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme / Unit : Public Health Veterinary Services								
Specific Objectives 1. To reduce Human Rabies by 80% from present level of 0.25 per 100,000 population to 0.05 per 100,000 population by 2016 2. To minimize the transmission of Japanese Encephalitis to Human From Pigs								
1	To develop mass vaccination to reach 70% coverage	Vaccination of Domestic dogs against rabies	2013-2015	Number of domestic dogs vaccinated	1.8million dogs per year	DPHVS/ PDHS	50 / year	
		Vaccination of Stray dogs against rabies	2013-2015	Number of stray dogs vaccinated				
		Supply of Equipments and materials for stray dog vaccination	2013-2015	Auto vaccinators	100/year	DPHVS	26 / year	
				Collars	1 M/year			
		Training of Health Assistants on dog vaccination	2013-2015	Number of vaccinator training programmes		D/PHVS	2013-2 2014-2 2015-1	
2	To control dog population through animal birth control	Sterilization of dogs through surgical and chemical methods	2013-2015	Number of female dogs sterilized	100,000 female dogs per year	DDGPHS-1 PDHS RDHS	2013-100 2014-125 2015-100	
		Provision of adequate drugs and equipment for dog sterilization Programme	2013-2015	Number of drug vials	Depo 50,000 vials per year	D-PHVS PDHS RDHS	27 / year	
3	To improve infrastructure facilities at the office of the D/PHVS, DPCC & District Control Units	Provision of equipment to the office of D/PHVS	2013-2015			D-PHVS	0.5 / year	
		Rehabilitation of vehicles	2013-2015			D-PHVS	1 / year	
		Renovation and improvement of existing buildings	2013-2015			D/PHVS	1 / year	
		Establishment of Quarantine Stations and Dog Shelters established	2013-2015	No of quarantine stations established	3 stations by 2015	D/PHVS	10 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
4	To conduct training of rabies control staff and other relevant stakeholders	Arrangement of fellowships to rabies control staff for regional training	2013-2015	Number of officers trained	Programme managers-04 MO-02 PHVO-04 PHII-08	D/PHVS	1 / year	
		In-service Training on dog rabies control	2013-2015	Number of staff training programmes	24 programs by 2015	D/PHVS	2013-0.2 2014-0.2 2015-0.1	
5	Prompt and cost-effective Post Exposure Treatment (PET) for animal bite victims	In-service training on rabies post exposure Treatment(PET)	2013-2016	Number of staff training programmes conducted	20programs by 2016	D/PHVS	2013-0.2 2014-0.3 2015-0.2	
6	Enhance community awareness on rabies control	Conduction of public awareness programmes with information, education and communication materials	2013-2016	Number of programmes held/ Materials produced		DDGPHS-1/ D/PHVS	2013-0.8 2014-2 2015-3	
7	Monitoring and evaluation all rabies control activities	Conduction of meetings to steward the new strategies (quarterly meetings)	2013-2016	Number of meetings conducted	24 meeting conducted by 2016	D/PHVS	1 / year	
		Conduction of meetings with stake holders (sterilization)	2013-2016	Number of meetings conducted	24 meeting conducted by 2016	D/PHVS	1 / year	
		Conduction of field surveys to monitor vaccination coverage	2013-2016	Number of meetings conducted	48 surveys by 2016	D/PHVS	2. 5 / year	
		Reviewing, updating and reprinting of National Plan for Rabies Elimination	2013-2014	Completion of the task		D/PHVS	1 / year	
		Conduction of provincial monitoring meetings	2013-2016	Number of meetings conducted	24 meeting by 2016	D/PHVS	1 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Supply of computers (desktop & laptops), computer tables, printers etc.	2013-2014	Completion of the task		D/PHVS	0.5 / year	
		Conduction of national meetings and follow up advisory committee meetings to improve the productivity of control programme	2013-2015	Number of meetings conducted	6 (2013-2016)	D/PHVS	0.2 / year	
8	Human resource development for Rabies Elimination	Recruitment of dog vaccinators to the rabies control program	2013-2014	Number of Dog vaccinators recruited	150(2013) 100(2013) 100(2014)	PDHS	10 / year	
		Recruitment of animal wardens the rabies control programme	2013-2014	Number of Animal wardens recruited	100(2013)	PDHS	5 / year	
9	To strengthen of transport facilities	Provision of transport facilities for staff	2013-2015	Number of vehicles purchased	30 Three wheelers by 2015	D/PHVS D/Tranport PDHS	5 / year	
10	To conduct mass Immunization of pigs against Japanese Encephalitis	Vaccination of Domestic pigs against Japanese Encephalitis	2013-2016	Number of pigs vaccinated	70,000 pigs per year (2013-2016)	DPHVS/DMS D/DSPC/ PDHS	3 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme / Unit : Director/Anti Malaria Campaign								
Specific Objectives 1. To eliminate indigenous Pf Malaria (Plasmodium falciparum) by the end of 2012 2. To eliminate indigenous Pv (Plasmodium vivax) Malaria by the end of 2014 3. To maintain a zero mortality of Malaria cases. 4. To prevent the reintroduction of malaria into the country.								
1		Conducting Malaria Mobile Clinics (MMC)	2013-2017	No. of people screened through MMC	10 MMC per district per month	Director /AMC & RDHS/ RMO	7.3 / year	
		Cross-checking of blood smears	2013-2017	No. of slides cross-checked	100% of positive cases cross-checked		2013-0.5 2014-0.5 2015-0.46 2016-0.46 2017-0.46	
		Epidemiological investigation of confirmed cases of malaria, rapid response & follow-up activities	2013-2017	No. of confirmed malaria cases investigated according to the national guidelines	100% confirmed cases investigated according to the national guidelines		3 / year	
		Strengthening of disease surveillance system and Epidemic forecasting	2013-2017	No. of cases reported		Director /AMC	1 per year	
		Strengthening of parasitology laboratories to enhance case detection	2013-2017	No. of laboratories strengthened	10 laboratories strengthened per year	Director /AMC	2013-1.8 2014-1.8 2015-1.2 2016-1.2 2017-1.2	
		Strengthening of screening activities at entry points to prevent importation of malaria from other countries	2013-2017	% cases identified at entry points		Director /AMC	1 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Supply of Rapid Diagnostic Tests	2013-2017	No. of RDTs supplied	Supply of 35,000 RDTs per year	Director /AMC	5 / year	
2	Strengthening malaria entomological surveillance system	Strengthening & maintenance of sentinel entomological surveillance activities Strengthening & maintenance of random entomological surveillance activities	2013-2017	No. of entomological surveys done No. of localities with high larval densities	At least 400 entomological surveys per year Detection of at least 5 localities with high larval densities per year	Director /AMC & RDHS/ RMO	2013-12.5 2014-12.5 2015-3.3 2016-3.3 2017-3.3	
		Strengthening & maintenance of random entomological surveillance activities	2013-2017	% of focal entomological surveys done (when indicated)	100% focal entomological surveys done		0.5 / year	
		Strengthening of central & regional entomology laboratories	2013-2017	No. of entomology laboratories strengthened	23 laboratories strengthen	Director /AMC	2.6 /year	
3	Prophylaxis & prompt treatment of malaria	Radical treatment of all malaria cases	2013-2017	No. of Pv cases received radical treatment	All Pv cases received radical treatment	Director /AMC	Drugs from MSD 5 / year	
				No of Pf cases received radical treatment	All Pf cases received radical treatment			
		Prophylaxis for individuals at risk of malaria	2013-17	No. of individuals at risk of malaria receiving malaria prophylaxis				

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
4	Integrated vector management	Indoor residual spraying	2013-17	No. of households sprayed	100% coverage of foci with IRS	Director/AMC & RDHS/ RMO	10 / year	
		Space spraying in special situations	2013-2017	No. of space spraying activities carried out			5 / year	
		Chemical larviciding activities	2013-2017	No. of localities treated with chemical larvicides			5 / year	
		Biological larviciding activities	2013-2017	No. of functional fish rearing facilities			2013-2 2014-1 2015-1 2016-1 2017-1	
		Environmental modification	2013-2017	No. of modifiable breeding sites filled			1 / year	
		Distribution of Long Lasting Insecticidal mosquito Nets (LLIN)	2013-14	No. population protected	100% risk population protected		2013-2150 2014-2150	GF
		Monitoring of insecticide resistance & bio-assays	2013-2017	No. of susceptibility tests done	2017		1.2 / year	
		Supply of equipment for chemical use	2013-2017	No. of equipment supplied	2017		0.5 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
5	Advocacy for political commitment, partnerships & enhancing community participation	Conduction of Communication for Behavioural Impact (COMBI) programmes for all levels of the community in the country	2013-2017	No of BCC activities done for each level of community	5 programs per district per year conducted Social mobilization campaign conducted	Director /AMC & RDHS/ RMO	2013-6.5 2014-6.5 2015-0.5 2016-0.5 2017-0.5	
		Activities related to World Malaria Day	2013-2017		Activities related to World Malaria Day conducted	Director /AMC & RDHS/ RMO	3 / year	
		Maintenance of website & web server	2013-2017		2017		0.3 /year	
6	Human resource development & capacity building	Training of health staff on Malaria elimination	2013-2017	No. of health staff from each category trained on malaria elimination	20 from each category from each district	Director/AMC & RDHS/ RMO	2013-4 2014-4 2015-3.3 2016-3.3 2017-3.3	
7	Supervision, monitoring & evaluation	Supervision of field activities	2013-2017	No. of supervisions done	2 supervisions per month	Director /AMC	0.6 / year	GF
		Monitoring & evaluation of programme activities	2013-2017	No. of review meetings conducted	12 review meetings conducted per year		1 / year	
		Use of GIS technology for monitoring & evaluation	2013-2017				1 / year	
8	Facilitating smooth functioning of programme implementation	Rehabilitation, maintenance & improvement of public health complex	2013-2017			Director /AMC	4 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Rehabilitation, maintenance & improvement of stores complex, Anuradhapura	2013-2017				1 / year	
		Improvement & maintenance of workplace facilities	2013-2017				2 / year	
		Acquisition of transport facilities	2015-2017				2015-20 2016-15 2017-15	
		Maintenance of transport facilities	2013-2017				2.5 / year	
9	Research	Conducting operational research	2013-2017	No. of research activities completed		Director /AMC	1 / year	
		Purchasing of reagents, chemicals, consumables & equipment	2013-2017				1 / year	
Programme/ Unit : National Dengue Control Unit								
Specific Objectives 1. To prevent and control of dengue fever.								
1	Strengthening integrated vector management	Purchasing of equipment necessary for vector surveillance.	2013-2017	Fraction of equipments purchased	Complete purchasing equipment necessary for the 5 years	Director NDCU	5 / year	
		Training of health care personnel engaged in vector management activities.	2013-2017	Proportion of relevant health care personnel trained.	Completion of training for all relevant health care personnel.	Director NDCU	5 / year	

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Conduction of Advocacy, Monitoring, evaluation, of vector management activities.	2013-2017	No. of meetings and activities conducted out of planned ones.	Completion of task planned for the 5 years	Director NDCU	5 / year	
	Control of adult mosquitoes using adulticides.	2013-2017	Amount of adulticides purchased and used.	Availability of adulticides without interruption	Director NDCU	12 / year	
	Control of mosquito larvae using larvicides.	2013-2017	Amount of larvicides purchased and used.	Availability of larvicides without interruption	Director NDCU	5 / year	
	Purchasing of necessary equipments including fogging machines and spraying equipment.	2013-2017	No. of equipments purchased	Complete purchasing equipments necessary for the 5 Y	Director NDCU	5 / year	
	Monitoring and supervision of field vector management.	2013-2017	Number of meetings and activities conducted out of planned ones.	Complete all planned meetings & activities	Director NDCU	1 / year	
	Conduction of progress review meetings at central level.	2013-2017	Number of review meetings conducted.	Completion of all planned meetings for 5 years	Director NDCU	0.4 / year	
	Provision of three wheelers for entomology teams	2013-2014	Number of three wheelers purchased.	Completion of tasks	Director NDCU	125 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	Improve case management	Training of all relevant health care staff in hospital on proper case management.	2013-2017	Number of health care staff trained.	Training of all relevant health care staff	DDG/ET&R Epidemiology unit/ NDCU/ RDHS	0.6 / year	WHO
		Provision of laboratory equipment for hospitals.	2013-2017	Number of equipment purchased	Completion of task	DDG/LS D/ NDCU RDHS	4 / year	
		Revising and reprinting of "Guidelines of clinical management" of DF/DHF Booklet.	2013-2017	Number of booklets in new version printed.	Completion of task	Director NDCU/Chief Epidemiologis t	1 / year	
		Establishment of high dependency units in hospitals for close monitoring of dengue patients.	2013-2017	Number of HDUs established	Completion of task	Director NDCU/ RDHS Hospital Directors	100 / year	
		Strengthening of laboratory services at least in one hospital of the high risk areas.	2013-2017	Number of laboratories developed	Completion of task	DDG /LS Director NDCU	4 / year	
		Conduction of mortality reviews.	2013-2017	Number of mortality reviews conduct	Conduct mortality reviews for all deaths due to dengue fever.	Director NDCU Chief Epidemiolog ist	1 / year	
		Establishment of 3 training centers for hands on experience in dengue case management.	2013-2014	3 training centers established	Completion of task	D/ NDCU Chief Epidemiolog ist	15 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
3	Strengthen dengue control and prevention activities at national and provincial levels.	Conduction of national level annual dengue review meetings.	2013-2017	No. of review meeting conductd.	Completion of tasks	Director NDCU	0.2 / year	WHO
		Conduction of bi-annual district review meetings for 12 high risk districts.	2013-2017	No of review meetings conducted	Conduction of review meetings in all high risk districts	Director NDCU / RDHS	0.4 / year	WHO
		Assisting implementation of special dengue control projects in high risk districts.	2013-2017	No of special dengue control projects conducted	Conduction special dengue control projects in all high risk districts	Director NDCU / RDHS	16 / year	
4	Social Mobilization for elimination of breeding places.	Strengthening of inter-Ministerial and inter-sectoral coordination by conducting stakeholder meetings with relevant ministries including local government and environmental ministries.	2013-2017	Proportion of planned meetings and activities conducted	Completion of task	Director NDCU	2 / year	
		Production of Information, Education and Communication (IEC) materials.	2013-2016	Number of IEC materials produced	Supply of IEC materials whenever necessary	Director NDCU D/HEB	16 / year	
		Implementation of COMBI/ BCC plan in selected districts. (COMBI – Communication for Behavioural Impact; BCC – Behavioural Change Communication)	2013-2016	Number of districts where COMBI plan is implemented	Implement-ation of COMBI plan in all high risk districts	Director NDCU HEB/ RDHS	1.2 / year	

