

# HEALTH MASTER PLAN

## 2007-2016

HEALTHY & SHINING ISLAND IN THE 21ST CENTURY

## ANNUAL ACTION PLAN 2010

FOR PROGRAMMES AND DIRECTORATES

MARCH 2010



MINISTRY OF HEALTHCARE & NUTRITION  
THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA



JAPAN INTERNATIONAL COOPERATION AGENCY



# Annual Action Plan 2010

[Programmes and Directorates]

March 2010



**Ministry of Healthcare & Nutrition**  
**The Democratic Socialist Republic of Sri Lanka**



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*Annual Action Plan 2010*

# **DDG/Planning**

- ◆ Director Planning
- ◆ Director Policy Analysis
- ◆ Director Finance (P)
- ◆ Director Information
- ◆ Director Organisational Development
- ◆ Disaster Preparedness & Response





## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Planning (MDPU)		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Dr(Mrs.) S.C. Wickramasinghe, Director(Planning)	Contact: 0716805681	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.1.2.a	Facility Development According to the rationalization of the service delivery plan	Y
2.	1.5.8.a.	Strengthening Health Services for people in conflict affected areas and displace population	y
3.	1.5.8.b.	Development of human resources for health in north and eastern provinces	Y
4.	3.2.3	Development, implement & monitoring of a comprehensive HRD Plan based on the approved HRD Policy	Y
5.	5.2.2.	Strengthening the MDPU and planning units at provincial level	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Coordination of GAVI HSS Project		
2.	Monitoring and evaluation of health service delivery plans		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.1.2.a	<b>HMP Profile Title:</b>	Facility Development according to the rationalization of the service delivery plan.	
<b>Objective (to comply with the HMP profile document):</b>	To develop health facilities according to the rationalised health services delivery plan			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Revised document of the hospital e-categorization document.	Revised hospital re categorization document available	document	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Revised document of the hospital e-categorization document	Review meetings to revise the hospital re categorization document	X				D/P, D/Policy	Rs. 4,00,000. 00	WHO
	Preparation of the revised hospital re categorization document		X			D/P		
	3. Printing of the document			X				

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.5.8.a	<b>HMP Profile Title:</b>	Strengthening Health Services for people in conflict affected areas and displaced population.	
<b>Objective (to comply with the HMP profile document):</b>	To restore accessibility to health services in conflict affected areas to a level on par with other areas in the country by year 2012			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	A well equipped primary, secondary and tertiary hospital services established in the North East province	Well functioning units	50% well functioning	
2.	Patients received high quality care at state hospitals	% of people satisfied	50% satisfied	
3.	The infrastructure in place to provide a close to client service	% people with a health facility within 5 km radius	100%	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: A well equipped primary, secondary and tertiary hospital services established in the North East province	Select institutions based on the resettlement plan	x				Disaster preparedness unit/ D/P		
	Develop a master plan with provincial authorities	x	X					
Output 2 Patients received high quality care at state hospitals	Identify equipment needs of institutions	X	x	x	X			
Output 3 The infrastructure in place to provide a close to client service	Forward proposals for donor funding	X	X	x	X			
Output 4	Monitoring of progress	X	X	X	X			
Output 5	Client satisfaction surveys and other facility based surveys		X			1,00,000.00	WHO	

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.5.8.b	<b>HMP Profile Title:</b>	Development of human resources for Health in North & Eastern Provinces	
<b>Objective (to comply with the HMP profile document):</b>	To improve availability of Human Resources in health with the required skill mix, by filling at least the current cadre vacancies by end of 2010 on an equitable basis and or make alternate short term arrangements to improve			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	HRD plan for North East formulated	Availability of a plan	Plan available	
2	Skills and competencies of Health Care Workers improved through systematic in-service training	No trained	50% of PHC staff trained	
3.	Training of health workers – PHM, PHII	300 PHM trained,	300 PHM	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: HRD plan for North East formulated	Development of a proposal for HR research in North and East	X				D/P		GAVI
	Conduct the research		X					
	Development of HR plan for North & East			X				
Output 2: Skills and competencies of Health Care Workers improved through systematic in-service training	Coordinate Conduct of -service training programmes	X	X	X	x	D/P		GAVI
Output 3 Training of health workers – PHM, PHII	Help to coordinate training of PHC staff	X	X			D/P, DDG(ET & R)		GAVI

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	3.2.3	<b>HMP Profile Title:</b>	Development, Implementation & monitoring of a comprehensive HRD plan based on the approved HRD policy
<b>Objective (to comply with the HMP profile document):</b>	To develop a comprehensive HRD plan to ensure sufficient number of employees with appropriate skills to achieve health sector objectives and goals.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Forecasting of human resource needs of the health sector is done in relation to the sector related goals, & objectives	HR needs established	To update norms for MLT cadres To update norms for Nurses To update norms for medical officers To define norms for minor staff categories To prepare duty lists for DMO To prepare duty lists for MO/IC To prepare duty lists for HMA To prepare duty lists for MO/NCD To prepare duty lists for MO/ Health Promotion
2.	Human resource availability in relation to numbers, skills etc. Are calculated.	Availability of biannually updated information	To prepare human resource report biannually
3.	Development of a human resource operational plan based on the strategic plan	Human Resource Plan available	Preparation of an Operational plan
4.	Approval of cadres for all categories of staff	Difference in approved cadres and number in- position	To match all existing number of staff with cadre requirements.

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Forecasting of human resource needs of the health sector is done in relation to the sector related goals, & objectives	Asses the human resource requirements on the basis of proposed organizational developments based on the norms	X	X	X	X	D/P, PO		
	Update norms for Nurses, MO, Minor staff and MLT	x	x	x	x	D/P, PO	Rs. 2,00,000.00	?
Output 2: Human resource availability in relation to numbers, skills etc. Are calculated.	To prepare human resource report biannually	X		X		D/P, PO		
Output 3 Development of a human resource operational plan based on the strategic plan	Completing the HR Plan						Rs. 10,00,000.00	WHO
Output 4 Approval of cadres for all categories of staff	Approval of cadres to match all exiting numbers with cadre requirements		X	X	X	D/P		

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	5.2.2	<b>HMP Profile Title:</b>	Strengthening the MDPU and Planning Units at Provincial levels.
<b>Objective (to comply with the HMP profile document):</b>	Integrate health planning into managerial process for health development through reorganizing and revising functions of MDPU and upgrading capacities in health planning at all levels		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Policy and planning priorities identified	CP dialogue conducted	1 CP dialogue conducted
2	Capacities in health planning and policy analysis improved at national and provincial levels	Number of staff category trained	Training of 40 Medical Administrators of Curative care Institutions, Training of 40 Matrons/ Nurses, Training of 40 Overseers, training of 40 MOIC, Training of 4 staff of MDPU, Training of 100 District officers involved in planning

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Policy and planning priorities identified	1. Annual meeting with relevant stakeholders to identify policy and planning priorities	X				D/P, D/Policy	Rs. 5,00,000. 00	?
	2. Develop a planning agenda that would include a list of products which MDPU should produce in planning jobs over next 3years.		X			D/P	Rs. 1,00,000. 00	?
	3. Prepare procedure manuals in planning							
Output 2: Capacities in health planning and policy analysis improved at national and provincial levels	2.1.1.Designing of a training programme for hospital administrators at SLIDA	X				SLIDA/ D/P		
	2.1.2.Conducting Management training for 40 hospital administrators		X	X		SLIDA	Rs. 10,00,000. 00	WHO
	2.2.1.Revising the management training module with NIHS	X				NIHS, D/P		
	2.2.2. Conducting Training programmes at NIHS		X	X	X	D/NIHS	Rs. 8,00,000. 00	WHO
	2.3.1.Planning unit staff trained	X	X	X	x	D/P	Rs. 7,00,000. 00	WHO
2.3.2.Fellowships on management for staff of the planning			X		D/P, DDG/P	Rs. 30,00,000. 00	WHO	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	unit and administrators (4 fellowships)							
	2.4.1.Design a training programme at SLIDA	X				SLIDA		
	2.4.2.Organizing and conducting the training	X	X			SLIDA/D/P, PDHS	Rs. 1,86,000 / province	HSDP/ District allocation

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	Coordination of the Gavi HSS Project		
<b>Objective:</b>	1. To increase 1ry health care staff in correct skill mix in 10 underserved districts. 2. To ensure availability of basic infrastructure and logistics to meet the national standards at 10 underserved districts for delivery of maternal and child health services by 2012. 3. To ensure regular monitoring and supervision of MCH services carried out at 10 underserved districts by the middle level facility managers by 2012.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Developed HR Plan for Northern Province.	Completed plan	
2	Supply 25 motor bikes to PHI	Number of motor bikes supplied to PHI	75 motor bikes supplied through the project
3	Supply 2 double cabs to FHB & Epid Unit	Number of double cabs supplied	2 supplied
4	Reviews meetings held	Number of reviews held	20 review meetings
5	Timely processing of proposals for GAVI	Number of proposals processed.	Utilization of 80% of funds
6	Timely submission of progress reports to GAVI	Submission of progress report by April 2010.	GAVI progress sent by April 2010.
7	Conduct relevant operational research	Number of Operational Research Conducted	2 research conducted

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Developed HR Plan for Northern Province.	1. Supply 25 motor bikes to PHI		X			D/P, D/Transport	Rs. 4246875. 00	GAVI
Output 2: Supply 25 motor bikes to PHI	1. Supply 2 double cabs to FHB & Epid Unit			X		D/P, D/Transport	Rs.80,00,000. 00	GAVI
Output 3: Reviews meetings held	1.Quarterly District Reviews held at provincial level	x	x	x	X	D/P	Rs. 5,00,000. 00	GAVI
	2.Biannual national reviews		x		x	D/P	Rs. 1,00,000. 00	GAVI
Output 4: Reviews meetings held	1.allocation of a separate PPA for the GAVI project	X				D/P		GAVI
	2.conduct training programme on proposal writing	X				D/P	Rs. 2,00,000. 00	GAVI
	3.regular monitoring of financial disbursements and resettlements through a project assistant/ PPA	x				D/P		GAVI
Output 5: Timely processing of proposals for GAVI	1.Timely obtaining internal Audit Report	X				D/P		
	2.Regular conduction of HMP steering committee meetings and preparation of minutes	X	X	X	X	DDG/P, D/P	Rs. 40,000. 00	JICA
	3. regular coordination with EPID on GAVI programme	X	X	X	X	Chief Epidemiologist, D/P		
	4.Timely submission of reports to GAVI		X			D/P, Chief Epidemiologist		
Output 6: Timely submission of progress reports to GAVI	1.Selectin of suitable operational research	X	X	X		D/P		
	2.Conduct Operational Research		X	X	X	D/P	Rs. 1627748.00	GAVI



### Annual Action Plan

<b>Title of Work:</b>	Monitoring and evaluation of health service delivery plans		
<b>Objective:</b>	1. To conduct regular monitoring reviews for SL government and donor funded activities		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	To conduct regular review meetings on annual health plans	Number of biannual monitoring meetings Yearly review Availability of medium term plans and annual plans on time	2 meetings 1 meeting Medium term plan y April 2010 Annual plan y February 2010
3	To conduct regular meetings of HMP steering committee meetings	Number of quarterly steering committee meetings held	4
4	To conduct regular review progress review meetings of GAVI project	Number of reviews held at provincial level Number of meetings at national level	5 meetings 2 meetings

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: To conduct regular review meetings on annual health plans	1. compiling the annual health plans	x				D/P, DDG/P,	Rest. 5,00,000.00	WHO
	2. national review meetings in April & July		x	X		D/P, DDG/P		
Output 2: To conduct regular meetings of HMP steering committee meetings	1. Quarterly HMP steering committee meetings conducted	x	x	x	X	D/P		JICA
Output 4: To conduct regular review progress review meetings of GAVI project	1. Conduct district review meetings	X	x	x	x	D/P		GAVI
	2. conduct national review meetings	X		x		D/P		GAVI

## Planning Form A: List of HMP Project Profiles and Other Activities

### 1. Basic Information

<b>Name of Programme/Unit:</b>	Director Policy Analysis	<b>Fiscal Year and Reporting Period:</b>	2010	<input type="checkbox"/> Mid-year
				<input type="checkbox"/> End of year
<b>Reporting Officer:</b>	Name/Title:	Contact:		

### 2. List of HMP Project Profiles under your purview

	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.1.2.b	Rationalising Primary Health Care Delivery Structure	Y
2.	3.2.1	Formulation of HRD Policy (sharing with DDG/ET&R)	Y
3.	5.1.1	Capacity-building of National & Provincial MoH Officials in Effective Policy Development Processes	Y
4.	4.1.1a	Development of a health finance policy at national, provincial & district levels	Y
5.	4.1.2	Development of medium term expenditure framework	Y
6.	5.3.2	Strengthening of Enforcement of Legislation & Other Regulations at National & Provincial Levels	Y

### 3. List of other major work not included in the profiles under your purview

1.	Initiate policy Dialogue on Gender Issues related to Health Sector
2.	Migration Health policy development
3.	Drug policy analysis

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.1.2.b	<b>HMP Profile Title:</b>	Rationalising Primary Healthcare Delivery Structure
<b>Objective (to comply with the HMP profile document):</b>	To enable the Primary Healthcare delivery mechanism to address the emerging PHC challenges		
<b>No.</b>	<b>Expected Outputs/ outcome</b>	<b>Milestones</b>	<b>Targets by end of year</b>
1	The preventive health team members are geared to address the changing health needs.	Primary care strategies defined for a revised model	Strategies finalized
		Pilot project initiated	Pilot project being implemented
2	The primary curative health staffs are geared to address the changing health needs.	Primary care strategies defined for a revised model	Strategies finalized
3		Pilot project initiated	Pilot project being implemented

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: The preventive health team members are geared to address the changing health needs.	1. Conducting policy review and stakeholder consultations for rationalizing Primary level healthcare	X	X	X	X		250,000	JICA
	2. Development of a mental health framework at primary care level through stakeholder consultations	X	X	X	X	Director Mental Health &D/ PA&D	75,000	WHO
	3. Establishing a joint committee with the Ministry of Indigenous medicine	X	X	X		D/ PA&D	25,000	?
	4. Finalizing prevention strategies for changed model for PHC	X	X				30,000	JICA
	6. Redefinition Roles and responsibilities of PHC staff and required competencies (workshop)						250,000	WHO
	7. Revision of Norms for PHC staff			X			Included in HRD policy profile	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 2: The primary curative health staffs are geared to address the changing health needs.	1.Redefining roles and responsibilities of PHC staff in curative institutions (workshop)	X	X	X			250,000	WHO
	2. Revision of norms for curative care staff at PHC level		X	X			Included in HRD policy profile	
	3. Reviewing essential drugs and equipment lists at PHC level in keeping with WHO PEN - workshop	X	X			DDG/ LS , D PA &D	100,000	WHO
	4. Commissioning cost effectiveness studies on primary health care models- costing study to see the additional burden on health services in implementing a comprehensive program from the primary care level to address NCDs, Elderly care, Mental health and selected emergencies, with incorporation of family medical practice concepts.	X	X	X	X	D/ PA&D	200,000	JICA
	4. Development of a personal health record.( development, pretest, modification and printing )		X	X	X		500,000	WHO / IOM
Output 1 & 2 ( activities common to both)	1.Identifying community outreach staff , roles, responsibilities and training needs-Consultative meetings	X	X	X		DDG(PHS, MS, ET & R) D/ PA&D)	50,000	WHO
	2. Piloting the new model for curative care in selected location of Colombo district and in an Estate area.- designing and pilot with methods for evaluation		X	X	X	D/ PA &D Respective PDHSSs	2,500,000	WHO + others
	3. training of staff on new PHC strategies for the pilot			X	X	.. with DDG ( ET & R)	2,000,000	..

<b>Part 2: Monitoring Indicators</b>												
No.	Indicators/milestones	Source	Data (actual)						Year			
									Target			
			1991	1995	2000	2002	2005	2008	10.6	10.4		
1.	Maternal mortality rate	FHB										
2.	Infant mortality rate	FHB										
3.	Disability rates in elderly	?										
4.	Mortality rates of selected NCDs											
	Suicide rate											
5.	% Deaths during 1st 24hrs on admission		NA	NA	NA	NA	NA	NA	*	*	*	*
6.	% change in total OPD attendance in primary care institutions ( including special clinics)		NA	NA	NA	NA	NA	NA	*	*	*	*
7.	% institutions that are adequately resourced for new primary healthcare		NA	NA	NA	NA	NA	NA	*	*	*	*
8.	% of MOOs in primary care curative institutions trained on new protocols		NA	NA	NA	NA	NA	NA	*	*	*	*
9.	% of MOOs in primary curative institutions oriented on family medical approach		NA	NA	NA	NA	NA	NA	*	*	*	*
10.	M – health cadre norms revised											
	M - Health workforce projections carried out											
	M- Health cadre positions created											
	M- Training plans developed											
	Primary health staff :100,000 population by district											

M- Milestone

- - will be in pilot area only

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	3.2.1	<b>HMP Profile Title:</b>	Formulation of HRD Policy (sharing with DDG/ET&R)
<b>Objective (to comply with the HMP profile document):</b>	To develop and implement a HRH policy which will form the framework to provide a better health service in all aspects to the people of Sri Lanka.		
<b>No.</b>	<b>Expected Outputs</b>	<b>Milestones</b>	<b>Targets by end of year</b>
1.	HRH policy developed and implemented	HRD unit established	Central HRD unit formalized within the MoH- i.e. policy on establishment of the central HRD unit to be finalized
		Selected HRH policy drafts available	Policies relevant to the establishment of the central HRD unit and at least two other major policy areas of HRD finalized ( eg. Deployment policy, staff motivation )

*(Note : not possible to develop all the HRD policy components*

*Emphasis should be to analyse existing HRH policy ( explicit/ implicit) and identify recommendations for improvement and adopt as policy based on stakeholder consensus and feasibility*

*Already a HRH Strategic plan is developed based on a comprehensive situation analysis where policy issues are identified)*

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	
		Q1	Q2	Q3	Q4				
Output 1: HRH policy developed and implemented	1. Implementation of activities in profile 3.2.2. on establishing the central HRD unit	*	*	*	*	D/ PA&D DDG/ ET & R		AAAH?	
	1.1.Policy advocacy				X	„	1,000,000	AAAH?	
	1.2. Capacity building of HRD team to function in central HRD unit		X	X	X	„	10,000,000	AAAH & WHO	
	2. Appoint a task force for policy development, task force meetings		X	X	X	DDG ET & R	50,000	WHO	
	3. Review the HRH situation in the country					„	Review completed		
	4. Organize multi-stakeholder meetings to Identify the dimensions of policy and the HRH need		X	X			Issues identified Priority HRD issues for policy development to be identified	100,000	WHO
	4. Organize a national and provincial forum to identify inputs for the HRH policy				X	DDG ET & R , D/ PA &D	150,000		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	5. Publish HRH norms and standards ( for selected categories eg. Primary level health staff, MLTs)				X	D/PA&D	200,000	WHO
	6. Workload analysis studies		X			"	150,000	WHO

Part 2: Monitoring Indicators										
No.	Indicators/ milestones	Source	Year				Year 2010			
			Data (actual)				Target			
11.	Cumulative # of stakeholder meetings conducted	Policy section of MDPU								
12.	% planned task force meetings conducted							100	100	100
13.	# workload analysis completed									
14.	# of key policy issues analysed and presented									5
15.	# of HRD issues developed as policies									2
16.	Norms for MLTs developed									comple
17.	Norms for primary level health staff developed									Comp

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	5.1.1	<b>HMP Profile Title:</b>	Capacity-building of National & Provincial MoH Officials in Effective Policy Development Processes
<b>Objective (to comply with the HMP profile document):</b>		To enhance the capacity of National and Provincial MoH officials in effective policy development processes	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Capacity of policy unit to conduct policy analysis and development enhanced	Policies successfully analysed, drafts prepared	Policies relevant to HRD( selected) , Primary level health care, Healthcare financing, Injury prevention & management, Cancer, National Drug policy
2	Organization and development of a critical mass of expertise of health policy experts at national and provincial levels	Cumulative #s trained	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Capacity of policy unit to conduct policy analysis and development enhanced	1. Capacity building of policy unit staff					D/ PA & D		
	2. Stakeholder awareness meetings on policy dialogues					D/ PA & D		WHO
	3. Establishing Research networks					D/ PA & D		
	4. commissioning studies for policy analysis					D/ PA & D		JICA
Output 2: Organization and development of a critical mass of expertise of health policy experts at national and provincial levels	1. Development of a resource base/centre for evidenced based policy analysis		X			D/ PA & D		WHO, IOM
	2. Preparation of guidelines for policy formulation and policy analysis					..	200,000	JICA
	3. Conduction of policy dialogue with Provincial health authorities			X		..	500,000	WHO
	4. Capacity building of MoH and provincial health staff , postgraduates on policy analysis and development		X	X	X	..	150,000	WHO



<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
18.	No of Staff members trained										
19.	No stakeholder meeting conducted										
20.	No of studies commissioned										
21.	No of policy guidelines										
22.	No of district participants in policy dialogue										

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	4.1.1. a	<b>HMP Profile Title:</b>	Development of health finance policy for national, provincial and district levels	
<b>Objective (to comply with the HMP profile document):</b>	To enable GOSL and MoH to be in a position to make an informed judgment of the feasibility and desirability of adopting alternative methods for health financing			
No.	Expected Outputs	Indicators / milestone(each output)	Targets by end of year	
1	An evidence base to assess feasibility of adopting alternative health financing methods for Sri Lanka developed	Database	Database developed	
2	Understanding of public opinion concerning health financing choices, and issues related to social health insurance designs improved	Survey on public opinion	Survey initiated	
3	The capacity of human resources developed to support assessment and development of national health financing strategies, and implementation of potential action plans	A working group on Health economics to support policy development	Group of 8 identified and development initiated Regional Consultative meeting in Sri Lanka for options for provider payment methods to improve social protection	
4	Functioning of a high level coordination mechanism for policy development	# steering committee meetings	4	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: An evidence base to assess feasibility of adopting alternative health financing methods for Sri Lanka developed	Setting up the health expenditure database	X	X	X	X	DPA&D , D / FP	250,000	JICA?
	Commissioning studies on regulating insurance		X	X	X	DPA&D , D	500,000	JICA
	Stakeholder meetings	X	X	X	X	DPA&D , D	250,000	WHO
Output 2: Understanding of public opinion concerning health financing choices, and issues related to social health insurance designs improved	Conducting survey on public opinion				X	DPA&D , D / FP	500,000	WHO
	Stakeholder meetings	X	X	X	X		100,000	WHO
Output 3: The capacity of human resources developed to support assessment and development of national health financing strategies, and implementation of potential action plans	1.Training programs for working group		X	X	X		1,000,000	WHO
	2. Regional Consultative meeting in Sri Lanka for options for Strategic purchasing to improve social protection		X			D /PA&D, D /FP		WHOSEARO and Country budget
Output 4: Functioning of a high level coordination mechanism for policy development	1.Steering committee meetings	X	X	X	X	„D/ FP	50,000	WHO
	2.Study tours		X	X			?	WHO
	3.Further consultations on selected issues on social health insurance		X	X	X		100,000	

<b>Part 2: Monitoring Indicators</b>											
No.	Milestones/indicators	Source	Year						Year		
			Data (actual)						Target		
	% of planned steering committee meetings held	MDPU							100	100	100
	3 selected recommendations on social health insurance adopted for implementation	MDPU									X
	# of active working group members	MDPU							5	5	5

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	4.1.2	<b>HMP Profile Title:</b>	Development & implementation of a plan to reorient procedures & formats towards performance-based planning & budgeting based on the medium term expenditure framework (MTEF)		
<b>Objective (to comply with the HMP profile document):</b>	To ensure allocative efficiency by making strategic resource allocation decisions and to ensure operational performance through the efficient and effective conduct of health service delivery activities				
No.	Expected Outputs	Milestones/Indicators (each output)	Targets by end of year		
1	The health sector public expenditure review updated medium term expenditure framework available	PER available MTEF available	PER by Jan 2010 MTEF by June 2010		
2	Guidelines for performance based planning and budgeting system made available and implemented	Guidelines available	Guidelines available by end of year		

<b>Part 2: Monitoring Indicators</b>											
No.	Milestones/indicators	Source	Year						Year 2010		
			Data (actual)						Target		
			17.7	11.2	11.3				10.6	10.4	
23.	PER completed								X		
24.	Development priorities identified in all program areas									X	
25.	MTEF completed									X	
26.	Draft Guidelines produced										X

### **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

#### **Annual Action Plan**

<b>Title of Work:</b>		Development of a Migration Health Policy	
<b>Objective:</b>		To enable addressing health issues of outbound, inbound and internal migration groups that form a significant population in the country and significantly contributing	
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Migration health secretariat established		Policy process initiated and ongoing Steering committee with multi-stakeholder participation
3	Research to support policy development		Situation analysis and further research conducted
4	Identification of suitable interventions based on key policy areas		At least 3 key interventions identified that could be piloted

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
1. Migration health secretariat established	1.1. Data gap analysis	X				D/ PA&D		IOM, WHO
	1.2. Dissemination of the findings of the Rapid Situation analysis		X					
	1.3. Steering committees functioning		X	X	X			IOM
	1.4. High level advocacy meetings							IOM, WHO
	1.5. Study tour							IOM
	1.6 Seminar forum on "evidence for migration health policy development in Sri Lanka" at the International Epidemiological Association in Sri Lanka		X					IOM
2. Research to support policy development	2.1. Migration Health Consultant recruited to direct the policy research	X	X	X	X			IOM
3. Identification of suitable interventions based on key policy areas	Stakeholder consultations		X	X	X			IOM

### Annual Action Plan

<b>Title of Work:</b>	Policy Dialogue on Gender Issues related to Health Sector		
<b>Objective:</b>	To review and include gender sensitive issues relevant to existing policies		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	To analyse selected gender sensitive issues *		

\*A public forum was conducted on Gender issues in the Health sector. Selected issues from this discussion forum will be taken up for further analysis  
Report of public forum and discussion available

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 1: To analyse selected gender sensitive issues *	1.3 Public health Forum of the CCPSL will give three selected topics to obtain further views from the public and to identify suitable interventions to address the issues				X	D/ PA&D , PHF/CCPSL	500,000	WHO

### Annual Action Plan

<b>Title of Work:</b>	Policy analysis for the implementation of National Drug Policy		
<b>Objective:</b>	To review the present National Drug Policy according to WHO guidelines		
No.	Expected Outputs	Milestones / Indicators (each output)	Targets by end of year
1	NMDP reviewed for implementation	Revised policy draft	Review completed and policy draft completed with relevant changes
2	Legal framework developed	NMDRA established	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
1. NMDP reviewed for implementation	Stakeholder consultations		X	X	X	D/ PA&D		?Govt

## Planning Form A: List of HMP Project Profiles and Other Activities

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Finance ( Planning)	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: D.C.M. Madurawala Director Finance (Planning)	Contact: 0112-688254 dcmadurawala@gmail.com	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	4.1.1	4.1.1a Development of a health finance policy for national provincial & district level	Y
2.	4.1.1	4.1.1b Development of Medium Term Expenditure Framework	Y
3.	4.1.2	4.1.2 Development & Implementation of a plan to reorient procedures & Formats towards performance- based planning & budgeting	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Formulation of a Steering Committee to Coordinate NEFF activities & Preparation & Printing of NHA for 2007-2008		Y
2.	Maintain links between central and provincial level on health financial & policy matters		Y
3.	Recognize & strengthen the system of verification of health prosperities including drugs equipment and vehicles		Y
4.	Establish a costing unit in the Ministry to introduce costing system		Y
5.	To train the financial managers on new financial management techniques (In country)		Y
6.	Development of core competence on health care financing through exchange of experiences in inter country meetings/ Conferences(MCA)		Y



## **Planning Form B: Annual Action Plan for HMP Project Profiles**

<b>HMP Profile Number:</b> 4.1.2	<b>HMP Profile Title:</b> Development & Implementation of a plan to reorient procedures & formats towards performance based planning & budgeting		
<b>Objective (to comply with the HMP profile document):</b>			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Annual Progress and Performance Report	Number of progress and performance reports from each responsible officer	Publish the Report
2	Action Plan for Capital Budget	Percentage of allocation	Estimate the capital budget
3	Quarterly Progress Report for Capital Budget	Percentage of utilization	Finalize the capital budget
4	Progress of Over 50 million Projects in Web based Monitoring System (Local & Foreign)	Percentage of utilization	Update the Report

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP)**

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Annual Progress and Performance Report	1. Compile the progress and performance report	x				D/F (P)		GOSL
	2. Finalize the Progress Report		x	x				GOSL
	3. Present to Parliament for budget debate				x			GOSL
Output 2: Action Plan for Capital Budget	1. Compile the Capital Estimate	x						GOSL
	2. Finalize the Capital Estimate			x				GOSL
	3. Present to Ministry of Finance to get the approval				x			GOSL
Output 3: Quarterly Progress Report for Capital Budget	1. Compile the Progress Report on capital Budget	x	x					GOSL
	2. Monitor the progress on all 4 quarters			x	x			GOSL
	3. Present to Ministry of Finance				x			GOSL
Output 4: Progress of Over 50 million Projects in Web based Monitoring System (Local & Foreign)	1. Conduct awareness programmes	x						GOSL
	2. Develop the formats for Local & Foreign Projects based on over 50 million	x	x					GOSL
	3. Feed the data through web of Ministry of Planning and Implementation			x	x			GOSL

### Annual Action Plan

<b>Title of Work:</b>	Formulation of a Steering Committee to Coordinate NEFF activities & Preparation & Printing of NHA for 2005-2006		
<b>Objective:</b>			
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Coordination and Dissemination NHA activities to National and provincial level		Capacity building of officials on NHA
2	Preparation & Printing of NHA for year 2000-2006		Publish the report

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Coordination and Dissemination NHA activities to National and provincial level	1. Conduction of consultative meetings to ministry and provincial authorities	x	x			D/F (P)	US \$ 10,000	WHO
	2. Conduction of 9 training programmes to provincial level officers			x	x			
Output 2: Preparation & Printing of NHA for year 2000-2006	1. Conduction of Steering Committee Meetings for reviewing and identifying capacity of current NHA	x						
	2. Appoint Research Assistant and other staff for the collection of data	x						
	3. Conduction of surveys for the collection of relevant data from public and private health sector.	x	x					
	4. Compling the data & finalize the report		x	x				
	5. Publis the Report				x			

### Annual Action Plan

<b>Title of Work:</b>	Maintain links between central and provincial level on health financial & policy matters		
<b>Objective:</b>	<ul style="list-style-type: none"> <li>To identifying the appropriate mechanism to maintain links between central and provincial level on health financial and policy matters</li> <li>To improve allocative efficiency of public health</li> </ul>		
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	3 Awareness programmes will be conducted	90 officers from each province	Introduce the healthcare financing Options
2	2 Training programmes will be conducted	60 officers from each province	Introduce the healthcare financing Options
3	3 Review meetings will be conducted	90 officers from each province	Introduce the healthcare financing Options

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Awareness programmes will be conducted	1.Consultative meetings will be conducted with the experts from department of National Budget, Department of National Planning, Finance Commission and Central Bank	x				D/F (P)	US \$ 8,000	WHO
	2. Awareness programmes will be conducted with the responsible health financial managers to review and identifying the mechanism	x						
Output 2: Training programmes will be conducted	Training programmes will be conducted for relevant officers on health financing and policy matters between central and provincial level		x	x				
Output 3: Review meetings will be conducted	Review meetings will be conducted with the relevant officer of central and provincial level			x	x			

### Annual Action Plan

<b>Title of Work:</b>	To train the financial managers on new financial management techniques (In country)		
<b>Objective:</b>	To increase the utilization of budgetary allocation through training of financial manager		
No	Expected Outputs	Indicators (each output)	Targets by end of year
1	Training of financial managers on new financial management techniques		Publish the guidelines on healthcare financing
2	Identify the healthcare financing information system for Ministry of Healthcare & Nutrition		Publish the series of performing indicators

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Training of financial managers on new financial management techniques	1. Awareness programmes will be conducted for financial managers on new financial management techniques	x				D/F (P)	US \$ 8,000	WHO
	2. Training programmes will be conducted for financial managers on new financial management techniques		x	x				
	3. Reviewing meetings will be conducted for healthcare authorities and financial managers				x			

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Director Information	<b>Fiscal Year and Reporting Period:</b>	2010 <input type="checkbox"/> Mid-year <input type="checkbox"/> End of year
<b>Reporting Officer:</b>	Name/Title:	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	5.2.3	Development of Result-based Management by Building Monitoring and Evaluation System	
2.	5.4.1	Development of a National Policy on Health Information System ***	
3.	5.4.2	Strengthening of the Provincial Health Information System	

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	5.2.3	<b>HMP Profile Title:</b>	Development of Result-based Management by Building Monitoring and Evaluation System	
<b>Objective (to comply with the HMP profile document):</b>	To ensure enforcement of health legislation in order to strengthen the safe delivery of Health Services			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	Development of indicators for curative health sector	Availability of set of indicators for curative health services	50%	
2	Development of indicators for evaluation of provincial and district level health services	Availability of set of indicators for each province and district	50%	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Development of indicators for curative health sector	1.Consultative meetings with directors (DDG/MS, D/MS and other relevant officials			X	X	D/HI		
	2.Consultative meetings with provincial and district health staff.		X	X	X	D/HI		

<b>HMP Profile Number:</b>	5.4.1	<b>HMP Profile Title:</b>	Development of a National Policy on Health Information System ***	
<b>Objective (to comply with the HMP profile document):</b>	To generate quality and useful information for better stewardship and management of the health sector in general and for implementation of the Health Master Plan			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	HMN workshop for national level stakeholders to assess the strengths and weaknesses of health information system	Availability of complete assessment report	100 % completion of the activity	
2	Development of 1st draft document on health information policy	Availability of 1st draft on health information policy	100% completion of 1st draft	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: HMN workshop for national level stakeholders to assess the strengths and weaknesses of health information system	1. Conducting preliminary meeting to organize HMN assessment meeting.	X				D/Hi		WHO
	2. Preparation of copies of assessment tool document	X				D/Hi		WHO
	3. HMN assessment meeting with national level stakeholders		X			D/Hi		WHO
	4. Preparation of final report of the assessment		X			D/Hi		WHO
Output 2: Development of 1st draft document on health information policy	1. Appointment of steering committee on HI policy	X				D/Hi		WHO
	2. Appointment of working group on HI policy	X				D/Hi		WHO
	3. Working group meetings		X	X	X	D/Hi		WHO
	4. Preparation of first draft on HI policy				X	D/Hi		

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	5.4.2	<b>HMP Profile Title:</b>	Strengthening of the Provincial Health Information System	
<b>Objective (to comply with the HMP profile document):</b>	To establish a sustainable Provincial Health Information System (HIS) that is responsive to the information needs of priority users			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	In-service training of Medical record officers	Number of training programmes conducted	160 to be given training (40 trainees X 4 programmes)	
2		Number of MROs given training.		
3	Review meetings for MROs	Number of review meetings conducted	2 review meetings in 2 provinces	
4		Number of MROs attended review meetings		
5	Improvement of medical record rooms in two DGH	Improved MR rooms	2 record rooms	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: In-service training of Medical record officers	1. Conducting of in-service training programmes for MROs	X	X	X	X	D/NIHS		
Output 2:	1. Conducting of review meetings for MROs in 2 provinces			X	X	D/HI		
Output 3: Review meetings for MROs	1. Selection of poorly organized Medical record rooms in two hospitals	X				D/HI		
	2. Allocation of funds for hospitals		X			DDG(P), DGHS		
	3. Calling tenders for infrastructure development by hospitals.		X					
	4. Selection of a contractor and award of tender			X		Director/Hospital		
	5. Commencement of work				X	Director/Hos		

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>			
<b>Objective:</b>			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improvement and upgrading of internet and IT related services in the MoH	Presence of efficient internet and IT related services.	100%
2	Publication of AHB 2007 & 2008	Availability of reports	100%
3	Web based database for facility survey	Availability of web based database	100%
4	Updated human resources database	Availability of updated database	100%
5	Skilled and trained staff	Availability of skilled and trained staff	25%
6	Development of GIS database	Availability of GIS database	50%
7	Improving quality of information	Availability of research findings	50%
8	Monitoring system to evaluate MDG's	Updated database	100%



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Improvement and upgrading of internet and IT related services in the MoH	1.Assessment of existing internet and IT related services and obtaining recommendation by expert organization.	X				D/HI		
	2.Obtaining approval to implement recommendation		X			D/HI		
	3.Calling quotations to improve IT services		X			D/HI		
	4.Awarding tender for the improvement work		X			DDG/P, DGHS		
	5.Starting of improvement work by contractor			X		Contractor		
	6.Completion of work.				X	Contractor		
Output 2: Publication of AHB 2007 & 2008	1. Publication of AHB 2007	X				DD/MSU		
	2. Publication of AHB 2008				X	DD/MSU		
Output 3: Web based database for facility survey	1. Hiring of software developer	X				D/HI		
	2.Development of facility survey web based database		X			D/HI		
	3. Testing of database			X		D/HI		
	4.Implementation of database				X	D/HI		
Output 4: Updated human resources database	1. obtaining bi-annual reports	X		X		D/HI		
	2. Review meetings and Training of data entry staff in hospitals/RDHS	X	X	X	X	D/HI		
	3.Random checks	X	X	X	X	D/HI		
Output 5: Skilled and trained staff	1. participation in capacity building programmes conducted locally (04 officers)	X	X	X	X	D/HI		
	2.Participate in capacity building programme overseas (01 officer)			X		DDG/P		
Output 6: Development of GIS database	1. Training of staff on GIS		X			D/HI		
	2.Starting of database development			X		D/HI		
Output 7: Improving quality of information	1. Planning of a study to assess the quality of hospital data			X				
	2.Conducting study				X			
Output 8: Monitoring system to evaluate MDG's	1.Meeting with relevant directorates		X					
	2.Assignment of officer for the task			X				
	3.Regular monitoring				X			

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Director Organization Development	<b>Fiscal Year and Reporting Period:</b>	2010 <input type="checkbox"/> Mid-year <input type="checkbox"/> End of year
<b>Reporting Officer:</b>	Name/Title:	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	2.1.3	Review & Improvement of the Role & Performance of Hospital Committees & Health Development Committees(HDC,HC)	Y
2.	5.1.2	Establishing a mechanism for Advocating Commitment of National & Provincial Political Leadership toward Ownership of Health Programs(NHC)	N
3.	5.6.1	Strengthening the Existing Health Development Network at National, Provincial & Local Levels(NHDC)	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Planning and carrying out comprehensive evaluation studies of the organization structure as envisaged in the National Health Policy		
2.	To establish and develop ongoing capacity building training programs for level managers and ancillary staff of the MoHN		
3.	Evaluation of technical feasibility and relevance of all funded training programs and report to DDG/P		
4.	Developing a prioritized list of operational research in consultation with DDG / Planning /DDG ETR		
5.	Organizing management development and planning activities of the National Quality Assurance Program and assisting in monitoring and evaluation under the guidance of DDG / P		
6.	Establishing mechanisms for decentralizing in service training program through the provinces		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	2.1.3	<b>HMP Profile Title:</b>	Review and Improvement of the Role & Performance of Hospital Committees & Health Development Committees(HDC, HC)
<b>Objective (to comply with the HMP profile document):</b>	To develop and upgrade the quality of the hospital committees assuring quality service to the patients and improved health development in the provinces with the coordination of the Dept of Health.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improved Hospital-Community Participation island wide	<ul style="list-style-type: none"> <li>Number of hospitals with functioning hospital committees.</li> <li>Identification of resource personnel</li> <li>A model orientation program developed.</li> </ul>	<ul style="list-style-type: none"> <li>95% of Hospital committees established in Central Government hospitals and 80% of provincial hospitals</li> <li>A reporting system identified</li> <li>100% progress reporting between Provincial Departments and Department of Health established for improved technical coordination.</li> </ul>
2	Improved technical coordination between the Dept of Health Svcs and the Provincial Depts of Health	<ul style="list-style-type: none"> <li>Number of HDC meetings held</li> </ul>	Formulation of a progress reporting system

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Improved Hospital-Community Participation island wide						D/OD	Rs. 50,000	GOSL
	1. Reviewing the situation of the present hospital committee system		*			D/OD	Rs. 60,000	GOSL
	2. Develop a new role for the hospital committee			*		D/OD	Rs. 100,000	GOSL
	3. Update the guidelines for hospital directors on appointing hospital committees			*		D/OD	Rs.150,000	GOSL
	4. Designing of information collection formats reporting formats etc, of hospital committee members and review and evaluate by collecting relevant data				*	D/OD	Rs. 200,000	GOSL
Output 2: Improved technical	1. Six HDC committee meetings	*	*	*	*	D/OD	Rs. 150,000	GOSL
	2. Initiate a progress reporting system	*	*	*	*	D/OD	Rs. 50,000	GOSL

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
coordination between the Dept of Health Svcs and the Provincial Depts of Health								

Part 2: Monitoring Indicators										
No.	Indicators	Source	Year					Year		
			Data (actual)					Target		
			1991	2002	2003			2009	2010	
	Infant mortality rate (per 1000 LB)	National Indicators	17.7	11.2	11.3			10.6	10.4	
	No of HDC meetings held	Ministry of Healthcare & Nutrition	12	12	12			05	06	

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	5.1.2	<b>HMP Profile Title:</b>	Establishing a mechanism for Advocating Commitment of National & Provincial Political Leadership toward ownership of Health Programs (NHC)
<b>Objective (to comply with the HMP profile document):</b>	To establish a mechanism for advocating commitment of National and Provincial political leadership toward ownership of health programs		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1.	National level political leadership to actively getting involved in planning and policy implementation in health related issues.	Number of National Health Council meetings held	The role of central and provincial political leaders in health sector development identified
2.	The National and Provincial political leadership to actively getting involved during the planning, monitoring and evaluation of health programs	Availability of sufficient evidence at National and Provincial levels to convince the political leadership about the necessity of implementing particular health programs Number of meetings in relation to health programs attended by the political leaders	Health care managers made competent on getting political leaders involved in decision making  Training programs with provincial managers with political leadership  To activate National Health Council to enable National level political commitment on health matters

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: National level political leadership to actively getting involved in planning and policy implementation in health related issues	1. Three National Health Council meetings		X	X	X	DOD/PD	Rs.100,000	GOSL
	2. Organizing workshops to identify the role of the political leaders in health sector development in the provinces			X	X	DOD/PD	Rs. 150,000	Funds not identified
	3. Carrying out advocacy programs on the role of political leaders in health system development			X	X	DOD	Rs 600,000	Funds not identified
	4. Performance report for political leaders and other stakeholders prepared				X	D/OD	Rs. 300,000	Funds not identified

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>				<b>2009</b>	<b>2010</b>	
			17.7	11.2	11.3				10.6	10.4	
2.	Number of National Health Council Meetings held	Ministry of Healthcare & Nutrition	zero	zero	zero				zero	2	

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	5.6.1	<b>HMP Profile Title:</b>	Strengthening the existing health development network at national, provincial & local levels (NHDC)
<b>Objective (to comply with the HMP profile document):</b>	To strengthen the health development network at different levels in order to obtain inter-sectoral cooperation to achieve a better health status.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Existing intersectoral coordination and collaboration mechanisms at national, provincial, district and divisional levels activated.	Establishment of MoU (memorandum of Understanding) for all levels of inter-sectoral coordination No of meetings held (six)	MoU National Health Development Council (NHDC) meetings revived.
2	Other areas where, multi-sectoral coordination is essentially needed and relevant sectors to be incorporated Should identified	Establishment of guidelines for coordinated collaboration for multi-sectoral involvement Number of active inters ectoral committees at different levels Average number of coordinated health related activity involvement annually Level of active (Community) involvement	Documented guidelines Activity and field survey reports

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	
		Q1	Q2	Q3	Q4				
Output 1: Existing intersectoral coordination and collaboration mechanisms at national, provincial, district and divisional levels activated.	1. Assessment of the roles, responsibilities of the currently available inter-sectoral mechanisms at national, provincial, district and divisional levels.		X			D/OD	Rs 200,000	GOSL	
	3. Assess the actions taken on the decisions made by the coordinating bodies at different levels		X			D/OD	Rs. 200,000	GOSL	
	4. Identification of the strengths and weaknesses of the existing mechanisms		X			D/OD	Rs. 200,000	GOSL	
	5. Identification of the uniquely related issues where inter-sectoral action is essential		X			D/OD	Rs. 150,000	GOSL	
	6. Strengthen the capacity of the counterparts in participation of inter-sectoral coordination for health				X	X	D/OD	Rs. 600,000	GOSL
	7. Established monitoring and evaluation mechanisms.				X	X	D/OD	Rs. 600,000	GOSL

Part 2: Monitoring Indicators											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
3.	No of NHDC meetings held	Ministry of Healthcare & Nutrition							04	06	

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	Developing a prioritized list of operational research in consultation with DDG/Planning /DDG/ETR		
<b>Objective:</b>	To promote the conduction of research that will support the National Health Policy		
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Identification of priority research areas	An available list of research areas	Prepare and publish a list of research areas.

<b>Output</b>	<b>Major Activities (only those planned this year)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Responsible officer(s)</b>	<b>Estimated cost</b>	<b>Sources of funds</b>
A list of prioritized research areas drawn up and published	Consultative meetings with relevant partners	*	*	*	*	D/OD	USD 1000	WHO

### **Annual Action Plan**

<b>Title of Work:</b>	To establish and develop ongoing capacity building training programs for lower and ancillary level managers of the Ministry of Healthcare & Nutrition.		
<b>Objective:</b>	To improve the knowledge and capacity in office management in lower level managers and ancillary staff in order the improve organization development.		
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Enhanced management skills in lower level managers	No of lower level managers trained	Two training programs
2	Enhanced management skills of ancillary staff	No of ancillary staff trained	Two training programs

<b>Output</b>	<b>Major Activities (only those planned this year)</b>	Time frame				<b>Responsible officer(s)</b>	<b>Estimated cost</b>	<b>Sources of funds</b>
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>			
Improved Development of the Organizational Structure	Four training programs to be conducted in consultation with recognized training institutes	*	*	*	*	D/OD	USD 2000	WHO



### Annual Action Plan

<b>Title of Work:</b>	Establishing mechanisms for decentralizing in service training program through the provinces
<b>Objective:</b>	Establishment of sustainable, appropriate and continuing in service training in all the health institutions around the country.

No	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improvement of capacity of health planning and management in the health staff in the country	No of training programs held in the provinces	Establishment of training programs in two districts

Output	Major Activities (only those planned this year)	Q1	Q2	Q3	Q4	Responsible officer(s)	Estimated cost	Sources of funds
Output 01  Establishment of in service training programs that are appropriate and sustainable in all health institutions around the country	ToT programs for Heads of institutions and dedicated officers from each institution			*	*	D/OD	USD 5000	WHO, HSDP

### Annual Action Plan

<b>Title of Work:</b>	Evaluation of technical feasibility and relevance of funded training programs and report to DDG/P
<b>Objective:</b>	

No	Expected Outputs	Indicators (each output)	Targets by end of year
1	Identification of training programs that would yield the best organizational benefits while improving the knowledge, skill and attitudes of the participants.	Number of training programs evaluated	All funded training programs planned for the year to be evaluated

Output	Major Activities (only those planned this year)	Q1	Q2	Q3	Q4	Responsible officer(s)	Estimated cost	Sources of funds
Improved Development of the Organizational Structure	Evaluation of training programs					Director Organization Development	Rs 100,000	WHO

### Annual Action Plan

<b>Title of Work:</b>	Planning and carrying out comprehensive evaluation studies of the organization structure as envisaged in the National Health Policy		
<b>Objective:</b>	To identify and recommend areas that need changes in order to optimize development of the organizational structure		
No	Expected Outputs	Indicators (each output)	Targets by end of year
1	Identification of areas that need changing to Increase the effectiveness of the Organizational Structure	No of studies identified	Identification of one intervention that could be piloted
2	Identification of areas that need changing to Increase the efficiency of the Organizational Structure	No of studies identified	Identification one intervention that could be piloted
3	Identification of areas that would Increase the productivity	No of studies identified	Identification one intervention that could be piloted
4	Identification of changes that would Increase the quality of work force	No of studies identified	Identification one intervention that could be piloted

Output	Major Activities (only those planned this year)	Q1	Q2	Q3	Q4	Responsible officer(s)	Estimated cost	Sources of funds
Improved development of the organizational structure	Four studies identified as priority		*	*	*	D/OD	Rs 400,000 (for all four)	? JICA advisor of Ministry of Health

## Annual Action Plan

<b>Title of Work:</b>	Organizing Management Development and Planning Activities of the National Quality Assurance Program and Assisting in Monitoring and Evaluation under the guidance of DDG/P		
<b>Objectives:</b>	<p>To develop a mechanism to streamline patient flow and reduce waiting time in hospitals</p> <p>To develop a mechanism to reduce overcrowding.</p> <p>To institute workplace procedures to enhance team work and individual performance</p> <p>To strengthen Quality Secretariat and establish required structures at central levels</p> <p>To reinforce QA by establishment of a rewarding system</p> <p>To establish a M&amp;E framework for Quality improvement</p> <p>To institute a culture of quality improvement in Healthcare in Central level settings</p> <p>To establish Health Promotion, Education and support for Health Promotion in Hospitals with HEB / FHB / NCD</p>		
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Objective 1. Improved Management Processes Critical to Patient Flow in Hospitals Upgraded facilities at OPD and ET	Reduce waiting time by 50%	To establish an electronic queuing system in 50% of the hospitals
2	Objective 2. To institute a referral system that would reduce the overcrowding by 10% Clear OPD and admission policies To ensure that the quality and standard of care in all hospitals are equal to avoid the bypassing phenomenon	Patients coming to the OPD of each hospital to be reduced by 10% Admissions reduced by 10% in the first year	Large scale research activity on the by passing phenomenon initiated to give recommendations Admission policy formulation initiated
3	Objective 3 A model of quality improvement Detailed logistical plan for each institution	Models of quality improvement drawn up for different level hospitals Logistical plans drawn up for 25% of health care institutions in the country	5S system initiated in 50% of the hospitals
4	Objective 4 Roles and responsibilities for performing QA activities identified Management structures for QA organized Establishment of a training unit in Quality Secretariat for QA training and capacity building	Collaborative work plan between quality secretariat and health care institutions drawn up. Training unit established	Quality secretariat at central level established
5	Objective 5 Establishment of Health Excellence Awards annually	Dissemination of quality guidelines to all institutions. Calling for applications	Health excellence award ceremony

6	Objective 6 QA institutionalization framework QA institutional policy	Available framework Available National Quality policy	Development of M & E framework initiated Completion of National Quality Policy
7	Objective 7 Health promotion policy in hospitals Standards and guidelines on HP Plan for Patient Education Health promotion for Hospital Staff Health Promotion to Communities	Available health promotion policy	To complete health promotion policy

Output	Major Activities (only those planned this year)	Q1	Q2	Q3	Q4	Responsible officer(s)	Estimated cost	Sources of funds
Outputs of objective 1	Introduction of the electronic queuing system to the provinces	*	*	*	*	D/OD	Rs. 500,000	JICA
Outputs of objective 2	Research project initiated Policy formulation process initiated (working group)		*	*	*	D/OD	Rs. 500,000 Rs. 200,000	WHO, JICA
Outputs of objective 3	TOT programs held		*	*	*	D/OD	Rs. 300,000	HSDP
Outputs of objective 4	Central level Quality Secretariat established			*	*	D/OD, D/PC	Rs 5 million	HSDP
Output of objective 5	Health Excellence award ceremony held				*	DDG/P, D/MS, D/OD,	Rs 5 million	HSDP
Outputs of objective 6	Working groups for development of National Quality Policy formed and meetings held.			*	*	DDG/P, D/OD, PD's	Rs. 1 million	HSDP
Outputs of objective 7	Policy formulation initiated			*	*	D/OD, D/P, D/HEB	Rs. 300,000	JICA

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>		Disaster Preparedness and Response Division	<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Dr.H.D.B.Herath -National Coordinator/DPRD	Contact: Disaster Preparedness and Response Division-MoH	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.1.6	Disaster Preparedness and Response Division-Emergency Preparedness & Response	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Supporting the Provincial Council to provide the immediate health service requirements in the resettlement areas		
2.	Supporting the rehabilitation of ex-combatants		
3.	Supporting the migrant health programme		
4.	Supporting the primary health policy programme		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.1.6	<b>HMP Profile Title:</b>	Emergency Preparedness and Response
<b>Objective (to comply with the HMP profile document):</b>	To develop the Disaster Preparedness and Response National Action Plan through which Institutional Disaster preparedness and Response to be Strengthened		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Publish the National Action Plan for the Disaster Preparedness and Response	Plan published	To publish the plan
2	Publish the Standard Operational Procedures (SOPs) for the Disaster Preparedness and Response	SOPs published	To publish the SOPs
3	Strengthening of institutional arrangements for the Disaster Preparedness and Response (Line Ministry Institutions)	% number of Institutions with strengthened arrangements	50%
4	Strengthening of Institutional Capacity of Disaster Preparedness and Response (Line Ministry Institutions)	% health staff trained in DP & R % health institutions with basic facilities for DP & R	5% 50%
5	Supporting the strengthening of institutional arrangements for the Disaster Preparedness and Response at provincial, district and divisional levels	% Divisions with strengthened arrangements	50%
6	Supporting the strengthening of institutional capacity of Disaster Preparedness and Response at provincial, district and divisional levels	% Divisions with basic facilities for DP & R % health staff trained in DP & R	25% 5%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Publish the National Action Plan for the Disaster Preparedness and Response	1.Preparation of draft Plan	x				C/DPRD	Rs. 0.5 million	WHO
	2.Stakeholder group Meetings		x			C/DPRD	Rs. 0.5 million	WHO
	3.Printing and dissemination			x		C/DPRD	Rs. 1 million	WHO
Output 2: Publish the Standard Operational Procedures (SOP) for the Disaster Preparedness and Response	1.Preparation of draft SOPs	x				C/DPRD	Rs. 0.5 million	WHO
	2.Stakeholder group Meetings		x			C/DPRD	Rs. 0.5 million	WHO
	3.Printing and dissemination			x		C/DPRD	Rs. 1 million	WHO
Output 3: Strengthening of Institutional Arrangements for the Disaster Preparedness and Response (Line Ministry Institutions)	1.Appointing Institutional Focal Points			x		Heads of Institutions	-	
	2.Establishment of institutional committees for disaster preparedness and response				x	Heads of Institutions	-	
	3.Preparation of Institutional Disaster Preparedness and Response Plans				x	Heads of Institutions	Rs. 3 million	WHO

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 4: Strengthening of Institutional Capacity (Training of health staff) on DP & R	1.Training Programmes for health staff on DP & R				x	Heads of Institutions	Rs. 3 million	WHO
	2.Provision of Basic Equipment				x	Heads of Institutions	Rs. 3 million	WHO
Output 5: Supporting the strengthening of Institutional Arrangements for the Disaster Preparedness and Response at provincial, district and divisional levels	1.Appointing of provincial, district and divisional Focal Points			x		Regional Authorities	-	
	2.Establishment of provincial, district and divisional committees for disaster preparedness and response				x	Regional Authorities	-	
	3.Preparation of provincial, district and divisional Disaster Preparedness and Response Plans				x	Regional Authorities	Rs. 2 million	WHO
Output 6: Supporting the strengthening of Institutional Capacity of Disaster Preparedness and Response at provincial, district and divisional levels	1.Training Programmes for health staff on DP & R at provincial, district and divisional levels				x	Regional Authorities	Rs. 3 million	WHO
	2.Provision of Basic Equipment for DP & R to institutions at provincial, district and divisional levels				x	Regional Authorities	Rs. 3 million	WHO

Part 2: Monitoring Indicators											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
	Presence of a Published DP & R Plan								10.6	10.4	
	Presence of Published SOPP									Yes	
	% Institutions Strengthened on DP & R									50%	
	% Health staff trained on DP & R									5%	

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	Supporting the Provincial Council to provide the immediate health service requirements in the resettlement areas		
<b>Objective:</b>	To prevent crisis situations as a result of health service provision issues immediately after resettlement		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Provision of essential equipment to hospitals in resettled areas	% of hospitals with all basic equipment	100 %
2	Doing urgent essential repairs in hospitals in resettled areas	% of hospitals with essential repairs done	100 %
3	Mobilizing critical HR requirements to hospitals in resettled areas	% of hospitals with all critical health staff	100%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Provision of essential equipment to hospitals in resettled areas	1. Assessment of requirements	x				PDHS/NP	Rs. 0.2 million	WHO, MTI, IOM
	2. Prioritization of requirements	x				PDHS/NP	-	
	3. Purchasing of equipment	x	x			PDHS/NP	Rs. 100 million	WHO, IOM
	4. Distribution of equipment	x	x			PDHS/NP	Rs, 0.1 million	Provincial Funds
Output 2: Doing urgent essential repairs in hospitals in resettled areas	1. Assessment of requirements	x				PDHS/NP	-	
	2. Prioritization of requirements	x				PDHS/NP	-	
	3. Awarding tenders	x				PDHS/NP	-	
	4. Doing repairs	x	x			PDHS/NP	Rs. 100 million	
Output 3: Mobilizing critical HR requirements to hospitals in resettled areas	1. Assessment of requirements	x				PDHS/NP	-	
	2. Prioritization of requirements	x				PDHS/NP	-	
	3. Mobilizing health workers	x	x			PDHS/NP, DGHS	Rs. 10 million	WHO, IOM



<b>Title of Work:</b>	Supporting the rehabilitation of ex-combatants		
<b>Objective:</b>	To prevent health crisis situations in the process rehabilitating ex-combatants		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Initial Health Assessment of ex combatants conducted	% of ex-combatants assessed	100 %
2	Availability of comprehensive preventative primary health care services for ex combatants in PARCs	% of PARCs with preventive PHC services	100 %
3	Availability of comprehensive curative primary health care services for ex combatants in PARCs	% of PARCs with curative PHC services	100%
4	Availability of referral and back-referral system of ex combatants to primary, secondary or tertiary health facilities	Referral and back-referral system of ex combatants established	100%
5	Access to a health and psychological services for ex combatants are established	% of ex-combatants with access to health and psychological services	100%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Initial Health Assessment of ex combatants conducted	1. Establishment of a consultative core Group	x					Rs. 0.2 million	IOM
	2. Development of the health record/card	x					-	
	3. Training of medical assessors	x	x				Rs. 0.2 million	IOM
	4. Laboratory Investigations	x	x	x			Rs. 0.1 million	IOM
	5. Provisions of necessary equipments /facilities for examinations	x	x				Rs. 2 million	IOM
Output 2: Availability of comprehensive preventative primary health care services for ex combatants in PARCs	1. Established First Aid and Home remedy units within PARCs	x	x				Rs. 2 million	IOM
	2. Identification of Health Volunteers (HV) amongst the PARCs	x					-	
	3. Provision of communication mechanism amongst HV and existing health facilities	x					-	
	4. Establishment of screening measures for vaccine preventable diseases amongst ex combatants population	x	x				Rs. 1 million	IOM
	5. Provision of mobile medical teams	x	x	x			-	
	6. Assure SPHERE standards for water, sanitation and hygiene facilities in the PARCs	x	x	x	x		-	
	7. Availability of reproductive health services (including proper planning of deliveries for pregnant women)	x	x	x	x		Rs. 3 million	IOM, UNFPA

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	8. Provision of services for victims of GBV and rape survivors	x	x	x	x		Rs. 1 million	IOM, UNFPA
Output 3: Availability of comprehensive curative primary health care services for ex combatants in PARCs	1. Provision of OPD package with minimum essential medicines and supplies	x	x	x	x		Rs. 10 million	IOM
	2. Visiting medical teams for curative services	x	x	x	x		-	
	3. Establishment of rehabilitative community care	x	x				Rs. 10 million	IOM
	4. Provision of specialized medical care	x	x	x	x		Rs. 10 million	Provincial Funds
	5. Provision mobile laboratory services						Rs. 1 million	Provincial Funds
	6. Identification of counselling spaces within PARCs							
	7. Identification of Isolation spaces for communicable diseases	x					Rs. 0.5 million	Provincial Funds
Output 4: Availability of referral and back-referral system	1. Identification of PARCs to their appropriate health care facilities	x	x				-	
	2. Establishment of coordination mechanism in PARCs with MOIC and MS for referral of patients	x	x				-	
	3. Identification of emergency services mechanism to nearest health facility	x	x				-	
Output 5: Access to a health and psychological services for ex combatants are established	1. Establishment of coordination mechanism with MOIC, MS, PHIs, PHMs, PHNs , and other stakeholders (local authority etc...)	x	x				-	
	2. Identification of coordination within the MOH and the other health stakeholders		x				-	
	3. Establishment of HMIS within the health and non health stakeholders		x	x			Rs. 10 million	IOM

*Annual Action Plan 2010*

# **DDG/PHS I**

- ◆ Director TB & RDCP
- ◆ Director National STD/AIDS Control Programme
- ◆ Director Anti Malaria Campaign
- ◆ Director Anti Filariasis Campaign
- ◆ Director Dengue Control Unit
- ◆ Director Epidemiology Unit
- ◆ Director Public Health Veterinary Services



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	National programme for Tuberculosis Control & Chest Diseases	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Dr. A.K.S.B. De Alwis	Contact: Tel - 011 2368276 Fax - 011 2368386	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.4.2.a	Communicable Diseases Control: Respiratory Diseases Control	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	TB control activities in special places / persons – Prisons, IDP, camps, urban population, elderly population & patients with diabetes mellitus & TB-HIV/AIDS		
2.	Introduction to Practical Approach to Lung (PAL) through formation of guidelines & formation of EPTB, MDR TB & TB/AIDS guidelines		
3.	Strengthening of laboratory services & infection control activities		
4.	Establish the Private public partnership for DOT centres		
5.	Establishment of communication strategy, GIS & data management system		

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.4.2.a	<b>HMP Profile Title:</b>	Communicable Diseases Control: Respiratory Diseases Control
<b>Objective (to comply with the HMP profile document):</b>		To reduce the mortality and morbidity from TB and other communicable and non-communicable respiratory diseases and to minimize the disability caused by the same by strengthening the national programme.	
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	More cases of TB detected so that they can be cured and the sources of infection in the community is reduced	<ul style="list-style-type: none"> <li>▪ Case detection rate</li> <li>▪ Cure rate</li> <li>▪ Disease specific death rate</li> </ul>	Maintain >70% (WHO ) Achieve & maintain > 85%  Achieve < 3%
2	DOTS expanded to all the districts and the cure rate is increased	<ul style="list-style-type: none"> <li>▪ The population coverage of DOTS</li> <li>▪ Cure rate</li> </ul>	➤ 90%
3	Incidence of MDRTB is reduced	<ul style="list-style-type: none"> <li>▪ Sputum conversion rate</li> </ul>	➤ 85%
4	Indoor care of good quality provided to patients with TB and non-TB respiratory diseases when needed	<ul style="list-style-type: none"> <li>▪ Population- Bed Ratio</li> <li>▪ Average daily inpatient census of the TB wards.</li> <li>▪ Average daily inpatient census in respiratory units</li> <li>▪ Inpatient bed occupancy rates</li> </ul>	1 TB ward / district Aim – home based & community based DOTS provision Hospitalization - complicated patients Or for MDR TB patients – inward care
5	Laboratory facilities enhanced at the central level keeping with the international standards	Cure rate (not relevant) Case detection rate <ul style="list-style-type: none"> <li>▪ Availability of new diagnostic technology</li> </ul>	Availability of all diagnostic facilities
6	Laboratory facilities enhanced at the central level keeping with the international standards	<ul style="list-style-type: none"> <li>▪ Cure rate at the district level(x)(indirect measure)</li> <li>▪ Case detection rate</li> </ul>	Establishment of 01 provincial laboratory Not applicable to district level
7	Laboratory facilities enhanced at the central level keeping with the international standards	<ul style="list-style-type: none"> <li>▪ Disease specific mortality rate</li> <li>▪ Availability &amp; sensitization of PAL guidelines to MOO in identified institutions</li> </ul>	Initiation of pilot studies (2) on PAL
8	Disease burden and the disability, and mortality from asthma and other respiratory diseases are reduced	<ul style="list-style-type: none"> <li>▪ School attendance in children</li> <li>▪ Number of days of restricted activity</li> <li>▪ Disease specific mortality rate</li> <li>▪ (Not generate din the TB data management system)</li> </ul>	Initiation of PAL pilot studies