Strategies	Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Time frame			
	Monitoring and Evaluation of COMBI/ BCC in selected district.	2013-2016	Number of districts where COMBI plan is evaluated	Evaluation of COMBI plan in all districts where it is implemented	Director NDCU RDHS/ RE	0.4 / year	
	Declaration of dengue weeks and activities parallel to dengue weeks	2013-2016	Number of dengue control weeks declared	Completion of planned activities	Director NDCU/ HEB	2 / year	
	Revising and reprinting of volunteer hand-book.	2013-2014	No of revised volunteers hand-books produced	Completion of tasks	Director NDCU	1 / year	
	Implementation of advertising campaign through leading electronic and print media.	2013-2016	No of advertising campaigns conducted	Completion of planned activities	Director NDCU/ HEB	20 / year	
	Conduction of stakeholder meetings at national, district and divisional levels.	2013-2017	No of stake-holder meetings conducted	Completion of all planned meetings	Director NDCU	0.4 / year	
	Training of teachers in high risk districts on dengue fever and Public Health Inspectors on environment management.	2013-2014	No of teachers and environment-al officers trained	Completion of training of teachers and environmen tal officers in all high risk districts	Director NDCU	1 / year	WHO
	Training of the relevant personnel engaged in outbreak response.	2013-2014	No of personnel trained	Train all relevant staff	Director NDCU/ HEB	5/ year	
	Training of focal points in all relevant sectors on risk communication.	2013-2014	No of personnel trained	Training of all relevant staff	Director NDCU/ HEB	5/ year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
5	strengthen Laboratory surveillance	Provision of reagents necessary to conduct sero surveillance activities.	2013-2017	Required amount of reagents purchased	Continuous supply of reagents to perform (0) surveillance activities	Director NDCU/ MRI	2 / year	
		Conduction of in service training workshops for Microbiologists, Medical Laboratory Technologists, Entomologists, Entomological assistants	2013-2014	No of micro-biologists, MLTs, Entomologists, EAs trained	Completion of all planned workshops	D/NDCU D/MRI D/AML D/AFC	2.5 / year	WHO
6	Conduct research on Dengue control	Conduction of Sero surveillance study before dengue vaccine is available commercially	2013-2017	Study results available	Completion of study	Director NDCU	0.4 / year	
		Conduction of intervention study	2013-2014	Study results available	Completion of study	Director NDCU	1 / year	
7	Expansion and improvement of resources at National Dengue Control Unit (NDCU).	Expansion of the NDCU	2013-2014	Healthy working environment	Completion of task	Director NDCU	0.5 / year	
		Purchasing of equipments necessary to the unit	2013-2017	Number of equipment purchased	Completion of planned task	Director NDCU	0.04 / year	
		Training of officers at central level through regional study tour for three selected officers.	2013-2014	Number of trained staff at central level	Training of selected officers	DDG PHS 1	1.5 / year	WHO
		Provision of a vehicle to NDCU	2013-2014	Vehicle purchased	Completion of task	Director NDCU	25 / year	
		Establishment of an Entomological laboratory at NDCU	2013	Dengue Entomological research facilities available			10	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
8	Equipments to facilitate field entomological services	Equipments and facilities for entomological services established	2013-2014	Optimum quality o entomological services achieved on vector control activities		D/NDCU	2013-5 2014-2 2015-2 2016-2 2017-2	
Programme / Unit : Epidemiology Unit								
Specific Objectives 1. To prevent and control of Leptospirosis. 2. To improve the level of preparedness and response to avian/pandemic influenza in the country 3. To provide financially sustainable, safe and high quality immunization service to the community while maintaining high coverage for the existing antigens and achieving similar coverage for new antigens to achieve diseases eradication, elimination and control strategies according to the national needs and international commitments. 4. To Procure and supply of known good quality vaccines and injection logistics. 5. To Prevent and control of *HaemophilusInfluenzae* – B (Hib) Disease in Sri Lanka. 6. To strengthen the Epidemiology Unit to function as a centre of excellence for training in the field epidemiology, public health surveillance and response, as an information centre on evidence related to disease control and prevention and as a research centre in applied Epidemiology. 7. To strengthen the disease surveillance activities in the country 8. To eliminate measles from Sri Lanka by year 2016. 9. To prevent and control of Viral Hepatitis in Sri Lanka. 10. To achieve certification of poliomyelitis eradication accordance to global poliomyelitis eradication initiatives by 2016. 11. To prevention and control of Japanese Encephalitis in Sri Lanka. 12. To prevent and control of Rubella and Congenital Rubella Syndrome (CRS) and prevention of outbreaks. 13. To reduce the morbidity and mortality due to diarrhoeal diseases. 14. To reduce the disease burden due to Dengue Fever and Dengue Haemorrhagic Fever.								
1	Reducing morbidity and mortality due to Leptospirosis through conducting district reviews	Conduction of district reviews in high risk districts	2013-2016	Number of district reviews conducted	2 reviews annually	Chief Epidemiolog ist, RDHS	1.25 / year	WHO
2	Reducing morbidity and mortality due to Leptospirosis through special surveillance	Strengthening of special surveillance system of Leptospirosis	2013-2016	Number of special surveillance forms received	Over 60% of clinically confirmed casesH-399	RDHS, Chief Epidemiolog ist, MOH		

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
3	Reducing morbidity and mortality due to Leptospirosis through increased awareness of community	Improvement of awareness of community on Leptospirosis through printing/reprinting of IEC material on Leptospirosis	2013-2016	Printing/ reprinting IEC material	Printing/ reprinting one batch of material annually	Chief Epidemiologist, D/HEB	1.25 / year	GOSL WHO
4	Improving Preparedness on Avian/Pandemic Influenza	Conduction of stakeholder meetings	2013-2016	Number of Stakeholder Meetings conducted	12 Meetings per year	Chief Epidemiologist	0.092 / year	CDC Routine
5	Improving surveillance activities and early detection of Avian/Pandemic Influenza	Conduction of training programmes for regional epidemiologists	2013-2016	Number of training programmes for epidemiologists	4 programmes per year	Chief Epidemiologist	0.065 / year	CDC/ Routine
		Conduction of training programmes for sentinel hospital staff	2013-2016	Number of training programmes conducted for sentinel hospital staff	4 programmes per year	Chief Epidemiologist	0.075/ year	CDC/ Routine
		Review visits to sentinel hospitals	2013-2016	Number of review visits to sentinel hospitals	4 visits per year	Chief Epidemiologist	0.08 / year	CDC/Routine
		Monitoring of respiratory samples received from sentinel hospitals for influenza surveillance	2013-2016	Number of respiratory samples received from sentinel hospitals for influenza surveillance	10 samples per month from each hospital	Chief Epidemiologist	0.5 / year	CDC/Routine
6	Improving Response and Containment on Avian/Pandemic Influenza	Conduction of training programmes for District Rapid Response Team (RRT) personnel	2013-2016	Number of training programmes conducted for RRT	3 programmes per year	Chief Epidemiologist	0.06/ year	CDC/Routine

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conduction of training programmes for Infection Control Nursing Officers in sentinel hospitals	2013-2016	Number of training programmes conducted for Infection Control Nursing Officers in sentinel hospitals	3 programmes per year	Chief Epidemiologist		CDC/Routine
7	High coverage for all antigens in the National EPI programme	Maintenance of high immunization coverage for all existing antigens in the EPI schedule	2013-2016	Immunization coverage for each antigen	Near 100 % coverage for BCG, OPV 1 – 5, Measles, DPT4, DT	DGHS, DDG(PHS), DDG(P), DDG(F) CE D/MCH	36.25 / year	GOSL GAV UNICEF WHO
		Ensuring that high coverage is achieved for newly introduced antigens and for new antigens that will be introduced in the future	2013-2016	Immunization coverage for each antigen	100 % coverage for Pentavalent vaccine and Live JE vaccine and MMR	DGHS, DDG(PHS), DDG(P), DDG(F), CE D/MCH	137.5/ year	GOSL GAVI
8	Regaining and maintaining the confidence for school immunization programme	Regain and maintenance of the confidence for school immunization programme	2013-2016	Immunization coverage for each antigen	Over 90 % coverage for aTd immunizations at schools	DGHS, DDG(PHS), D/HEB, CE	50 / year	WHO GAVI UNICEF

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
9	Maintaining achieved disease reduction targets	Maintenance of achieved disease reduction targets	2013-2016	Target disease incidence	Maintain lab confirmed disease free status for polio, measles, CRS, diphtheria, neonatal tetanus and relatively reduced incidence for pertussis, childhood TB, Hib disease, tetanus, rubella and mumps	MOIC, MOH, RDHS, PDHS, CE, D/MRI	12.5 / year	GOSL WHO
10	Providing safe and quality immunization services	Provision of safe immunization services	2013-2016	Monitoring of adverse events following immunization	Ensuring the reported AEFI rates are within expected limits	DDG(P), CE, PDHS, RDHS, RE, MOH	5 / year	GAVI HSDP
		Provision of quality immunization services	2013-2016	Percentage of service outlets adhering to the minimum standards	90% of the immunizatio -n service outlets adhering the minimum standards	DDG (PHS) D/MCH/CE/ PDHS/RDHS /MOH	25 / year	GOSL, WHO, UNICEF, GAVI HSS, HSDP

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
11	Procurement and supply of known good quality vaccines and other injection logistics.	Timely provision of adequate amount of good quality vaccines and other logistics	2013-2016	No stock out in vaccine and vaccine logistics used in national EPI		DDG/LS, Chief Epidemiologist, D/MSD	317.62 / year	
12	Achieving near 100% Hibvaccine coverage among the target group (infants)	Achievement of near 100% Hibvaccine coverage among the target group	2013-2016	Hib vaccine coverage	100% coverage	DGHS, DDG(PHS), CE, D/MCH, PDHS, RDHS		GOSL GAVI
13	Reducing morbidity and mortality associated with Hib disease by improving case management	Improvement of case management of Hib disease to reduce the associated morbidity and mortality	2013-2016	Hib Meningitis associated Case Fatality Rate	20% less than current level	By Hib vaccination (strategy 1)	1 / year	
14	Strengthening Hib disease surveillance activities	Improvement of Hib disease surveillance activities through increasing awareness of clinicians and Medical Officers of Health on importance of notification of the disease	2013-2016	Meningitis notification rate	90% by 2016	CE/RDHS /Hospital Directors	2.5 / year	WHO GOSL
				Meningitis special surveillance rate	80 of total confirmed cases	CE, D/MCH, PDHS RDHS		
15	Strengthening of laboratory surveillance activities	Improvement of laboratory surveillance of Hib disease as measured by increased laboratory confirmed meningitis cases	2013-2016	Lab confirmed meningitis cases	Over 25%	CE/RDHS/ Hospital Directors	1.25 / year	WHO
16	Improve and strengthen the communicable disease surveillance through feedback and monitoring	Improvement of completeness and timeliness of Weekly Return of Communicable Diseases (WRCD)	2013-2016	Complete-ness & Timeliness of WRCD	Complete-ness and timeliness should be more than 95%- 2013 to 2016	RDHS	0.25 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Dissemination of regular feedback through Weekly Epidemiological Report (WER) and Quarterly Epidemiological Bulletin	2013-2016	Feedbacks disseminated	% of expected feedbacks disseminated – 100%	CE	0.35 / year	WHO
17	Improve and strengthen the communicable disease surveillance through conducting quarterly review meetings	Conduction of quarterly review meetings of Regional Epidemiologists (RE)	2013-2016	No of RE review meetings held	One per each quarter	CE, RDHS	0.45 / year	CDC
18	Improve and strengthen the communicable disease surveillance through training of district level primary healthcare staff	Conduction of district level training programmes	2013-2016	No of district level training programmes held	10 programmes annually	CE, RDHS	0.25 / year	UNICEF
19	Increasing the laboratory confirmation of all fever and rash cases to confirm Rubella and Measles	Improvement of laboratory confirmation of rubella and measles as measured by number of lab confirmed samples out of the total number of notified rubella and measles cases.	2013-2016	Number of samples lab confirmed out of the total number of notified rubella and measles cases	95%- 2013 to 2016	Chief Epidemiologist	0.5 / year	UNICEF
		Training of physicians and paediatricians on the importance of laboratory confirmation of fever and rash cases to confirm Rubella and Measles	2013-2016	Number of physicians and paediatricians trained on the importance of lab confirmation of fever and rash cases	90% – 2013 to 2016	Chief Epidemiologist	0.5 / year	UNICEF