9	Occupational lung diseases are detected early and measures are taken to reduce the incidence	<ul style="list-style-type: none"> <li>Incidence of occupational lung diseases (system do not generate these indicators)</li> </ul>	Introducing PAL guidelines
10	Adequate number of staff placed and trained to do the specific job and developed	<ul style="list-style-type: none"> <li>Population per qualified doctor</li> <li>Population pr health worker</li> <li>Population per qualified nurse</li> </ul>	All MOOs attached to Chest clinics should undergo Modular training on TB at the end of the period

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: More cases of TB detected so that they can be cured and the sources of infection in the community is reduced	1.Improved default tracing		1	1	1	DTCO	3500	GFATM
	2.Supervision of the district chest clinics from the centre & all DOT providers by Chest clinic		1	1	1	D/NPTCCD, DTCOO	12,579	GFATM
	3. Updating the national manual & printing		1	1		D/NPTCCD,CCP	7000	GFATM
Output 2: DOTS expanded to all the districts and the cure rate is increased	1.Procuremet of first line drugs from GDF		1	1		D/NPTCCD, CCP	307,077	GFATM
	2.Quarterly distribution of drugs & supplies to district chest clinics from central drug stores	1	1	1	1	CCP	800	GFATM
	3.Training of staff on PSM in collaboration with GDF		1	1		CCP	803	GFATM
	4.Training of DOT providers in public & private sectors		1		1	MO1	5100	GFATM
	5..Improved defaulter tracing		1	1	1	DTCO	3500	GFATM
	6.Supervision of the district chest clinics from the centre & all DOT providers by Chest clinic DTCOO & PHIs		1	1	1	D/NPTCCD, DTCO	3000	GFATM
Output 3: Incidence of MDRTB is reduced	1.Refurbishment of the MDR TB ward at Chest Hospital, Welisara	1	1	1		MDU	10,340	GFATM
	2.Procurement of 2nd line drugs from GLC		1		1	CCP	72,600	GFATM
	3. Advocacy meetings at provincial & district levels for all stakeholders	1	1	1	1	D/NPTCCD,	5000	GFATM
	4. Production of advocacy & communications materials		1		1	HEO	76, 740	GFATM
	5..Telecasting, broadcasting & publishing of IEC material through electronic & print media		1		1	HEO	130,600	GFATM
	6. Participating at national level exhibitions		1	1	1	HEO	7000	GFATM
	7. Arranging media conference		1	1		HEO	1658	GFATM
Output 4: Indoor care of good quality	1.Central & district Chest clinics-refurbishment, productivity, quality assurance)	1	1	1	1	D/NPTCCD,MDU, MO2	116,150	GFATM

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
provided to patients with TB and non-TB respiratory diseases when needed	2.Establishment of the chest clinics at Mullativu & Killinochchi		1	1		MDU	74,500	GFATM
Output 5: Laboratory facilities enhanced at the central level keeping with the international standards	1.Establish links with the national laboratory		1	1	1	Con. Microbiologist	1452	GFATM
	2. Procurement of reagents & other items needed for microscopy & culture facilities		1		1	Con. Microbiologist	126,455	GFATM
	3.Establishment & maintenance of NRL		1	1	1	Con. Microbiologist	28,000	GFATM
	4.Procurement of x-ray machine to Vavuniya & Kalawana		1	1		D/NPTCCD	81526	GFATM
	5. Procurement of Rapid diagnostic technology		1	1	1	Con. Microbiologist, Chief Pharmacist		
	6. Recruitment of TB Assistants (Salary & recruitment)		1			D/NPTCCD,MDU	168,000	GFATM
Output 6: Laboratory facilities enhanced at the central level keeping with the international standards	1. .Replacement of microscopes & maintenance of existing microscopes		1	1	1	D/NPTCCD, PPA 1	9100	GFATM
	2.Strenghtening of culture & drug sensitivity testing		1	1	1	Con. Microbiologist	4992	GFATM
	3. Expansion of the existing laboratory services		1		1	Con. Microbiologist	8000	GFATM
	4.Supervisoory visits from NRL to districts & from districts to the peripheral centres	1	1	1	1	Con. Microbiologist	8353	GFATM
	5.Supplementary maintenance/fuel costs for vehicles	1	1	1	1	D/NPTCCD	118,356	GFATM
Output 7: Laboratory facilities enhanced at the central level keeping with the international standards	1.Outreach chest clinics providing mobile smear microscopy services	1	1	1	1	Cons. Microbiologist	1032	GFATM
	3.Providing smear microscopy services in NHSL		1	1	1	Con. Microbiologist	880	GFATM
Output 8:	1. Training of Medical Officers in public, unlinked public health & private sector		1	1	1	MO1	27,197	GFATM



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Disease burden and the disability, and mortality from asthma and other respiratory diseases are reduced	4.Training of nurses & PHIs at district chest clinics & chest wards & the other staff at other health facilities both in public & unlinked public health sector		1		1	MO1	21,346	GFATM
Output 10; Adequate number of staff placed and trained to do the specific job and developed	1.In-service training for the microscopists & TB assistants in the public sector	1	1	1	1	Con. Microbiologist, MO 1	4758	GFATM
	2. Training of other chest physicians, DTCCO & MO on management of MDR-TB		1		1	MO 1	1602	GFATM
	3.. training of DOT providers in the public & private sector	1		1		DTCCO	5100	GFATM
	4. Updating training manuals for MOO/DTCCO/lab staff/nurses/PHIs/DOT providers at chest clinic/chest wards & other non-NPTCCD facilities involved by the programme		1		1	CCP, CRP	1591	GFATM
	5. Training of DTCCO& pharmacists on PSM & DMIS		1		1	Chief Pharmacist	803	GFATM
	6. Training of data entry staff on use of updated software for		1		1	MRO	2112	GFATM

<b>. Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Examp le	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
						17.7	11.2	11.3			
1.	Case detection rate	Quarterly report	2004	2005	2006	2007	2008	2009			
			82.9	86.7	78.7	86.6	89.1	90.7			> 70%
2.	Treatment success rate	Quarterly report	2003	2004	2005	2006	2007	2008			
			80.4	84.9	86.3	87.0	86.1	84.9			> 85%
3.	Sputum conversion rate	Quarterly report	2003	2004	2005	2006	2007	2008			
			87.2	85.2	86.4	87.1	88.7	86.8			> 85%
4.	Default rate	Quarterly report	2003	2004	2005	2006	2007	2008			
			10.6	8.4	6.2	6.7	7.1	6.8			< 05%
5.	Death rate ( of the + ve patients)	Quarterly report	2003	2004	2005	2006	2007	2008			
			5.0	5.0	5.1	4.8	7.9	5.9			< 02%
6.	Mortality Rate (notification )	National TB Register	2003	2004	2005	2006	2007	2008			
			2.1	2.2	2.3	1.7	1.0	1.7			
7.	Failure rate	Quarterly report	2003	2004	2005	2006	2007	2008			
			0.4	0.6	1.1	1.2	1.2	1.5			< 02%

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	TB control activities in special places / persons – Prisons, IDP, camps, elderly populations & patients with diabetes mellitus, TB-HIV/AIDS patients		
<b>Objective:</b>	To increase the case detection among the high risk groups		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	More Tb cases are identified among the specific groups & treatment initiated	Case detection rate Cure rate	Case detection rate to be increased by 5%
2	Defaulting among risk groups are reduced	Defaulter rate	Defaulting to be below 5%
3	Tb cases are identified early	Mortality rate	Mortality to be reduced by 1%
4	Coordinated management of TB-HIV/AIDS cases	No of TB/HIV cases detected & managed	Treatment outcome of TB/HIV co-infection to be improved

### **Annual Action Plan**

<b>Title of Work:</b>	Introduction to Practical Approach to Lung (PAL) through formation of guidelines & formation of EPTB, MDR TB & TB/AIDS guidelines		
<b>Objective:</b>	To improve the management of major lung diseases through standard guidelines		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Management of respiratory diseases are standardized in pilot centres	-Disease specific mortality reduced -Repeated admission for the same illness reduced	-PAL centres to be established in pilot area -MOO & other H persons are trained PAL guideline to be launched
2	TB cases are identified from respiratory disease patients in pilot areas	No of TB patients identified in PAL centres	Implementation of PAL guidelines identified Identify at least 1% of patients with lung diseases as TB patients in the OPD
3	Inward patients with lung diseases are reduced in pilot area	Inpatient bed occupancy for lung disease patients	At least 5% reduction of respiratory diseases on admission

### Annual Action Plan

<b>Title of Work:</b>	Strengthening of laboratory services & infection control activities		
<b>Objective:</b>	To increase the detection of cases with lung diseases		
No.	Expected Output	Indicators (each output)	Targets by end of year
1	National Reference Laboratory is accredited	No of culture samples examined	Accreditation to be achieved
2	Establishment of 10 Microscopic centres	Availability of 10 Microscopic Centres	Functioning of the Microscopic Centres established
3	New TB diagnostic technology is introduced	No of samples done through Rapid Diagnostic system	Functioning of Rapid Diagnostic technology

### Annual Action Plan

<b>Title of Work:</b>	Establish the Private public partnership for DOT centres		
<b>Objective:</b>	To strengthen TB control activities through PPM strategy		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	4 DOT centres are established	DOT provision by the private sector	Functioning of 4 DOT centres
2	Survey on contribution on private sector is conducted	Survey results	Survey to be completed
3	Referrals from private sector/GPs are increased	No of patients referred by private sector	At least 1% of registered TB cases from private sector referrals

### Annual Action Plan

<b>Title of Work:</b>	Establishment of communication strategy, GIS & data management system		
<b>Objective:</b>	To increase the use of statistical & communicating methods in TB controlling activities		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Communication strategy is formulated	Availability of the com strategy	Develop the communication strategy
2	GIS is integrated into the data management system	Availability of GIS	Adoption of GIS into the data management system
3	Existing Data management system is updated	Availability of new data management system	Data gathered through the new system

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1:	1.Strengthening of TB control activities among IDPs- in the 2 selected districts in the Northern Province – Mullativu & Kilinochchi	1		1		D/NPTCCD, PDHS/NP, RDHSs of NP	33,095	GFATM/WHO
	2.establishing 06 Microscopic centres in Jaffna			1	1	D/NPTCCD, RDHS-Jaffna, DTCO-Jaffna	44,158	GFATM
	3.Screening for TB of the elderly homes in the Western Province			1	1	RDHS-Colombo, RE-Colombo	3510	GFATM
	4.Introdcing of the contact tracing register & screening of the contacts periodically		1	1	1	DTCOO	54014	GFATM
Output 2:	1Evaluating of the pilot projects of the PAL	1	1	1	1	D/NPTCCD, CCP, CRP	2275	GFATM/WHO
Output 3:	1.Accreditation of the National Reference laboratory			1	1	Cons. Microbiologist	950	GFATM
	2.Introducing the new TB rapid diagnostic technology			1	1	Cons. Microbiologist	502	GFATM
	3.Establishing the 10 Microscopic centres		1	1	1	RDHSs, DTCOO	73598	GFATM
Output 4:	1.Establishing 04 DOT centres			1	1	D/NPTCCD, DTCOO	8000	GFATM
	2.Conducting a survey on the private sector contribution for TB control			1		D/NPTCCD		GFATM/SAARC
	3.Establishing a referral system with the private sector			1	1	D/NPTCCD, D/PHSD, DTCO		GFATM/PR 2
Output 5:	1. Developing the communication strategy		1	1		D/NPTCCD, CP-NPTCCD, D-HEB, HEO	9000	GFATM
	2.Conducting advocacy meetings for the political leadership & community leadership, Conducting 02 media conference, Formation of IEC material & lecture material, Telecasting a teledrama		1	1	1	D/NPTCCD, D/HEB, CCP, CRP, HEO	198798	GFATM
	3.Introducing the GIS to the data management system		1	1		D/NPTCCD	6000	GFATM
	4.Updating the Data management system		1	1	1	D/NPTCCD, MRO	9500	GFATM

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>		NSACP	<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Dr. N. Edirisinghe, Director	Contact: 2667163, 2667029	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.4.2 - b	National STD and AIDS Control Programme	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Establishing two fully equipped STD clinics in Kilinochchi and Mulativu districts		
2.	Upgrading the existing facilities of the STD clinics in Mannar, Jaffna and Vavuniya		

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.4.2.b	<b>HMP Profile Title:</b>	National STD and AIDS Control Programme	
<b>Objective -1</b>	TO PREVENT THE TRANSMISSION OF HIV INFECTION AMONG PLANTATION WORKERS BY CREATING AWARENESS AND BEHAVIOR CHANGE			
<b>Objective -2</b>	TO PREVENT TRANSMISSION OF HIV INFECTION THROUGH EMPOWERING SCHOOL CHILDREN			
<b>Objective -3</b>	TO IMPROVE THE QUALITY OF LIFE FOR PLWHA			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1.1	Human resource Support			
1.2	Infrastructure Support			
1.3	Behavioural Change Communication			
1.4	Strengthening plantation sector health systems to improve STI/HIV Prevention and Treatment Services			
1.5	Increase the usage of condoms			
2.1	Developing the capacity for partnership between the Education and Health sector for HIV prevention			
2.2	Development of awareness programs for school children			
2.3	Monitoring and Evaluation			
2.4	World AIDS day activities (conducting various competitions as posters, singing, dramas etc) among various schools and prizes for best performances.			
2.5	Printing the questionnaire			
2.6	Use the questionnaire during term tests			
3.1	Provision of free ARV Treatment			

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Est. cost USD	Source of funds
		Q1	Q2	Q3	Q4			
Output 1. 1: Human resource Support	Payments to Project coordinator	x	x	x	x	Director NSACP	6000	Global Fund
	Payments to Sectoral coordinators	x	x	x	x	Director, NSACP	12000	Global Fund
	Payments to Drivers	x	x	x	x	Director, NSACP	12600	Global Fund
	Payments to Clerks	x	x	x	x	Director, NSACP	10800	Global Fund
	Payments to Field coordinator	x	x	x	x	Director, NSACP	2400	Global Fund
	Payments to M&E Officer	x	x	x	x	Director, NSACP	4800	Global Fund
	Payments to Payment to programme assistant	x	x	x	x	Director, NSACP	3600	Global Fund
Output 1. 2: Infrastructure Support	Maintenance of office (Stationary, maintenance of computers, printers etc)	x	x	x	x	Director, NSACP	6000	Global Fund
	Maintenance of vehicles, Insurance and fuel	x	x	x	x	Director, NSACP	21600	Global Fund
Output 1.3: Behavioural Change Communication	Communication campaign and production of communication materials in the plantation sector and the WAD activities.	x		x		Director, NSACP Alliance Lanka (Sub recipient)	55000	Global Fund
Output 1.4: Strengthening plantation sector health systems to improve STI/HIV Prevention and Treatment Services	Supply of essential drugs for syndromic management	x	x			Director, NSACP	2400	Global Fund
	Employment of trained counsellors	x				Alliance Lanka	28800	Global Fund
	Maintenance of VCT canterers	x	x	x	x	Alliance Lanka	7200	Global Fund
Output 1.5: Increase the usage of condoms	Purchase of condoms (800000)	x				Director, NSACP	40000	Global Fund
	Distribution of condoms (transport)		x	x	x	Director, NSACP	3600	Global Fund
Output 2.1: Developing the capacity for partnership between the Education and	Printing of communication materials for students.	x			x	Director, NSACP	10000	Global Fund
	Progress review meetings (Quarterly)	x	x	x	x	Director, NSACP	12000	Global Fund



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Est. cost USD	Source of funds
		Q1	Q2	Q3	Q4			
Health sector for HIV prevention								
Output 2.2: Development of awareness programs for school children	Conducting awareness programmes at school level on reproductive health and STI/HIV by the trained teachers	x	x	x	x	Director, NSACP Sectoral coordinator	6000	Global Fund
	World AIDS day activities (conducting various competitions as posters, singing, dramas etc) among various schools and prizes for best performances.			x	x	Director, NSACP Sectoral coordinator	70000	Global Fund
Output 2.3: Monitoring and Evaluation	Printing the questionnaire	x		x		Sectoral coordinator	15000	Global Fund
	Use the questionnaire during term tests	x	x	x	x	Sectoral coordinator	0.0	Global Fund
Output 3.1: Provision of free ARV Treatment	Procurement of ARV			x	x	Director, NSACP	65000	Global Fund

Part 2: Monitoring Indicators										
No.	Indicators	Source	Year					Year		
			Data (actual)					Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003			2009	2010	
			17.7	11.2	11.3			10.6	10.4	
1.	% of plantation workers aged 15-49 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission Number of trainers trained	20%							60%	
2.	Number of peer leaders trained	0							200	
3.	Number of estates reached by BCC activities	0							60	
4.	Number of condom vending machines installed & functioning in estates	0							100	

5.	Number of condoms distributed to plantation workers	0								1 million
6.	Number of people in 15 - 49 year olds plantation workers receiving HIV counselling Number of VCCT centres established	0								1200
7.	Number of plantation workers receiving counselling and testing including the provision of results in the newly established VCCT centres	0								800
8.	% of school children (15-17) who pass the test on HIV and reproductive health	40%								90%
9.	Number and % of teachers trained on HIV	0								800
10.	Number and % of designated schools in 10 districts implementing the BCC programme	0								500
11.	Number and % of people with advanced HIV infection receiving ART	200								260

### **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

(

#### **Annual Action Plan**

<b>Title of Work:</b>			
<b>Objective:</b>			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
3.	4. Fully equipped STD clinic in Kilinochchi and Mulativu	5.	6.
7.	8. Upgrading the existing facilities of the STD clinics in Jaffna, Mannar and Vavuniya	9.	10.

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>		Anti Malaria Campaign	<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title:		Contact:
	Director Anti Malaria Campaign		
<b>2. List of HMP Project Profiles under your purview</b>			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.2.c.1	Malaria	Y

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b> 1.4.2.c.1		<b>HMP Profile Title:</b> Malaria	
<b>Objective (to comply with the HMP profile document):</b>		To achieve effective control of Malaria, Dengue, Leishmaniasis, Japanese Encephalitis in the country, facilitate accurate diagnosis of them, provide effective treatment and prevent epidemics	
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	To reduce malaria transmission among vulnerable and mobile populations		
	1. Conducting Malaria Mobile Clinics	No. of clinics conducted	2400 clinics done
	2. Procurement of RDTs	No. of RDTs purchased	25,000 RDTs purchased
	3. Awareness programmes for doctors	No. of programmes done	20 programmes conducted
	4. Awareness programmes for health staff of Army, Navy, Air force & Police	No. of programmes done	4 programmes conducted

2	Strengthening of epidemic forecasting system by augmentation of entomological surveillance.	No. of entomological surveys done	3528 surveys done
3	Monitoring and evaluation of malaria control activities		
	1. Conducting monthly review meetings	No. of review meetings done	12 review meetings conducted
	2. Annual evaluation of the project activities	Annual evaluation done	1 evaluation done
4	Programme management and other support activities.		
	1. Development of 8 provincial level Plan of Action	No. of Plan of Actions developed	8 Plan of Actions developed
	2. In- service training of malaria control field staff (PHII , PHFOO, PHLTT)	No. of in-service trainings done	15 programmes done
	3. In- service training of malaria control field staff (SMO)	No. of in-service trainings done	20 programmes done
	4. In- service training of malaria control field staff (EAA)	No. of in-service trainings done	2 programmes done

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (SRL Rs)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: To reduce malaria transmission among vulnerable and mobile populations in 21 districts	1. Conducting Malaria Mobile Clinics	■	■	■	■	Project Director, GFATM Project Director/Anti Malaria Campaign/ Community Physician, Anti Malaria Campaign	63,000,000.00	GFATM
	2. Purchase of RDTs		■			- Do -	2,500,000.00	GFATM
	3. Conducting Awareness Programmes for doctors	■	■	■	■	- Do -	1,295,000.00	GFATM
	4. Conducting Awareness Programmes	■	■	■	■	- Do -	137,000.00	GFATM
Output 2: Strengthening of epidemic forecasting system by augmentation of entomological surveillance.	1. Conducting entomological surveillance	■	■	■	■	- Do -	264,600,000.00	GFATM

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (SRL Rs)	Source of funds
		Q1	Q2	Q3	Q4			
Output 3: Monitoring and evaluation of malaria control activities	1. Conducting review meetings	—————				- Do -	300,000.00	GFATM
	2. Annual evaluation of the project activities				—————	- Do -	400,000.00	GFATM
Output 4: Programme management and other support activities.	1. Development of 8 Plan of Action			—————		- Do -	538,000.00	GFATM
	2. Conducting in-service training programmes for PHI, PHFO and PHLT	—————				- Do -	4,710,000.00	GFATM
	3. Conducting in-service training programmes for SMOO	—————				- Do -	450,000.00	GFATM
	4. Conducting in-service training programmes for EAA			—————		- Do -	168,000.00	GFATM

## Planning Form A: List of HMP Project Profiles and Other Activities

1. Basic Information			
<b>Name of Programme/Unit:</b>	Anti- Filariasis Campaign	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Director Anti-Filariasis Campaign	Contact:	
2. List of HMP Project Profiles under your purview			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.2.c.2	Filariasis	Y

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.4.2. C.2.	<b>HMP Profile Title:</b>	Communicable Disease Control Programme: Vector Borne Diseases Control Programme: Filariasis
<b>Objective (to comply with the HMP profile document):</b>	A. To sustain elimination of Lymphatic Filariasis B. To prevent suffering and disabilities of affected individuals		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
A 1	Blood films taken in routinely conducted clinics and in special programmes conducted in risk areas	No of Blood films taken Microfilaria rate (% of positive films)	10% more than the previous years MF rate maintained below 0.1%
A 2	Mosquitoes from households collected, dissected and analysed	No. of mosquito collected Infected rate ( % of all larval stage) Infective rate ( % of infective L3 stage)	10% more than the previous year Infected rate < 1% Infective rate < 0.1%
A 3	Capacity building programmes for health workers held in endemic and non-endemic areas	No of programmes held Pre and post evaluation of the knowledge	48 programmes in 6 endemic districts Imprved knowledge

A 4	Programmes reviewed on regular basis	Monthly review meetings with Regional MOs at AFC Annual review meetings in endemic district Two meetings of National task force Timely dissemination of epidemiological report Issuing of bi-monthly newsletter Dissemination of information to general public exhibition participated	Twelve meetings conducted Six meetings conducted Two meetings conducted Four quarterly and one annual report Two issues No of exhibition participated
A 5	Diagnostic service strengthened at central and provincial level	Refresher training programmes for PHLTs and EAs Fellowship for MOs PCR test conducted at central level	One programme for each category One fellowship for a MO 10 % increase of PCR tests
A 6	Research studies conducted	Antigenemia level among primary school children Vector surveillance in non-endemic areas	Study completed in Dehiwela MOH area 24 studies in selected non-endemic MOH areas in 6 endemic districts
A 7	Filariasis elimination activities are integrated with General Health Services		
B 1	Filariasis clinics are attended by old and new lymphodema patients	Total number of new lymphodema patients attended Number of patients treated with Anti Filariasis drugs Training programmes for PHIS and PHFOs	Total no of new patients - < 10% previous years Cumulative patients – same or < 10% less than previous years One programme for each category
B 2	Lymphodema patients trained on self – care and provided with self care kits	No of patients trained No of Self care kits distributed	Same or less than 10% previous year Same or less than previous years
B 3	Social Mobilization Campaign to reduce stigma and promote self-referral		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output A 1: Blood films taken in routinely conducted clinics and in special programmes conducted in risk areas	1. Routine Night blood film taking in the identified centres in 7 districts	x	x	x	x	RMOs + PHFOs		Line/Provincial Health Ministry
	2. Night Blood filming in special programmes	x	x	x	x	RMOs + PHFOs		Line/Provincial Health Ministry
	3. Staining of films and identify microfilaria	x	x	x	x	RMOs + PHLTs		Line/Provincial Health Ministry
Output A 2: Mosquitoes from households collected, dissected and analysed	1. Collection of mosquitoes in areas where positive cases are found	x	x	x	x	RMOs + EAs		Line/Provincial Health Ministry
	2. Dissection of mosquitoes	x	x	x	x	RMOs + EAs		Line/Provincial Health Ministry
	3. Examine for infected and infective mosquitoes	x	x	x	x	RMOs + PHLTs		Line/Provincial Health Ministry

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output A 3: Capacity building programmes for health workers held in endemic and non-endemic areas	1. training programme for health workers in endemic districts	x	x	x	x	D/AFC + RMOs + MOs/AFC		WHO
	2. Training programme for health workers in endemic districts	x	x	x	x	D/AFC + RMOs + MOs/AFC		WHO
	3. in-service training of MOH		x		x	D/AFC		Relevant training institutions
	4. pre-service training ( Trainee health workers) of health categories at training institutions	x		x	x	D/AFC		Relevant training institutions
Output A 4: Programmes reviewed on regular basis	1. Conduct monthly review meeting of RMOS at AFC	x	x	x	x	D/AFC + MO/AFC		WHO
	2. Conduct annual review meetings at 7 AF units in endemic district	x	x		x	D/AFC + RMOs + MOs/AFC		WHO
	3. Conduct national task force meeting at the ministry of health		x		x	D/AFC + MO/AFC		WHO
	4. Dissemination of quarterly and annual epidemiological report to the stakeholders	x	x	x	x	D/AFC + MO/AFC		
	5. issuing of newsletter bi-annually		x		x	D/AFC + MO/AFC		WHO
Output A 5: Diagnostic service strengthened at central and provincial level	1. Training of PHLTS		x	x		D/AFC + MO/AFC		WHO
	2. Training of EAs		x	x		D/AFC + MO/AFC		WHO
	3. Fellowship to one MO /AFC		x	x		D/AFC		WHO
	4.Purchasing equipment and reagents for the PCR lab	x	x			D/AFC + MO/AFC	All GAELF = Rs. 300,0000/-	WHO/ Global Alliance for Elimination of Filariasis (GAELF)
	5. Conducting PCR tests		x	x	x	MO/AFC		WHO + GAELF
Output A 6: Research studies conducted	1. Prevalence study among school children	x	x			D/AFC + MOs/AFC +RMO, Colombo		GAELF
	2. Prevalence study among adults	x	x			D/AFC + MOs/AFC +RMO, Colombo		GAELF
	3. Prevalence study among mosquitoes	x	x			D/AFC + MOs/AFC +RMO, Colombo		GAELF
	4. Prevalence study in non-endemic but potential areas			x	x	D/AFC + MOs/AFC +RMOs		WHO
Output A 7 Filariasis elimination activities are integrated with	1. Recruit special categories (PHLT, EA) for endemic districts					DDG/PHS 1, DDG/Planning D/AFC		



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
General Health Services	2. Shifting the ownership of the programme to Provincial authorities					DDG/PHS 1, DDG/Planning D/AFC		
	3. Assist PDs and RDs in incorporating the Filariasis in District Annual Plan of Action					DDG/PHS 1, DDG/Planning D/AFC		
Output B 1: Filariasis clinics are attended by old and new lymphodema patients	1. Conduct regular lymphodema clinics in districts at AFC	x	x	x	x	RMOs + MOs/AFC		Line/Provincial Health Ministry
	2. Conduct special clinics in selected areas	x	x	x	x	RMOs + MOs/AFC		
Output B 2: Lymphodema patients trained on self – care and provided with self care kits	1. Self care training programmes for lymphodema patients	x	x	x	x	RMOs + MOs/AFC		WHO
	2. Distribution of Self care kits	x	x	x	x	RMOs + MOs/AFC		WHO
Output B 3: Social Mobilization Campaign to reduce stigma and promote self-referral	1. Dissemination of messages through print and electronic media							

Part 2: Monitoring Indicators										
No.	Indicators	Source	Year						Year	
			Data (actual)						Target	
			2003	2004	2005	2006	2007	2008	2009	2010
1.	Microfilaria Rate ( positive per 100 slides)	National Indicators	0.07	0.05	0.03	0.03	0.05	0.04	0.03	0.3
2.	Infected Mosquito Rate (All larval stages +ve /100)	National Indicators	0.41	0.73	0.7	0.76	0.74	0.67	0.6	0.5
3.	Infective Mosquito rate (L3 stage +ve/100)	National Indicators	0.05	0.05	0.04	0.05	0.04	0.03	0.02	0.02
4.	No of Blood Films Taken/Stained	National Indicators								
5.	No of Mosquito Collected	National Indicators								
6.	No of New Lymphodema Patients Attended	National Indicators				1856	1126	1311	1400	1300
7.	Cumulative Number of ( New + Old) attended	National Indicators	12048	13157	12132	10461	8707	8105	8000	7000

## Planning Form A: List of HMP Project Profiles and Other Activities

1. Basic Information			
<b>Name of Programme/Unit:</b>	National Dengue Control Unit		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Director Dengue Control unit	Contact: 011 2368417	
2. List of HMP Project Profiles under your purview			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.2.c.3	Dengue Fever/ Dengue Hemorrhagic Fever	Y

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.4.2.c.3	<b>HMP Profile Title:</b>	Dengue Fever/ Dengue Hemorrhagic Fever
<b>Objective (to comply with the HMP profile document):</b>	Prevention and Control of DF/DHF in Sri Lanka		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Strengthen surveillance system of DF/DHF	Percentage of timely and accurate notifications	Improve timeliness and accuracy of notificatio up to 100%
2	Strengthen dengue vector surveillance and control activities	Selective vector indices(Brietau index)	Britaux index below 5
3	Strengthen Laboratory surveillance	Percentage of Microbiologists & MLTs trained	Training of all Microbiologists & MLTs in high risk districts
4	Improve DF/DHF case management	Case fatality rate	Case fatality rate below 1%

5	Enhance community participation for sustainable DF/DHF control and prevention programme and inter- sectoral collaboration	Number of training workshops/participants and number of IEC materials produced	Elimination of dengue mosquito breeding sites by community participation
		Number of stakeholder meetings/ training programs conducted, number of participants	Complete all planned meetings and training programs
6	Strengthen dengue control and prevention activities at National, provincial, district and divisional levels	Number of review meetings conducted and number of special dengue projects implemented in districts	Complete all planned review meetings and implementation of special dengue projects in all high risk districts
7	Improve infra structure facilities at NDCU	Availability of required equipments	Completion of tasks
8	Capacity building of NDCU and peripheral staff	Number of personnel trained	Completion of tasks

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimate d cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Strengthen surveillance system of DF/DHF	1. Provision of email facilities to high risk MOH offices and catchment hospitals where this facility is not available	*	*	*		NDCU	1 million	Capital budget
	2. Provision of computers to high risk MOH offices and catchment hospitals where computers not available	*	*	*		NDCU	8 million	Capital budget
	3. Developing and installing software to share patient information timely from hospitals to MOOH, REE, RMO/RFO, Epidemiology unit and National Dengue Control Unit					NDCU/ Planning unit	100,000	
	4. Training of relevant staff attached to hospitals, MOH and RDHS offices on the use of formats and software					NDCU/ Epidemiology unit	} 1 million	Capital budget
	5. Strengthen dengue notification system by conducting refresher training of Infectious Control Nurses	*	*	*	*	NDCU/ Epidemiology unit		
Output 2: Strengthen dengue vector surveillance and control activities	1. Training of Entomologists and vector control personnel including RMO/ MO, AFC on vector surveillance methods, preparation for outbreak based on entomological data, data analysis		*	*	*	NDCU/ MRI	1 million	
	2. Purchase of 300 fogging machines to distribute in all districts		*	*	*	NDCU	4 million	Capital budget

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	3. Provide equipments necessary for adult mosquito surveys in all districts		*	*	*	NDCU	1 million 1 million	WHO Capital funds
	4. Provide microscopes for vector control personnel		*	*	*	NDCU	8 million	Capital funds
	5. Purchase of necessary insecticides	*	*	*	*	NDCU/AMC	22 million	Capital fund
	6. Training of Entomological assistants on dengue vector surveillance and control activities		*	*	*	Entomologist/ RDHS/RMO/ RFO NDCU	300,000	Capital budget
	7. Development of a documentary CD on rational use of fogging activities for dengue control				*	Entomologist NDCU	1 million	WHO
	8. Development of a training manual & guidelines on vector surveillance and control			*	*	Entomologist NDCU	500,000	WHO
	9. Provision of three wheelers for vector control activities in high risk MOH areas		*	*	*	NDCU/RDHS	6 million	Capital funds
Output 3: Strengthen surveillance	Laboratory 1. Provide reagents necessary to conduct sero surveillance activities at karapitiya, Ragama and Kandy hospitals		*	*		NDCU	2 million	Capital budget
	2. In service training workshops on diagnosis of dengue viral infection for Microbiologists and MLTs		*	*		Virologist MRI	200,000	WHO
Output 4: Improve DF/DHF case management	1. Provision of laboratory equipments necessary for clinical management of DF/DHF up to the level of Base hospitals		*	*	*	NDCU	5 million + 1 million	Capital budget WHO
	2. In services training of curative health care staff on clinical management of DF/DHF	*	*	*		NDCU	2 million	WHO
	3. Revise and reprint 'Guidelines on clinical management of DF/DHF booklet		*	*	*	NDCU/Epid Unit	1 million	
	4. Establish high dependency unit to manage severe DF/DHF cases in one major hospital in each high risk district		*	*	*	NDCU/ Epid Unit/ PDHS/ RDHS	60 million	Capital funds
	5. Conduct mortality reviews	*	*	*	*	Epid Unit	200,000	Capital funds
Output 5: Enhance community	1. Produce IEC materials	*	*	*	*	NDCU/HEB	10 million	Capital budget
	2. Evaluation of COMBI plan				*	NDCU/ HEB	400,000	WHO

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimate d cost	Source of funds
		Q1	Q2	Q3	Q4			
participation for sustainable DF/DHF control and prevention programme and inter- sectoral collaboration	3. Implementation of COMBI plan for effective Dengue control in highly endemic districts and in other districts		*	*		NDCU / HEB	1 million+ 2 million	WHO Capital budget
	4. Monitoring & Evaluation of COMBI plan in selected district				*	NDCU	600,000	WHO
	5. Declaration of biannual dengue weeks and media seminars		*	*		NDCU	82,000	Capital budget
	6. Revise and reprint of volunteer hand book		*	*	*	NDCU	1 million	Capital funds
	7. Advertising campaign on elimination of breeding places through leading electronic and .print media						20 million	
	1. Conduct National level stakeholder meetings	*	*	*		NDCU/ MoH	100,000	Capital budget
	2. Training of Teachers in high risk districts on environment management	*	*	*	*	NDCU	500,000	WHO
	3. Training of Environmental officers in high risk districts on dengue control	*	*	*	*	NDCU		WHO
Output 6: Training of Entomological assistants on dengue vector surveillance and control activities	1. Conduct National level annual dengue review meeting				*	NDCU	85,000	WHO
	2. Bi annual district review meetings for 12 high risk districts		*	*	*	NDCU	700,000	WHO
	3. Assisting, implementing special dengue control projects in high risk districts	*	*	*	*	DCU	50 million	Capital budget
	4. Research in effective methods of controlling Dengue vector		*	*	*	NDCU	2 million	Capital budget
	5. Quarterly review meetings with RMO/MO AFC					NDCU/ AMC/AFC	200,000	Capital budget
	6. Expanding the unit		*	*		NDCU	2 million	Capital budget
Output 7 Development of a documentary CD on rational use of fogging activities for dengue control	1. Expanding the NDCU			*	*	NDCU	1 million	Capital budget
	2. Purchasing of equipments necessary to the unit			*	*	NDCU	500,000	Capital budget
Output 8 Development of a training manual & guidelines on vector surveillance and control	1. Regional study tour for three selected officers at central and peripheral level				*	NDCU	1 million	WHO

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Epidemiology Unit, Ministry of Health		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Epidemiologist, Epidemiology Unit	Contact: 231, De Saram Place, Colombo 10 Telephone: 011-2695112	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.4.2.d.1	Immunisable Diseases Control	Y
2.	1.4.2.d.2	Elimination of Measles	Y
3.	1.4.2.d.3	Haemophilus Influenza B Prevention & Control	Y
4.	1.4.2.d.4	Viral Hepatitis Prevention & Control	Y
5.	1.4.2.d.5	Prevention of Rubella	Y
6.	1.4.2.d.6	Poliomyelitis Eradication Initiative	Y
7.	1.4.2.j.1	Area-Specific Diseases: Leptospirosis Prevention & Control	Y
8.	1.4.2.j.2	Area-Specific Diseases: Japanese Encephalitis Prevention & Control	Y
9.	1.4.2.k	Communicable disease control: Emerging & Re-emerging Diseases (e.g. SARS, Ebola, Nipa virus) Control Strengthening Surveillance System	Y
10.	1.4.2.l	Communicable disease control: Strengthening of Disease Surveillance and Management	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	National Research Programme for Chronic Kidney Disease of Unknown Aetiology		
2.	Control of Diarrhoeal Diseases		

Note: The Government of Sri Lanka provides the recurrent and maintenance expenditure for the Unit, which is essential for carrying out all our identified activities

## **Planning Form B: Annual Action Plan for HMP Project Profile**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.4.2.d.1	<b>HMP Profile Title:</b>	Immunizable Diseases Control
<b>Objective (to comply with the HMP profile document):</b>	Provision of 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		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	High coverage for existing antigens maintained	Immunization coverage for each antigen	Near 100 % coverage for BCG, OPV 1 – 5, measles, DPT4, DT,
2	Regaining the confidence for school immunization programme	Immunization coverage for each antigen	Over 60 % coverage for DT and Rubella immunizations at schools
3	High coverage achieved for newly introduced antigens and new antigens introduced in the future	Immunization coverage for each antigen	Over 90 % coverage for Pentavalent vaccine and Live JE vaccine
4	Disease reduction targets achieved	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 and rubella.
5	Safe immunization services provided	Monitoring of adverse events following immunization	Reported AEFI rates are within expected limits
6	Quality immunization services provided	% of service outlets adhering to the minimum standards	At least 25 % of the immunization service outlets adhering to the minimum standards

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: High coverage for existing antigens maintained	1. Continuous supply of good quality vaccine, syringes and other logistics	X	X	X	X	DGHS, DDG(PHS), CE	SLR 300 Million	GOSL
	2. Renew and strengthen the cold chain system	X	X	X	X	DGHS, DDG(PHS), DDG(P), CE	SRL 20 Million	GAVI(HSS), UNICEF, WHO
	3. Upgrade the facilities for transport of the vaccines and for the field staff a. Replace three old vaccine transport vehicles (RMSD) per year				X	DGHS, DDG(PHS), DDG(P), CE	SRL 6 Million	Unfunded
	4. Conduct EPI coverage survey		X			CE/D/MCH	SRL 500,000	UNICEF
	5. Develop web based management information system for immunization programme	X	X	X	X	CE	SLR 2,000,000	UNICEF
Output 2: Regaining the confidence for school immunization programme	1. Develop and implement health education and social mobilization activities highlighting importance of immunization through mass media	X	X	X	X	DGHS, DDH(PHS), HEB, CE	SLR 5 Million	WHO, UNICEF, GAVI(HSS)
	a. Quarterly media seminar	X	X	X	X	DGHS, DDH(PHS), HEB, CE		UNICEF,
	b. Advocacy meeting with editors of leading electronic and print media	X				DGHS, DDH(PHS), HEB, CE		UNICEF,
	c. Advertising campaign in leading print and electronic media		X	X	X	DGHS, DDH(PHS), HEB, CE		UNICEF,
	d. Advocacy meetings with health sector trade unions and professional collages	X	X	X	X	DGHS, DDH(PHS), HEB, CE		UNICEF,
e. Revise and re-print national immunization hand Book		X			DGHS, DDH(PHS), HEB, CE		WHO	
Output 3: High coverage achieved for newly introduced antigens and new antigens introduced in the future	1. Ensure continues supply of Hib containing Pentavalent vaccine, AD syringes and safety boxes	X	X	X	X	DGHS, DDG(PHS), DDG(P), DDG(F), CE	SLR 564 million	GOSL – 51 Million GAVI – 513 Million
Output 4: Disease reduction	1. 100 % notification of EPI target diseases	X	X	X	X	MOIC, MOH, RDHS, PDHS, CE, D/MRI		GOSL



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
targets achieved	2. 100 % lab confirmation of AFP (Suspected Polio) cases	x	x	x	x			
	3. 50 % lab confirmation of fever rash (suspected measles and rubella) cases	x	x	x	x	MOIC, MOH, RDHS, PDHS, CE, D/MRI		WHO
	4. 25 % lab confirmation of other EPI target diseases	x	x	x	x	MOIC, MOH, RDHS, PDHS, CE, D/MRI		WHO
Output 5: Safe immunization services provided	1. Conduct AEFI training in 10 GAVI HSS funded districts	x	x	x	x	DDG(P), PD,RDHS, RE, MOH, CE		GAVI HSS
	2. Conduct cold chain training in 10 GAVI HSS funded districts	x	x	x	x	DDG(P),CE,D/MCH PD,RDHS, RE, MOH, ,		GAVI HSS
	3. Conduct AEFI training in 10 non GAVI HSS funded districts	x	x	x	x	DDG(P), PD,RDHS, RE, MOH, CE		HSDP
	4. Conduct cold chain training in non 10 GAVI HSS funded districts	x	x	x	x	DDG(P), PD,RDHS, RE, MOH, CE		HSDP
Output 6: Quality immunization services provided	1. Develop guidelines for minimum standards required for MCH (immunization Clinic)	x				DDG (PHS) ,D/MCH, CE		GOSL
	2. Conduct survey to ascertain MCH clinics comply with minimum standards		x			D/MCH/CE/PDHS/RDHS/M OH		UNICEF
	3. Develop five year plan of action to make sure all MCH clinics comply minimum standards		x			D/MCH/CE/PDHS/RDHS/M OH		UNICEF
	4. Make sure minimum of 25 % of the MCH clinics comply with minimum stranded by end of 2010		x	x	x	PDHS/RDHS/MOH		WHO, UNICEF, GAVI HSS, HSDP

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
1.	Immunization coverage for BCG, OPV 1 – 5, measles, DPT4, DT,								99%	99 %	
2.	Immunization coverage for aTd and Rubella immunizations at schools									60 %	
3.	Immunization coverage for Pentavalent vaccine and Live JE vaccine									90 %	
4.	Incidence of lab confirmed cases of polio, NNT, measles, congenital rubella, diphtheria									Zero	
5.	Incidence of pertussis, childhood TB, Hib disease and tetanus.									Less than previous year	
6.	Incidence of reported rate abscess formation following immunization									< 10/10 0,000 injections	
7.	Immunization service outlets adhering to the minimum standards									25 %	

<b>HMP Profile Number:</b>	1.4.2.d.2	<b>HMP Profile Title:</b>	Elimination of Measles
<b>Objective (to comply with the HMP profile document):</b>	Elimination of measles from Sri Lanka by year 2014		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Elimination of measles	Measles coverage at 9 months in all the districts over 95% MR coverage at 3 years in all the districts over 95%	100% 100%
2	Increase the lab confirmation of all fever and rash cases	Number of samples lab confirmed out of the total number of notified rubella and measles cases	50 %
3	Increase the lab confirmation of all fever and rash cases	Training of all the physicians and paediatricians on the importance of lab confirmation of fever and rash cases	30%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Elimination of measles	1. Routine immunization activities 9 ( Measles and MR)	x	x	x	x	MOH, REE		GOSL
	2. Immunization coverage surveys (described in 1.4.2.d.1)							
Output 2 Increase the lab confirmation of all fever and rash cases & Output 3 Increase the lab confirmation of all fever and rash cases	1. Train the physicians , paediatricians on the importance of lab confirmation of suspected measles and rubella cases	x	x	x	x	Epidemiology Unit REE		UNICEF

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>				<b>2009</b>	<b>2010</b>	
			17.7	11.2	11.3				10.6	10.4	
1	Measles coverage at 9 months in all the districts								100%	100%	
2	Mr coverage at 3 years in all the districts								100%	100%	

<b>HMP Profile Number:</b>	1.4.2.d.3	<b>HMP Profile Title:</b>	Haemophilus Influenza B Prevention & Control			
<b>Objective (to comply with the HMP profile document):</b>	Prevention and control of Hib Disease in Sri Lanka.					
No.	Expected Outputs	Indicators (each output)	Targets by end of year			
1	Near 100% Hib vaccine coverage achieved among the target group	Hib vaccine coverage	Over 90 % Penta 1, 2, 3 coverage			
2	Hib disease associated Morbidity and Mortality reduced	<ul style="list-style-type: none"> <li>■ Hospital admission rate due to Hib disease</li> <li>■ Routine notification rate of meningitis</li> <li>■ Case fatality rate of Hib disease</li> </ul>				
3	Hib disease surveillance activities strengthen	<ul style="list-style-type: none"> <li>■ Routine notification rate of meningitis</li> <li>■ Proportion of secondary and tertiary level care institutions functioning as a sentinel sites for Hib disease.</li> <li>■ Timeliness and completeness of special investigation forms</li> </ul>				
4	Laboratory surveillance activities strengthen	<ul style="list-style-type: none"> <li>■ Proportion of secondary and tertiary level care institutions with laboratory facilities to screen for and diagnose Hib disease</li> <li>■ % of timeliness and completeness of laboratory reports.</li> <li>■ % of laboratory confirmed meningitis cases</li> </ul>	At least 25 % of secondary and tertiary level care institutions to have laboratory facilities to screen for and diagnose Hib disease  At least 25 %			

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Near 100% Hib vaccine coverage achieved among the target group	1. Reintroduce Hib containing Pentavalent vaccine in to the EPI	x	x	x	x	DGHS, DDG(PHS), CE, D/MCH, PDHS, RDHS		GAVI
Output 2: Hib disease associated Morbidity and Mortality reduced	1. Conduct awareness programmes with clinicians in major hospitals on impotence of detection and documentation of Hib disease with the introduction of immunization	x	x	x	x	CE/RDHS/Hospital Directors	SLR 500,000	UNICEF
Output 3: Hib disease surveillance activities strengthen	1. Conduct awareness programmes with clinicians in major hospitals on impotence of detection and reporting of Hib disease with the introduction of immunization	x	x	x	x	CE/RDHS/Hospital Directors	SLR 500,000	UNICEF
Output 4: Laboratory surveillance activities strengthen	1. Conduct awareness programmes with clinicians in major hospitals on impotence of lab confirmation of meningitis cases with the introduction of immunization	x	x	x	x	CE/RDHS/Hospital Directors/ D/MRI	SLR 500,000	UNICEF

Part 2: Monitoring Indicators											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
1	Penta 1, 2, 3 immunization coverage									Over 90 %	
2	Routine notification rate of meningitis									50 %	

3	Case fatality rate of Hib disease									10 %		
4	Timeliness of special investigation forms									50 %		
5	Completeness of special investigation forms									50 %		
6	% of laboratory confirmed meningitis cases									25 %		

<b>HMP Profile Number:</b>	1.4.2.d.4	<b>HMP Profile Title:</b>	Viral Hepatitis Prevention & Control
<b>Objective (to comply with the HMP profile document):</b>	Prevention and Control of Viral Hepatitis in Sri Lanka		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Coverage and quality of epidemiological surveillance on viral hepatitis (Routine & special surveillance) increased	No. of training programmes conducted	4 Programmes
2	Viral hepatitis morbidity and mortality reduced	Incidence of viral hepatitis in each MOH area per week (source: WRCD)	Reduce by 10%
3	All infants Immunized against hepatitis B	% Immunization coverage of HepB 3 among infants	> 99%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Coverage and quality of epidemiological surveillance on viral hepatitis (Routine & special surveillance) increased	Healthcare workers trained on prevention of all types of viral hepatitis (Hepatitis A & E, transmitted faeco-orally and; hepatitis B, C & D, transmitted parenterally)		X	X	X	Epidemiologist, RDHS, RE		
Output 2: Viral hepatitis morbidity and mortality reduced	Activity 1 of Output 1		X	X	X			
	Outbreaks of viral hepatitis promptly investigated and response initiated		Depending on the arising necessity			Epidemiologist, RDHS, RE, MOH		Routine cost
	Selected high risk groups immunized against hepatitis A		Depending on the arising necessity			Epidemiologist, RDHS, RE		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 3: All infants immunized against hepatitis B	1. Activities discussed under Form B (1.4.2.d.1)							

<b>HMP Profile Number:</b>	1.4.2.d.5	<b>HMP Profile Title:</b>	Prevention of Rubella
<b>Objective (to comply with the HMP profile document):</b>	Prevention of Rubella and Congenital Rubella Syndrome (CRS) by 2010		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Elimination of CRS	Incidence of CRS, immunization coverage for rubella and MR	Zero incidence
2	Elimination of rubella	Incidence of rubella, immunization coverage for rubella and MR	10% less than 2009
3	Regaining the confidence of the community on the rubella immunization	Number of press conference, media seminar, seminars for editors of key print and electronic medias conducted Number of TV spots broadcasted on EPI vaccine Number of training programmes conducted for REE, MOO(MCH), MOOH on safety aspects of immunization	Near 100% coverage for two doses of rubella
3	Re scheduling the rubella immunization	Immunization summit	Conduct summit
4	Increase the lab confirmation of all clinically suspected rubella cases	Number of physicians and paediatricians trained on the importance of lab confirmation of all suspected rubella cases Number of samples tested for rubella antibody out of the total clinically suspected rubella cases	50% of notifications
5	Increase lab confirmation of all rubella out breaks	Number of physicians and paediatricians trained on the importance of lab confirmation of all suspected rubella cases Number of samples tested for rubella antibody out of the total clinically suspected rubella cases	100%

<b>HMP Profile Number:</b>	1.4.2.d.6	<b>HMP Profile Title:</b>	Poliomyelitis Eradication Initiative		
<b>Objective (to comply with the HMP profile document):</b>	Eradication of Poliomyelitis				
No.	Expected Outputs	Indicators (each output)			Targets by end of year
1	Enhanced Immunization Coverage of OPV	OPV Immunization Coverage			100% coverage
2	Enhanced AFP Surveillance	Non Polio AFP rate of children under 15 years of age			Non Polio AFP rate >1/100000 children under 15 years of age
		Timeliness and Completeness of Weekly Returns on AFP received from sentinel hospitals			>80% timeliness and completeness of AFP returns received
		Percentage of timely stool samples collected from AFP cases for polio virology			Timely stool samples collected for polio virology from >80% of AFP cases
		Number of quarterly meetings of NCCPE and NPEC conducted			4 meetings of each committee per year conducted
		Number of review visits to sentinel hospitals conducted			4 review programmes per year

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Enhanced Immunization Coverage of OPV	1. Monitoring of EPI Returns	X	X	X	X	Chief Epidemiologist	Routine	Routine
	2. Annual District EPI Reviews	X	X	X	X	Chief Epidemiologist	Routine	Routine
Output 2: Enhanced AFP Surveillance	1. Quarterly meetings of NCCPE	X	X	X	X	Chief Epidemiologist	\$400	WHO
	2. Quarterly meetings of NPEC	X	X	X	X	Chief Epidemiologist	\$400	WHO
	3. Review visits to sentinel hospitals	X	X	X	X	Chief Epidemiologist	\$400	WHO

Part 2: Monitoring Indicators											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
	Non Polio AFP rate of children under 15 years of age	Epidemiology Unit Data	2003	2004	2005	2006	2007	2008	2009	2010	
	Percentage of timely stool samples collected from AFP cases for polio virology	Epidemiology Unit Data	2003	2004	2005	2006	2007	2008	2009	2010	



<b>HMP Profile Number:</b>	1.4.2.j.1	<b>HMP Profile Title:</b>	Area-Specific Diseases: Leptospirosis Prevention & Control
<b>Objective (to comply with the HMP profile document):</b>	Area-Specific Diseases: Leptospirosis Prevention & Control		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Reduce the morbidity due to leptospirosis	Number of notified cases of leptospirosis	10% reduction compared to 2009
2	Reduce the mortality due to leptospirosis	Number of deaths due to Leptospirosis notified to Epidemiology Unit	10% reduction compared to 2009

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Reduce the morbidity due to leptospirosis	1. Printing/reprinting IEC material			X		Epidemiologist, HEB	Rs 50,000	WHO
	2. Conducting district reviews in high risk districts		X	X	X	RDHS, RE		
	3. Review of district level Leptospirosis activities by the Epidemiology Unit through Quarterly RE reviews	X	X	X	X	Epidemiologist		
	4. Conducting Leptospirosis sentinel surveillance	X	X	X	X	Epidemiologist	Routine expenditure	
Output 2: Reduce the mortality due to leptospirosis	1. Printing/reprinting IEC material			X		Epidemiologist, HEB	Rs 50,000	WHO
	2. Conducting district reviews in high risk districts		X	X	X	RDHS, RE		
	3. Review of district level Leptospirosis activities by the Epidemiology Unit through Quarterly RE reviews	X	X	X	X	Epidemiologist		
	4. Conducting Leptospirosis sentinel surveillance	X	X	X	X	Epidemiologist	Routine expenditure	

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>				<b>2009</b>	<b>2010</b>	
			17.7	11.2	11.3				10.6	10.4	
1	Leptospirosis case notification	Epidemiology Unit						2009	2010		
								4900	4400		
2	Leptospirosis death notification	Epidemiology Unit						2009	2010		
								144	129		

<b>HMP Profile Number:</b>	1.4.2.j.2	<b>HMP Profile Title:</b>	Area-Specific Diseases: Japanese Encephalitis Prevention & Control		
<b>Objective (to comply with the HMP profile document):</b>	Prevention and Control of Japanese Encephalitis in Sri Lanka				
No.	Expected Outputs	Indicators (each output)	Targets by end of year		
1	Immunization of children who completed one year of age against JE completed	JE immunization coverage	More than 95% of the targeted population		
2	All reported encephalitis patients are investigated by the MOH	Proportion of notifications investigated	100% by all MOH		
3	All JE cases are investigated by the MOH	Proportion of all reported JE cases investigated by the MOH	100% by all MOH		
4	Guideline on JE control and prevention prepared	Availability of the guideline	Guideline is printed and available during the year		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Immunization of children who completed one year of age against JE completed	1. Conducting the immunization program in high endemic districts	X	X	X	X	RDHS,RE, MOOH		GOSL
	2. Surveillance of AEFI due to LJEV	X	X	X	X	RDHS, RE, MOOH	Routine	
Output 2: All reported encephalitis patients are investigated by the MOH	1. Special investigation of encephalitis cases	X	X	X	X	MOOH	Routine	
Output 3: All JE cases are investigated by the MOH	1.Special investigation of JE cases	X	X	X	X	MOOH	Routine	
Output 4: Guideline on JE control and prevention prepared	1.Printing of guidelines on JE	X	X			Chief Epidemiologist	600000 LKR	PATH USA

Part 2: Monitoring Indicators												
No.	Indicators	Source	Year					Year				
			Data (actual)					Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003	2007	2008	2009(3 <sup>rd</sup> Q)	2009	2010		
			17.7	11.2	11.3				10.6	10.4		
1	Immunization coverage		New vaccine- data still not available for 2009						2010	>95%		
2	Investigation rates – encephalitis					53%	61%	54%		100%		
3	Investigation rates - JE					-	49%	70%		100%		

<b>HMP Profile Number:</b>	1.4.2.k	<b>HMP Profile Title:</b>	Communicable disease control: Emerging & Re-emerging Diseases (e.g. SARS, Ebola, Nipa virus) Control Strengthening Surveillance System – Avian/Pandemic Influenza
<b>Objective (to comply with the HMP profile document):</b>			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improving Preparedness on Avian/Pandemic Influenza	Number of Stakeholder Meetings conducted	12 Meetings per year
		Number of Simulation Exercise Programmes conducted in sentinel hospitals	2 programmes per year
2	Improving Surveillance & Detection of Avian/Pandemic Influenza	Number of training programmes for epidemiologists	4 programmes per year
		Number of training programmes conducted for sentinel hospital staff	4 programmes per year
		Number of review visits to sentinel hospitals	4 programmes per year
		Number of respiratory samples received from sentinel hospitals for influenza surveillance	10 samples per month from each hospital
3	Improving Response and Containment on Avian/Pandemic Influenza	Number of training programmes conducted for RRT personnel	3 programmes per year
		Number of training programmes conducted for Infection Control Nursing Officers in sentinel hospitals	3 programmes per year

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost LKR	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Improving Preparedness on Avian/Pandemic Influenza	1. Conducting monthly stakeholder meetings	X	X	X	X	Chief Epidemiologist	372,600	CDC
	2. Conducting Simulation Exercise Programmes conducted in sentinel hospitals		X	X		Chief Epidemiologist	372,600	CDC
Output 2: Improving Surveillance & Detection of Avian/Pandemic Influenza	1. Conducting training programmes for epidemiologists	X	X	X	X	Chief Epidemiologist	1942,350	CDC
	2. Conducting training programmes conducted for sentinel hospital staff	X	X	X	X	Chief Epidemiologist	299,000	CDC
	3. Conducting review visits to sentinel hospitals	X	X	X	X	Chief Epidemiologist	280,600	CDC
	4. Monitoring respiratory samples received from sentinel hospitals for influenza surveillance					Chief Epidemiologist	Routine	
Output 3: Improving	1. Conducting training programmes conducted for RRT personnel		X	X	X	Chief Epidemiologist	210,450	CDC

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost LKR	Source of funds
		Q1	Q2	Q3	Q4			
Response and Containment on Avian/Pandemic Influenza	2. Conducting training programmes conducted for Infection Control Nursing Officers in sentinel hospitals		X	X	X	Chief Epidemiologist	193,200	CDC

Part 2: Monitoring Indicators										
No.	Indicators	Source	Year						Year	
			Data (actual)						Target	
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010
			17.7	11.2	11.3				10.6	10.4
1	Number of respiratory samples received from sentinel hospitals for influenza surveillance	MRI	2008						2009	2010
			2312						2400	2400
2	Number of sentinel hospitals prepared	Epidemiology Unit	2009						2010	
			17						20	

<b>HMP Profile Number:</b>	1.4.2.1	<b>HMP Profile Title:</b>	Communicable disease control: Strengthening of Disease Surveillance and Management
<b>Objective (to comply with the HMP profile document):</b>	To strengthen the Epidemiology Unit to function as a centre of excellence for Training on field epidemiology Public Health surveillance & response An information centre on evidence related to disease control & prevention Research centre in applied Epidemiology		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improve and strengthen the communicable disease surveillance	-Completeness of WRCD - Timeliness of WRCD - % of nil returns	- Completeness and timeliness should be more than 80%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Improve and strengthen the communicable disease surveillance	All MOH areas in the country should send dully completed and timely Weekly Return of Communicable disease to the Epidemiology Unit	X	X	X	X	All MOOH	Routine	
	Drafting a guideline book for Public Health Inspectors on the Surveillance of communicable diseases.		X			Chief Epidemiologist	SLR 200,000	WHO
	Reprinting of Disease surveillance Case Definition Book				X	Chief Epidemiologist		Not identified
	District level PHC staff training on Disease Surveillance in selected districts		X	X	X	Chief Epidemiologist, RDHS, RE	SLR 250,000	UNICEF
	Conducting RE Quarterly Review on disease surveillance activities	X	X	X	X	Chief Epidemiologist, RDHS, RE	SLR 900,000	CDC

### Planning Form C : Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)

#### Annual Action Plan

<b>Title of Work:</b>	National Research Programme for Chronic Kidney Disease of Unknown Aetiology		
<b>Objective:</b>	To identify the prevalence of chronic kidney disease of unknown aetiology (CKDu) in selected areas of Sri Lanka To identify the risk factors for chronic kidney disease of unknown aetiology (CKDu)		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Identify Disease burden of CKDu in Sri Lanka and the risk factors	Availability of prevalence of CKDu in study area	Identification of prevalence of CKD
2		Identification of risk factors	Identification of risk factors for CKDu

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 1: Identify Disease burden of CKDu in Sri Lanka and the risk factors	1. A prevalent study to identify the prevalence of CKDu	X	X	X	X	Chief Epidemiologist	SLR 10,000,000	WHO,
	2. A case-control study to identify possible risk factors for CKDu Entry of investigation results		X	X	X	Chief Epidemiologist	SLR 8,000,000	WHO

<b>Title of Work:</b>	Control of Diarrhoeal Diseases		
<b>Objective:</b>	Reduce the morbidity and mortality due to diarrhoeal diseases		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Reduce the morbidity due to diarrhoeal diseases	Number of notified cases of Typhoid and Dysentery	Reduced morbidity by 5% than reported

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output Reduce the morbidity due to diarrhoeal diseases	1.Review the RE activities on diarrhoeal diseases in the RE reviews	X	X	X	X	Epidemiologist	Discussed under 1.4.2.1	
	2.Investigation of food poisoning and diarrhoeal diseases out break	X	X	X	X	R Epidemiologist/MOH	Routine	Routine

## Planning Form A: List of HMP Project Profiles and Other Activities

1. Basic Information			
<b>Name of Programme/Unit:</b>	Public Health Veterinary Services, 555/5, Elvitigala Mw, Col-05	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Dr. P.A.L. Harischandra Public Health Veterinary Services	Contact: 011-2501709 / 011-2368524/ haris@itmin.com	
2. List of HMP Project Profiles under your purview			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.2.e	Communicable Diseases Control; Rabies and other Zoonotic diseases control	Yes

## Planning Form B: Annual Action Plan for HMP Project Profiles

<b>HMP Profile Number:</b>	1.4.2.e	<b>HMP Profile Title:</b>	Communicable Diseases Control; Rabies and Other Zoonotic diseases control	
<b>Objective (to comply with the HMP profile document):</b>	Reduction of Human Rabies by 50% from present level of 0.25 per100,000 population to 0.13 per 100,000 population by 2012			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	Increased herd immunity against rabies among dog population by 10%	Number of dogs vaccinated	1.3 million dogs	
2	Reduced rabies susceptible dog (puppies including dogs less than 1year) population	Number of female dogs sterilized Percentage of dogs less than one year	150,000 female dogs Reduction by 10% of the previous level	
3	Improved infrastructure facilities at the office of the D/PHVS & DPCC	Completion of the task		
4	Ensured efficient and effective conduction of all rabies control and preventive activities	Number of review meetings Conducted	08	



		Number of field surveys conducted Completion of the special task	04
5	Improved working capacity and skills of rabies control staff and other relevant stakeholders	Number of staff training programmes conducted	08
6	Improved community awareness on rabies control	Number persons participated for awareness programmes Completion of the task	2,000,000
7	Ensured coordination between public health and curative health sectors to reduce the cost of PET and human deaths	Number of meetings Conducted	05
8.	Improved capacity for monitoring of all rabies control activities	Completion of the task	
9.	Ensured active involvement of Medical Officers of Health (MOH) in rabies eradication effort	Number of meetings with MOH	04

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Increased herd immunity against rabies among dog population by 10%	1. Anti Rabies Vaccination of domestic dogs	√	√	√	√	DPHVS/DMSD/D	25 million	GOSL/Recurrent
	2. Anti Rabies Vaccination of free roaming stray and community dogs	√	√	√	√	SPC/ PDHS		
	3. Purchase Auto Vaccinators	√	√	√	√	DPHVS	1 million	GOSL
	4. Training of vaccinators	√	√	√	√	D/PHVS	1 million	GOSL
	5. Purchase of 50 three wheelers	√	√	√	√	D/PHVS, D/Transport	15 million	GOSL
Output 2: Reduced rabies susceptible dog (puppies including dogs less than 1year) population	1. Surgical sterilization of female dogs	√	√	√	√	DDGPHS-1/DPHVS/PDHS/RDHS	145 million	GOSL
	2. Supply of animal birth control drugs & equipments	√	√	√	√	DPHVS/ PDHS/RDHS	6.0 million	WHO (1 million) (5.1) / GOSL (5 million)
	3. Supply of animal birth control drugs & equipments/DPCC	√	√	√	√	D/PHVS	0.5million	GOSL
	4. Training of Veterinary surgeons & PHIs	√	√	√	√	DPHVS/ Vet. Officers/ PHI	0.4 million	GOSL
Output 3: Improved infrastructure facilities at the office of the D/PHVS & DPCC	1. Supply of one photocopiers	√	√	√	√	D/PHVS	0.15 millions	GOSL
	2. Supply of three air conditioners to computer & conference rooms	√	√	√	√	D/PHVS	0.4 millions	GOSL
	3. Cool room & generator	√	√	√	√	D/PHVS	3.5 million	GOSL