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
20	Training the healthcare workers on prevention of all types of viral hepatitis	Training of healthcare workers on prevention of all types of viral hepatitis	2013-2016	Number of training programmes conducted	4 programmes annually	Epidemiologist, RDHS	0.05 / year	
21	Promptly investigating and initiating response for viral hepatitis outbreaks	Prompt investigation and control of viral hepatitis outbreaks	2013-2016	Viral hepatitis notifications	As need arises	Epidemiologist, RDHS	0.125 / year	
22	Immunizing selected high risk groups against hepatitis A	Immunization of selected high risk groups against hepatitis A	2013-2016	Viral hepatitis notifications	As need arises	Epidemiologist, RDHS	0.05/year	
23	Enhanced AFP Surveillance	Maintenance of high non polio Acute Flaccid Paralysis (AFP) rate	2013-2016	Non Polio AFP rate of children under 15 years of age	Rate >2/100000 children under 15 years of age 2013 - 2016	Chief Epidemiologist, PDHS, RDHS,	0.05 / year	
		Improvement and maintenance of timeliness and completeness of receiving AFP weekly returns	2013-2016	Timeliness and Completeness of Weekly Returns on AFP received from sentinel hospitals	>80% timeliness and completeness of AFP returns received – 2013- 2016	Chief Epidemiologist, PDHS, RDHS	0.05 / year	
		Ensuring the timely collection of stool samples from AFP cases for polio virology	2013-2016	Percentage of timely stool samples collected from AFP cases for polio virology	Timely stool samples collected for polio virology from >80% of AFP cases	Chief Epidemiologist, PDHS, RDHS	0.05 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conduction of quarterly meetings (National Commission for Certification of Polio Eradication – NCCPE / National Polio Expert Committee – NPEC) and sentinel hospital review visits	2013-2016	Quarterly meetings and sentinel hospital visits conducted	One per each quarter	Chief Epidemiologist,	0.12 / year	WHO
24	Immunization of children who completed one year of age against JE	Immunization of children who completed one year of age against JE	2013-2016	JE immunization coverage	95% at 2016	Chief Epidemiologist, RDHS		
25	Investigation of all reported encephalitis patients by the MOH	Investigation of all reported encephalitis patients by the MOH	2013-2016	Proportion of notifications investigated	100% by all MOH- 2013 to 2016	RDHS, CE	0.25 / year	
26	Improving the immunization coverage of Rubella	Achievement and Maintenance of high Rubella coverage at 3 years	2013-2016	MMR coverage at 3 years in all the districts	100%- 2013 to 2016	RDHS		
27	Increasing the lab confirmation of all fever and rash cases	Improvement of laboratory confirmation of rubella and measles as measured by No. of lab confirmed samples out of the total number of notified rubella and measles cases.	2013-2016	Number of samples lab confirmed out of the total number of notified rubella and measles cases	95%-2013 to 2016	Chief Epidemiologist, RDHS	0.25 / year	
		Training of physicians and pediatricians on the importance of laboratory confirmation of fever and rash cases to confirm Rubella and Measles	2013-2016	Number of physicians and pediatricians trained on the importance of lab confirmation of fever and rash cases	95%-2013 to 2016	Chief Epidemiologist	0.125 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
28	Reduce the morbidity due to diarrhoeal diseases by conducting review meetings and training programmes	Conduction of reviews Regional Epidemiologists						
		Training of healthcare workers on prevention of diarrhoeal diseases	2013-2016	Number of training programmes conducted	4 programmes annually	Chief Epidemiologist, RDHS	0.5 / year	WHO
29	Reduce the morbidity due to diarrhoeal diseases by prompt investigation of diarrhoeal disease outbreaks	Prompt investigation and control of diarrhoeal disease outbreaks	2013-2016	Diarrhoeal disease notifications	As need arises	Chief Epidemiologist, RDHS	0.2 / year	
		Establishment of public health laboratories to test water and food samples in provinces which currently do not have that facility	2013-2015					
30	Typhoid vaccination for high risk groups	Immunization of high risk persons with Typhoid vaccine	2013-2016	Number of typhoid vaccinations conducted	As need arises	Chief Epidemiologist, RDHS	10 / year (200,000 doses annually)	
31	Early detection of outbreaks and early intervention and Strengthening disease surveillance of dengue at institutional level	Conduction of training programmes for infection control nurses and initiation of email based surveillance system	2013-2016	Number of Programmes	3 programmes annually	Epid. Unit, DCU, RDHS, Regional Epidemiologist, Directors of Hospitals	0.3 / year	
32	Improving clinical management of patient with Dengue Fever (DF) / Dengue Haemorrhagic Fever (DHF)	Conduction of refresher Continuous Medical Education (CME) programmes for doctors	2013-2016	Number of Programmes	5 programmes annually	Epid. Unit, D/Dengue Control Unit	0.09 /year	WHO
		Reviewing and updating of the National Guidelines on Clinical Management of DF/DHF	2013-2016	Fresh Guidelines distributed to all institutions	Provide up-to-date management guidelines for DF/DHF	Epidemiologist, D/ Dengue Control Unit	0.5 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conduction of Dengue death reviews at institution and district level	2013-2016	Number of death reviews	Each dengue death investigated -Identify factors contributing to Death	RDHS, RE , Directors of hospital	0.2 / year	
		Provision of micro hematocrit machines to high risk areas	2013-2016	Number of machines provided	To each medical/ pediatric unit under a consultant	Dengue Control Unit, Epid. Unit, RDHS, Directors of hospitals	1 / year	
		Establishment of High Dependency Units (HDU) in selected hospitals	2013-2016	Number of Units set up	To provide in dengue endemic districts	Dengue Control Unit, Epid. Unit, PDHS,RDHS,	4 / year	
33	Strengthening disease surveillance of dengue at Field Level	Conduction of training programmes at district level in high risk areas for Public Health Staff	2013-2016	Number of Programmes	5 programmes annually	Chief Epidemiologist, Director/ Dengue Control Unit	0.25 / year	
		Conduction of pre-seasonal national programmes	2013-2016	Number of Programmes	2 programmes annually	Chief Epidemiologist, Dengue Control Unit, RDHS	0.1 / year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
Programme/ Unit : Leprosy Control Unit								
Specific Objectives 1. To reduce the rate of new cases with grade 2 deformities down to 4% by 2017, compared to the baseline value of 8% at the end of 2010 2. To increase early detection rate (less than 6 months of the onset of symptoms) to 75% from the current rate of 44% 3. To improve treatment completion rates up to 90% at the end of 2017. 4. To reduce development of new deformities while on treatment and after completing treatment. 5. To provide comprehensive disability prevention and management through education and rehabilitation services 6. To reduce all forms of stigma associated with leprosy 7. Ensuring the rights of persons affected with leprosy								
1	To reduce the delay in diagnosis and occurrence of grade-2 disabilities among new cases, by implementing innovative approaches for case-finding	Conducting special skin clinics 20 clinics per each year	2013-2017	Number of clinics performed	20/clinics per year	Director ALC/ RDHS	1.6 / year	
		Providing facilities for conducting Contact tracing clinics	2013-2017	Number of contacts examined	50% of contact traced	Director /ALC RDHS/ Dermatologist	2.5 / year	
		Training of field staff one program for year for MOH area	2013-2017	Number of programmes conducted	300 programmes per year	Director /ALC RDHS	6 / year	
		Training of health staff at primary care level	2013-2017	Number of health staff trained	2 programmes per District	Director /ALC RDHS	2013-1.25 2014-1.25 2015-1.5 2016-1.6 2017-1.6	
		Conducting house to house surveys	2013-2017	Number of surveys	1 survey per year	Director /ALC RDHS	2 / Year	
		Conducting ring surveys	2013-2017	Number of surveys	1 survey per District	Director /ALC RDHS	01/ Year	
		Social marketing campaigns	2014	One program	Completion of task	Director /ALC	2014-10	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Conducting research on Delayed presentation , non compliance	2013-2017	Number of research projects carried out	1 research for year conducted each year	Director /ALC	2013-0.2 2014-0.2 2015-0.25 2016-0.25 2017-3	
2	Improving quality of clinical services for diagnosis and for the management of acute and chronic complications, including prevention of disabilities /impairments, and enhancing the provision of rehabilitation services through a well organized referral system	Development of clinical management guidelines	By 2014	Availability of guideline	Completion of task	College of Dermatologists Director /ALC	2014-0.8	
		Strengthening the existing mechanism of follow up of patients (to print follow up forms and formats)	2014-2015	cure rate	90% by 2017	College of Dermatologists/ Director ALC	2014-1 2015-1.5	
		Skin smears testing to all institutions where a Consultant Dermatologist are attached by training of MLTs	2013-2017	To provide skin smear testing facility to each health institution	Facilities to be available in 100% of institutions	Director ALC	2013-0.3 2014-0.3 2015-0.4 2016-0.4 2017-0.4	
		Provision of a lab register (development and printing)	2014	Lab register to be available in all dermatology	To complete by 2017	Director ALC	2014-0.5	
		To provide comprehensive IEC for patients on self-care advices To prepare leaflets and printing	2013-2017	Treatment completion rate	90% by 2017	Director ALC	2013-0.3 2014-0.3 2015-0.4 2016-0.4 2017-0.4	
		Training of physiotherapists to assess and follow the patients up in regular intervals	2013-2017	No. of physiotherapists trained	50 per year	Director ALC	0.2 /Year	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Provision of splints and gutters	2013-201	Availability of splints and gutters		Director ALC	2013-0.1 2014-0.1 2015-0.1 2016-0.2 2017-0.2	
		Development of patient follows up sheets and printing necessary registers	2014	Availability of registers	Available in all Dermatology clinics	Director ALC	2014-0.5	
		Providing training for reconstructive surgeries	2014-2016	Number of consultants	2 consultants per year	Director ALC	1 / year	
		Development and printing of chronic ulcer care treatment handbook	2013-2014	Availability of handbook	Completion of task	Director ALC	2013-0.5 2014-1	
		Provision of ulcer care kits	2013-2017	Availability of kits	Completion of task	Director ALC	2013-0.3 2014-0.3 2015-0.3 2016-0.4 2017-0.4	
		Development and printing of Counselling guide	2013-2014	Development of document Printing of document	Development of document 2013 Printing of document -14	Director ALC	2013-0.1 2014-0.5	
3	Ensuring supply of drugs for multidrug therapy (MDT) free of cost and effective distribution systems	Strengthening the flow of information from health care institutions to the MSD and ALC though monitoring forms (MDT registers)on MDT utilization and remaining stocks	2016	Treatment completion rate	90% by 2017	Director ALC/ Director MSD/ RDHS/	2016-1.5	
				Defaulter rate	10% by 2017			