	4. Mobile surgical unit	√	√	√	√	D/PHVS	5 million	GOSL
	5. Rehabilitation of vehicles	√	√	√	√	D/PHVS	1 million	GOSL
	6. Repair and improvement of existing buildings	√	√	√	√	D/PHVS	1 million	GOSL
	7. Supply of a Deep freezer	√	√	√	√	D/PHVS	0.2 million	GOSL
Output 4: Ensured efficient and effective conduction of all rabies control and preventive activities	1. Conduction of meetings to steward the new strategies (quarterly meetings)	√	√	√	√	D/PHVS	0.125 million	WHO (5.7 cont)
	2. Conduction of meetings with stake holders (sterilization)	√	√	√	√	D/PHVS	0.125 million	WHO (5.7)
	3. Conduct field surveys to monitor Provincial dog sterilization activities	√	√	√	√	D/PHVS	0.2 million	GOSL
	4. Review, update and reprinting of National Plan for Rabies Elimination		√	√		D/PHVS	0.2 million	GOSL
Output 5: Improved working capacity and skills of rabies control staff and other relevant stakeholders	1. Regional Training of D/PHVS		√			D/PHVS	0.25 million	WHO (5.8 Cont)
	2. Regional Training of Medical Officers/ PHVS		√			D/PHVS	0.25 million	WHO (5.8 Cont)
	3. Local Training of MOH & PHIs		√			D/PHVS	0.2 million	WHO (5.4)
	4. In service Training canine vaccination strategies and animal birth control techniques	√	√	√	√	D/PHVS	0.125 million	WHO (5.5)
Output 6: Improved community awareness on rabies control	1. Conduct activities in centre to mark the World Rabies Day			√		DDGPHS-1/D/P HVS	1 million	GOSL
	2. Conduct activities in Provincial level to mark the World Rabies Day			√		DDGPHS-1/PDH S, RDHS, RE	5.9 million	GOSL
	3. Production of banners			√		D/PHVS, PDHS, RDHS	0.2 million	GOSL
	4. Production of leaflets			√		D/PHVS, PDHS, RDHS	0.2 million	GOSL
	5. Production of Bill boards			√		D/PHVS	0.2 million	GOSL
	6. Production of Posters			√		D/PHVS	0.2 million	WHO (5.6 cont.)
	7. Awareness through radio spots on Rabies Control		√	√		D/PHVS	0.4 million	GOSL
Output 7: Ensured coordination between public health and curative health sectors to reduce the cost of PET and human deaths	1. Conduction of programmes for curative health staff					D/PHVS	0.15 million	WHO (5.2)
	2. Evaluation of practices in Rabies PET clinics					D/PHVS	0.15 million	WHO (5.3)

Output 8: Improved capacity for monitoring of all rabies control activities	1. Supply of computers (desktop & laptops), computer tables, printers etc.					D/PHVS	0.8 million	WHO (5.6)	
	2. Supply of tattoo machines to monitor the sterilization programme					D/PHVS	0.2 million	GOSL	
	3. Conduct National meetings and follow up advisory committee meetings to improve the productivity of dog sterilization programme					D/PHVS	0.6 million	GOSL	
Output 9: Ensured active involvement of Medical Officers of Health (MOH) in rabies eradication effort	1. Meetings with Medical Officers of Health					D/PHVS	0.15 million	GOSL	
	2. Purchase of vehicles to coordinate with the MOH					D/PHVS	12 million	GOSL	

## Part 2: Monitoring Indicators

No.	Indicators	Source	Year						Year				
			Data (actual)						Target				
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>					<b>2009</b>	<b>2010</b>		
			17.7	11.2	11.3					10.6	10.4		
1.	Human Rabies Cases per 100,000 population		1994	2004	2005	2006	2007	2008	2009	2010			
			0.57	0.5	0.28	0.37	0.28	0.25	0.25	0.2			

<b>HMP Profile Number:</b>	1.4.2.e	<b>HMP Profile Title:</b>	Communicable Diseases Control; Rabies and Other Zoonotic diseases control								
<b>Objective (to comply with the HMP profile document):</b>	Minimized the transmission of Japanese Encephalitis from Pigs										
<b>No.</b>	<b>Expected Outputs</b>				<b>Indicators (each output)</b>				<b>Targets by end of year</b>		
1	Reduction of Japanese Encephalitis transmission in pig population				No. of pigs vaccinated				75000		
<b>Output</b>		<b>Major Activities (only those planned this year)</b>			<b>Timeframe</b>				<b>Responsible officer(s)</b>	<b>Estimated cost</b>	<b>Source of funds</b>
					Q1	Q2	Q3	Q4			
<b>Output 1</b> Reduction of Japanese Encephalitis transmission in pig population		1. Supply of JE vaccines to vaccinate the pigs							DPHVS/DMSD/DSPC/ PDHS	2.5million	GOSL

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>				<b>2009</b>	<b>2010</b>	
			17.7	11.2	11.3				10.6	10.4	
2.	Number of reported Encephalitis cases*		<b>1994</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	
								55			
3.	Number of confirmed Japanese encephalitis cases*		<b>1994</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	
			230	129	65	26	39	31	25		

\* Indicators taken from the EPID Unit

*Annual Action Plan 2010*

# **DDG/PHS II**

- ◆ Director MCH
- ◆ Director Estate Health
- ◆ Director Youth, Elderly & Disabled
- ◆ Director Nutrition
- ◆ Director Health Education Bureau



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>		Director MCH	<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Director MCH	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.1.3.a.1	Strengthening of Maternal Health Services	
2.	1.1.3.a.2	Strengthening of Management information system on MCH/FP	
3.	1.1.3.b	Health Care Needs of Women with attention to Special Groups	
4.	1.1.3.c	Strengthening the Emergency Obstetric Care & Neonatal Care	
5.	1.1.3.d	Management System for Strengthening of Family Health Services	
6.	1.1.3.e	Child Health Programme	
7.	1.1.3.f	Family Planning Programme	
8.	1.1.3.g	Reproductive Health Services (IEC support for RH)	
9.	1.4.2.h	Communicable disease control: Integrated Management of Childhood Illnesses	
10.	1.5.7	School Health	
<b>3. List of other major work not included in the profiles under your purview</b>			

## **Planning Form B: Annual Action Plan for HMP Project Profile**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b> 1.1.3.a.1		<b>HMP Profile Title:</b> Strengthening of Maternal Health Services	
<b>Objective (to comply with the HMP profile document):</b>		To improve service delivery for pregnant mothers in order to improve their health and wellbeing at an affordable cost, with special focus on the vulnerable and privileged.	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Reduction of Maternal Mortality by 5/100,000 and Cause specific maternal mortality ratio (especially deaths due to haemorrhage, septic abortions and indirect causes )	No of maternal mortality reviews completed	MMR of 24/100,000 LB Cause specific mortality ratio to be reduced to 2/3 of current value
2	Reduction of psychological vulnerability of bereaved children	Availability of psychosocial support for bereaved families	Provision of psychosocial support for 50% of bereaved families
3	Reduction of severe acute maternal morbidity	Availability of a plan to implement a system of near miss inquiry	Establishment of a system of near miss inquiry in 5 Teaching Hospitals



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Reduction of Maternal Mortality by 5/100,000 and Cause specific maternal mortality ratio (especially deaths due to haemorrhage, septic abortions and indirect causes)	1. Conduct National Maternal Mortality Reviews (NMMR) in 25 districts ( 2008/2009)	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1600000.00	UNICEF
	2. Addition of socio-economic perspective at NMMR	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	400000.00	UNICEF
	3. Capacity building of program managers in Confidential Inquiry	xx	xx			Dr. Kapila Jayaratne CCP/Maternal care	2,000,000	UNICEF
	4. Implementation of Confidential Inquiry in to the Maternal Deaths Surveillance system			xx		Dr. Kapila Jayaratne CCP/Maternal care	4000.00 USD	WHO
				xx				
	5. Strengthening of maternal death surveillance system		xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	600000.00	UNICEF
	6. Development of region (district)-specific strategies to reduce maternal deaths			xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1500000.00	UNICEF
	7. Development of cause-specific national strategies to reduce maternal deaths	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1000000.00	UNICEF
8. Analysis of maternal deaths and their determinants in Sri Lankan context	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1500000.00	UNICEF	
Output 2: Reduction of psychological vulnerability of bereaved children	1. Implementation of a National level program to address psychological vulnerability of bereaved children	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	2,000,000	UNICEF
Output 3: Reduction of severe acute maternal morbidity	1. Surveillance of severe acute Maternal Morbidity due to PPH - Near miss inquiry	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	4000.00 USD	WHO
	2. Implementation of WHO Global Survey on severe maternal morbidity and newborn health	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	27000.00 USD	WHO

<b>Part 2: Monitoring Indicators</b>												
No.	Indicators	Source	Year					Year				
			Data (actual)					Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003	2006	2007	2008	2009	2010		
1.	No of maternal mortality reviews completed	FHB Annual Report						60%	65%	100%		
2.	Maternal mortality rate (per 1000 LB)	National data system							(39.3)	34.0		
3.	% of maternal deaths presented with a report from social officer at NMMR	NMMR Report							0%	80%		
4.	% of Confidential Inquiries conducted in to the Maternal Deaths	NMMR Report							0	50%		
5.	No of maternal deaths reported outside routine system	NMMR Report							0	10		
6.	No of districts with a plan of action to reduce maternal deaths	FHB Annual Report							0	10		
7.	No of cause-specific national strategies to reduce maternal deaths developed	FHB Annual Report							0	4		
8.	% of bereaved families supported	FHB Annual Report							0%	50%		
9.	No of hospitals a system of near miss inquiry established	FHB Annual Report							0	5		
10.	No of medical officers having access to reproductive health journals	FHB Annual Report							0%	100%		

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.1.3.a.2	<b>HMP Profile Title:</b>	Strengthening of Management information system on MCH/FP
<b>Objective (to comply with the HMP profile document):</b>		To strengthen the implementation of MCH/FP Management Information System at all levels thereby improving monitoring and evaluation of MCH/FP services with a view to enhancing coverage and quality of RH service delivery	
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	MCH planning process improved at all levels	No. of strategic plans in place % of districts annual MCH plans	Strategic plans available for all MCH components All districts have annual MCH plans
2	Management Information System on MCH/FP reviewed and revised to provide need based quality information	No. of records revised	All records to be reviewed and revised accordingly
3	Capacity of Health staff managing and implementing MIS improved	Percentage of staff trained on MIS Percentage of returns submitted on time Percentage of returns submitted with good quality information	All MOMCH to be trained 50% of PHNSs/SPHMs to be trained 90% of MCH returns submitted on time 80% of good quality return submitted on time
4	Logistic system of printed forms improved at all levels	<b>1. No. of forms stock out during 2010</b>	All MIS forms be available in all MOH areas
5	Computerized MIS established and implemented at divisional level	<b>2. No. of computerized software available</b> <b>3. % of MOH areas using the software</b>	All MCH returns computerized 90% of MOHs using the software
6	New supervision tools and self evaluation tools in place	No. of self evaluation tools developed No. and percentage of supervisions carried out using the new tools	Preparation of supervision tools for all PHC staff completed 75% of the staff trained on evaluation tools
7	Performance appraisal system for PHC staff in place and officers performing best are rewarded	No. of officers rewarded	Performance evaluation of PHMs, PHNSs, PHII, SPHMs, MOHs done in all districts and reward those performing best
No.	Expected Outputs	Indicators (each output)	Targets by end of year
8	Regular meetings conducted to review progress MCH programme implementation at different levels	No. of review meetings conducted at national and district levels Percentage of recommendations implemented	All districts to conduct regular district MCH reviews and national reviews
9	Timely reporting of feed back reports & national statistics	No. of feedback reports published timely	Annual reports to be published yearly for the previous year

10	Relevant operational research studies conducted on Family health	No. of research conducted No. of research papers submitted No. of recommendations implemented	One operational research to be conducted annually Dissemination of study findings
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Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: MCH planning process improved at all levels	1.Prepare strategic plans on MCH (all components) 2.Sensitize provincial health staff and other stakeholders on strategic plans 3. Assist district level managers in development of district MCH plans		X	X		Dr. C. de Silva	Rs. 1,400,000	WHO
Output 2: Management Information system reviewed and revised to provide need based quality information	1. Conduct and external review of existing MIS on MCH/FP	X	X			Dr. C. de Silva	Rs. 80,000,000	GAVI-HSS
	2. Revise the Management Information system on MCH/FP based on the above review	X	X	X	X	Dr. C. de Silva		
	3. Prepare circulars and guidelines on the revised MIS			X	X	Dr. C. de Silva		
	4. Print relevant records and returns to implement the system			X	X	Dr. C. de Silva		
	5. Implement a new system for collection of maternity and perinatal statistics from hospitals	X	X	X	X	Dr. C. de Silva	Rs. 600,000	WHO
Output 3: Capacity of Health staff managing and implementing MIS improved	1. Capacity building of managerial staff to ensure proper management and use of the MCH/FP information system	X		X	X		Rs. 500,000	GAVI -HSS
	2. Training of peripheral health staff on revised MIS			X	X	Dr. C. de Silva	Rs. 1,000,000	GAVI- HSS
Output 4: Logistic system of printed forms improved at all levels	1. Printing of all required records and returns for all districts			X	X	Dr. C. de Silva	Rs. 4,000,000 Rs. 1,000,000 Rs. 3,000,000 Rs. 3,000,000	UNFPA GAVI-HSS UNICEF GOSL
	2. Timely distribution of printed forms to periphery			X	X	Dr. C. de Silva	Rs. 500,000	GOSL

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	3. Improved storage facilities for printed forms		X			Dr. C. de Silva	Rs. 1,000,000	GAVI-HSS GOSL
Output 5: Computerized MIS established and implemented at divisional level	1. Develop computerized database for MIS from the divisional level up to provincial levels	X	X			Dr. C. de Silva	Rs. 3,000,000	UNFPA/ GAVI-HSS
	2. Train health staff to implement data management		X	X		Dr. C. de Silva	Rs. 300,000	WHO
	3. Equip MOH offices with necessary IT equipment		X			Dr. C. de Silva	Rs. 1,000,000	GAVI-HSS/ GOSL
	4. Networking of all units within the Family Health Bureau	X				Dr. C. de Silva	Rs. 1,000,000	GAVI-HSS
Output 6: New supervision tools and self evaluation tools in place	1. Develop supervision tools for monitoring of performance of all categories of field staff	X				Dr. C. de Silva	Rs. 300,000	GAVI-HSS
	2. Printing and distribution of supervision guidelines	X	X			Dr. C. de Silva	Rs. 300,000	GAVI-HSS
	3. Training of master trainers on the use of supervision tools		X	X	X	Dr. C. de Silva	Rs. 500,000	GAVI- HSS
	4. Conduct supervision workshops at district level to improve skills of supervisory staff		X	X	X	Dr. C. de Silva	Rs. 300,000	GAVI-HSS
	5. Develop and print self evaluation tools for PHMs			X	X	Dr. C. de Silva	Rs. 200,000	GAVI-HSS
	6. Train PHMM to use self evaluation tools				X	Dr. C. de Silva	Rs. 200,000	GAVI-HSS
Output 7: Performance appraisal system for PHC staff in place and officers performing best are rewarded	1. Develop performance evaluation tools for PHC staff	X				Dr. C. de Silva	Rs, 250,000	GAVI-HSS/WHO
	2. Train supervisory health staff to conduct the evaluation	X	X			Dr. C. de Silva	Rs.300,000	GAVI-HSS
	3. Conduct evaluation and select the staff performing best		X	X		Dr. C. de Silva	Rs. 100,000	GAVI-HSS/WHO
	4. Reward the selected officers					Dr. C. de Silva	Rs. 5,000,000	GAVI-HSS/ WHO
Output8: Regular meetings conducted to review progress of MCH programme implementation at different levels	1. Conduct MCH review meetings on annual basis in every district		X	X		Dr. C. de Silva	Rs. 2,000,000	UNICEF
	2. Conduct regular review meetings with district programme managers-MOMCHs/RSPHNOS/ SSO		X		X	Dr. C. de Silva	Rs. 1,000,000	UNFPA
	3. Conduct assessment of MDG indicators in Sri Lanka	X				Dr. C. de Silva	Rs. 500,000	WHO
	4. Include MDG monitoring into the routine monitoring system	X	X			Dr. C. de Silva	Rs. 400,000	WHO
Output 9:	1. Publishing of Annual report on Family Health every					Dr. C. de Silva	Rs. 200,000	UNFPA

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Timely reporting of feed back reports & national statistics	year				X			
	2. Printing and distribution quarterly feedback reports	X	X	X	X	Dr. C. de Silva	Rs. 50,000	UNFPA
	3. Publishing of annual MCH statistics bulletin		X			Dr. C. de Silva	Rs. 100,000	UNICEF
	4. Publishing of annual population statistics		X			Dr. C. de Silva	Rs. 100,000	UNFPA
Output 10: Relevant operational research studies conducted on Family health	Provide necessary infrastructure facilities to the research		X	X	X	Dr. N. Lansakara	Rs. 400,000	WHO
	Development of RH research database, disseminate important relevant research findings and include these findings in policies	X	X	X	X	Dr. N. Lansakara	Rs. 300,000	WHO
	Conduct field surveys to evaluate service delivery in a selected district (one each year) newly selected population in Northern Province			X	X	Dr. N. Lansakara	Rs. 800,000	WHO
	Research on RH/CAH to be done	X	X	X	X	Dr. N. Lansakara	Rs. 1,100,000	WHO
	Consultative meetings developing MIS on perinatal care and pilot tested in selected institutions	X	X	X	X	Dr. N. Lansakara	Rs. 600,000	WHO

<b>Part 2: Monitoring Indicators</b>												
No.	Indicators	Source	Year					Year				
			Data (actual)					Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003		2008		2009	2010		
			17.7	11.2	11.3				10.6	10.4		
11.	Timely reporting of H 509	FHB					85%		90%	100%		
12.	Publishing of annual report timely	FHB							100%	100%		
13.	Percent of Supervisions carried out by supervisors	FHB					50%		70%	80%		
14.	Percent of annual Review meetings carried out by districts	FHB					40%		70%	80%		
15.	Percent of districts conducted performance evaluation of staff	FHB					25%		50%	100%		

**Part 1: Annual Action Plan –School and Adolescent Health Unit**

<b>HMP Profile Number:</b> 1.1.3.a.2		<b>HMP Profile Title:</b> Strengthening of Management information system on MCH/FP	
<b>Objective (to comply with the HMP profile document):</b>		To strengthen the implementation of MCH/FP Management Information System at all levels thereby improving monitoring and evaluation of MCH/FP services and supervision with a view to enhancing coverage and quality of RH service delivery	
<b>No</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Adolescent Health Improved	Survey report	
2	Improved life skills among school children and adolescents	Survey report	
3	Improved adolescent friendliness of public health services	% of public health staff trained in AFHS % of MOH having AFHS	50% of PHC staff trained
4	Updated Knowledge about needs of adolescents at risk	Survey report	Completion of survey
5	Improved nutritional status of adolescents	Reduction of thinness and overweight among adolescents (nutrition month data)	8% reduction in thinness among adolescents
6	Improved health of school children	SMI coverage survey data	
7	Strengthened health promoting school program	% of HPS / district	60% of schools transferred to HPS
8	Improved care for school children with specific learning difficulties (SLD)		
9	Evaluation of SAH Program	Review reports/Annual review	
10	Improved capacity of national and middle level managers	No. of fellowships	



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 1: Adolescent Health Improved	1.Preparation & printing of strategic plan on Adolescent Health	X	X			CCP/ SAHU	400,000.00	WHO
	2.Advocacy programs on adolescent Health		x	x		CCP/ SAHU	160,000.00	
	3.Printing of Adolescent MH booklets (n=125,000)		x	x		CCP/ SAHU	9480,650.00	
	4.Teacher empowerment on RH education ( 3 districts = Rs.25,000* 35 programs( 1 program for 60 teachers )		x	x	x	CCP/ SAHU	875,000.00	
	5.Capacity building of staff on adolescent health programs (central +peripheral) (local & foreign training)		x	x	x	CCP/ SAHU	400,000.00	WHO
	6. Development of IEC material on Adolescent health		x	x		CCP/ SAHU	1,000,000.00	
Out put 2: Improved life skills among school children and adolescents	1. Life skills TOT		x	x	x	CCP/ SAHU	1600,000.00	
	2.Printing life skill activity booklet for teachers and health staff –Sinhala & English versions		x	x		CCP/ SAHU	1100,000.00	Govt. funds
	3. Life skill camps (n=50; Rs.45,000.00*10)		x	x	x	CCP/ SAHU	450,000.00	
Output 3: Improved adolescent friendliness of public health services	1. adolescent health TOT		x	x	x	CCP/ SAHU	1,000,000.00	
	2.Establishment of 50 AFHS centers		x	x	x	CCP/ SAHU	1,000,000.00	WHO- for 3 centres (520,000.00)
	3.Printing AFHS Training Manual (n=1000)	x	x			CCP/ SAHU	510,000.00	WHO-
Output 4: Updated Knowledge about	1.MARA Research					CCP/ SAHU	5,800,000.00	UNICEF- Provides Rs.3500,000.00

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
needs of adolescents	2. Research on school health & adolescent health issues		x	x	x	CCP/ SAHU	1,000,000.00	
Output 5: Improved nutritional status of adolescents	1. Nutrition counselling master training		x	x		CCP/ SAHU	600,000.00	
	2. Nutrition counselling of adolescents-TOT		x	x	x	CCP/ SAHU	1,200,000.00	
	3. Printing of adolescent WHO growth standards (N-3000)		x	x		CCP/ SAHU	260,000.00	UNICEF(unfunded)
	4. Adolescent Health record revised with WHO Growth chart , print and made available (n=200000)					CCP/ SAHU	4,000,000.00	UNICEF(unfunded)
	5. Procurement of anthropometric measurement & Snellen's charts for PHI (n=500)		x	x		CCP/ SAHU	500,000.00	
	6. Procurement and supplementation of micro nutrients to adolescent school children		x	x	x	CCP/ SAHU	2,000,000.00	
	7. TOT on new WHO adolescent growth standards			x	x	CCP/ SAHU	600,000.00	
	8. Nutrition Month activities		x	x		CCP/ SAHU	300,000.00	
	1. Principal Awareness programs (n=22)		x	x	x	CCP/ SAHU	1,840,000.00	
	2. Advocacy programs on school health (n=10)	x	x	x		CCP/ SAHU	840,000.00	
	3. Training of Teachers on SHP and HPS (n=100)					CCP/ SAHU	6,065,500.00	
	4. Printing of School Health policy and five year action plan(Sinhala, Tamil and English)		x	x		CCP/ SAHU	600,000.00	
	5. National Coordinating Committee meetings on School Health	x	x	x	x	CCP/ SAHU	96 ,000.00	
	6. Stakeholders meetings on School Health	x	x	x	x	CCP/ SAHU	32,000.00	
	7. Capacity building of central & peripheral health staff on HPS (foreign training) (n=10)			x	x	CCP/ SAHU	2,000,000.00	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 7: Strengthened health promoting school (HPS) program	1. Advocacy program on HPS		x	x	x	CCP/ SAHU	2,000,000.00	
	2. Printing of HPS teacher guide –Sinhala, Tamil versions		x	x		CCP/ SAHU		
	3. Preparation & printing of Health Promoting booklets for primary school children (Sinhala & Tamil)		x	x		CCP/ SAHU	1000,000.00	
Output 8: Improved care for children with specific learning difficulties (SLD)	1. Advocacy programs on specific Learning Disorders (SLD) for education and health staff (n=10)		x	x		CCP/ SAHU	75,000.00	
	2. Preparation and printing of a strategic plan on care for children with SLD		x	x		CCP/ SAHU	475,000.00	
	3. TOT on care for children with SLD for ISA			x	x	CCP/ SAHU	1000,000.00	
Output 9: Evaluation of SAH Program	1. District school health reviews	x	x	x	x	CCP/ SAHU	360,000.00	
	2. National level review on AH		x		x	CCP/ SAHU	200,000.00	
	3. Develop MIS on adolescent service delivery		x	x	x	CCP/ SAHU	150,000.00	WHO
	4. Develop, pilot test and Evaluation of HPS package and advocacy of HPS package		x	x	x	CCP/ SAHU	800,000.00	WHO
	5. Preparation and distribution of circular letters	x	x	x	x	CCP/ SAHU	50,000.00	
Output 10: Improved capacity of national and middle level managers	1. Capacity building of staff on school & adolescent health programs (central +peripheral) (local & foreign training)		x	x	x	CCP/ SAHU	400,000.00	WHO
	2. Develop, print and pilot testing of guide for health workers on school health		x	x	x	CCP/ SAHU	2,000,000.00	
	3. Capacity building on school health		x	x	x	CCP/ SAHU	1,000,000.00	

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
			1991	2002	2003				2009	2010	
	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	17.7	11.2	11.3				10.6	10.4	
	SMI Coverage	H-797				2007	2008			2010	
						89	89			91	
	Proportion of HPS	H-797									
	No. AH programs conducted	H-797									
	No. Of life skill camps conducted										
	Proportion of teachers trained on RH education										
	Proportion of health staff with life skill trained										
	Proportion of teachers trained on HPS										
	Prevalence of thinness among adolescents	Nutrition month data					45%			35%	
	Prevalence of overweight among adolescents	Nutrition month data					5%			4%	

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b> 1.1.3.b		<b>HMP Profile Title:</b> Health Care Needs of Women with attention to Special Groups	
<b>Objective (to comply with the HMP profile document):</b>		To improve quality of life of vulnerable groups of females/people such as migrant women and their families, women who experience domestic violence, working women, people affected by gender based violence, newly married couples and special groups of women with reproductive health problems and women of and over 35 years of age by providing services and thereby reducing the morbidity and mortality associated with these diseases	
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Capacity building of health staff on comprehensive management of primary prevention and handling of GBV with multi- sectoral approach improved	-Number of Training of Trainers on Prevention & Management of GBV. -Number of Training programmes for Primary Health Care staff on Prevention & Management of GBV. -Central level programme officer trained on training of curative health staff on Management of GBV. -IEC materials developed on prevention of GBV. -Training module for training of institutional staff on management of GBV.	5programmes. 40 programmes. 10,000 IEC materials. Final draft of module.
2	Capacity building of preventive health staff to address the RH needs of migrant workers and their families.	-Availability of a Booklet for Migrant Workers and their families on addressing Reproductive Health needs. -Number of Training of Trainers to address the RH needs of migrant workers and their families.	50,000 Books. 3 programmes
3	Capacity building of preventive health staff to screen and promote health of Newly Married couples.	-Number of Training of Trainers to screen and health promotion of Newly Married couples. -Number of Training programmes for Primary Health Care staff to screen and health promotion of Newly Married couples.	2 programmes. 7 programmes.

4	Alternative methods of cervical cancers screening in place on a planned basis	-Number of Training programmes on alternative methods of Cervical cancers screening. -Developing alternative methods of Cervical cancers screening. -Procurement of supplies for alternative methods of Cervical cancers screening -Number of Training of Trainers on Cervical Cancer screening.	10 programmes.  Alternative methods.  Procurement of supplies.  12 programmes.
5	Review of Well women clinics at Provincial level.	Number of Well women clinics review.	9 programmes.

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Capacity building of health staff on comprehensive management of primary prevention and handing of GBV with multi-sectoral approach improved	1. 5 Training of Trainers on Prevention & Management of GBV.					Dr. N. M.	4,00,000.00	UNFPA
	2. 40 Training programmes for Primary Health Care staff on Prevention & Management of GBV.					Dr. N. M.	20,00,000.00	WHO, UNFPA
	3. Capacity building of Central level programme officer on training of curative health staff on Management of GBV.					Dr. N. M.	7,00,000.00	WHO
	4. Development of IEC materials on GBV.					Dr. N. M.	2,00,000.00	
	5. Development of Training module for training of institutional staff.					Dr. N. M.	3,00,000.00	WHO
Output 2: Capacity building of preventive health staff to address the RH needs of migrant workers and their families.	1. Printing of a Booklet for Migrant Workers.					Dr. N. M.	4,00,000.00	WHO, UNFPA
	2. 3 Training of Trainers to address the RH needs of migrant workers and their families.					Dr. N. M.	3,00,000.00	WHO
Output 3: Capacity building of preventive health staff to screen and promote health of Newly Married couples.	1. 2 Training of Trainers to screen and health promotion of Newly Married couples.					Dr. N. M.	300,000.00	WHO
	2. 7 Training programmes for Primary Health Care staff.					Dr. N. M.	5,00,000.00	WHO

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 4: Alternative methods of cervical cancers screening in place on a planned basis	1. 10 Training programmes on alternative methods of Cervical cancers screening.					Dr. N. M.	10,00,000.00	WHO
	2. Development of alternative methods of Cervical cancers screening.					Dr. N. M.	2,00,000.00	WHO
	3. Procurement of supplies for alternative methods of Cervical cancers screening.					Dr. N. M.	5,00,000.00	WHO
	4. 12 Training of Trainers on Cervical Cancer screening.					Dr. N. M.	5,00,000.00	UNFPA
Output 5: Review of Well women clinics at Provincial level	1. Review of Well women clinics at Provincial level.					Dr. N. M.	2,00,000.00	UNFPA

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b> 1.1.3.c	<b>HMP Profile Title:</b> Strengthening the Emergency Obstetric & Neonatal Care services		
<b>Objective (to comply with the HMP profile document):</b>	To improve the health of pregnant women and newborn by providing high quality Emergency Obstetric Care and comprehensive newborn care in hospitals while respecting women's rights.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improvement of EmOC facilities and capacity building	% of districts completed EmOC training	EmOC facilities in 24 districts upgraded.
2	Capacity building of central level staff on reproductive health	No of medical officers having access to reproductive health journals	All central level staff at maternal care unit upgraded knowledge on reproductive health

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Improvement of EmOC facilities and capacity building	1. Situation analysis of labour room facilities		xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	300000.00	UNICEF
	2. Provide equipment to upgrade EmOC facilities and for infection control in labour room	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	5200000.00	UNICEF

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
	3. Development of EmOC standards	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	8000.00 USD	WHO
	4. Capacity building of labour room staff - Labour room EmOC training programmes to be continued in selected districts	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	80000.00	UNICEF
	5. Introduction of evidence-based intrapartum care package	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1000000.00	UNICEF
	6. Development and establishment of institutional transfer plans for mothers admitted for delivery	xx	xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	1000000.00	UNICEF
Output 2: Capacity building of central level staff on reproductive health	1. Provision of wider access to international journals in reproductive health		xx	xx	xx	Dr. Kapila Jayaratne CCP/Maternal care	500000.00	UNICEF

Part 2: Monitoring Indicators												
No.	Indicators	Source	Year					Year				
			Data (actual)					Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003	2006	2007	2008	2009	2010		
						17.7	11.2	11.3				10.6
10.	% of institutions provided with EmOC equipment	FHB Annual Report							0%	50%		
11.	No of participants on labour room training program	FHB Annual Report							0	200		
12.	No of medical officers having access to reproductive health journals	FHB Annual Report							0%	100%		



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<b>HMP Profile Number:</b>	1.1.3.c	<b>HMP Profile Title:</b>	Strengthening the Emergency Obstetric Care & Neonatal Care
<b>Objective (to comply with the HMP profile document):</b>	To improve the health of pregnant women and newborn by providing high quality Emergency Obstetric Care and comprehensive newborn care in hospitals while respecting women's rights.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	National strategies and standards developed on newborn care and incorporated at district level	Availability of Standards on newborn care Availability of guidelines on care of LBW infants No of districts which have included neonatal strategies into district plans	Incorporate neonatal strategies to district plans of 5 districts Introduce neonatal standards to 3 districts Pilot test screening for congenital hypothyroidism in 3 districts Situation analysis of newborn care service provision in the country
2	Competencies on essential newborn care to be improved in medical institutions and expand to the periphery and monitored regularly	No of districts to which ENCC is introduced % of staff in institutions trained in ENCC	Trainers from six districts trained in ENCC Staff in ten districts trained in ENCC
3	Competencies on advanced newborn care to be improved in medical institutions and expanded to periphery and monitored regularly	% of institutional staff trained in NALS % of institutional staff trained in CPAP ventilation	Two NALS regional training centers established Staff in three districts trained in CPAP ventilation
4	Mainstreaming the MIS on neonatal care in all the institutions in the country and strengthen perinatal mortality surveillance system	% of institutions to which neonatal formats are introduced No of districts conducting perinatal death reviews	Neonatal formats introduced to five districts Conduct district perinatal death reviews in 5 districts
5	Baby Friendly Hospital Initiative (BFHI) to be mainstreamed within the health sector	No of master trainers in BFHI available in the country No of institutions with staff trained in BFHI % of staff trained in BFHI in institutions with trainers	12 Master Trainers trained in BFHI Staff in 5 Teaching hospitals trained in BFHI 12 Resource persons trained as assessors in BFHI
6	Strengthen community awareness on breastfeeding practices	Availability of posters for breastfeeding promotion Availability of 5 updated booklets for breastfeeding promotion	Print 1000 posters on BFHI Print 1500 sets of breastfeeding booklets

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (\$)	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 1: National strategies and standards developed on newborn care and incorporated at district level	1. Implement the national strategic plan on newborn					Dr Dhammica Rowel	3000	WHO
	2. Development and implementation of plan of action for neonatal care in the districts based on the MNH strategic plan of the family health bureau					Dr Dhammica Rowel	10,000	WHO
	3. Developing and printing and implementation of the national guidelines on care of low birth weight babies/neonatal standards for QOC					Dr Dhammica Rowel	8000	WHO
	4. Pilot testing the programme for screening for congenital hypothyroidism in 3 districts					Dr Dhammica Rowel	3000	WHO
Output 2: Competencies on essential newborn care to be improved in medical institutions and expand to the periphery and monitored regularly	1. Develop capacity of health workers on essential newborn care – Training of Trainers and Peripheral staff in 5 Provinces					Dr Dhammica Rowel	8000	WHO
	2. Training of health staff on essential newborn care and neonatal life support					Dr Dhammica Rowel	4000	UNICEF
	3. Preparation of resource material required for the practice of essential newborn care in the institutions					Dr Dhammica Rowel	Budgeted with nutrition and newborn resource material (50,000)	UNICEF
	4. Printing of ENCC trainer and participant manuals and the newborn section of the PCPNC guide in Tamil					Dr Dhammica Rowel	Budgeted with nutrition and newborn resource material (50,000)	UNICEF
	5. Capacity building on Kangaroo Mother Care for programme manager and 1 neonatologist and setting up a training center for KMC					Dr Dhammica Rowel	10,000	WHO
	6. Situation analysis on newborn care service provision in the country					Dr Dhammica Rowel	2000	WHO
Output 3:	1. Newborn life support equipment made available to the					Dr Dhammica	100,000	UNICEF

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (\$)	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Competencies on advanced newborn care to be improved in medical institutions and expanded to periphery and monitored regularly	institutions including CPAP machines and incubators and printing of NALS trainer manuals, participant manuals and certificates					Rowel		
	2.Training of staff on Continuous Positive Airway Pressure (CPAP) Ventilation					Dr Dhammica Rowel	4000	UNICEF
Output 4: Mainstreaming the MIS on neonatal care in all the institutions in the country and strengthen perinatal mortality surveillance system	1. Introduction and monitoring the usage of neonatal care formats and conduct provincial and district perinatal death reviews					Dr Dhammica Rowel	8000	UNICEF
	1. Capacity building on health staff on BFHI					Dr Dhammica Rowel	9000	WHO
	2. Training of Master Trainers as Assessors in BFHI					Dr Dhammica Rowel	15,000	UNICEF
	3. The BFHI manual for master trainers and assessors made available					Dr Dhammica Rowel	5000	UNICEF
Output 6: Strengthen community awareness on breastfeeding practices	4. The BFHI monitored including visits to each hospital					Dr Dhammica Rowel	5000	UNICEF
	1.Preparation of resource material for breastfeeding promotion including 5 booklets					Dr Dhammica Rowel	Budgeted with nutrition and newborn resource material (50,000)	UNICEF
	2.Activities related to world breastfeeding week					Dr Dhammica Rowel	2000	UNICEF

<b>Part 2: Monitoring Indicators</b>												
No.	Indicators	Source	Year					Year				
			Data (actual)					Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003		2007		2009	2010		
			17.7	11.2	11.3				10.6	10.4		
13.	Neonatal mortality rate (per 1000 LB)	Registrar General							8	7.5		
14.	Infant mortality rate (per 1000 LB)	Registrar General							10.6	10.4		
15.	% of Neonatal Deaths due to Asphyxia	H 509							12%	10%		
16.	% of Neonatal Deaths due to Infections	H 509							6%	5%		
17.	Early initiation of breastfeeding	Demographic Health Survey					85.2%		90%	95%		
18.	Exclusive breastfeeding up to 6 months	Demographic Health Survey					75.8%		78%	80%		

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.1.3.e	<b>HMP Profile Title:</b>	Child Health Programme
<b>Objective (to comply with the HMP profile document):</b>	To improve the service delivery for children aged five years and under aimed at improving their health and well being by providing quality services at an affordable cost, focussing on all with special attention to the least privileged.		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Nutrition status of under five children improved (including IDP and resettled)	No. of district teams trained as trainers on IYCF % MOH areas Completed nutrition month activities % of <5 children underweight,	18 districts 100% 100% Reduced by 2%
2	Integrated Nutrition Package fully implemented in the 6 selected districts	% MOH areas trained on INP % of MOH Areas trained on Nutrition Rehab. Prog. % of MOH areas distributing MMN % of MOH areas distributing RUTF, Supple. food	100% 75% 100% 60%
3	Growth monitoring and promotion strengthened	No. of district I teams trained as trainers Availability of required stocks of CHDRs % clinics with adequate equipment	6 districts 100% 75%
4	ECCD programme strengthened	No. of district level teams trained as trainers No. of district level teams who are already trained updated	6 districts 6 districts
5	Child health programme review implemented	No. of districts implementing	3
6	The code for marketing breast milk substitutes monitored	No. of meetings held	6
7	Operational research to explore causality of child malnutrition in Sri Lanka	Research protocol developed Research study completed and report available	Research protocol developed and study initiated (as it will be a 2 yr project)
8	Preschool screening programme implemented	Screening format developed  No. of districts updated No. of districts implementing	Completed pre-school screening format available  50% 50%
9	Capacity building of National and middle level managers	No. of fellowships	8

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost Rs.	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Nutrition status of underfive children improved	1. Art work and printing of IYCF manuals in Sinhala & Tamil	x				Dr. H. S. Jayawickrama	8 05 000.00	Unicef
	2. TOT on IYCF (3)	x	x	x		Dr. H. S. Jayawickrama	24 15 000.00	Unicef (2) WHO (1)
	3. Nutrition month activities (updates and screening)	x	x	x		Dr. H. S. Jayawickrama	575 000.00	Unicef
	4. Procurement & distribution of Vit. A mega dose	x	x			Dr. H. S. Jayawickrama	No funding	Unicef
	5. Develop & printing of BCC material			x	x	Dr. H. S. Jayawickrama	No funding	Unicef
	6. Regular consultative meetings of maternal & child nutrition subcommittee	x	x	x	x	Dr. H. S. Jayawickrama	No funding	Unicef
Output 2: Integrated Nutrition Package fully implemented in the 6 selected districts	1. TOT on community based nutrition rehabilitation programme (NRP) (2)		x	x		Dr. H. S. Jayawickrama	460 000.00	Unicef
	2. TOT on hospital based nutrition rehabilitation programme (1)		x			Dr. H. S. Jayawickrama	1 725 000.00	Unicef
	3. Printing of NRP manuals in Sinhala and Tamil	x				Dr. H. S. Jayawickrama	1 035 000.00	Unicef
	4. Printing of NRP formats	x				Dr. H. S. Jayawickrama	575 000.00	Unicef
	5. MMN procurement & distribution	x	x	x	x	Dr. H. S. Jayawickrama	15 000 000.00	Unicef
	6. RUTF & Supplementary food procurement & distribution		x	x	x	Dr. H. S. Jayawickrama	20 000 000.00	Unicef
	7. INP & NRP Monitor in, supervision and review		x	x	x	Dr. H. S. Jayawickrama	1 150 000.00	Unicef
Output 3: Growth monitoring and promotion strengthened	1. Adapt, translate, art work and printing of WHO new growth standards training material		x	x		Dr. H. S. Jayawickrama	230 000.00	WHO
	2. TOT on WHO new growth standards				x	Dr. H. S. Jayawickrama	No funding	WHO
	3. Art work and printing of flash cards on growth curves	x	x			Dr. H. S. Jayawickrama	1 725 000.00	Unicef
	4. Consultative meetings on CHDR revision for 2011	x	x	x		Dr. H. S. Jayawickrama	5 750 000.00	Unicef
	5. Art work & Printing of CHDR	x				Dr. H. S. Jayawickrama		Unicef
	6. Procurement and distribution of weighing scales and height/length measuring equipment		x	x		Dr. H. S. Jayawickrama	No funding	Unicef
Output 4:	1. Translation, adaptation and printing of Unicef-WHO	x	x	x		Dr. H. S. Jayawickrama	2 645 000.00	Unicef

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost Rs.	Source of funds
		Q1	Q2	Q3	Q4			
ECCD programme strengthened	ECD Manual							& WHO
	2. TOT on ECCD			x	x	Dr. H. S. Jayawickrama	2 645 000.00	Unicef & WHO
	3. Update on ECD			x	x	Dr. H. S. Jayawickrama		Unicef & WHO
	4. Development of ECDS	x	x	x	x	Dr. H. S. Jayawickrama	2 875 000.00	Unicef
	5. Develop & printing BCC material		x	x		Dr. H. S. Jayawickrama	2 300 000.00	Unicef
Output 5: Child health programme review implemented	1. Consultative meetings on child health programme review	x	x	x		Dr. H. S. Jayawickrama		WHO
	2. Reviews on child health programme at district level		x	x	x	Dr. H. S. Jayawickrama	9200000.00	WHO & Unicef
Output 6: The code for marketing breast milk substitutes monitored	1. BMS code monitoring meetings	x	x	x	x	Dr. H. S. Jayawickrama	747500.00	WHO
	2. Revision of code for marketing BMS	x	x	x		Dr. H. S. Jayawickrama		WHO
Output 7: Operational research to explore causality of child malnutrition in Sri Lanka	1. Development of study protocol, training and initiation	x	x	x	x	Dr. H. S. Jayawickrama	No funding	WHO
Output 8: Preschool screening programme implemented	1. Consultative meetings to develop screening format	x	x	x		Dr. H. S. Jayawickrama	No funding	Unicef
	2. Workshops to update for health staff			x	x	Dr. H. S. Jayawickrama	No funding	Unicef
Output 9: Capacity building of National and middle level managers	1. New WHO Child Growth Standards (2)		x	x	x		5 00 000.00	WHO
	2. Policy and practice course in breastfeeding		x	x	x		5 00 000.00	WHO
	3. Child Health short programme review		x	x	x		5 00 000.00	WHO
	4. Health & Nutrition of children during disaster		x	x	x		5 00 000.00	WHO

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003		2007		2009	2010	
			17.7	11.2	11.3				10.6	10.4	
19.	Infants receiving care at clinics at least once						97%		98%	99%	
20.	Pre- school children receiving care at clinics at least once						78%		81%	85%	
21.	Average monthly weighing of infants (clinics + weighing posts)						71.5 %		75%	80%	
22.	Underweight among infants						10.5 %		9%	7%	
23.	Average monthly weighing of preschoolers						60%		65%	70%	
24.	Underweight among preschoolers						24%		22%	20%	



**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.1.3.e	<b>HMP Profile Title:</b>	Child Health Programme
<b>Objective (to comply with the HMP profile document):</b>		To improve the service delivery for children aged five years and under aimed at improving their health and well being by providing quality services at an affordable cost, focussing on all with special attention to the least privileged.	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Pilot project on children with special needs evaluated and adapted and mainstreamed within the health system	Number of MOH areas with functioning child guidance centres  Number of BH with functioning secondary child guidance centres.	4 MOH areas &  2 GHs have adapted the model
2	Capacity of PHC workers and Preschool and school teachers on the management of special need conditions are improved	Number of PHC workers, preschool and school teachers trained	Training of all relevant staff in 4 MOH areas are completed
3	National programme manager is trained at an overseas Centre of Excellence on the ASD management	Skills of NPM	NPM trained
4	Screening tools & IT equipments necessary for the for the special need programme are purchased	Number of tools/ IT equipments purchased	To be evaluated and set

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Pilot project on children with special needs evaluated and adapted and mainstreamed within the health system	1. Validation of screening tools for detecting children with ASD & Behavioural disorders		■	■		NPM	500000	WHO
	2. Integration of screening mechanism to CHDR				■	NPM	200000	WHO
	3. Adaptation testing of parent mediated interventions for ASD							
	4. Adaptation and testing of preschool./school based interventions for children with ASD							
	5. Adaptation of primary & secondary care interventions for children with ADHD /CD							
	6. Assessment of burden due to ASD & behavioural disorders							
Output 2: Capacity of PHC workers and Preschool and school teachers on the management of special need conditions are improved	1. Training of PHC staff @ 4 MOH areas		■	■		NPM	1000000	WHO
	2. Training of Preschool & Primary school teachers @ 4 MOH areas							
Output 3: National programme manager is trained at an overseas Centre of Excellence on the ASD management	1. Training of NPM at a Centre of Excellence on ASD / ADHD			■		NPM	700000	WHO
Output 4: Screening tools & IT equipments necessary for the for the special need programme are purchased	1. Purchasing of screening tools / IT equipment necessary for the special need unit		■	■			600000	WHO

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year						Year		
			Data (actual)						Target		
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
25.	Number of MOH areas with functioning special need programme	00								04	
26.	Presence of a scalable model for providing care for the children with special needs	00								01	
27.	Presence of a NPM who has specialized in ASD management	00								01.	

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.1.3.f	<b>HMP Profile Title:</b>	Family Planning Programme
<b>Objective (to comply with the HMP profile document):</b>	To maintain replacement level fertility by ensuring, at least 72% of fertile couples are practicing an effective contraceptive method based on independent and informed choice.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Increased CPR for modern methods	CPR for modern methods (%)	To increase use of modern methods by 2% of current level
2	Decreased unmet need for contraception	Percentage of UMN for contraception	To maintain UMN for contraception at <8%
3	Increased prevalence for permanent methods	Prevalence of permanent method (%)	To increase prevalence of permanent method up to 18%
4	Obtained national budget allocation for contraceptive procurement	Percentage allocated for total requirement	To get 100% allocation for total requirement
5	All subfertile couples to be identified	% of subfertile couples	Increase identification of subfertile couples to 4% from the current level

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1:  Increased CPR for modern methods	1.1 Develop Guidelines/IEC tools/Advocacy documents							
	1.1.1 Develop guidelines for service providers on the following:					L.Moonesinghe (CCP/FP)		
	a. IUD	1				L.Moonesinghe (CCP/ FP)	100,000	UNFPA
	b. Implants		2			L.Moonesinghe (CCP/ FP)	75,000	UNFPA
	c. Emergency Contraceptive Pill		2			L.Moonesinghe (CCP/ FP)	75,000	UNFPA
	d. Female sterilizations		2			L.Moonesinghe (CCP/ FP)	100,000	UNFPA
	e. Translation of OCP, DMPA, IUD, Implants, ECP guidelines to Sinhala/Tamil/English		2			L.Moonesinghe (CCP/ FP)	50,000	UNFPA
	1.1.2 Printing guidelines	1						
	a. OCP (Tamil) -2000 copies	1					150,000	UNFPA
	b. DMPA (Tamil)-2000 copies			3			150,000	UNFPA
	c. ECP (english,sinhala, tamil)-10000 copies		2				150,000	UNFPA
	d. IUD (english)-1500 copies			3			150,000	UNFPA
	e. Implants (english)-1000 copies			3			50,000	UNFPA
	f. Sterilization guidelines (English)-1000 copies						100,000	UNFPA
	1.2 Training							
	1.2.1 Capacity building at national level on infection control and FP quality of care							UNFPA
	1.2.2 Conduct ToT on contraceptive technology for MOs (including MO/STD)							
	At central level: (Training of Trainers)							
	a.Training on contraceptive technology		2	3	4	L.Moonesinghe (CCP/ FP)	250,000	UNFPA
	b.Training on Implants		2	3	4	L.Moonesinghe (CCP/ FP)	250,000	UNFPA
At district level: (For service providers)								
a. FP update	1	2	3	4	L.Moonesinghe (CCP /FP)		Govt	
						0		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	1.3 Services							
	1.3.1 Establish FP clinics that are accessible to the community (1:10,000 population)	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.3.2 Conduct FP clinics at regular intervals (at least once in 2 weeks)	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.3.3 Provide a contraceptive method mix (with at least 4 methods) after prior counselling at all registered Family Planning clinics	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.3.4 Provide OCP and condoms to the community	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.3.5 Integrate FP clinic with WWC and STI clinics	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.3.6 Provide equipment to underserved areas to improve FP services (Plantation sector, remote rural, conflict affected, IDP camps etc)			3		L.Moonesinghe (CCP/ FP)	2,000,000	UNFPA
	1.4 Monitoring & Evaluation							
	1.4.1 Supervise family planning clinics (including logistic management) to ensure that the currently available recommended guidelines are followed by health staff	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.4.2 Conduct periodic district technical reviews to evaluate FP services (including logistics management)-4 reviews	1	2	3	4	L.Moonesinghe (CCP/ FP)	0	Govt
	1.5 Develop IEC tools & Advocacy material							
	1.5.1 Develop a advocacy VCD on FP			3		L.Moonesinghe (CCP/ FP)	100,000	UNFPA
	1.5.2 Develop a VCD on use of Flash cards			3		L.Moonesinghe (CCP/ FP)	100,000	UNFPA
	1.5.3 Advocacy booklet on FP		2			L.Moonesinghe (CCP/ FP)	100,000	UNFPA
Output 2: Decreased unmet need for contraception	2.1 Train the health staff to identify, counsel & provide FP services to couples with unmet need for contraception [UMN criteria: Registered in the Eligible families register, At risk of getting pregnant, Not using any contraception (modern, natural), Wanting to postpone for at least two years or not wanting any more children]	1	2	3	4	L.Moonesinghe (CCP/ FP))	0	Govt

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	2.2 Develop a Training unit to train service providers for North & East.	1				L.Moonesinghe (CCP/ FP)	1,000,000	NGO (PSL)
Output 3: Increased prevalence for permanent	3.1 Provide sterilization services (including 'out of pocket allowance') especially in hospitals with VOGs (priority for post partum sterilizations for high risk mothers) e.g. a. women with medical contraindications for pregnancy, b. Increased parity, c. Post induced abortion, d. voluntary	1	2	3	4	L.Moonesinghe (CCP/ FP))	5,000,000	UNFPA
	3.2 Strengthen the capacity of FHB in providing permanent sterilization services	1				L.Moonesinghe (CCP/ FP))	4,000,000	UNFPA
Output 4: Obtained national budget allocation for contraceptive procurement	5.1 Forecast, estimate, procure, store & issue/distribute contraceptives (OCP, DMPA, Implanon, Condoms & IUD) to districts-Explore the possibility for UNFPA to procure-less lead time, good quality and price	1	2	3	4	L.Moonesinghe (CCP/ FP))	150,000,000	Govt
	a. Jadelle (15000 sets)		2			L.Moonesinghe (CCP/ FP))	30,000,000	UNFPA
	5.2 Training on logistics Mx for store keeper	1	2	3	4	L.Moonesinghe (CCP/ FP))	100,000	UNFPA
	5.3 Provide adequate supplies of contraceptives to all service outlets through proper inventory control procedures and logistic support.	1	2	3	4	L.Moonesinghe (CCP/ FP))	0	Govt
	5.4 Periodically check quality of contraceptives/devices as part of quality assurance at a accredited quality assurance lab	1	2	3	4	L.Moonesinghe (CCP/ FP))	1,000,000	UNFPA
	5.5 Develop specifications for equipment used for FP clinics		2	3	4	L.Moonesinghe (CCP/ FP))	100,000	UNFPA
	5.6 Develop RHCS Plan	1	2	3	4	L.Moonesinghe (CCP/ FP))	25,000	UNFPA
Output 5:	6.1 Train technicians and standardise the technique of seminal fluid analysis and seminal fluid preparation.			3		L.Moonesinghe (CCP/ FP))	200,000	UNFPA

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
All subfertile couples to be identified	6.2 Establish a RH lab at FHB (includes procurement of equipment & consumables)	1				L.Moonesinghe (CCP/ FP)	1,000,000	UNFPA
	6.3 Procure of IT equipment with internet facilities (central level)-2 desk & 1 Laptop for RH lab	1				L.Moonesinghe (CCP/ FP)	500,000	UNFPA
	6.4 Recruit Pre-intern Medical Officer for Operations Research and 'Help Desk'		2			L.Moonesinghe (CCP/ FP)	300,000	UNFPA

Part 2: Monitoring Indicators											
No.	Indicators	Source	Year				Year				
			Data (actual)				Target				
Example	Infant mortality rate (per 1000 LB)	National Indicators	1991	2002	2003				2009	2010	
			17.7	11.2	11.3				10.6	10.4	
28.	Contraceptive prevalence ( %)	68.4*									
29.	Unmet need for contraception ( %)	7.6*									
30.	Prevalence of permanent methods ( %)	17*									
31.	% funded for contraception from govt. budget										
32.	Sub fertile couples %										

\*Source : DHS 2006-2007

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>		Provision of Oral Healthcare under MCH	
<b>Objective:</b>		To ensure optimal oral health in children and mothers and the family and thereby improve the quality of life	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Implementation of the programme on delivery of oral healthcare to pregnant mothers through MCH	No. of districts having an established oral healthcare programme for pregnant mothers	A properly functioning oral healthcare programme for pregnant mothers in 15 districts
2	Implementation of a programme for children below 3-years of age for improvement of oral health	No. of districts having an established oral healthcare programme for children below 3 years of age	A properly functioning oral healthcare programme for children below 3 years of age in 15 districts
3	Promote oral health among school children by conducting a poster competition at provincial and national levels	No. of provinces participated in the competition	Competition conducted in all the districts and awards and certificates presented to winners of the competition
4	Evaluation of the School Dental Service	No. of districts adhering to the newly developed MIS on SDS	A properly functioning MIS in 21 districts and introducing the newly developed MIS in the remaining districts



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Implementation of the programme on delivery of oral healthcare to pregnant mothers through MCH	1. Monitoring of the oral healthcare programme for pregnant mothers in districts	x	x	x	x	Dr. Eshani Fernando	150,000.00 (Fuel estimates)	GOSL
	2. Review of the programme at district and at national level		x		x	Dr. Eshani Fernando	75,000.00 (2 National level reviews)	No funds
	3. Analysis of data and identify constraints to the programme			x		Dr. Eshani Fernando	Nil	
	4. Production and printing of leaflets for pregnant mothers		x	x		Dr. Eshani Fernando	800,000.00	No funds
Output 2: Implementation of a programme for children below 3-years of age for improvement of oral health	1. Development of a training package to train PHM for identification of dental diseases in children under 3 years	x				Dr. Eshani Fernando	100,000.00	No funds
	2. Train PHMs- Clinical training		x	x	x	Dr. Eshani Fernando	7,500,000.00	No funds
	3. Development of an MIS	x				Dr. Eshani Fernando	50,000.00	No funds
	4. Training of DSs on MIS in 15 districts		x	x	x	Dr. Eshani Fernando	1,000,000.00	No funds
	5. Production of leaflets for parents of children under 5 years on oral health		x			Dr. Eshani Fernando	150,000.00	No funds
	6. Printing of prepared material			x		Dr. Eshani Fernando	700,000.00	No funds
Output 3:	1. Issue relevant circulars by the Ministry of Education	x				Ms. Renuka Peiris,	100,000.00	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Promote oral health among school children by conducting a poster competition at provincial and national levels						Director Health, Ministry of Education Dr. Eshani Fernando		SLDA- Uni Lever Global Fund
	2. Collection of posters		x			Dr. Eshani Fernando	Nil	
	3. Selection of winning posters		x			Dr. Eshani Fernando	100,000.00	SLDA- Uni Lever Global Fund
	4. Presentation of awards		x			Dr. Eshani Fernando	500,000.00	
Output 4: Evaluation of the School Dental Service	1. Monitoring of the School Dental Service in districts	x	x	x	x	Dr. Eshani Fernando	150,000.00 (Fuel estimates)	GOSL
	2. Printing of MIS formats for the school dental service				x	Dr. Eshani Fernando	2,000,000.00	No funds
	2. Review of the programme at district and at national level		x		x	Dr. Eshani Fernando	500,000.00	No funds
	3. Analysis of data and identify constraints to the programme			x		Dr. Eshani Fernando	Nil	

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Director Estate Health		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title:	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.5.1	Estate Health	Y
2.	1.5.6	Improving the health of peoples in urban slums	

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b> 1.5.1		<b>HMP Profile Title:</b> Estate Health	
<b>Objective (to comply with the HMP profile document):</b>		To improve quality of curative, preventive and other public health services of the NHS to the residential population in the plantation area on par with that in other areas.	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Developing a policy document for improving estate sector health.	Availability of policy document	Preliminary report
2	Upgrading already taken over Estate health Institutions under provincial health system for improvement of essential facilities.	No of institutions upgraded	1 per province central – 1, Uva-1, Sabaragamuva-1, Western – 1,
3	Implementation of long term human resource development program to train health personnel who can work with estate population using their working language in the plantation areas for curative & preventive health services of the provinces.	No of health personnel who can use their working language trained & appointed to provide services to cover the plantation area population.	15 dispensers, 46 PHMM
4	Improving occupational health in plantation workers.	Availability of report No of TOT programmes conducted	6 programmes
5	Improving environmental sanitation in the plantation sector	Availability of report No of TOT programmes conducted	10 Programmes
6	Improving the nutritional status of the plantation sector population	1. Availability of survey report 2. No of TOT programmes conducted	1. Final report of the nutritional survey 2. 10 Programmes
7	Progress review of estate health development	No of meetings held	4 meetings

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs)	Source of funds
		Q1	Q2	Q3	Q4			
1. Developing a policy document for improving estate sector health.	1. Conducting consultative meetings for formulation of a preliminary policy document		√	√	√	D/E&UH	0.5 Mn	WHO
2. Upgrading already taken over Estate health Institutions under provincial health system for improvement of essential facilities.	1. Development of proposal & obtaining approval	√	√			Provincial		
	2. Implementation of proposals			√	√	Provincial/ central & DEUH and Director Planning	120 Mn	GOSL
	3. Review of progress		√	√	√		0.1 Mn	GOSL
3. Implementation of long term human resource development program to train health personnel who can work with estate population using their working language in the plantation areas for curative & preventive health services of the provinces.	1. Identification of health human resource requirements for each category of health cadre to be selected from resident plantation community	√				Provincial, D/E&UH		
	2. Submit for approval		√					
	3. Selection & training of approved number of personnel in each category.			√				
	4. Posting of trained health personnel to identified locations			√	√	Provincial	10 Mn	GOSL
4. Improving occupational health in plantation workers.	1. Identification of occupational health problems and correlates in the estate sector through consultative meetings		√			D/E&UH	0.1Mn	WHO
	2. Conducting TOT programmes on occupational health and safety for estate sector workers			√	√	D/E&UH, D/E&OH	1 Mn	WHO
5. Improving environmental sanitation in the plantation sector	1. Identification of environmental health problems and associations in the estate sector through consultative meetings		√			D/E&UH, D/E&OH	0.1Mn	WHO
	2. Conducting TOT programmes on environmental sanitation for estate sector population			√	√	Provincial/D/E&UH	0.5 Mn	WHO
	3. Implementation of household water sanitation program in estate sector			√	√		45Mn	GOSL
6. Improving the nutritional status of the plantation sector population	1. Assessment of correlates of nutritional problems of plantation sector population	√	√	√	√	Provincial/ Central (D/ Nutrition and D/ E&UH)	0.5Mn	HSDP
	2. Conducting TOT programmes on improvement of nutritional status of the plantation sector population			√	√	Provincial/ Central (D/ Nutrition and D/ E&UH)	0.5 Mn	HSDP
7. Progress review of estate health development	1. Conducting progress review meetings with the relevant stakeholders	√	√	√	√	Provincial/Central authorities, D/E&UH	0.2 Mn	WHO
	2. Developing a M&E plan for estate health		√	√	√	D/E&UH, D/Policy analysis and development	0.1 Mn	WHO

<b>Part 2: Monitoring Indicators</b>											
No.	Indicators	Source	Year					Year			
			Data (actual)					Target			
			2005	2006	2007	2008		2009	2010		
1.	Availability of policy document										
2.	No of institutions upgraded										
3.	No of personnel who can work with estate population using their working language trained and newly appointed as health staff to identified locations										
4.	Availability of report on occupational health problems and correlates among estate sector workers										
5.	No of TOT programmes conducted to improve occupational health in estate sector workers										
6.	No of TOT programmes conducted to improve environmental sanitation in estate sector										
7.	Availability of the final survey report on correlates of nutritional problems of plantation sector population										
8.	No of TOT programmes conducted to improve the nutritional status of plantation sector population										
9.	No of review meetings held										
10.	Availability of a M&E plan										

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Director Youth, Elderly and Persons with Disability	<b>Fiscal Year and Reporting Period:</b>	2010 <input type="checkbox"/> Mid-year <input checked="" type="checkbox"/> End of year
<b>Reporting Officer:</b>	Name/Title: Director Youth, Elderly and Disabled	Contact: Tel / Fax – 0112674684 Email – yeddani@yahoo.in	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.5.2	Health of Elders	Y
2.	1.5.3	Disabled Health	Y
3.	1.5.4	Youth Health	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Integrated NCD control		
2.	Mental health (including substance abuse, suicide and poisoning)		
3.	Formulation of a national food and Nutrition policy and plans including strengthening of coordinating		
4.	Cancer control and Elderly oral health		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.5.2	<b>HMP Profile Title:</b>	Health of elders
<b>Objective (to comply with the HMP profile document):</b> To improve quality of life of elders through health promotion, prevention, treatment, care and rehabilitation			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Awareness of public health staff on elderly care improved	No of awareness programs conducted	5 awareness programs
2	Capacity is built among public health staff on elderly care	No of training of trainers programmes conducted	5 programs
3	Survey on elderly and disability conducted	Availability of survey report	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Awareness of public health staff on elderly care improved	1. Conduct awareness programmes on healthy ageing for public health staff at district level in 5 districts	√	√			D/YEDD / RDHS / MOH	500,000	WHO / GOSL (funds to be secured)
	2.		√	√		D/YEDD / RDHS/ MOH		
Output 2: Capacity is built among public health staff on elderly care	2. Conduct 5 TOT programmes for public health staff					D/YEDD / RDHS / MOH	1,000,000/=	WHO / GOSL (funds to be secured)
Output 3: Survey on elderly and disability conducted	Conduction of survey					D/YEDD / RDHS/ MOH	3,000,000/=	WHO / GOSL (funds to be secured)



<b>MP Profile Number:</b>	1.5.3	<b>HMP Profile Title:</b>	Disabled Health
<b>Objective (to comply with the HMP profile document):</b>	To improve quality of life of the Disabled people		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	National Institute of Disability care at Handala established	Availability of Handala hospital as a disability care hospital	
2	Establishment of prosthetic and Orthotics workshop in Vuniya General Hospital	Availability of P & O work shop	
3	Conduct training of community care givers for disabled people 1 program for each district of 30 trainees for 5 districts	% of care givers trained	Train 150 Community Care givers
4	3 Community based Rehabilitation centres were established for 5 districts	No of centres established	Establish 3 centres
5	Establishment of a Stroke unit in Base Hospital Horana		
6	1 ward from each district hospital were upgraded for disable patients	No of DHs	5 DHs
7	Disabled Health Policy and Strategic plan was developed	Availability of policy	To develop a draft policy and strategic plan

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: National Institute of Disability care at Handala established	1. Improvement of infrastructure on accessibility and sanitary facilities					D/YEDD /PDHS/ RDHS	5,00 0,00 0/=	GOSL
Output 2: Establishment of prosthetic and Orthotics workshop in Vuniya General Hospital	1.Coordinate with central health authorities	√	√	√	√	D/YEDD /PDHS/ RDHS		
	2. Provision of equipment	√	√					
	3.Recuritment of Prosthetics and Orthotics to government service	√	√			Secretary Health		Handicap International
Output 3: Conduct training of community	1.Coordinate with district and divisional health authorities to organize training programs at	√	√	√	√	D/YEDD /PDHS/ RDHS		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs)	Source of funds
		Q1	Q2	Q3	Q4			
care givers for disabled people 1 program for each district of 30 trainees for 5 districts	district level							
	2.Organize training program at district level	√	√	√	√	RDHS	1000,000/=	WHO (funds to be secured)
Output 4: Community based Rehabilitation centres were established for 5 districts	1.Coordinate with PD, RD, MS and MOH existing CD's	√	√	√	√	RDHS/ PD/ D/YEDD	1,000,000/=	Provincial funds/WHO
Output 5: Establishment of a Stroke unit in Base Hospital Horana	1.Coordinate with MS Horana for provision of staff and equipment	√	√	√	√	PDHS/ RDHS / MS/ D/YEDD /Collage of Neurologists		
	2.Training program for staff members on care of disabled	√	√					
Output 6: Ward from each district hospital were upgraded for disable patients	1.Coordinate with provincial health authorities	√	√	√	√	PDHS/ RDHS		
	2.Training of doctors and hospital staff on disability care	√	√			D/YEDD /PDHS/ RDHS	1000,000/=	GOSL /WHO (funds to be secured)
	3.Provision of equipment	√	√			PDHS/ RDHS	5000,000/=	GOSL /WHO (funds to be secured)
	4.Improve accessibility and sanitary facilities						500,000/=	GOSL /WHO (funds to be secured)
Output 7: Disabled Health Policy and Strategic plan was developed	1. Prepare the final policy document					D/YEDD	500,000	GOSL /WHO (funds to be secured)
	2. Get the Cabinet approval							
	3. Publish in public newspaper							