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		To keep buffer stocks to be kept at the ALC	2013-2015	Availability of stocks	Completion of task	Director ALC	0.1 / year	
		To keep loose clofazamine at ALC	2013-2017	Availability of stocks	Completion of task	Director ALC/ Director MSD/ RDHS/	2013-0.1 2014-0.1 2015-0.1 2016-0.2 2017-0.2	
4	Supporting all initiatives to promote community-based rehabilitation (CBR) with special attention given to activities aimed at reducing stigma and discrimination against persons affected by leprosy and their families	Formation of new disability centers. 1 centre for each district	2013-2017	25 disability centers	25 centers by 2017	RDHS	2.5 / year	
		Strengthening facilities for Leprosy Hospital Handala	2013-2017	No of existing buildings renovated and Equipments and logistics	existing buildings renovated and Equipments and logistics by 2017	Director ALC	2014-10 2016-10	
		Establishing Rehabilitation and occupational centre for PALS at Handala Hospital	2013-2014	Rehabilitation and occupational centre for PALS established	Rehabilitation and occupational centre for PALS established by 2014	Director ALC	2013-1	
5	Developing sustainable training strategies at the global and national levels to ensure availability of leprosy expertise in the country	Capacity building of ALC staff including MOO, PHII, Physiotherapists, NOO	2013-2017	No of trained medical officer, PHII, nurses and other staff	Train 15 officers in leprosy control -2017	Director ALC	2013-1 2014-1.25 2015-1.2 2016-1.5 2017-1.5	
		Seek assistance of foreign experts to develop local training programmes	2013-2016	No of programmes conducted with assistance of foreign experts	2 Pro. conducted 2016	Director ALC	2014-1.5 2016-1.6	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Training workshops for Regional Epidemiologists and MOO Dermatology units with the collaboration of the College of Dermatologists	2013-2017	No of trainings conducted for medical officer, PHII, nurses, staff	20 training programmes by 2017	College of Dermatologists/ D/ ALC	2013-0.2 2014-0.2 2015-0.25 2016-0.25 2017-1.5	
		Facilitate updated knowledge of Dermatologists by providing overseas training	2013-2017	No of dermatologists trained oversees	10 dermatologists trained oversees by 2017	Director ALC	2013-1 2014-1.25 2015-1.25 2016-1.5 2017-1.5	
6	Strengthening routine and referral services within the integrated health systems	Printing of back referral forms	2013-2017	Number of forms printed	Forms available in all centers by 2017	College of Dermatologists/ Director ALC	2014-1 2015-1	
7		Strengthening the mechanism to keep tract with patients and send them back for treatment before they default treatment (Rs 1000 for each defaulter traced)	2013-2017	Number of defaulters traced	80% of all defaulters traced	College of Dermatologists/ Director ALC	0.5 / year	
8	Keeping leprosy top in the agenda among health workers and other relevant stakeholders by sustaining the political commitment at the national and local government levels	Sponsoring national events and district health related events	2012-2016	Number of events sponsored	26 events for year 130 events by 2017	Director ALC RDHS	2013-2.7 2014-2.7 2015-2.8 2016-2.8 2017-3	
		World leprosy day events on the last Sunday of every January	2012-2016	New case detection rate	No target can be specified	Director ALC	2013-1 2014-1 2015-1 2016/17-1.3	
9	Improving facilities of Anti Leprosy Campaign and Central Leprosy Clinic	Relocation Upgrading the Central Leprosy Clinic by providing furniture, equipment	2013-2014	New office complex for ALC	New office complex for ALC by 2017	Director ALC	2013-20	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		9 seater vehicle for Anti Leprosy Campaign	By 2013	Availability of vehicle	Completion of task	Director ALC	2013-15	
		Vehicle for Director ALC	By 2013	Availability of vehicle	Completion of task	Director ALC	2013-12	
		Providing leprosy control PHII with motorcycles	2013-2017	Motorcycles provided for PHI leprosy control	Motorcycles provided for all districts by 2017	Director ALC	1 / year	
		Logistical support for anti Leprosy Campaign by providing desktop computers laptop and photocopier and other equipment	2013-2014	Equipment for ALC procured	5 desktops with all peripherals, 2 laptops ,2 photocopiers and 1 fax machine procured by 2014	Director ALC	2013-1.5 2014-1	
10	Improving quality of services by strengthening Monitoring and evaluation	Conducting Quarterly review meetings	2013-2017	Number of conducted Quarterly review meetings	4 Quarterly review meetings each year	Director ALC/ RDHS	2013-0.28 2014-0.28 2015-0.3 2016-0.3 2017-0.32	
		Conducting Provincial/ District monitoring meetings with key stakeholders	2013-2017	Number of Provincial/ District monitoring meetings	10 Provincial/ District monitoring	Director ALC/ RDHS	2013-1.8 2014-2 2015-2.2 2016-2.3 2017-2.5	
		Providing feedback to districts through quarterly bulletins	2013-2017	Bulletins printed	200 bulletins printed each year	Director ALC/ RDHS	2013-0.2 2014-0.2 2015-0.3 2016-0.3 2017-0.4	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Development of Web based Information Management system	2013-2014	Web based Information Management system developed	Web based Information Managemen t system implementd	Director ALC	2013-1.5	
		Providing desktop computers to maintain leprosy database to RE / PHILC	2013	Number of desktop computers provided to maintain leprosy database to RE / PHILC	Providing 1 desktop computers to each district by 2013	Director ALC/ RDHS	2013-3	
		Using GIS mapping to identify pockets Providing GPS equipment, and training	2013-2016	Number of GPS devices provided and provided training on GIS	10 districts in 2013 10 districts in 2015 5 districts in 2016	Director ALC/ RDHS	2013-0.5 2014-0.5 2015-0.3	
Programme/ Unit : North Central Province								
Specific Objectives 1. To reduce morbidity due to Leishmaniasis								
1	To reduce delay In diagnosis of Leishmaniasis	Conduction of special skin clinics in 5 MOH divisions (biannually)	2013-2017	No of clinics conducted	10/Year	PDHS/RDHS	1 / year	FAIRMED / PSDG
		Training of field staff	2013-2017	No of training programmes held	5/Year	PDHS/RDHS	2013-0.5 2014-0.5 2015-0.5 2016-2.5 2017-2.5	FAIRMED / PSDG
		Increase awareness among medical officers	2013-2017	No of training sessions held	3/Year	PDHS/RDHS	0.2/year	FAIRMED / PSDG
		Conduction of special marketing campaigns	2013-2017	No of marketing campaigns	2/Year	PDHS/RDHS	0.1/year	FAIRMED / PSDG

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
2	Identification of correct vector of Leishmaniasis	Conduction of vector analysis research activities	2013-2017	No of activities conducted	8/Year	PDHS/RDHS	3 / year	FAIRMED / PSDG
3	Improving quality of clinical services for the diagnosis and management of Leishmaniasis	Development of clinical management guidelines	2013	Availably of the guidelines	Completion of task	PDHS/RDHS	0.5	FAIRMED / PSDG
4	Provide sexual health services for personnel from armed forces	Conduction of awareness programmes in main camps	2013-2017	No. of programmes conducted	10 programmes /year	PDHS/RDHS	0.2 / year	FAIRMED / PSDG
5	Improvement of stakeholder participation to Strengthen the Rabies prevention	Awareness programme for police and 'Pradeshiya Saba' in each MOH division at North Central Province	2013-2017	No. of programmes conducted per MOH per year	1 programme for each MOH /year	PDHS/RDHS	1.25 / year	
Programme/ Unit : Western Province								
Specific Objectives 1. Strengthening the control of communicable disease								
1	Control Vector borne diseases	Procurement of vehicles for regional vector born disease control unit	2013-2014	No. of vehicles	Procurement of 4 vehicles	PDHS	40	
2	Improve anti rabies vaccination coverage of dogs	Provision of motor cycles for vaccinators attached to MOH units	2013-2014	40 motor cycles	Completion of task	PDHS	80	
Programme/ Unit :Northern Province								
Specific Objectives 1. Strengthening the control of communicable disease								
1	Strengthen the STD/AIDS control activities	Construction of STD clinics in Kilinochchi and Mullaitivu District	2013-2014	No. of STD clinics constructed	2 clinics	PDHS /RDHS	30	
		Improvement of laboratory facilities for STD clinics in 5 districts	2013	No. of labs refurbished	1 per district	PDHS /RDHS	25 5/District	

Strategies		Activities	Timeframe	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Time frame			
		Provision of vehicles for MO/STD	2014	No. of vehicles	5 vehicles	PDHS /RDHS	40	
2	Strengthen the Rabies control activities in the province	Provision of vehicles for Rabies control activities	2014	One vehicle per district	5 vehicles	PDHS /RDHS	40	
Programme/ Unit : Eastern Province								
Specific Objectives 1. Strengthening the control of communicable disease								
1	Strengthen Malaria control programme	Construction of regional Malaria Unit	2013-2014	Malaria unit constructed	Completion of task	PDHS /RDHS	15	
2	Strengthen Rabies control programme	Provision of three wheelers for 5 MOH office	2014	No. of three wheelers purchased	5 three wheelers	PDHS /RDHS	20	

Main Strategy C	Improving existing preventive health programmes including maternal and child care and strengthening primary healthcare services with special emphasis on health promotion for education of preventable diseases and disabilities by promoting healthy behaviors, community participation and community empowerment

Strategies and Activities

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
Programme/ Unit : Family Health Bureau								
Specific Objectives 1. Promote health of women in the child bearing age and their partners to enter pregnancy in optimal health, and to maintain it throughout the life course3 2. Ensure a safe outcome for both mother and newborn through provision of quality care during pregnancy, delivery and the post-partum period 3. Ensure reduction of peri-natal and neo-natal morbidity and mortality through provision of quality care 4. Enable all children under 5 years of age to survive and reach their full potential for growth and development through provision of optimal care 5. Ensure that children aged 5 to 9 years and adolescents realize their full potential in growth and development in a conducive and resourceful physical and psychosocial environment 6. Enable all couples to have a desired number of children with optimal spacing whilst preventing unintended pregnancies 7. Enable good oral health status of all children and pregnant mothers by providing optimal oral healthcare services 8. Promote reproductive health of men and women assuring gender equity and equality 9. Ensure effective monitoring and evaluation of MCH programme that would generate quality information to support decision making								
1	Ensure that women of childbearing age and their partners receive a comprehensive package of pre-conception care.	Training of trainers at district level	2017	% of districts with trained trainers	100% by 2017	D/MCH, D/D MCH CCP-in charge, Provincial/ District staff	1	WHO UNFPA
		Training of Primary Health Care staff in the Country	2017	% of MOH areas with trained staff	100% by 2017	D/MCH, D/D MCH CCP-in charge, Provincial/ District staff	3	WHO UNFPA
		Implementing Pre- conception care package for newly married couples	2017	Implemented 100% of the country.	2017	D/MCH, D/D MCH CCP-in charge,	0.5	WHO UNFPA

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
	Address specific reproductive health issues of women and their partners throughout the life course	Establishment of Well Woman Clinics per 15,000 population in MOH areas	2017	75% Well Woman clinics Established in the country according to the Norm.	2017	D/MCH, Provincial/ District staff	4	WHO UNFPA
		Improving the coverage of women at 35 yrs undergoing Cervical Cancer screening.	2017	80% coverage in the country.	2017	D/MCH, Provincial/ District staff	2	WHO UNFPA
1	Address specific reproductive health issues of women and their partners throughout the life course	Pilot testing of screening women of 35 and 45 years of age for cervical cancer using HPV DNA screening method	2013-2016	Pilot tested in 1 district	2016	D/MCH Provincial/ District staff College of Pathologists	1.25 / year	GOSL UNFPA
		Training of staff with regard to the new screening method	2013-2016	All staff trained	2016	D/MCH, SLCOG SLCOP	0.25 / year	GOSL UNFPA
		Implementation of HPV DNA screening method as the primary screening method to detect cervical cancer for women at 35 and 45 y. of age	2013-2016	All island implementation	2016	D/MCH, Province/ District staff.	2013-1.25 2014-1.25 2015-1.25 2016-1.25	GOSL UNFPA
		Establishment of colposcopy centers at district level	2013-2016	1 center in each district	2016	FHB/SLCOG	0.5 / year	GOSL UNFPA
		Quality assurance of the well woman clinic programme with special emphasis on cervical cancer screening	2013-2016	All island implementation	2016	D/MCH, , Provincial/ District staff	2013-1.5 2014-1.5 2015-1.5 2016-1.5	GOSL UNFPA
		Establishment of a call/recall system/ feedback and follow up system for test positives	2013-2016	A call recall system established	2016	D/MCH, , Provincial/ District staff		

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Introduction of a social marketing campaign on cervical cancer screening so as to improve the public awareness /development of IEC material to improve BCC	2013-2016	A social marketing campaign launched	2016	FHB	2013-1.25 2014-1.25 2015-1.25 2016-1.25	GOSL UNFPA
		Procurement of supplies/equipment/ printed forms for the WWC programme		No shortage of supplies/equipment at national/ district level	2017	FHB/ PDHS	10	GOSL UNFPA
		Introduction of an appraisal system to motivate and encourage the staff						GOSL UNFPA
1	Address specific reproductive health issues of women and their partners throughout the life course	Revision of existing guidelines/protocols/MIS	2013	Guidelines/protocols/ MIs revised	2013	D/MCH, D/DMCH CCP-in charge,	1	GOSL UNFPA
1	Address the reproductive health issues of migrant women and their families	Printing of Package.	2013	Package printed.	2013	CCP-in charge	4	WHO UNFPA
		Training of trainers in districts.	2013-2015	Trainers trained in all districts in the country.	2015	D/MCH, D/DMCH CCP-in charge, Provincial/ District staff.	2/Year	WHO UNFPA
		Training of Primary Health Care staff in the Country.	2013-2017	All PHC staff trained in the country.	2017	D/MCH, D/DMCH CCP-in charge, Provincial/ District staff.	2/Year	WHO UNFPA