<b>Part 2: Monitoring Indicators</b>													
No.	Indicators	Source	Year						Year				
			Data (actual)						Target				
			2005	2006	2007	2008			2009	2010			
1.	long stay hospitals in periphery					4				4	9		
2.	Prosthetic and Orthotics workshops									3	4		
3.													
4.	Community based Rehabilitation centres									1	3		
5.	Stroke units									1	2		

<b>HMP Profile Number:</b>	<b>6. 1.5.4</b>	<b>HMP Profile Title:</b>	<b>7. Youth Health</b>
<b>Objective (to comply with the HMP profile document):</b>	To improve quality of life of school and out of youth by developing their knowledge attitudes values, skills and behaviour regarding biological, psychological, socio cultural and reproductive dimensions of adolescence.		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	10 new YFHS centres in 10 Base Hospitals in 10 Districts Established	% new YFHS centers established	10
2	2 new Community based YFHS centers Established	% community based YFHS centers established	2
3	Continuous medical education for doctors attached to YFHS centers	% doctors attached to YFHS centers trained	100% coverage
4	Continuous medical education for doctors attached to YFHS centers		
5	Final youth health policy document was drafted	No of consultative meetings held	Availability of national Youth health policy

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: 10 new YFHS centres in 10 Base Hospitals in 10 Districts Established	1.Coordinate with provincial health authorities	√	√	√	√	RDHS/MS		
	2.Refurbishment of the infrastructure of selected centers	√	√	√			500,000/=	WHO / UNFPA (funds to be secured)
	3.Training of doctors and others staff of YFHS centers						250,000/=	WHO / UNFPA (funds to be secured)
	4.provide basic audio-visual equipments to newly established YFHS centers (multimedia/ laptops)	√	√	√	√	D/YEDD	2,000,000/=	UNFPA (funds to be secured)
Output 2: 2 new Community based YFHS centers Established	1.Coordinate with provincial health authorities					RDHS/MS		
	2.Training of public Health staff of the selected areas for establishment of new community based YFHS centers					RDHS/MS	125,000/=	WHO/ UNFPA (funds to be secured)
Output 3: Continuous medical education for doctors attached to YFHS centers	1.Conduct 2 day training program biannually		√		√	D/YEDD	400,000/=	UNFPA (funds to be secured)
Output 4: Continuous medical education for doctors attached to YFHS centers	1.Conducting awareness programs to improve knowledge on YFHS centers in youth, parents, teachers, community leaders and police	√	√	√	√	RDHS/ MO YFHS centers/ MOH	1,012,500/=	WHO/ UNFPA (funds to be secured)
Output 5: Final youth health policy document was drafted	1.Prepare the final policy document					D/YEDD	500,000/=	UNFPA
	2.Get the Cabinet approval							
	3.Publish in public newspaper					D/YEDD	300,000/=	UNFPA

<b>Part 2: Monitoring Indicators</b>											
<b>No.</b>	<b>Indicators</b>	<b>Source</b>	<b>Year</b>						<b>Year</b>		
			<b>Data (actual)</b>						<b>Target</b>		
8.	YFHS centers in curative sector		2005	2006	2007	2008			2009	2010	
						26			27	37	
9.	YFHS centers community based								2009	2010	
									0	5	

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Nutrition Coordination Division		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Director, Nutrition Coordination Division	Contact: 0112368320 / 0112368321	
<b>2. List of HMP Project Profiles under your purview</b>			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.6.1	Formulation of National Nutrition Policy (2008-2018) and National Nutrition Strategic Plan (2008-2018) of Sri Lanka	✓ (Y)

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Number:</b>	<b>Profile</b> 1.b.1	<b>HMP Profile Title:</b>	
<b>Objective (to comply with the HMP profile document):</b>			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	National Nutrition Policy (2008-2018) for Sri Lanka is formulated	National Nutrition Policy document is gazetted	National Nutrition Policy available by 2010 December
2	National Nutrition Strategic Plan (2008-2018) of Sri Lanka is formulated.	National Nutrition Strategic Plan is published	National Nutrition Strategic Plan is available for preparation of action plan by districts

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: National Nutrition Policy (2008-2018) for Sri Lanka is formulated	1. Publish the NNP in gazette	✓				D/ Nutrition Coordination Division	500,000	GoSL
	2. Publish the National Nutrition Policy Booklet	✓	✓			D/ Nutrition Coordination Division		WB
Output 2: National Nutrition Strategic Plan (2008-2018) of Sri Lanka is formulated.	1. Publish National Nutrition strategic Plan	✓	✓			D/ Nutrition Coordination Division		

**Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

**Annual Action Plan**

<b>Title of Work:</b>	Operation of National Nutrition Surveillance System		
<b>Objective:</b>	Regular information available from 30 surveillance sites		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Quarterly bulletin is published	No. of bulletins	4
2	Monthly visit to sites accomplished	No. of visits	24
3	Database web hosting & maintenance done	Award of contract	Hosting & maintenance done
4	Discussion meeting held	No. of meeting	6

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Quarterly bulletin is published	1. Publishing surveillance bulletin	✓	✓	✓	✓	Project cord / D. A.	200,000	Funding source should be identified in order to maintain the NNSS
	2. Printing related materials	✓	✓	✓	✓	D.A.	50,000	
Output 2: Monthly visit to sites accomplished	1. Monitoring visits to sites	✓	✓	✓	✓		300,000	

Programme/Unit: Nutrition Coordination Division

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (Rs.)	Source of funds
		Q1	Q2	Q3	Q4			
Output 3: Database web hosting & maintenance done	1. Web hosting		✓				200,000	
	2. Web maintenance		✓				800,000	
Output 4: Discussion meeting held	1. Dissemination meetings		✓	✓	✓		150,000	
	Total					Total	1.7 Million	

**Annual Action Plan**

<b>Title of Work:</b>	Government assisted Thriposha Programme		
<b>Objective:</b>	To improve the Nutrition status of the pregnant & lactating mothers and under five years of children.		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Supplementary food - Thriposha is produced and distributed among mothers and children	No of master bags distributed	588,380 master bags
2	Thriposha Factory is upgraded	Improved machineries are available	Thriposha production will be increased
3	Storage capacity of Thriposha factory is increased	New warehouse will be available	A new warehouse will be established to store raw materials

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (SLR Millions)	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Supplementary food - Thriposha is produced and distributed among mothers and children	1. Supply of raw and packing materials	✓	✓	✓	✓	D/ Nutrition Coordination Division	1584.2	GoSL
	2. Over heads expenses	✓	✓	✓	✓		205.4	GoSL
Output 2: Thriposha Factory is upgraded	1. Plant and machinery – factory					D/ Nutrition Coordination Division		
	1.1 01 NO. 4 Ton Cleaver Brookes Boller	✓					13.0	GoSL
	01 No Electric pallet truck walkon type 3 Ton capacity	✓					2.5	GoSL
	01 nos Stainless steel surge tank for Anderson m/c	✓					1.0	GoSL
	1.4 New Miracle tank S/Steel 10 Mt	✓				2.0	GoSL	



Programme/Unit: Nutrition Coordination Division

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost (SLR Millions)	Source of funds
		Q1	Q2	Q3	Q4			
	capacity							
	Vacuum gravity separator with optional filter unit		✓				8.0	WFP
	2. Plant and machinery – workshop /spares					D/ Nutrition Coordination Division		
	2.1 Drill vise Rotatable type	✓					0.01	GoSL
	2.2 Hydraulic press machine (manual)	✓					0.02	GoSL
	2.3 Milling Machine – Table size 250 x 1220 mm	✓					1.80	GoSL
	2.4 Pneumatic feed of Thriposha to Miracle Tanks	✓					3.00	GoSL
	3. Building repairs / renovations	✓	✓	✓		D/ Nutrition Coordination Division	6.25	GoSL
	4. Other capital assets	✓	✓		✓	D/ Nutrition Coordination Division	18.04	GoSL
Output 3: Storage capacity of Thriposha factory is increased	1. Establish a new warehouse				✓	D/ Nutrition Coordination Division	55.0	GoSL

**Annual Action Plan**

<b>Title of Work:</b>	Develop Nutrition Education Programme for Pre-school children through teachers
<b>Objective:</b>	To improve the nutrition status of pre school children & their families by conducting nutrition programme

No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Training programme on nutrition for the master trainers are conducted	No of Training programme conducted	6 training programme
2	Nutrition status of pre school children is improved	No of Prevalence of underweight	Reduced underweight by 5%
3	Pre school & Home gardens are established	Training programme conducted	3 training programmes

Programme/Unit: Nutrition Coordination Division

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost/ Rs.	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Training programme on nutrition for the master trainers are conducted	1. Consultative meeting on implementation of Pre School teachers Programme		✓			D/Nutrition Coordination Division , Divisional Secretariat	47,000	UNICEF
	2. Workshop on Nutrition		✓	✓	✓		342,000	
	3. Workshop on Nutrition Action Plan			✓	✓		216,000	
	4. Monitoring						90,000	
Output 2: Nutrition status of pre school children is improved	1. Improve pre-school meal programme		✓	✓	✓			
	2. Improve hygienic practise of children		✓	✓	✓			
	3. Pre & post assessment of nutrition status of children		✓		✓			
Output 3: Pre school & Home gardens are established	1. Workshop on Home gardening			✓	✓	D/Nutrition Coordination Divisional Secretariat Agriculture Training Institutes	90,000	
	2. Distribution of seeds			✓	✓		15,000	

**Annual Action Plan**

<b>Title of Work:</b>	WFP assisted Development Programme
<b>Objective:</b>	To improve the nutritional status of mothers & children of target areas

No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	CSB / Thripsha is distributed to mothers and children	No of pregnant, lactating and under 5 year children received CSB/Thripsha monthly	To provide CSB/Thripsha to all pregnant, lactating & under 5 year children of target areas
2	Model Nutrition villages are developed in 6 districts	No of districts having model nutrition village/s	To have model nutrition villages in all 6 districts
3	Community volunteer groups in 6 districts are formulated and trained on nutrition and 5 precepts of health.	No of districts having mobilized volunteer groups	To have mobilized volunteer groups in 6 districts
4	Reusable nutrition advocacy stall is established	Stall available	Stall available

Programme/Unit: Nutrition Coordination Division

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost/Rs.	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: CSB / Thriposha is distributed to mothers and children	1. Consultative meeting on Dev. Prog.	✓				D/ Nutrition Coordination Division	70,000	WFP
	2. Clearance of Soya & Maize	✓	✓	✓	✓	D/ Nutrition Coordination Division	105 Million	GoSL Thriposha Programme
Output 2: Model Nutrition villages are developed in 6 districts	1. District Level meeting		✓	✓		D/ Nutrition Coordination Division, RDHS, MOH	400,000	Awaiting fund from WFP
	2. Beneficiary selection		✓	✓				
	3. Train / Mobilize beneficiaries		✓	✓				
	4. Evaluation				✓			
Output 3: Community volunteer groups in 6 districts are formulated and trained on nutrition and 5 precepts of health.	1. Village level meeting		✓	✓		D/ Nutrition Coordination Division, RDHS, MOH	400,000	Awaiting fund from WFP
	2. Train volunteers		✓	✓				
	3. Transform village homes by volunteers		✓	✓	✓			
	4. Monitoring				✓			
Output 4: Reusable nutrition advocacy stall is established	1. Design the advocacy stall	✓				D/ Nutrition Coordination Division	800,000	Awaiting fund from WFP
	2. Donor selection	✓				D/ Nutrition Coordination Division		
	3. Developing messages	✓				D/ Nutrition Coordination Division		
	4. Developing leaflets	✓	✓			D/ Nutrition Coordination Division		
	5. Establish the stall & print leaflets		✓			D/ Nutrition Coordination Division		

## Planning Form A: List of HMP Project Profiles and Other Activities

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Director Health Education Bureau	<b>Fiscal Year and Reporting Period:</b>	2010 <input type="checkbox"/> Mid-year <input type="checkbox"/> End of year
<b>Reporting Officer:</b>	Name/Title:	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.7.1	Development of National Policy & Plan on Health Promotion including Strengthening of Coordinating Mechanisms	Y
2.	1.7.2.a	Establishment of Implementation Mechanisms for Health Promotion Programme	Y
3.	1.7.2.b	Capacity Building in Health, Education and Promotion	Y
4.	1.7.2.c	Health Promotive Setting Approach	Y
5.	1.7.2.d	Lifestyle Programme	Y
6.	1.7.2.e	Programme for Improved Community Involvement in Health Promotion	Y
7.	2.1.2	Programme for Improved Community Involvement	Y

## **Planning Form B: Progress Report for HMP Project Profiles**

### **Part 1: Progress Report**

<b>HMP Profile Number:</b> 1.7.1	<b>HMP Profile Title:</b> Development of National Policy & Plan on Health Promotion including Strengthening of Coordinating Mechanisms			
<b>Objective (to comply with the HMP profile document):</b>	To develop a National Policy and Plan on Health Promotion and strengthen the coordination mechanism.			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	Progress Status
1	Health promotion policy and strategic document completed	Approved policy & strategy documents		
2	Key stakeholder forum established for health promotion in order to develop and advocate health promotion policy, and vision for Sri Lanka.	Number of national level forum meetings as planned		
3	Dedicated tax system developed for health promotion	Status of the dedicated tax system		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
Output 1: Health promotion policy and strategic document completed	1. Health Promotion strategic plan developed		x	x	x	D.HEB	275,000.00	WHO	
	2. Activities to develop, finalise and present HP strategic plan		x	x	x	D.HEB	550,000.00	WHO	
Output 2: Key stakeholder forum established for health promotion in order to develop and advocate health promotion policy, and vision for Sri Lanka.	1. Quarterly coordination of National level leadership established		x	x	x	D.HEB	275,000.00	WHO	
Output 3: Dedicated tax system developed for health promotion	1. Developed policy on dedicated tax system for Health Promotion established by Health		x	x	x	D.HEB	440,000.00	WHO	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
	Education Bureau								
	2. Conduct consultative workshops to develop policy paper on dedicated tax system		x	x	x	D.HEB	220,000.00	WHO	
	3. Final policy paper on dedicated tax system presentation to policy makers and obtain parliamentary and cabinet approval		x	x	x	D.HEB	110,000.00	WHO	

<b>HMP Profile Number:</b>	1.7.2.a	<b>HMP Profile Title:</b>	Establishment of Implementation Mechanisms for Health Promotion Programme
<b>Objective (to comply with the HMP profile document):</b>	Prevention and control of communicable diseases		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Communication strategies for prevention of communicable diseases implemented	No. of communication materials developed No. of communication materials broadcasted and telecasted No. of advocacy programmes conducted No. of behaviour surveillance, research conducted	03 radio spots, 03 TV spots, posters, leaflets and a documentary on prevention of H1N1 produced Create awareness on prevention of H1N1 created through print and electronic media Pre and post behaviour survey conducted on prevention of H1N1  01 TV and 01 Radio spots developed on prevention of leptospirosis One cycle of Radio and TV spots broadcasted / telecasted on prevention of leptospirosis  03 radio spots, 03 TV spots and 01 poster developed on dengue  One cycle of Radio and TV spots broadcasted / telecasted on prevention of dengue  01 documentary on prevention of rabies developed

2	Appropriate schemes and material for Human Resource Development made available and capacities built	Availability of materials as guides for HR development No. of personnel with capacity built	50 personnel trained to develop HE plans to prevent dengue in 05 Districts	
3	Effective periodic reviews taking place at all levels of implementation	Number of periodic reviews conducted	Periodic reviews on dengue prevention conducted in 05 Districts	
4	Behaviour surveillance, research conducted	No. of behaviour surveillance and research conducted	Pre and post behaviour surveys on H1N1 prevention	

<b>HMP Profile Number:</b>	1.7.2.b	<b>HMP Profile Title:</b>	Capacity Building in Health, Education and Promotion	
<b>Objective (to comply with the HMP profile document):</b>	Capacity building of health workers on necessary knowledge, skills and competencies on health education and health promotion			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Training unit established in the HEB	Training unit established	50%	
2	Distance education programme launched	Number of health workers exposed to distance education programme	20%	
3	Periodic and fixed term training programmes organized	Number of training courses conducted	25%	
4	Strengthening of supportive activities for health promotion	Percentage of health workers and public competent in promoting their own health	10%	
5	Oral health promotion programme Strengthened	Percentage of children having high quality oral hygiene		
6	Strengthening of physical capacities of the HEB	Areas strengthened		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
Output 1: Training unit established in the HEB	1. Conduct a training needs assessment	x	x	x	x	D.HEB	1,000,000.00	MoH	Funds to be secured
	2. Provide training resources including infrastructure, materials and equipment and vehicles.		x	x	x	D.HEB	10,000,000.00	MoH	Funds to be secured
	3. Develop infrastructure facilities at the HEB		x	x	x	D.HEB	10,000,000.00	MoH	Funds to be secured
	4. Identify and train resource personnel in HEB within the country and abroad		x	x	x	D.HEB	10,000,000.00	MoH	Funds to be secured
	5. Development of a health net(web site) for Health Promotion	x	x	x	x	D.HEB	1,000,000.00	ICTA	
Output 2: Distance education programme launched	1. Assess distance education needs	x	x	x	x	D.HEB	100,000.00	MoH	Funds to be secured
	2. Development of distance education modules for medical officers		x	x	x	D.HEB	200,000.00	MoH	Funds to be secured
	3. Implement distance education modules for HP at central level & develop Provincial & District resource pools		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
Output 3: Periodic and fixed term training programmes organized	1. Conducting In service training programmes to build capacities		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
Output 4: Oral health promotion programme Strengthened	1. Conduct capacity building in Health Promotion		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
Output 5: Strengthening of physical capacities of the HEB	1. Conduct capacity building on Oral Health Promotion		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
Output 6: Strengthening of physical capacities of the HEB	1. Refurbishment of the HEB		x	x	x	D.HEB	5,000,000.00	MoH	Funds to be secured
	2. Preparation of the BOQ for building of the HEB training complex according to the		x	x	x	D.HEB	1,000,000.00	MoH	Funds to be secured



<b>HMP Profile Number:</b>	1.7.2.c	<b>HMP Profile Title:</b>	Health Promotive Setting Approach		
<b>Objective (to comply with the HMP profile document):</b>	Improved health status of the population through settings approach to health promotion program				
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	<b>Progress Status</b>	
1	Health promotive settings established	Percentage of settings established	2011		
2	Establishment of an information system for evaluation and information at National and provincial level	Formulation of reports on health promotion activities			

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
Output 1: Health promotive settings established	1. Implement health promotive hospitals programme at national level hospitals		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
	2. Implement Health promotive hospitals programme at Provincial level								
	3. Implement Health promotive workplace programme		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
	4. Development of health promotion settings in Kandy, Anuradhapura, Matale and Moneragala Districts	x	x	x	x	D.HEB	5,000,000.00	Plan Sri Lanka	
Output 2: Establishment of an information system for evaluation and information at National and provincial level	1. Implement an information system for HP & HE with monitoring and evaluation at national level		x	x	x	D.HEB	200,000.00	MoH	Funds to be secured
	2. Implement an Information system for HP and HE with periodic monitoring and evaluation at different levels at Provincial level		x	x	x	D.HEB	500,000.00	MoH	Funds to be secured
	3. Conduct research on HP settings		x	x	x	D.HEB	250,000.00	MoH	Funds to be secured
	4. Develop a mechanism for monitoring and evaluating programs at central level		x	x	x	D.HEB	100,000.00	MoH	Funds to be secured
	5. Develop mechanism for monitoring and evaluating programs at Provincial level		x	x	x	D.HEB	100,000.00	MoH	Funds to be secured

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Communication strategies for prevention of communicable diseases implemented	1.Production of 03 radio spots on H1N1		x	x	x	D.HEB	233,640.00	HSDP
	2.Production of 03 radio spots on H1N1		x	x	x	D.HEB	2,336,290.00	HSDP
	3.Production of print media materials on H1N1		x	x	x	D.HEB	48,620.00	HSDP
	4.Production of educational documentary of H1N1		x	x	x	D.HEB	924,770.00	HSDP
	5.Printing leaflets on H1N1		x	x	x	D.HEB	1,946,890.00	HSDP
	6.Printing of posters on H1N1		x	x	x	D.HEB	1,852,400.00	HSDP
	7.Comunication campaign on H1N1 – Print media		x	x	x	D.HEB	2,433,640	HSDP
	8. Comunication campaign on H1N1 – television		x	x	x	D.HEB	14,601,730.00	HSDP
	9. Comunication campaign on H1N1 – radio		x	x	x	D.HEB	311,430.00	HSDP
	10. Production of 01 radio and 01 TV spot on leptospirosis		x	x	x	D.HEB	1,000,000.00	MoH
	11 Telecasting and bradcasting of TV and Radio spots on leptospirosis		x	x	x	D.HEB	9,000,000.00	MoH
	12. Production of 03 radio spots, 03 TV spots and 01 poster on prevention of dengue		x	x	x	D.HEB	2,000,000.00	MoH
	13. Telecasting and broadcasting of One cycle of Radio and TV spots on prevention of dengue		x	x	x	D.HEB	20,000,000.00	MoH
	14. Development of one documentary on prevention of rabies		x	x	x	D.HEB	1,000,000.00	MoH
Output 2: Appropriate schemes and material for Human Resource Development made available and capacities buil	1. Training of health personnel on H1N1 prevention		x	x	x	D.HEB	3,859,250.00	HSDP
	2.Training of core trainers abroad on risk communication		x	x	x	D.HEB	1,946,890.00	HSDP
Output 3: Effective periodic reviews taking place at all levels of implementation	1. Conduct monitoring meetings at central level on prevention of H1N1		x	x	x	D.HEB	1,000,000.00	HSDP
	2.Conduct review meeting on dengue prevention communication in 05 Districts		x	x	x	D.HEB	500,000.00	MoH
Output 4: Behaviour surveillance, research conducted	1.Conduct pre campaign survey on H1N1		x	x	x	D.HEB	486,750.00	HSDP
	2. Conduct post campaign survey on H1N1		x	x	x	D.HEB	486,750.00	HSDP

<b>HMP Profile Number:</b>	1.7.2.d	<b>HMP Profile Title:</b>	Lifestyle Programme
<b>Objective (to comply with the HMP profile document):</b>	Improved life skills of different groups to improve lifestyle related behaviour of population to reduce morbidity and mortality of LRD's		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Communication strategy on prevention of major NCDs developed	Development status	Communication strategy developed
2	Health workers made competent on promotion of healthy lifestyles	Competency of health workers increased	100 health workers made competent
3	Implement life style development programme to promote establishment of LRD prevention programme in all preventive and curative health institutions	No. of settings with LRD prevention program established	
4	People adopts healthy behaviours	Change of behaviours measured through Behaviour surveillance and surveys conducted	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
Output 1: Communication strategy on prevention of major NCDs developed	1. Consultative meetings and hiring of technical expertise for finalisation of communication strategy for NCD		x	x	x	D. HEB	500,000.00	WHO	
Output 2: Health workers made competent on promotion of healthy lifestyles	1. Consultative meetings and trainings with stakeholders		x	x	x	D. HEB	330,000.00	WHO	
	2. Train the health workers at Provincial level on effective communication in prevention of tobacco and alcohol prevention		x	x	x	D. HEB	2,000,000.00	MoH	Funds to be secured
	3. Development of training manual to reduce risk factors		x	x	x	D. HEB	330,000.00	WHO	
	4. Training manual implemented at district level		x	x	x	D. HEB	440,000.00	WHO	
	5. Training of health workers on Health Promotion in prevention of NCDs in Kurunegala and Polonnaruwa Districts		x	x	x	D. HEB	1,000,000.00	Jaica	Funds to be secured
	6. Training of health workers on Health		x	x	x	D. HEB	1,000,000.00	Jaica	Funds to be

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds	Progress Status
		Q1	Q2	Q3	Q4				
	guidance in prevention of NCDs in Kurunegala and Polonnaruwa Districts								secured
Output 3:	1. Implement collaborative programmes for NCD & Mental Health		x	x	x	D. HEB	880,000.00	WHO	
	2. Adoption & Piloting of WHO intervention package		x	x	x	D. HEB	440,000.00	WHO	
Output 4:	1. Evaluation and dissemination			x	x	D. HEB	220,000.00	WHO	

<b>HMP Profile Number:</b>	2.1.2	<b>HMP Profile Title:</b>	Programme for Improved Community Involvement
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**Objective (to comply with the HMP profile document):** Community will participate more actively and effectively in promoting health, identifying and preventing health problems, and utilize available resources to the maximum

No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Capacities of health workers built on health Promotion	No. of health worker's capacities built	
2	Communities empowered to promote their own health	No. of settings empowered	
3	Communities mobilised for health development	No. of communities mobilised	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Capacities of health workers built on health Promotion	1. Building of capacities of health workers in Anuradhapura, Kandy, matale and Moneragala Districts	x	x	x	x	D. HEB	5,000,000.00	Plan Sri Lanka
Output 2: Communities empowered to promote	1. Health Promotive settings developed in Anuradhapura, Kandy, matale and Moneragala Districts	x	x	x	x	D. HEB	Ref above	Plan Sri Lanka
	2. Communitie mobilised in Polonnaruwa,	x	x	x	x	D. HEB	250,000.00	Plan Sri Lanka

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
their own health	Anuradhapura, Kandy, Matale, and Moneragala Districts							

## **Planning Form C: Annual Action Plan of Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	Programme for improved RH/MCH services		
<b>Objective:</b>	Promote behaviours conducive to promotion of Reproductive health and maternal and child health		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	To ensure a mechanism to improve literacy among all relevant service providers and the public about RH/MCH issues, different types of RH/MCH service delivery points in the system and their appropriate and maximum utilization	Family planning leaflets developed, printed and distributed to resource centers One volume of Sapatha magazine on RH and GBV developed, printed and distributed to resource centers Media award conducted for the best population journalists No. of media seminars conducted	Printing of 400,000 leaflets in Tamil and Sinhala on topics Printing of 100,000 sapatha magazine in Tamil and Sinhala Best population journalists in Sinhala, Tamil and English in print and electronic media awarded 02 media seminars conducted on Family health and GBV
2	To enhance communication skills of health care providers to effectively address RH/MCH issues	Health care providers competent with effective communication skills	
3	Effectiveness of programmes evaluated	No. of programmes evaluated to see change of behaviours	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
<b>Output 1:</b> To ensure a mechanism to improve literacy among all relevant service providers and the public about RH/MCH issues, different types of RH/MCH service delivery points in the system and their appropriate and maximum utilization	1. Development and printing of family planning leaflets	x	x			D.HEB	4,870,000.00	UNFPA
	2. Printing of Sapatha magazine	x	x	x		D. HEB	1,025,000.00	UNFPA
	3. Conduct media award contest		x			D.HEB	350,000.00	UNFPA
	4. Conduct 02 media seminars		x	x		D.HEB	140,000.00	UNFPA
<b>Output 2:</b> To enhance communication skills of health care providers to effectively address RH/MCH issues	1. Development of effective interventions for youths & training of trainers and other stakeholders		x	x	x	D.HEB	660,000.00	WHO
<b>Output 3:</b> Effectiveness of programmes evaluated	1. Review of interventions and documentation		x	x	x	D.HEB	440,000.00	WHO

<b>Title of Work:</b>	1.7.2.jDISASTER RISK COMMUNICATION PROGRAMME
<b>Objective:</b>	Establishment of implementation mechanism for disaster risk communication programme

No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Scientific evidences on prevention, mitigation, management and rehabilitation assessed and documented	No. of studies done	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Scientific evidences on prevention, mitigation, management and rehabilitation assessed and documented	1. Consultative meetings to develop study methodology including validation of indicators		x	x	x	D.HEB	55,000.00	WHO
	2. Implementation of the survey (Pre-intervention, Post intervention & Implementation of survey)		x	x	x	D.HEB	277,000.00	WHO
	3. Data analysis and report writing & Dissemination of study findings		x	x	x	D.HEB	110,000.00	WHO

<b>Title of Work:</b>	Promotion of Nutrition throughout life cycle
<b>Objective:</b>	To empower communities to achieve and maintain optimal nutrition throughout the lifecycle and take collective responsibility for ensuring good nutrition within their communities

No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Behaviour change plans developed and implemented at different levels (District, Divisional, PHM level)	No of BC plans developed at District Divisional PHM	Community plans developed in 05 provinces
2	Resource centres established as educational centres for the public on optimal nutrition	No. of resource centres established	No. of resource centres established
3	Media communication on nutrition improved	No. of nutrition related articles (in accordance with National programmes) and health sector advertisements printed and telecasted/ broadcasted by the media	No. of nutrition related articles broadcasted, Telecasted Printed
4	Behaviour surveillance conducted	No. of surveys done	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Behaviour change plans developed and implemented at different levels	1. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Nuwara Eliya District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	2. A Behaviour Change Communication (BCC) plan on nutrition is		x	x	x	D. HEB, Provincial	333,000.00	UNICEF

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
(District, Divisional, PHM level)	developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Jaffna District					authorities		
	3. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Mannar District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	4. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Badulla District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	5. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Moneragala District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	6. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Hambantota District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	Output 2: Resource centres established as educational centres for the public on optimal nutrition	1. Audio visual and informatic equipment available for the implementation of health and nutrition activities in resettlement areas		x	x	x	D. HEB	1,100,000.00
Output 3: Media communication on nutrition improved	1. Mass Media Campaign on nutrition, immunization and maternal and child health launched		x	x	x	D. HEB	3,300,000.00	UNICEF
Output 4: Behaviour surveillance conducted	1. Nutrition related behaviours assessed in the 6 districts implementing the Integrated Nutrition Programme (INP), through community-based surveys		x	x	x	D. HEB	550,000.00	UNICEF



<b>Title of Work:</b>		Promotion of Nutrition throughout life cycle	
<b>Objective:</b>		To empower communities to achieve and maintain optimal nutrition throughout the lifecycle and take collective responsibility for ensuring good nutrition within their communities	
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Behaviour change plans developed and implemented at different levels (District, Divisional, PHM level)	No of BC plans developed at District Divisional PHM	Community plans developed in 05 provinces
2	Resource centres established as educational centres for the public on optimal nutrition	No. of resource centres established	No. of resource centres established
3	Media communication on nutrition improved	No. of nutrition related articles (in accordance with National programmes) and health sector advertisements printed and telecasted/ broadcasted by the media	No. of nutrition related articles broadcasted, Telecasted Printed
4	Behaviour surveillance conducted	No. of surveys done	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Behaviour change plans developed and implemented at different levels (District, Divisional, PHM level)	1. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Nuwara Eliya District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	2. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Jaffna District		x	x	x	D. HEB, Provincial authorities	333,000.00	UNICEF
	3. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Mannar District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	4. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Badulla District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	5. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Moneragala District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
	6. A Behaviour Change Communication (BCC) plan on nutrition is developed, implemented and monitored at the district level, with the participation of primary healthcare workers and community leaders at Hambantota District		x	x	x	D. HEB, Provincial authorities	220,000.00	UNICEF
Output 2: Resource centres established as educational centres for the public on optimal nutrition	1. Audio visual and informatic equipment available for the implementation of health and nutrition activities in resettlement areas		x	x	x	D. HEB	1,100,000.00	UNICEF
Output 3: Media communication on nutrition improved	1. Mass Media Campaign on nutrition, immunization and maternal and child health launched		x	x	x	D. HEB	3,300,000.00	UNICEF
Output 4: Behaviour surveillance conducted	1. Nutrition related behaviours assessed in the 6 districts implementing the Integrated Nutrition Programme (INP), through community-based surveys		x	x	x	D. HEB	550,000.00	UNICEF