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Implementation of package for Migrant women & their families.	2013	Implemented 70% of the country.	2013	D/MCH, D/D MCH CCP-in charge, Provincial/ District staff.	5	WHO UNFPA
1	Integrate relevant STD and HIV/AIDS services to MCH program	Integration of relevant STD & HIV/AIDS services to pre-conception care package & package for migrant workers & WWC programme.	2013	STD & HIV/AIDS services integrated into MCH package.	2013	CCP-in charge	4	WHO UNFPA
1	Strengthen partnership with other stakeholders who provide care for women.	Strengthening of partnership with other stakeholders	2013	Strengthened with other stakeholders.	2013	D/MCH, D/D MCH CCP-in charge, Provincial/ District staff.	0.05	WHO UNFPA
2	Ensure that the maternal care strategic plan is available and used for planning purposes	Provinces and districts develop their operational plans based on the national strategic plan	2013-2017	Availability of district operational plans based on national strategic plan	Available annually	D/MCH CCP-in charge	2013-0.1 2014-0.1 2015-0.1 2016-0.1 2017-0.1	WHO
		Technical advisory committee on maternal care established and functioning regularly	2014-2017	Conduct regular meetings of a technical advisory committee for MH	Meetings held once in 2 months	D/MCH CCP-in charge	0.1 / year	WHO
2	Ensure availability and adherence to uniform, updated evidence-based technical guidance on Essential Obstetric Care (EOC) and Emergency Obstetric Care (EmOC)	EOC and EmOC guidelines and protocols developed and disseminated and monitor the implementation	2014-2017	Availability of EOC and EmOC guidelines and protocols	Guidelines, protocols available by 2014 Monitoring system available by 2016	D/MCH CCP-in charge	0.25 / year	GOSL WHO

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
	Ensure availability of uniform, updated evidence-based technical guidance and direction to improve maternal care	Establishment of a clinical auditing system /monitoring system to monitor the use of guidelines and protocols	2014-2017	Availability of a monitoring system	Available and implement in all districts by 2017	D/MCH CCP-in charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO
2	Strengthen the infrastructure to provide CEmOC	Women friendly intra natal care including pain relief and positive birth care practices introduced to the maternity units	2013	% of women received pain relief during delivery % of women who had birth companion at delivery	To 80% of women during delivery by 2017 To75% of women at the time of delivery by 2017	D/MCH CCP/in-charge	1.5	WHO UNICEF
		Monitor implementation of guidelines, protocols and positive care practices as appropriate in all institutions with functioning maternity units	2014-2017	% of maternity units practicing guidelines and adhering to standards	100% of institutions	D/MCH CCP-in charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO UNICEF
		Ensure practice of universal precautions for Basic Obstetric Care (BOC), EOC and EmOC	2014-2017	% of institutions practicing standard universal precautions	100% of institutions	D/MCH CCP-in charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO UNICEF

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Development of a model system for effective management of medical diseases complicating pregnancy (management protocols and operational guidelines, joint clinic concepts, obstetric medicine)	2014-2017	Availability of management protocols % of hospital with specialized care facilities and practicing joint clinic concept	Protocols available by 2014 90% of Teaching hospitals practiced joint clinic concept by 2017	D/MCH CCP/In-charge SLCOG SL College of Physicians	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO UNFPA
	Establishment of High Dependency Units (HDU) in all specialist obstetric units	2014-2017	% of hospitals having specialized care with HDU	100% of Obstetric units have Comprehen. Emergency Obstetric Care (CEmOC) facilities with HDUs by 2017	D/MCH CCP-in charge Heads of institutions	2014-12.5 2015-12.5 2016-12.5 2017-12.5	
	Establish dedicated Obstetric theaters in 25 identified location up to DGH level	2014-2017	% of identified hospitals having dedicated obstetric theaters	100% of identified hospitals having dedicated obstetric theaters	D/MCH CCP-in charge Heads of institutions	2014-18.75 2015-18.75 2016-18.75 2017-18.75	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Establishment of obstetric ICUs in identified hospitals	2014-2017	% of identified hospitals having obstetric ICU	100% of identified hospitals having obstetric ICU	D/MCH CCP-in charge Heads of institutions	2014-25 2015-25 2016-25 2017-25	
		Establishment of 24-hour functioning Emergency Obstetric and Newborn Care (EmONC) facilities as per norm	2014-2017	% of hospitals with specialized care having 24/7 blood transfusion service % of hospitals with specialized care having 24/7 laboratory service	100% institutions to have EmONC facilities -13 100% institutions to have EmONC facilities by 2013	DDG-MS D/MCH	2014-15 2015-15 2016-15 2017-15	
2	Strengthen supportive services (laboratory, radiology, blood transfusion, high dependency and intensive care) to improve maternal care	Establishment of supportive services to provide basic, essential and emergency maternal service	2014-2017	% of institutions equipped with supportive services according to the norms % of institutions manned with required no. of paramedical staff	75% of institutions by 2016 80% of institutions manned with required number of paramedical staff	D/MCH CCP –in-charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
2	Strengthen Logistics Management Information System (LMIS) for maternal care and supportive services	Ensure availability of Logistics Management Information System (LMIS) for maternal care and supportive services	2014	Availability of the system % of institutions with stock outs of essential items	System established by 2013 85% of institutions with adequate stocks	D/ MCH CCP In-charge	0.4	WHO
2	Ensure a functioning quality assurance system for maternal care	Development of standards on quality of maternal care	2014-2017	Availability of standards on maternal care	Availability of the standards by 2014 Implement-ation and monitoring by 2017	D/ MCH CCP In-charge	2014-0.125 2015-0.125 2016-0.125 2017-0.125	WHO UNFPA
		Establishment of an effective quality assurance system for maternal care	2014-2017	Availability of accrediting system	75% of institutions to be accredited by 2017	D/MCH CCP-in charge	0.125/ year	WHO UNFPA
		Improvement of capacity of all maternal care service providers through pre-service and in-service training programmes to ensure quality service	2014-2017	% of health staff trained in quality assurance	75% coverage by 2017	D/MCH CCP-in charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	
		Introduction of maternal care quality indicators into routine MIS for monitoring	2014-2017	Availability of quality indicators in the RHMIS	100% coverage by 2017			

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
2	Ensure appropriate evidence based targeted nutrition intervention for pregnant and lactating women	Improvement of Nutritional status of pre pregnant, pregnant & lactating women through appropriate intervention • Provision of Ironfolate, Vit C and Calcium lactate for pregnant and lactating women • Provision of instrument for monitoring of weight gain • Provision of instrument to measure haemoglobin, urine strips, blood sugar levels	2013-2017	Reduction of % of mothers with BMI less than 18.5 Improvement of the % of mothers gain adequate weight according to the BMI during pregnancy Reduction of the % of pregnant women with Hb< 11g/dl	50% by 2017 75% mothers to gain adequate weight by 2017 Bring down 12% by 2017	D/MCH CCP in charge	188 10 (112/310x 5) 2013-62 2014-62 2015-62 2016-62 2017-62	
2	Ensure integration of Behavior Change Communication (BCC) interventions into maternal care interventions	Implementation of awareness programs for expecting couples	2014-2017	% of pregnant women who attended 3 parent-crafting classes during pregnancy	90% by 2017	D/MCH Provincial health authorities	2014-0.12 2015-0.12 2016-0.12 2017-0.12	
2	Ensure an appropriate and effective referral system for maternal care	Development and establishment of specific criteria and guidelines for emergency transfers	2014-2017	Availability of guidelines on emergency obstetrics transfers	Availability of the guidelines Implement in 75% of the districts by 2016	D/MCH CCP/ MH		WHO UNFPA
		Creation of public awareness to minimize delays in seeking appropriate maternal care	2014-2017	Proportion of maternal death due to first delay	Reduce proportion of first delay by 50% by 2017			

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
2	Ensure quality maternal care service availability and accessibility to the special target groups	Improvement of MCH service delivery in the estate sector and resettlements	2014-2017	% of skilled birth attendants in the estate sector and resettled areas No. of BEmOC facilities in resettlement areas	95% by 2017			
2	Reorient the existing Maternal Mortality Surveillance System and initiate Maternal Morbidity Surveillance Mechanism	Conducting National Maternal Mortality Reviews (NMMRs) in 28 health regions/ districts	2014-2017	Percentage of health regions whichconducted NMMRs	100% by 2013-2017	D/MCH CCP-in charge	2 / year	GOSL UNICEF
		Strengthen the quality of the existing national maternal mortality surveillance system	2014-2017	Percentage of deaths reported with maximum data quality	100% by 2013-2017	D/MCH CCP-in charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL UNICEF
		Establishment of linkages with other sectors such as Registrar General's office/ medical statistics unit on maternal mortality	2014-2017	Availability of a mechanism to link data	No. of maternal deaths reported from other sectors	D/MCH CCP-in charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL UNICEF
		Development and introduction of a comprehensive user-friendly maternal morbidity and mortality database	2014-2017	Availability of database	Available by 2014	D/MCH CCP-in charge	0.25 / year	GOSL UNICEF
		Establishment of confidential Enquiry into Maternal Death system	2014-2017	Availability of a system on Confidential Inquiry into Maternal Deaths (CEMD)	No. of cases reviewed with CEMD	D/MCH CCP-in charge	0.25 / year	GOSL WHO
		Analysis and utilization of maternal mortality data at different level	2014-2017	Availability of a reports	Availability of a reports	D/MCH CCP-in charge	0.25 / year	GOSL WHO

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Introduction of Near Miss Enquiry into the existing system	2014-2017	Availability of the process	Availability of the process	D/MCH CCP-in charge	0.25 / year	WHO
		Periodic publication and dissemination of Maternal mortality surveillance data	2014-2017	Availability of annual report for each year	4 annual reports available	D/MCH CCP-in charge	0.15 / year	UNICEF
		Establishment of institution-based maternal morbidity surveillance system	2014-2017	Availability of a system for Severe Maternal Morbidity (near miss) surveillance	Pilot tested in 10 healthcare institutions	D/MCH CCP-in charge	0.5 / year	WHO
		Strengthening of existing field surveillance system on maternal morbidity	2014-2017	% of MOH areas with accepted levels of reporting on morbidity data % of Hospitals reporting maternal morbidity in maternity statistics returns	80% of MOH areas and hospitals with accepted levels of reporting	D/MCH CCP-in charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL WHO
3	Provide policy guidance and direction to the newborn care programme,	Inclusion of all components of the newborn care programme according to the evidence-based new interventions in the national MCH policy	2014-2017	all the components of newborn health is included in the national MCH Policy	Available by 2012	D/MCH CCP in-charge	2014-0.05 2015-0.05 2016-0.05 2017-0.05	GOSL
		Advocate and create awareness on the newborn care programme within the national MCH/FP policy to Parliamentarians, policy	2014-2017	No. of awareness programmes conducted	Ongoing programme 2014-2016	D/MCH CCP in-charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	GOSL

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	makers, central and provincial administrators, programme planners, implementers, service providers, development partners, all other stakeholders and the public						
	Develop, implement and monitor a 5 year strategic plan, annual operational plan on newborn care based on the policy by Family Health Bureau (FHB)	2014-2017	National strategic plan on maternal and newborn health 2017 – 2021 Operational/implementation plans on par with the national MNH strategy	Available by 2017 Available from 2015 2015-2020	DMCH CCP in-charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	GOSL
	Facilitate, co-ordinate and guide the provinces and districts to develop their operational plans based on MCH/FP policy	2014-2017	Availability of operational/ implementation plans on par with the national policy and MNH strategic plan at provincial/ district/divisional /levels	Annually from 2014 2014-2017	Director – MCH CCP in-charge	1.25 / year	
	Ensure Regular functioning of Technical Advisory Committee (TAC) on newborn care	2014-2017	Availability of a effectively functioning technical advisory committee on newborn health	Conduct regular meetings (once in 2 months) 2014-2017	Director - MCH/ DDG (PHS)	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 & Timeframe			
	Incorporation of internationally accepted current evidence into the newborn health programme on a regular basis	2014-2017		Available & implement in all districts by 2017	DMCH and CCP in-charge	0.125 / year	WHO UNFPA
	Development of Sustainable effective mechanism to update existing curricula, guidelines and protocols and develop new ones based on current evidence; disseminate and ensure adherence to them	2014-2017	Circulars, guidelines and protocols are updated once in 2 years	Update once in 2 years 2014-2017	D/MCH CCP in charge	2014-0.1 2015-0.1 2016-0.1 2017-0.1	WHO UNFPA
Ensure availability of uniform, updated evidence-based technical guidance and direction to improve neonatal care	Update Evidence-based essential and advanced care service delivery packages to newborns	2014-2017	Availability of a evidence-based newborn care service delivery package	Updated version is available by 2015 Implement in all districts 2015	D/MCH CCP in charge	2014-1.25 2015-1.25 2016-1.25 2017-1.25	WHO
Establish quality assurance system for newborn care	Establishment of In-built system for regular monitoring of the quality of	2014-2017	Availability of newborn care standards % of maternity units introduced with newborn care standards % of Medical Officer of Health (MOH) areas introduced with newborn care standards	Regular monitoring is established and continued by 2014(2014-2017)	D/MCH CCP in charge	2014-0.5 2015-0.5 2016-0.5 2017-0.5	WHO UNFPA

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Training of all neonatal care providers through pre-service and in-service training programmes to ensure quality service provision	2014-2017	% of deaths due to asphyxia reduced % of admissions to Neonatal Intensive Care Unit (NICU)/ Special Care Baby Unit (SCBU) due to asphyxia reduced	<5% by 2017 <5% by 2017	D/MCH CCP in charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO UNICEF
	Introduction of newborn care quality indicators into the Management Information Systems (MIS) and monitor them	2014-2017		Completed by 2015	D/MCH CCP in charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	WHO
	Ensure introduction of Essential Newborn Care (ENC) package	2014-2017	% of institutions introduced with ENC package % of MOHs introduced with the community ENC packages	100% of institutions by 2017 100% by 2017	D/MCH CCP in-charge	2014-.075 2015-.075 2016-.075 2017-.075	GOSL WHO
	Updating of standards for Essential Newborn Care	2014-2017	Update of newborn standards	Updated by 2015	D/MCH CCP in-charge	.5325/ year	GOSL WHO
	Implementation of standards for Essential Newborn Care	2014-2017	% of institutions to which newborn standards are introduced	100% institutions following newborn standards by 2017	D/MCH CCP in-charge	0.6 / year	GOSL WHO

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Development and implementation of standards for high risk newborn care	2014-2017	% of institutions following high risk newborn care standards	100% insti. following newborn standards for high risk newborns by 2017	D/MCH CCP in-charge	0.6/ year	GOSL WHO
	Updating of guidelines and protocols to manage high risk (premature, low birth weight, Intra-Uterine Growth Retardation –IUGR, congenital anomalies etc.) and sick newborns (septicaemia, jaundice etc.)	2014-2015	Availability of updated guidelines and protocols to manage high risk and sick newborns	Available by 2015	D/MCH CCP in-charge	2014-.5 2015-.5	GOSL WHO
	Implementation of guidelines and protocols to manage high risk (premature, low birth weight, IUGR, congenital anomalies etc.) and sick newborns (septicemia, jaundice etc.)	2015-2017	% of institutions using guidelines and protocols to manage high risk and sick newborns Percentage of deaths due to high risk conditions like asphyxia, septicemia	100% of the institutions using guidelines and protocols to manage high risk and sick newborns by 2017	D/MCH CCP in-charge	2015-.7 2016-.7 2017-.7	GOSL WHO UNFPA
	Development and updating of management guidelines and protocols for resuscitation and ventilation of newborns	2014	Availability of management guidelines and protocols for resuscitation and ventilation of newborns	Available by 2014	D/MCH CCP in-charge	0.5	GOSL WHO UNFPA

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Implementation of management guidelines and protocols for resuscitation and ventilation	2014-2017	% of institutions using management guidelines and protocols for resuscitation and ventilation % of newborns who are successfully resuscitated Percentage of SCBU admissions due to asphyxia	100% of the institutions using guidelines and protocols for resuscitation and ventilation	D/MCH CCP in-charge	2014-0.25 2015-0.25 2016-0.25 2017-0.25	GOSL WHO UNFPA UNICEF
	Establishment of Kangaroo Mother Care (KMC) at the centers providing specialist care and in the domiciliary settings	2014-2017	% of institutions practicing KMC % of LBW babies discharged on KMC	100% by 2017	D/MCH	2014-0.25 2015-0.25 2016-0.25 2017-0.25	GOSL WHO UNDP UNICEF
	Training of staff on essential newborn care based on the adopted World Health Organization (WHO) training module to all institutions providing maternity care	2014-2017	% of staff who are trained in institutions providing maternity care with ENCC % of staff in the institutions practicing proper hand washing % of institutions practicing the new concepts of ENC	100% by 2017 100% by 2017 100% by 2017	D/MCH RDHSs Heads of institutions	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL WHO UNICEF

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Training of field staff to provide essential/ routine newborn care in the domiciliary settings	2014-2017	% of field staff who are trained in essential/ routine newborn care in the domiciliary setting	100% by 2017	D/MCH RDHSs	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL UNICEF
	Training of field staff to support the mothers in domiciliary care of the newborns who are discharged following special/intensive care	2013-2017	% of field staff who are trained in domiciliary care of the newborn who are discharged following special/ intensive care	100% by 2017	D/MCH RDHSs	2014-0.5 2015-0.5 2016-0.5 2017-0.5	GOSL UNICEF
	Ensure regular in-service training of staff working in Neonatal Intensive Care Units (NICU) and Special Care Baby Units (SCBU) on advanced newborn care	2014-2017	% of staff in NICU and SCBUwho are trained regularly on Neonatal Advance Life Support (NALS) % of neonatal deaths due to asphyxia % of neonatal admissions to NICU and SCBU due to asphyxia	100% by 2017 <5% by 2017 <8% by 2017	D/MCH RDHSs Heads of institutions	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 & Timeframe			
	Assessment and improvement of in-service skills of the health personnel working in newborn care	2014-2017	% of health staff who have skills to resuscitate newborns % of insti. that conduct regular drills on NALS	100% by 2017 100% by 2017	Head of institutions	2014-1 2015-1 2016-1 2017-1	
	Incorporation of new concepts of newborn care provision into the basic midwifery, nursing, post-basic nursing, undergraduate medical and post-graduate medical curricula	2013-2017	No. of basic medical and related courses which incorporate with the new concepts of newborn care	100% by 2017	ET & R D/MCH Deans of Medical Faculties Director/ PGIM	2013-1 2014-1 2015-1 2016-1 2017-1	GOSL
	Establishment of newborn screening for Congenital Heart (CH) Diseases	2013-2017	No. of institutions which conduct screening of newborns for CH	80% by 2017	D/MCH D/MSD	2013-9.4 2014-9.4 2015-9.4 2016-9.4 2017-9.4	
	Establishment of newborn screening for Congenital Deafness (CD)	2013-2017	No. of institutions which conduct screening of newborns for CD	50% by 2017	D/MCH	3 / year	
	Provision of facilities for screening for CD	2013-2017	% of specialist hospitals with facilities for screening No of centers available to provide facilities to care for detected cases	50% by 2017 3 by 2017	DDG/Laboratory services DDG/PHS D/MCH	2/ year	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Establishment of laboratory facilities for newborn screening	2013-2017	No of laboratories with established facilities for newborn screening	3 by 2017	DDG/Laboratory services DDG/PHS D/MCH		
3	Strengthen the infrastructure for provision of basic and advanced newborn care	Ensuring standard facilities are available at newborn corners (in labour room and operating theatre) in institutions providing maternity care	2013-2017	% of institutions with standard facilities in the newborn corners	100% by 2017	MSD PDHS Heads of institutions	2013-.2 2014-.2 2015-.2 2016-.2 2017.2	GOSL UNFP SDF UNICEF
		Ensuring standard facilities are available at neonatal stabilization units in institutions providing maternity care	2013-2017	% of institutions with standard facilities in neonatal stabilization units	100% by 2017	MSD PDHS Heads of institutions	0.2 / year	GOSL UNFP SDF UNICEF
		Provision of facilities according to national guidelines for special care baby units/neonatal intensive care units in all the institutions providing specialized care	2013-2017	% of specialized institutions with standard facilities in the SCBU/NICU	100% by 2017	MSD PDHS Heads of institutions	2013-2 2014-2 2015-2 2016-2 2017-2	GOSL UNFP SDF UNICEF
		Ensuring at least one functioning neonatal intensive care unit is available in each district with all facilities made available according to the national guidelines	2013-2017	% of districts that have at least one neonatal intensive care unit	100% by 2017	MSD PDHS Heads of institutions	2013-2 2014-2 2015-2 2016-2 2017-2	GOSL UNFP SDF UNICEF
		Ensuring mother baby centers with standard facilities are available in all the institutions providing specialized care.	2013-2017	% of specialized institutions with standard facilities in the mother baby centers	100% by 2017	MSD PDHS RDHS Heads of institutions	2013-.2 2014-.2 2015-.2 2016-.2 2017.2	GOSL UNFP SDF UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Ensuring lactation management centers with standard facilities are available in all the institutions providing specialized care.	2013-2017	% of specialized institutions with standard facilities in the Lactation management centers.	100% by 2017	MSD PDHS RDHS Heads of institutions	2013-.2 2014-.2 2015-.2 2016-.2 2017.2	GOSL UNFP SDF UNICEF
		Establishment of functional referral system for specialized care with clear catchment areas.	2013-2017	No. of provinces with a functioning referral system	All provinces by 2017	PDHS DMCH	2013-.18 2014-.18 2015-.18 2016-.18 2017-.18	
		Conduction of regular needs assessment for essential and advanced newborn care facilities in the institutions.	2013-2017	% of institutions in which need assessment is conducted annually	100% by 2017	DMCH RDHS Heads of institutions	2013-.125 2014-.125 2015-.125 2016-.125 2017-.125	GOSL WHO UNICEF
3	Ensure effective implementation of the Baby Friendly Hospital initiative	Implementation of the Baby Friendly Hospital initiative	2013-2015	BFHI strategy updated	Completed by 2015	DDG (PHS) D/MCH	0.1 / year	GOSL WHO UNICEF
		Training of all the staff in maternity and newborn care unit in the institutions in the 5 day lactation management training course	2013-2017	% of staff trained in the Lactation management training course	100% by 2017	D/MCH RDHS Heads of institutions	.6 / year	GOSL WHO UNICEF
		Training of all the doctors / Pediatricians in maternity & newborn care units in the institutions in the 20-hour WHO/UNICEF Baby Friendly Hospital Initiative training course.	2013-2017	% of Medical Officer (MO)/ Pedia-tricians trained in the 20 hour BFHI training course	100% by 2017	D/MCH RDHS Heads of institutions	2013-.4 2014-.4 2015-.4 2016-.4 2017-.4	WHO UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Initiation of a system for internal and external assessment and accreditation on established BFHI	2013-2014	No. of institutions which are accredited as BFHI	75% by 2017	D/MCH RDHS Heads of institutions	2013-1.5 2014-1.5	UNICEF
		Ensure regular functioning of the formal BFHI implementation and monitoring committee.	2014-2017	Regular meetings of the BFHI implementing committee held	100% by 2014-2017	Secretary Health DGHS DDG (PHS)	2014-0.4 2015-0.4 2016-0.4 2017-0.4	
		Monitoring of the Sri Lankan code for promotion, Protection and support of breast feeding and marketing of designated products, in collaboration with Infant and Young Child Feeding (IYCF) programme	2014-2017	Regular conduct of monitoring committee meetings No. of violations reported, % of reported violations to which actions are taken	All meetings are conducted regularly in 2014-2017	Secretary Health DGHS DDG(PHS) D/MCH	2014-.75 2015-.75 2016-.75 2017-.75	
3	Strengthen the national information system	Ensure proper utilization of newborn formats at all institutions which are providing care for the newborns	2013-2017	% of institutions which are using newborn formats	100% by 2014 2014-2017	D/MCH PDHS RDHS Head of institutions	2013-1.5 2014-1.5 2015-1.5 2016-1.5 2017-1.5	
		Ensure all institutions are sending the hospital maternity and newborn statistics returns	2013-2014	% of institutions sending H-830 return	100% by 2014 2014-2017	D/MCH PDHS RDHS	2013-3 2014-3	
		Establishment of a system to link with the vital registration system (Registrar General)	2013-2014			D/MCH D/IH ,DDG (PHS)DDG-P	2013-0.4 2014-0.4	
		Utilization of Geographical Information System (GIS) package to monitor newborn care facilities and outcomes up to the institutional level	2013-2014	% of institutions covered by the GIS mapping	100% by 2015	D/MCH Director Information DDG (PHS) DDG (P)	2013-0.4 2014-0.4	GOSL WHO UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Periodic publication of report on neonatal morbidity and mortality	2014-2017	No. of periodicals published	Annually one report 2014-2017	D/MCH	2014-0.4 2015-0.4 2016-0.4 2017-0.4	GOSL UNICEF
3	Ensure availability of evidence-based information on improving newborn care	Newborn care research to be done with other relevant partners	2014-2017	No. of areas researched	2014-2017	D/MCH	2014-.75 2015-.75 2016-.75 2017-.75	GOSL WHO UNICEF UNFPA
		The interventions on newborn care to be assessed along with analysis of the cost-effectiveness and sustainability	2013-2014	% of interventions which are subjected to cost analysis	95% by 2017	D/MCH Director Finance	2013-.5 2014-.5	
		Establish a linkage with gov. , non-governmental and private sector authorities for development of newborn care service	2013-2014	No. of institutions where a linkage is established	All respective organization by 2017	MoH		
3	Strengthen the newborn care unit of the Family Health Bureau for effective implementation and monitoring of the newborn care programme	Intra-natal and newborn care units of the FHB to be upgraded	2013-2017	Upgrading of facilities available for provision of quality service at the FHB	Upgraded by 2017	D/MCH	2013-.2 2014-.2 2015-.2 2016-.2 2017-.2	GOSL WHO UNICEF
		Strengthening of technical and managerial capacities of the NBH programme managers	2013-2017	No. of Prog. attended by the prog. manager	2014-2017	D/MCH DDG (PHS)	1 / year	WHO UNICEF
		Establishment of a NBH programme for monitoring co-ordination mechanism with the central, provincial, district health authorities, for management of the plantation sector, local government, private sector authorities etc.	2013-2014	Monitoring and co-coordinating mechanism is established	2017	D/MCH	2013-.5 2014-.5	UNFPA

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Development of annual operational plans (with costing) in collaboration with provincial and district authorities	2014-2017	No. of districts supported to develop the district plans	2014-2017	D/MCH PDHS RDHS	0.4 / year	
		Web-based system to be developed to share information to provide guidance and directions to newborn care stakeholders	2014-2017	Development of the website	2014-2017	D/MCH	2014-.25 2015-.25 2016-.25 2017-.25	
4	Ensure the provision of quality infant and child care services at both field and institutional settings	Development of policy and strategic plan on child health	2013	Availability of policy and strategic plan on child health	Policy and strategic plan on available 13	D/MCH CCP in charge	0.3	UNICEF WHO
		Ensure relevant protocols and guidelines are in place	2013-2017 (on going)	Availability of protocols and guidelines	2013-2017 (on going)	D/MCH CCP-in charge	0.04 / year	UNICEF WHO
		All necessary supplies and equipment to be made available and maintained at all institutions (including field)	2013-2017	% of MOH areas with standard set of equipment	80% by 2013	D/MCH CCP-in charge	2 / year	GOSL UNICEF
4	Maintain optimal nutritional status among children	Development of national strategic plan on IYCF	2012-2013	Strategic Plan available	Strategic Plan available -13	D/MCH	0.8	GOSL WHO
		Regular growth monitoring of under 5 year children (Capacity building, equipment's and supplies, printing of training materials, consultative meetings	Routine programm ongoing	% of children under 5 years whose growth is monitored regularly	85% coverage by 2017	D/MCH CCP in charge	2013-24 2014-24 2015-24 2016-24 2017-24	GOSL UNICEF WHO
		Promotion of appropriate IYCF practices to improve the Nutritional status among children under 5 years (Capacity building, equipment's	2013-2017	prevalence of underweight among children under 5 reduced	Bring down to 16% by 2017	D/MCH CCP in charge	2013-16 2014-16 2015-16 2016-16 2017-16	GOSL UNICEF WHO

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		and supplies, printing of training materials, consultative meetings, etc.)		prevalence of wasting among under 5 children reduced prevalence of stunting among under 5 years children reduced prevalence of iron deficiency anemia among under 5 reduced prevalence of vitamin A deficiency among under 5 children reduced	Bring down to 11.5% by 2017 Bring down to 14.5% by 2017 Bring down to 18% by 2017 Bring down to 18% by 2017			
		Provision of age appropriate vitamin, mineral supplements and for all children under 5 years and food supplements for malnourished children	2013-2017	% of target population covered Reduction of vitamin A deficiency among of under 5 years	90% by 2017 prevalence of vitamin A deficiency bring down to 18% by 2016	D/MCH CCP in charge	2013-0.7 2014-0.7 2015-0.7 2016-0.7 2017-0.7	GOSL UNICEF
4	Ensure regular monitoring, supervision and evaluation of Maternal and Child nutrition related activities/programme	Advocacy , review and consultative meetings	2013-2017	No of meetings held	100% of the planned	D/MCH CCP-in charge	1.2 / year	GOSL UNICEF UNFPA
		Printing of HMIS documents/formats (including CHDR)	2013-2017	Availability	100% of the requirement	D/MCH CCP-in charge	30 / year	

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
4	Ensure adequate nutrition among vulnerable population (e.g. INP, NRP etc.)	Infrastructure development and equipments and supplies	2013-2017	Availability	Availability	D/MCH CCP-in charge	40 / year	GOSL UNICEF UNFPA
		Capacity building of health staff on child health	2013-2017	% of the trained trainers	80% of the expected staff training	D/MCH CCP-in charge	.8 / year	
		Consultative meetings	2013-2017	% of meetings held	100% of the expected	D/MCH CCP-in charge	.3 / year	
4	Ensure evidence-based practices in the management of common childhood illnesses	Ensure availability of updated management protocols for common childhood illnesses	2013-2017	Availability of protocols	Protocols on 10 disease entities are developed by 2013	D/MCH CCP-in charge	.2 / year	WHO
		Integration of updated management protocols into different levels of medical curricula	2013-2017	No. of institutions with relevant curricula	80% of institutions which received curricula	D/MCH CCP-in charge	2013-.1 2014-.1 2015-.1 2016-.1 2017-.1	WHO
		Improvement of capacity of primary care physicians on common childhood illnesses	2013-2017	No. of staff trained	100 physicians trained	D/MCH CCP-in charge	.16 / year	
4	Strengthen the surveillance system on childhood morbidity and mortality	Establishment of surveillance system on child morbidity and mortality	2013-2016	% of deaths reported through the system	75% by 2016	D/MCH CCP-in charge	0.2 / year	UNICEF
		Compilation of an Infant mortality profile using different data sources	2013-2016	Availability of Infant mortality profile	Availability of Infant mortality profile	D/MCH CCP-in charge	.25 / year	GOSL UNICEF
		Regular maintenance of child morbidity and mortality database ensured	2013-2017	% of districts with database	Available in 50% of the districts by 2016	D/MCH CCP-in charge	.2 / year	GOSL UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Establishment of feto-infant mortality review process	2013-2017	% of infant deaths reviewed	100% out of the reported infant deaths	D/MCH CCP-in charge	.4 / year	UNICEF WHO
		Strengthening of perinatal death audit	2013-2017	No of institutions conducting Perinatal Death Audits	100% institutions expected to conduct perinatal death audit	D/MCH CCP-in charge		
		Conduct of Birth cohort study	2013-2017	Report is available	By 2017	D/MCH CCP-in charge	0.2 / year	UNICEF WHO
4	Optimize psycho-social development	Training of Local Programme implementers in all districts on Child and Family Development (CFD)	2014-2017	Proportion of PHC workers trained on ECD	By 2017	D/MCH CCP-in charge	2013-1.25 2014-1.25 2015-1.25 2016-1.25 2017-1.25	GOSL UNICEF
		Incorporation of CFD Training into the Pre-service Training programmes	2014-2017	ECDs identified as the main area of the curriculum of PHMS PHNS , MOs	By 2017	D/MCH CCP-in charge, DDG Training	2014-.5 2015-.5 2016-.5 2017-.5	GOSL UNICEF
		Incorporation of Early Child Developmental Standards (ECDS) into developmental screening programme	2014-2017	ECDS are included in the Child Health Development Record (CHDR)	By 2017	D/MCH, CCP In-charge	2014-.75 2015-.75 2016-.75 2017-.75	GOSL UNICEF
		Availability and use of Sri Lankan early developmental index in the Primary Health Care (PHC) system	2014-2017	Presence of a scale	By 2017	D/MCH, CCP In-charge	2014-.5 2015-.5 2016-.5 2017-.5	GOSL UNICEF
		Training of local programme implementers on ECDS/ Sri Lankan developmental index	2014-2017	Proportion of Local implementers trained	By 2017	D/MCH, CCP In-charge	2014-.5 2015-.5 2016-.5 2017-.5	GOSL UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
4	Address the needs of "children with special needs" by incorporating the package of interventions into the child health programme	Special need project is scaled up to district level	2014-2017	No. of Districts with special needs programme elements are incorporated into the child health programme	By 2017	D/MCH, CCP In-charge	2014-.75 2015-.75 2016-.75 2017.75	
4	Ensure age-appropriate immunization	This has been included in the epidemiology unit plan						
5	Strengthen partnerships between Ministries of Health , Education, relevant stakeholders and communities for the implementation of a comprehensive school and adolescent health program in school and in community	Provincial and Zonal Steering Committees established	On going	No of provinces and zones having committees	By the year 2016 100% of the provinces and 80% zones having steering committees	Health and Educational Authorities	3	GOSL
		Regular meetings conducted by Health & education sector officials	On going	No of meetings held with all relevant sectors	2016- the provincial and zonal meetings once / term	Provincial & district Health and Educational Authorities	0.2	GOSL
		Revised School health policy is in place	2014-2017	Availability of revised School health policy	Availability by 2017	D/MCH with D/Health & Nutrition in MOE	0.5 / year	GOSL WHO
5	Ensure that the adolescent health strategic plan is available and used for planning purposes	Provinces and districts develop their operational plans based on the national strategic plan	2014	Availability of district operational plans	Available by 2014	D/MCH CCP-in charge	0.5	GOSL WHO
		Steering committee and a Technical advisory committee on adolescent health established and functioning regularly	2014-2017	Availability and regular meetings	Regular Meetings held -2017	D/MCH CCP-in charge	0.2 / year	WHO

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
5	Implement need based health education focusing on skill development	50% of school children have appropriate knowledge & practices on life skills	On going	% of children with adequate knowledge & practices	increases from 65% to 75% by 2017	Health and Educational Authorities	10	GOSL
		Capacity of the Health & Education staff is enhanced on life skill development	On going	% of field health & education staff trained in life skills	80% of the field health staff 50% of school authorities	Health and Educational Authorities	3	GOSL UNICEF WHO
5	Promote nutrition and healthy lifestyles among children and adolescents	Health Promoting Schools established	On going	% schools identified as HPS	60% By 2017	Health and Educational Authorities	3	GOSL WHO
		All school children developed necessary knowledge and life skills on nutrition & healthy life styles	On going	% of children being physically active>1 hr /day % of Health Promoting Schools % of schools having nutritional programs	increases from 11% to 25% By 2017 increases from 20% to 60% By 2017	Health and Educational Authorities	10	GOSL
		Strengthen & streamline weekly iron therapy for adolescents	On going	% of adolescents receive iron therapy	80% By 2014	Health and Educational Authorities	18	GOSL
		Increase knowledge & skills of out of school adolescents on BMI screening nutrition promotion	2014-2017	% out of school teens with correct knowledge and practices on nutrition	40% By 2017	D/MCH PDHS RDHS	3 / year	GOSL UNICEF
		Develop and monitor guidelines on advertising food products by media and sponsorships	2014-2017	Availability of guides	Availability of a monitoring body by 2017	D/MCH Health and Education Authorities	0.5 / year	GOSL

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Monitoring & Evaluation of School & Adolescent Health activities in place	On going	Number of national , Provincial reviews conducted	At least 2 reviews/national level and 1 reviews / provincial or district level by the year 2017	CCP In charge Health and Education Authorities	2	GOSL WHO
5	Ensure access to adolescent friendly health services, including counseling	Establishment of adolescent friendly Services in all MOH areas	On going	% of MOH having adolescent friendly centers	40% By 2017	CCP- In charge PDHS,RDHS Health and Educational Authorities	5	GOSL WHO UNFPA
		Develop web based information service for needy adolescents	2013-2017	Availability of web based information delivery service	By 2017	D/MCH CCP –in charge	5 / year	GOSL WHO
		Build capacity of health, education and other service providers on needs of adolescents	On going	% of field health & trained in adolescent health	60% of the field health staff and 50% of relevant school authorities trained in adolescent health	CCP In charge Provincial & district Health and Education Authorities	3	GOSL WHO UNFPA
		Advocacy on improving adolescent health	On going	No. of advocacy meetings	By 2016 50% of districts held advocacy meetings	CCP D/MCH Education Authorities PDHS RDHS	1	GOSL

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Develop and Incorporate MIS on care for adolescents in to Health MIS	On going	Data incorporated into MIS.	By 2016 MIS on AH developed & incorporate in to MCH	CCP – In charge	0.3	GOSL WHO
	Develop/ update guidelines and protocols on managing common illnesses among adolescents	2014-2017	Availability of guidelines & protocols	2017	CCP – In charge	1 / year	GOSL UNICEF
	Establishment of oral health services for school children	Included in Oral health program					
	Strengthen the counseling services in school & community	2013-2017	% of Schools with teacher counselors % MOH linked with CA in community	50% schools with teacher counselors and 50%MOH established links with community counselors by 2017	Health &Education authorities PDHS RDHS	4.0 / year	WHO UNICEF UNFPA
	Strengthening of technical and managerial capacities of the Adolescent health programme manager	2013-2017	No. of programs attended by the program manager	2014-2017	D/MCH DDG (PHS)	5 / year	GOSL WHO UNICEF UNFPA

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
5	Empower adolescents to make informed choices regarding their sexual and reproductive health issues.	Capacity of the Health & Education staff is enhanced on SRH education	On going	% of field health & education staff trained in adolescent SRH	60% of the field health staff and 50% of relevant school authorities trained in adolescent SRH By 2016	CCP In charge Provincial & district Health and Educational Authorities	3	GOSL WHO UNFPA
		Adolescents developed necessary knowledge and life skills on Sexual & Reproductive health	On going	% of adolescents with appropriate KAP with regard to SRH	50% of adolescents with appropriate KAP in SRH	Provincial & district Health and Educational Authorities	5	GOSL UNFPA
		Develop guidelines on providing comprehensive SRH services for needy adolescents	On going	Availability of guides SRH service package	Availability of ASRH service package -14	CCP In charge D/MCH	2	GOSL WHO UNFPA
		Identify ,adopt &pilot test evidence based interventions on providing SRH services for high risk adolescents	2013-2017	Interventions are identified & adopted	Availability of effective SRH intervention	CCP In charge D/MCH	2 / year	GOSL WHO UNFPA
		Develop age &culture appropriate SRH messages , IEC materials and made available	2013-2017	Availability of SRH IEC materials	Availability by 2016	CCP In charge D/MCH	3 / year	WHO UNFPA
5	Empower parents, guardians and teachers in caring for children and adolescents.	Parenting module developed	2014-2017	Availability of training module on Parenting	Availability by 2014	CCP In charge D/MCH	0.5 / year	GOSL WHO UNICEF
		Capacity of the Health & Education staff is enhanced on parenting	2014-2017	% of districts with trained trainers on parenting	50% of districts by 2017	CCP In charge	4 / year	WHO UNICEF

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		IEC materials on parenting are developed and available	2014-2017	IEC materials available	Available by 2017	CCP In charge	1 / year	GOSL WHO UNICEF
		KAP of parents, guardians and teachers about the needs of school children and adolescents is enhanced	2014-2017		the parental connectedness increases by 20% By 2016	Health and Educational Authorities	4 / year	GOSL
5	Ensure mechanism to address health issues in vulnerable and marginalized adolescents	Conduct surveys to assess the needs of vulnerable teens	2014-2017	Needs to be identified on health issues of vulnerable teens	No. of research studies conducted	D/MCH CCP-R &D	5 / year	GOSL WHO UNICEF
		Develop /adopt evidence based interventions for caring for adolescents with special needs	2014-2017	Interventions developed /adopted		CCP In charge D/MCH	2 / year	GOSL
		Identify, pilot test interventions on improving Adolescent health &Nut. in estate	2014-2017	Interventions developed /adopted		CCP In charge D/MCH	2 / year	GOSL
6	Enable all couples to have desired no. of children with optimal spacing whilst preventing unintended pregnancies	Develop and print guidelines on FP	2014-2017	Availability of printed guidelines	Availability of guidelines	FHB/ SLCOG	1 / year	UNFPA
		Build capacities of health staff on FP	2014-2016	No. of training programmes conducted	All staff to be trained by 2016	FHB/ MO-MCH	2 / year	UNFPA
		Increase accessibility of FP services by establishing new FP clinics	2014-2017	No. of Family Planning (FP) clinics with provision of equipment FP clinics providing method mix	16 per year 50 per year	FHB/ MO-MCH/ MOH MO-MCH/ MOH	2 / year	GOSL UNFPA

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Increase contraceptive prevalence for modern methods	2014-2017	% of contraceptive prevalence	60% by 2016	FHB / District and provincial staff		UNFPA
	Decrease unmet need for contraception	2014-2017	% of unmet need for contraception	< 6 by 2017	FHB/ District & provincial health staff	5 / year	UNFPA
	Prevention of teenage pregnancies		% of teenage pregnancies No. of maternal deaths due to septic abortions	< 5% by 2016 0	FHB District & provincial health staff FHB-District & provincial health staff	2	GOSL UNFPA
	Increase prevalence of permanent methods	Strengthen male and female sterilization services in hospitals through provision of equipment	2014-2017	% of more thanP5 mothers who underwent sterilization by MOH	> 90	FHB/ SLCOG District & provincial health staff , institutional staff.	6 / year	GOSL UNFPA
		Establishment of clinic space through renovation of and infrastructure development		No. of institutions with LRT facilities in a district	2 per district	FHB/ SLCOG District & provincial health staff , institutional staff	2.5/ yearly	GOSL
				% of prevalence of permanent methods of contra-ception	18	FHB/ SLCOG District & provincial health staff , institutional staff		

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
	Improve logistics management of contraceptive at all levls	National budget allocation for contraceptives and % allocated for total requirement	2014-2017	% of contraceptives procured from annual requirement No. of programs for store Keepers of (RMSD)	100%	FHB	300	GOSL
		Establish computerized data base for logistics management	2014-2017	Functioning soft ware	3 per year By 2016 linked to all districts	FHB FHB	0.5 / year 5	GOSL UNFPA
7	Ensure the provision of quality oral healthcare service for school children, pregnant mothers, infants and pre-school children at both field and institutional settings	Develop guidelines for ADC/CDS	2014	Guideline available	available by 2014	D/MCH & CDS/FHB	0.05	
		Capacity building of all DSS at ADC/CDC on developed guidelines	2014		100% trained by 2014	D/MCH & CDS/FHB	0.18	GOSL
		Capacity building of SDTT on management of caries in permanent dentition	2014	Be able to restore all permanent teeth effectively	100% trained by 2014	D/MCH, CDS/FHB & RDSS	1. 8	GOSL
		Printing of MIS forms	2014-2017	Forms/records be available without any shortages	Forms available throughout the period of 2014-2017	D/MCH & CDS/FHB	2. 4 / year	

Strategies	Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
			Output	Target & Timeframe			
	Monitoring and evaluation of the progress of SDS	2014-2017	National Review meetings every year Achievement of targets (listed above)	03 Meetings to be held every year 5% increase of healthy children and 5% reduction of untreated disease every year	D/MCH & CDS/FHB	0.15 / year	GOSL
	In-service training of all ADSS & CDSS on management of pregnant mothers	2015	% trained ADSS/CDSS	100% by 2015	D/MCH & CDS/FHB	0.1	GOSL
	Capacity building of all PHNSS/SPHMM on Oral health care during pregnancy (12 programmes)	2015	% of Trained PHNSS &PHMM	100% trained by 2015	D/MCH CDS/FHB & selected RDSS	0.6	GOSL
	Capacity building of SDTT on essentials of OHP on pregnant mothers (12 programmes)	2015	% SDTT trained	100% by 2015	D/MCH CDS/FHB	0.6	GOSL
	Printing of pregnancy guidelines for PHC workers	2015	Guideline booklet available	Be available by 2015	D/MCH & CDS/FHB	0.2	
	Monitoring and evaluation of the progress of service	2014-2017	Regional review meetings with MOMCH/RDS/MOOH	12 Meeting to be held in every year 2014-2017	D/MCH, CDS/FHB & selected RDSS	1. 8 / year	
	Training of SDTT on caries management of infants and preschool children	2014-2017	% SDTT trained	100% by 2017	D/MCH, CDS/FHB and selected RDSS	0.5 / year	GOSL

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		In-service training of ADSS & CDSS on provision of oral health care services for infants and pre-school children	2014-2017		All SDTT & ADSS/CDSS to be trained at the 2017	D/MCH & CDS/FHB	0.18 / year	
		Printing of booklets on guidelines on caries management	2014-2017	Books to be printed	Availability of booklets for each PHMM by 2017	D/MCH & CDS/FHB	0.2 / year	GOSL
		Monitoring and evaluation of the progress (with pregnant mothers programme)	2014-2017	National Review meetings every year Achievement of targets listed above	01 Meetings to be held every year 10% increase for each year	D/MCH & CDS/FHB	0.05 / year	GOSL
8	Address gender issues related to reproductive health	Training of trainers at district level	2013 - 2014	Trainers available in all districts.	2014	D/MCH, CCP, District staff.	0.3 / year	WHO UNFPA
		Training of primary health care staff in the country	2014 - 2017	All PHC staff trained in the country	2017	D/MCH, CCP, Provins District staff.	10 / year	WHO UNFPA
	Ensure an effective response from preventive and curative health sector for prevention and management of gender based violence issues.	Printing of package	2013	Package printed	2013	CCP – Gender & Women's Health.	1	WHO UNFPA
		Conduction of sensitization and training programmes in hospitals in the country	2013-2017	No. of hospitals in the country where sensitization is conducted.	2017	D/MCH, CCP, Provincial/ District staff.	1.5 / year	WHO UNFPA
		Establishment of hospital centers providing befriender service	2013-2017	No. of hospitals where hospital centres are established.	2017	D/MCH, CCP, Provincial/ District staff.	5 / year	WHO UNFPA

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
		Implementation of package for hospital staff	2013-2017	No. of hospitals where the package is implemented	2017	D/MCH, CCP, Provincial/ District staff.	0.5 / year	WHO UNFPA
	Incorporate sex disaggregated data in to the health management information system, so as to ensure gender equity and equality in reproductive health services.	Incorporate data regarding prevention and management of GBV into MIS of health system	2013-2014	Data incorporated into MIS.	2014	CCP – Gender & Women's Health	0.3 / year	WHO UNFPA
		Incorporate data regarding management of GBV into the hospital MIS system in hospitals providing befriender service	2013-2014	Data incorporated into hospital MIS.	2014	CCP – Gender & Women's Health	0.6 / year	WHO UNFPA
		Incorporate sex disaggregated data into the MIS in public health system	2013 -2014	Data incorporated.	2014	CCP – Gender & Women's Health	0.25 / year	WHO UNFPA
	Promote compilation and appropriate management of data related to gender based violence within the health sector.	Promote compilation and appropriate management of data related to gender-based violence within the health sector	2013-2017	Compilation of all the data.	2017	CCP – Gender & Women's Health		WHO UNFPA
9	Ensure availability of updated RH-MIS to meet the current information demand to manage the FHP	Reviewing the current RH-MIS and revising the content	2013	Availability of revised registers and retunes to meet the revised content	Available by 2013		1	GAVI
		Mainstreaming of revised information system on RH-MIS	2014	% of MOH implementing revised MIS, which is piloted in 2 districts	90% by 2014	D/MCH CCP/ M&C	2	GOSL GAVI-HSS
		Mainstreaming of finalized maternal and peri-natal information system in routine Management Information Sys.	2013-2017	No. of institutions in which it is implemented	70% by 2017	D/MCH CCP/ M&E	2.5 / year	GOSL WHO GAVI

Strategies		Activities	Time frame	Indicators		Responsible Officer(s)	Estimated Cost Rs. (Millions)	Potential Source of Funds
				Output	Target & Timeframe			
	Ensure availability of quality data	Improving the timeliness of returns and annual reports	2013-2017	% of MOHs sent returns timely No. of times annual report published on time	100% by 2017	D/MCH CCP/ M&E	1 / year	GAVI
		Improving logistic management system of printed forms at all levels	2013-2017	No. of records where out of stock items are reported	5% by 2014 0% by 2017	D/MCH CCP/ M&E	5 / year	GOSL
		Timely reporting of feedback reports and national statistics	2013-2016	No. of feedback reports published timely	100% by 2016	D/MCH CCP/ M&E	1 / year	GOSL GAVI UNFPA
	Reinforce data utilization for planning, monitoring and evaluation at all level	Conduction of MCH / FP programme reviews at district/ provincial level	2013-2017	% of districts conducting annual reviews	100% annually	D/MCH CCP/ M&E	0.8 / year	GAVI-HSS
		Reviewing the programme in detail at district level		% of national/districts conducting SPR	One national 70% of the district 2017		0.5	GAVI-HSS
		Use of supervision tools and self-evaluation tools	2013-2017	% of supervising staff using supervision tools	100% of the target by 2017	D/MCH CCP/ M&E	1.5 / year	GOSL GAVI-HSS
		Training the staff of district MCH/ FP programme planning cell in programme planning	2013-2016	% of district teams trained on programme planning	100% by 2016	D/MCH CCP/ M&E	1 / year	GOSL GAVI-HSS
		Conduct regular meetings to review the progress of programme implementation at different levels	2013-2017	% of review meetings conducted	Annually	D/MCH CCP/M&E	1.8 / year	WHO GAVI-HSS