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# **DDG/MS I**

- ◆ Director Non-communicable Disease
- ◆ Director Mental Health



## Planning Form A: List of HMP Project Profiles and Other Activities

1. Basic Information			
<b>Name of Programme/Unit:</b>	Non- communicable Disease Unit		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Director Non- communicable Diseases	Contact:	
2. List of HMP Project Profiles under your purview			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.1.a	Integrated Non-Communicable Diseases Control	
2.	1.4.1.b	Injury Prevention & Management	

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.4.1.g	<b>HMP Profile Title:</b>	Non-Communicable Diseases Control: National Cancer Control Programme	
<b>Objective (to comply with the HMP profile document):</b>	To increase the knowledge with regard to prevention of cancers and increase facilities for early detection of cancers, in order to reduce the cancer disease burden			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	Health care workers trained in cancer prevention and screening	No. of health care workers trained.		
2	Public awareness activities are conducted for cancer control.	No. of programmes conducted.		
3	Central cancer screening clinic (National Cancer Screening Clinic), district screening clinics and mobile cancer screening clinics conducted.	No. of functioning clinics No. screened at the clinics	Total no. screened at clinics =	
4	Hospital based cancer registry (HBCR) is strengthened and population based cancer registry (PBCR) is commenced.	Year 2006-2007 cancer registry	Publication of 2006-2007 cancer registry	

Programme Unit: Director Non-communicable Disease

		Staff and resources in place for HBCR	Trained staff and resources allocated for HBCR
5	Developing palliative care network is initiated.	Functioning working group	
6	National Cancer Control Policy will be developed.	Policy document	Availability of draft policy document
7	Research on cancer survival and socio economic burden of cancers are conducted.	Research Report	Availability of research reports

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimate d cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Health care workers trained in cancer prevention and screening	1. Training of trainers (TOT) in each district (RDHS area) on cancer control					D/NCCP, PDHS, RDHS		Government funds, Donor agencies
	2. Including special training programme to basic training programmes of health care workers					D/NCCP, DDG/ET&R, D/Training, D/Nursing (Training), D/NIHS, Heads/RTC		Government funds
Output 2: Public awareness activities are conducted for cancer control.	1. Tobacco prevention education programmes at school levels					D/NCCP, Tobacco Prevention Unit, Ministry of Education		
	2. Dissemination of DVD prepared on cancer control activities					D/NCCP		Donor funds
	3. Preparation and dissemination of posters on cancer control					D/NCCP, D/HEB		
	4. Development of IEC material on cancer prevention					D/NCCP	Rs.500,000	Government funds
	5. Education programmes are conducted at teacher training colleges for trainee teachers. ( 12 programmes)					D/NCCP	Rs. 300,000	Donor funds
Output 3: Central cancer screening clinic (National Cancer Screening Clinic), district screening clinics and mobile cancer screening clinics conducted	1. Initiation of cancer screening at NCD screening centres					D/NCCP, D/NCD, PDHS, RDHS		Government funds, Donor agencies
	2. Provision of physical resources for district NCD clinics					D/NCCP, D/NCD, PDHS, RDHS		
	3. Allocation of human resources for district NCD clinics					D/NCCP, D/NCD		
	4. Developing monitoring and evaluation mechanism for district NCD clinics					D/NCCP, D/NCD		
	5. Conduct mobile clinics conducted at 'Suwa Udana' programme (12 programmes)					D/NCCP	Rs. 500,000	Government funds
	6. Conduct mobile clinics at national level organizations					D/NCCP		Government funds

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	7. Develop guidelines for cancer screening					D/NCCP		Government funds
Output 4: Hospital based cancer registry (HBCR) is strengthened and population based cancer registry (PBCR) is commenced.	1. Publication of Hospital Based Cancer Registry (HBCR) for year 2006 - 2007					D/NCCP	Rs. 400,000	Government funds, Donor funds
	2. Data collection for HBCR for year 2008-2009					D/NCCP		Government funds
	2. Allocation of human resource to NCCP to commence Population Based cancer Registry (PBCR). (Consultant Community Physicians, Medical Officers, Medical Record Officers, Public Health Inspectors, Bio Statistician, System Analyst, Data Entry Operators)					DGHS, DDG (MS1), DDG (MSII), DDG (Admin), D/NCCP		Government funds,
	3. Allocation of physical resources to commence PBCR ( Dedicated vehicle for PBCR, Network of computers with adequate server capacity, filing cupboards and other furniture and stationary )					DGHS, DDG (Logistics)		Government funds, Donor funds
	4. Training of staff on maintaining PBCR					D/ NCCP		Donor funds
	5. Sensitisation meeting for death registrars					D/NCCP	Rs.100,000	Donor funds
	6. Training of medical record officers in government and private sector on PBCR					D/NCCP	Rs. 200,000	Donor funds
Output 5: Developing palliative care network is initiated.	1. Working group identified for identifying palliative care needs					D/NCCP,		Donor funds
	2. Guidelines on developing palliative care network in district level is developed.					D/NCCP, Working group		Donor funds
	3. Guidelines on delivery of palliative care is developed					D/NCCP, Working group		Donor funds
	4. Training of trainers in palliative care					D/NCCP, Working group		Donor funds
Output 6: National Cancer Control Policy will be developed.	1. Working group in developing National Cancer Control Policy is appointed.							
	2. Situation analysis report of cancer control and management in Sri Lanka					D/NCCP, Group	Working	
	3. Draft National Cancer Control Policy					D/NCCP, Group	Working	
Output 7:	1. Research study on five year survival in thyroid cancer patients detected in 2001-2003					D/NCCP	Rs. 200,000	WHO
	2. Research study on socio economic burden of cancers					D/NCCP		

## Planning Form A: List of HMP Project Profiles and Other Activities

1. Basic Information			
<b>Name of Programme/Unit:</b>	Mental Health	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Director Mental Health	Contact:	
2. List of HMP Project Profiles under your purview			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.4.1.f	Mental Health (Including substance abuse, Suicide & Poisoning)	Y

## Planning Form B :Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.4.1.f	<b>HMP Profile Title:</b>	Mental Health (including Substance Abuse, Suicide & Poisoning)
<b>Objective (to comply with the HMP profile document):</b>	Reduce the disease burden due to mental disorders, substance abuse, suicide and poisoning		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	To establish acute in-patient units per district	Availability of units per districts	2 units initiated (Kegalle & Polonnaruwa)
2	To appoint MO/MH focal points in each district	Availability of MO/MH focal point	Availability in all the districts
3	To initiate programme for Promotion of mental wellbeing in children	A comprehensive programme launched	Review of curriculum, Add/Modify curriculum and training of master teachers
4	To improve community support centres	Improved standards for Community support centres	Development of minimum standards for community support centres
5	To strengthen the mental health information system	Availability of data	All districts to report
6	To initiate best practice in patient care	Availability of standard guideline at all levels	Develop guideline for 2 common disorders
7	To reduce high risk drinking pattern	Community-based interventions conducted	Piloted in 3 areas
8	To reduce suicide rate	Suicide rate	20% reduction from the current rate
9	To strengthen the coordinated action towards prevention of violence	National committee convened	3 collaborative activities conducted



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: To establish acute in-patient units per district	1. Advocacy seminars for planners and administrators		√	√		D/MH		
	2. Regular district reviews conducted	√	√	√		Relevant RDHS		
Output 2: To appoint MO/MH focal points in each district	1. Advertisement formulated		√			D/MH		
	2. Publish the circular		√			D/MS		
	3. Selection procedure and Appointments			√		DDG/MS		
Output 3: To initiate programme for Promotion of mental wellbeing in children	1. To review the existing curriculum		√			D/MH		
	2. To modify/add to the curriculum		√			D/MH		
	3. To develop TL materials			√		D/MH		
	4. To train master teachers/mentors				√	D/MH		
Output 4: To improve community support centres	1. To develop minimum standards		√			D/MH		
	2. To train staff of Community Support Centres				√	D/MH		
Output 5: To strengthen the mental health information system	1. Develop the concept paper		√			D/MH		
	2. Appoint steering committee			√		D/MH		
	3. Development of standard formats			√		Committee Members		
	4. Pretesting the formats				√	D/MH		
	5. Finalizing the formats and implementation				√	D/MH		
Output 6: To initiate best practice in patient care	1. Appoint steering committee			√		D/MH		
	2. Draft guidelines developed			√		Committee Members		
	3. Consensus reaching meetings				√	D/MH		
	4. Finalizing the guidelines (will be completed 2011)					D/MH		
Output 7: To reduce high risk drinking pattern	1. Awareness sessions	√				District staff		
	2. Strengthening community support groups	√	√	√	√	District staff		
	3. Establishing inter-sectoral collaboration	√	√	√	√	District staff		
	4. District reviews	√	√	√	√	Relevant RDHS		
	5. Implementing legislation	√	√	√	√	Authorized Officers		
Output 8: To reduce suicide rate	1. Awareness sessions	√	√	√	√	District staff		
	2. Strengthening community support groups	√	√	√	√	District staff		
	3. Community based interventions applied			√	√	Relevant RDHS		
	4. District reviews	√	√	√	√	Relevant RDHS		
	5. Regular mental health forums			√		D/MH		
Output 9 : To strengthen the coordinated action towards prevention of violence	1. Seminar on violence prevention for MO/MH-focal points		√			D/MH		
	2. Collaborative activities with stakeholders			√	√	District staff		
	3. Public awareness through media	√				D/MH		
	4. Community based interventions				√	District staff		



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# **DDG/MS II**

◆ DDG/MS II



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	DDG MS II		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: DDG/MS II	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.3.1.b	Improved Quality of patient care services	
2.	1.3.3.b	Total Quality Control/Management of Hospital Services	
3.	1.4.1.c	Renal Diseases	
4.	2.1.1	Strengthening the Capacity of Key Concerned Government Officials, Community Groups & Political Leaders in Improving Community Involvement in Health Development	
5.	5.6.2	Public-Private Partnership Development at National & Provincial and local Levels - include Private sector Information System	

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.3.1.b	<b>HMP Profile Title:</b>	Improved Quality of Patient Care Services.
<b>Objective (to comply with the HMP profile document):</b>			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	All the cadre vacancies of Medical Officers will be filled.	No. of Vacancies filled. Percentage of Vacancies filled.	Recruit 1200 new Medical Officers.
2	Medical Officers on Transfer orders awaiting release will be released.	%of Doctors on transfer orders released.	At least 70% Doctors to be released.
3	Ensure the availability of equipments and other resources at the Govt. hospitals.	Availability of basic equipments.	100% availability of basic equipments at all levels.

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: All the cadre vacancies of Medical Officers will be filled.	1. Completion of recruitment of Medical Officers.	X		X		D/MS, DDG/ MS – 11.		
	2. Completion of Annual Transfer list of Grade Medical Officers – 2010 – 2011.	X		X		D/MS, DDG/ MS – 11.		
	3. Completion of Special appeal board. (June / July)		X			D/MS, DDG/ MS – 11.		
	4. Completion of North / East Special List by April.		X			D/MS, DDG/ MS – 11.		
Output 2: Medical Officers on Transfer orders awaiting release will be released	1. Implementing the Annual and Special transfer lists.	X	X	X	X	D/MS, DDG/ MS – 11.		
	2. Recruitment of 1200 medical officers.	X		X		D/MS, DDG/ MS – 11.		
	3. Advertising special lists as per request.	X	X	X	X	D/MS, DDG/ MS – 11.		
Output 3: Ensure the availability of equipments and other resources at the Govt. hospitals.	1. Request BME and MSD to purchase basic equipments requested by the head of the institutions.	X	X	X	X	DDG/LS, DDG/MS – 11, D/BME.		

Part 2: Monitoring Indicators													
No.	Indicators	Source	Year				Year						
			Data (actual)				Target						
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>					<b>2009</b>	<b>2010</b>		
			17.7	11.2	11.3					10.6	10.4		
1.	No of Medical Officers Recruited.												
2.	No of Medical Officers Released according to the annual transfer lists.												
3.	Percentage of fulfilling the basic laboratory requirements requested by the head of the institutions.												

<b>HMP Profile Number:</b>	<b>1.3.3.b</b>	<b>HMP Profile Title:</b>	<b>Total Quality Control/Management of Hospital Services.</b>									
<b>Objective (to comply with the HMP profile document):</b>												
No.	Expected Outputs	Indicators (each output)	Targets by end of year									
1	Man power Development; a. Ensure the availability of skilled and knowledgeable Medical staff. b. Staff welfare.	No. of MOOs trained in specific areas.	All MOOs selected for special areas (Anaesthesia, BB, ICU, MOH etc.) will be trained.									
2	Safety of Customers and Service Providers would be ensured. Availability of risk management and mitigation frame work to minimise errors. Availability of Monitoring and reviewing patient/ staff safety. Strengthen the infection control and waste management process.	% of cross infections and hospital injuries. % of hospital acquired infection reduction. Availability of a monitoring mechanism of safety. Availability of a mechanism to detect medical errors.	100% safety of patients and staff. 100% reduction of infection.									

3	Uniformity of Clinical Practise. Developing evidence based clinical protocols and guidelines. Mechanism for professional oversight peer review and clinical audit. Strengthened clinical information systems.	Existence of an audit system. Peer group review availability.	Protocols and Guidelines completed. Clinical procedures and errors audited.
4	Right of Patients strengthened. Establishment of a Policy with regard to blood transfusion, Clinical procedures ensured. Establishment of a patient charter.	Availability of blood policy and a patient charter.	100% compliance.
5	Customer satisfaction. a. Capacity for responsible health care delivery available. b. System for reducing patient waiting time. c. Facilities available for differently able, elderly etc. d. Participation of customers in decision making. e. Customer centred information system.	No of Complaints. No of complements received with regard to provision of care.	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Man power Development; c. Ensure the availability of skilled and knowledgeable Medical staff. d. Staff welfare.	All Medical Officers selected to special disciplines will be trained. 1. Training Programmes of relevant disciplines. 2. Work shops. 3. In service training programmes.	X	X	X	X	DDG/MS – 11, Relevant Heads of Institutions, Heads of Training institutions.		Consolidated fund.
	Welfare activities for the staff will be introduced. 1. Establishment of welfare societies. 2. Scholarships for outstanding performers.	X	X	X	X	Relevant Heads of Institutions.		Consolidated fund.
Output 2: Safety of Customers and Service Providers would be ensured. Availability of risk management and mitigation frame work to minimise errors. Availability of Monitoring and reviewing patient/ staff safety. Strengthen the infection control and waste	1. Identify and list the possible risks.	X	X	X	X	DDG/MS - 11, DDG/ MS – 1, D/MS, Colleges.		Consolidated fund.
	2. Prepare protocols / Guidelines to manage risks.	X	X	X	X	DDG/MS - 11, DDG/ MS – 1, D/MS, Colleges.		Consolidated fund.
	3. Develop Monitoring and reporting systems.	X	X	X	X	DDG/MS - 11, DDG/ MS – 1, D/MS, Colleges.		Consolidated fund.
	4. In service training for staff in mitigation and prevention of risks.	X	X	X	X	DDG/MS - 11, DDG/ MS – 1, D/MS, Colleges.		Consolidated fund.



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
management process	5. Training of staff in infection control/ Waste management. Establishment of infection control units. Develop standard systems for disposal of wastes.	X	X	X	X	DDG/MS - 11, DDG/ MS – 1, D/MS, Colleges.		Consolidated fund.
Output 3: Uniformity of Clinical Practise. Developing evidence based clinical protocols and guidelines. Mechanism for professional oversight peer review and clinical audit. Strengthened clinical information systems.	1. Conduct work shops and brain storming sessions to prepare guidelines and protocols. Printing and distribution of prepared Guidelines and Protocols for each levels.	X	X	X	X			Consolidated fund.
Output 4: Right of Patients strengthened. Establishment of a Policy with regard to blood transfusion, Clinical procedures ensured. Establishment of a patient charter.	1. Awareness programmes for staff and community. 2. Centre for Consultation/ Guidance. 3. Unit to receive public complaints					DDG/ MS – 11, D/MS, Heads of Institutions.		Consolidated fund.
Output 5: Customer satisfaction. f. Capacity for responsible health care delivery available. g. System for reducing patient waiting time. h. Facilities available for differently able, elderly etc. i. Participation of customers in decision making. Customer centred information system.	1. Customer information centres. 2. ¥Awareness programmes. Customer centred/ Customer Oriented hospital							Consolidated fund.

<b>HMP Profile Number:</b>	<b>1.4.1.c</b>	<b>HMP Profile Title:</b>	<b>Renal Diseases.</b>
<b>Objective (to comply with the HMP profile document):</b>			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Adequate Treatment centres for Kidney diseases will be available.	No of Nephrology units established. No of Renal Transplant and Dialysis done.	Maximum clearance of the waiting list.
2	Adequate staff will be available.	No of MOOs assigned to nephrology units. NO of Consultants assigned.	100% vacancy to be filled.
3	Community screening for Renal Diseases.	Number screened for Renal Diseases.	100% screening of people at risk areas.
4	Policy with regard to Renal Transplantation.	Availability of a formal policy.	Complete the policy for Renal Transplantation.

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1:	1. Nephrology units will be established in identified provinces.					DDG/ MS - 11		Consolidated fund.
Output 2:	1. Required no of Medical Officers will be appointed to Nephrology units.	X	X	X	X	DDG/ MS - 11, D/ MS		Consolidated fund.
Output 3:	1. Conduct screening programmes in all high risk areas.	X	X	X	X	DDG/ MS - 11		Consolidated fund.
Output 4:	1. Current act. With regard to tissue transplantation will be amended to facilitate WHO guidelines.					DDG/MS - 1 and 11, D/MS, LO.		Consolidated fund.
	2. Better follow up system to ensure Donor/Recipient safety will be establish. (Consultation work shops will be held.)				X	DDG/MS - 1 and 11, D/MS, LO.		Consolidated fund.

<b>HMP Profile Number:</b> 2.1.1		<b>HMP Profile Title:</b> Strengthening Capacity of Key Concerned Government officials, Community Groups and Political Leaders in Improving Community involvement in Health Development.	
<b>Objective (to comply with the HMP profile document):</b>			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Improve the coordination between the political and the community leaders and the Health authorities	Awareness among the community/ Political leaders with regard to health activities taking place in the area.	Make awareness among the expected groups.
2	Improve the participation of the Community/ Political leaders in Health programmes.	Ensure active participation of com/ Political leaders in health activities wherever possible.	Take the maximum participation of the Community/ Political leaders in Health Programmes.

<b>HMP Profile Number:</b> 5.6.2		<b>HMP Profile Title:</b> Public – Private Partnership Development at National and Provincial and Local Levels – Include Private sector Information System.	
<b>Objective (to comply with the HMP profile document):</b>			
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Ensure better rapport between the public and private sectors to improve the mutual understanding between the two sectors in order to enhance the customer satisfaction.	Better awareness and participation Of the private sector in complying with the National Health Policies.	Get PDHSS/RDHSs to participate for HDC and NHDC to share views and opinions in implementing the national health policies. Create awareness among PDHS/RDHS with regard to all national health guide lines/policies trough circulars/ meetings.



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# **DDG/ET&R**

- ◆ Director Training
- ◆ Director NIHS



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Education, Training & Research Unit		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Dr. M. I. Fernando Director Training	Contact: 011 – 2675333	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	3.1.1	Strengthening of Basic Training in Public Sectors by Improving Basic Infrastructure and Supplies as well as by Providing Additional Qualified Trainers	Y
2.	3.1.2	Establishment of a Network Between Central and Provincial Training Institutions	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Development of Continuing Education programme for Occupational Therapists and management assistants		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	3.1.1	<b>HMP Profile Title:</b>	Strengthening of Basic Training in Public Sectors by Improving Basic Infrastructure and Supplies as well as by Providing Additional Qualified Trainers	
<b>Objective (to comply with the HMP profile document):</b>	To improve the basic training facilities to meet the present demand in quality of service provision			
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	Update and restructure the midwifery basic training curriculum	No of modules restructured	8 modules to be completed	
2	Update the training curricular of the MOH, SPHM, PHNS, post basic midwifery	No of categories of whom the basic training curricular updated	Curricular with updated RH components	
3	To review and development of a strategic plan for strengthening of the NIHS	Review report on the NIHS	To identify the main strategic aspects to be incorporated for strengthening of NIHS based on the review report	
4	Review all the PHC basic training centres	No of PHC basic training centres reviewed	To review main 5 RTCs and Part II training centers in the Provincial and district level	
5	To coordinate and supervise the basic training programmes conducted for PHC service providers at the basic training centers (NTS, RTCs, Part II training centers)	Frequency of supervising and coordinated the Basic Training centers by the team appointed by the DDG/ET&R	At least to be visited the relevant batched once in six months during the training programme	
6	To develop scheme trainer recruitment criteria for the basic training schools of PSM & Para medical training schools			
7	To develop management of Information system			

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Update and restructure the midwifery basic training curriculum	1. To update the RH component of the basic training curricular for the PHM	x	x	x		CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
	2. To develop a TOT programme for the trainers to update	x	x			CCP/ ET&R, FHB,		UNFPA



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	the RH component of the basic training curricular					Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		
	3. To carry out the TOT programme for the trainers to update the RH component of the basic midwifery training curricular		x	x	x	CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
Output 2: Update the training curricular of the MOH, SPHM, PHNS, post basic midwifery	1 To update RH component of the training curricular for the MOH			X		CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
	2. To update RH component of the training curricular for the SPHM			X		CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
	3. To update RH component of the training curricular for the PHNS				x	CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
	4. To update the training curricular on the Post basic midwifery training				X	CCP/ ET&R, FHB, Consultants recruited, Tutors of the NTS, FH Unit/ NIHS, & RTCs		UNFPA
Output 3: To review and development of a strategic plan for strengthening of the NIHS	1. To develop activity plan for carrying out the task of reviewing		x			DDG/ET&R, D/NIHS, CCP/ET&R		WHO
	2. To recruit a consultant for reviewing		x			DDG/ET&R		WHO
	3. To get the report			x		Consultant		WHO
	4. To identify the main aspects to be incorporated in to the strategic plan				x			WHO
Output 4: Review all the PHC basic training centres	1. To develop activity plan for carrying out the task of reviewing		x			CCP& MO/ ET& R, Representatives from RTC,		
	2. To review the PHC training centres		x	x				
	3 . To develop a strategic plan for strengthening the PHC				x			

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	training centres							
Output 5: To coordinate and supervise the basic training programmes conducted for PHC service providers at the basic training centers (NTS, RTCs, Part II training centers)	1. To appoint the members for the supervisory team		x			DDG/ET&R		-
	2. To develop the supervisory tool		x			Consultant, CCP/ET&R, FHB, FH unit/ NIHS, D/Trg, D./ NE		GAVI
	3. To visit the basic training centres			x	x	Team appointed		GAVI
Output 6: To develop scheme trainer recruitment criteria for the basic training schools of PSM & Para medical training schools								
Output 7: To develop management of Information system								

<b>HMP Profile Number:</b>	3.1.2	<b>HMP Profile Title:</b>	To identify a mechanism to develop a network among the training institutions managed by the provincial and central level
<b>Objective (to comply with the HMP profile document):</b>	To establish a training network between central and Provincial training institutions and among Provincial level training institutions.		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	To review the training programmes conducted at provincial and district level other than the basic training programmes coordinated by the ET&R Unit	A report on the current status of the training programmes at the provincial and district level	
2	To identify a mechanism to develop a network among the training institutions managed by the provincial and central level	A provincial & central networking system is identified	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: To review the training programmes conducted at provincial and district level other than the basic training programmes coordinated by the ET&R Unit	1. To prepare a tool to assess the current training status at the district and provincial level		x			CCP& MO/ ET& R, Representatives from RTC, NIHS		
	2. To assess the current training status at the district and provincial level		x	X		CCP, & MO/ET& R, Representatives from RTC, NIHS, MO/Planning		
	3. To prepare a report on the current training status at the district and provincial level			X		CCP & MO/ ET& R, Representatives from RTC, NIHS		
Output 2: To identify a mechanism to develop a network among the training institutions managed by the provincial and central level	1. To have consultative workshop with wider representation from the training institutions at the district and provincial level to identify a mechanism for networking		x	x		DDG/ ET&R, Director/Training, D/ NIHS		

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	Strengthening of in-service training and continuing education systems		
<b>Objective:</b>	To develop in-service training modules for the selected categories of staff in the state Health sector		
No.	Expected Outputs	Indicators (each output)	Targets by end of year
1	Development of Continuing Education programme for the Occupational Therapists	No of modules prepared for Continuing Education programmes for the OT	
2	In-service training programmes are carried out for the Occupational Therapists	No of in-service training programmes conducted for the Occupational therapists	
3	Development of Continuing Education Programme for Management Assistants	No of modules prepared for Continuing Education programmes for the management assistants	
4	In-service training programmes are carried out for the Management Assistants	No of in-service training programmes conducted for the Management Assistants	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Development of Continuing Education programme for the Occupational Therapists	1. To identify the training needs of the Occupational Therapists in the state health sector	x				CCP & MO/ ET&R; National Consultant recruited		WHO
	2. To identify the in-service training programmes for which training modules are to be prepared.	x				CCP & MO/ ET&R; National Consultant recruited		WHO
	3. To prepare in-service training modules for the identified programmes on priority based	x	x			CCP & MO/ ET&R; National Consultant recruited		WHO
Output 2: In-service training programmes are carried out for the Occupational Therapists	4. To carry out the in-service training programmes	x	x	x		CCP & MO/ ET&R; National Consultant recruited, PT & OT Training school		WHO
Output 3: Development of Continuing Education Programme for Management Assistants	5. To identify the training needs of the Occupational Therapists in the state health sector	x				CCP & MO/ ET&R; Planning unit/ NIHS; Training unit of the Dept of Public Service		WHO
	6. To identify the in-service training programmes for which training modules are to be prepared.		x			CCP & MO/ ET&R; Planning unit/ NIHS;		WHO
	7. To prepare in-service training modules for the identified programmes on priority based		x	x		CCP & MO/ ET&R; Planning unit/ NIHS; Training unit of the Public Service Department		WHO
Output 4: In-service training programmes are carried out for the Management Assistants	8. To carry out the in-service training programmes			x	x	CCP & MO/ ET&R; Planning unit/ NIHS; Training unit of the Public Service Department		

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	NIHS	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Director NIHS	Contact:	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	3.1.4	Strengthening of In-service Training and Continuing Education System in Both Public and Private Sector	Y

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>	1.1.4 Re-organizing and strengthening of laboratory and diagnostic services in state hospitals, field & private sector laboratories		
<b>Objective:</b>	To provide quality laboratory services by ensuring efficiency in the functioning and equity in the clustering of laboratories in hospitals, field and private sector		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
	Upgraded and functioning food control laboratory	Number of items provided	75%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Upgraded and functioning food control laboratory	1. Repair for Rhonio / Photocopy/Lab Equipments					Director-NIHS	500 000.00	GOSL
	2. Computer Machine & Printer for Service Lab					Director-NIHS	200,000.00	GOSL
	3. Equipment, reagents for Service Lab					Director-NIHS	1,700,000.00	GOSL

### **Annual Action Plan**

<b>Title of Work:</b>	1.5.4 Adolescent health		
<b>Objective:</b>	Expansion and development of Youth Friendly Service centre		
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Youths in NIHS field practice area are empowered and strengthened to face life challenges	% youth utilise the services of the YFS % of PHC staff engage in activities of youth friendly health services	50% 60%

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Youths in NIHS field practice area are empowered and strengthened to face life challenges	1.Review of pilot initiative on youth friendly services in a community based health setting		x			D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	50000.00	UNFPA
	2.operational costs of running the YFHS centre in Aluthgama	x	x	x	x	D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	450000.00	UNFPA
	3.Maintance of the centre	x				D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	150000.00	UNFPA
	4.Awareness raising Programmes	x		x		D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	50000.00	UNFPA
	5.Conduct interactive sessions on ASRS	x	x	x	x	D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	150000.00	UNFPA
	6.Conductiing awareness raising programmes on ASRH	x	x	x	x	D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	50000.00	UNFPA
	7.Quiz Competition		x	x		D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	200000.00	UNFPA
	8.Programme support costs	x	x	x	x	D/NIHS Deputy Director (FS) Coordinator: Dr.Amitha Koddippily	200000.00	UNFPA





*Annual Action Plan 2010*

# **DDG/LS**

- ◆ Director Laboratory Services
- ◆ Director National Blood Transfusion Service
- ◆ Director National Drug Quality Assurance Laboratory
- ◆ Director Medical Supplies
- ◆ Director Cancer Control Programme



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>		DDG Laboratory Services	<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title:		Contact:
	DDG /LS		
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.1.4	Re-organising and Strengthening of Laboratory and Diagnostic Services in State Hospitals, Field & Private Sector Laboratories	Y

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b> 1.1.4		<b>HMP Profile Title:</b> Re-organising and Strengthening of Laboratory and Diagnostic Services in State Hospitals, Field & Private Sector Laboratories	
<b>Objective (to comply with the HMP profile document):</b>		To provide quality laboratory services by ensuring efficiency in the functioning and equity in the clustering of laboratories in hospitals, field and private sector	
No	Expected Outputs	Indicators (each output)	Targets by end of year
1	Human resource development	1.1)Availability of sub-speciality consultants in hospital laboratory medicine department;	100% of officers reported after completion of training (Local and foreign), appointed to hospitals on pre-decided priority basis
		1.2)Availability of MLTT cadres, up to base hospitals	75% of the number of MLTT required, for BHH to be made available to cater to the need in each speciality,.
2	Acquisition of capital assets	2.1) No of hospitals acquired new capital assets	50 % of capital assets requirement of all hospitals to be met.
			25 % of BHH provided with new equipment of automation (in each speciality)
3	Quality assurance of laboratory procedures	3.1)No of hospitals involved themselves in national External Quality Assurance Scheme (NEQAS) conducted by MRI	All teaching hospitals to be included in NEQAS by end of 2010
4	Productivity improvement programme in laboratory sector	4.1)Teaching hospital laboratory medicine departments involved in productivity improvement and quality assurance programme conducted by D/ Org& Development	All teaching hospital labs; participating in a contest to select best laboratory
5	Laboratory networking	5.1)No of satellite centres established during the year	At least three provinces to start establishing satellite services
6	Developing the National Laboratory Policy	6.1)No of colleges participated and completed relevant sections of the policy	50% of the policy document to be brought to the level of implementation.
7	National-laboratory committee	7.1)Monthly meetings of national laboratory committee	Monthly meetings held
8	Strengthening of MRI to cater to private sector needs	Action taken by ....	
7	Continuing Medical Education	Action taken by DDG(ET&R)	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output.1.1: Expansion Of sub-speciality services	1).Discussion with DDGMS1 on prospective officers completing training this year.	X				DDGLS, D/LS	Nil	
	2).Discussion with PDHS and RDHS on their priority stations	X				DDGLS, D/LS	Nil	
	3).Appointment of consultants with new arrivals.	X	x	x	X	DDG (MS)1	Nil	
Output 1.2; increase of MLT cadres in hospitals	1)information on islandwide distribution of MLTT updated (with 2010 Feb; appointments)	x				D/LS	Nil	
Output 2.1: Acquisition of Capital assets	1).Calling for Hospital priority Requests for laboratory equipments including automated equipments for all BHH	x				DDGLS, D/LS	nil	
	2. National priority list preparation	x				DDGLS, D/LS	Nil	
	3.Informing institutions on their allocations on lab equipments and to call for tenders	x	X			DDGLS, D/LS	Nil	
	4. Purchase of laboratory equipments including automated equipments through hospitals		x	x	x	DDGLS,D/financeDirector/ MS of hospital	.....	
Output 3.1: Quality assurance of laboratory procedures	1. Discussion with MRI on the priority list of teaching hospital laboratories to be included under national External Quality Assurance Scheme(NEQAS).	x				DDG(LS) D(MRI) D(LS)		
	2. Implementation of NEQAS in selected hospitals under MRI supervision.		X	x	X	DDG(LS) / D(MRI) D(LS),	1.5 M	
Output 4.1; Productivity improvement programme in laboratories	1)Discussion with Consultants-in-charge and SMLTT of labs in teaching hospitals on the programme organised by D/ Org&Development	x				DDG(LS), D(LS) DDG Planning D(ORG&DEV)	.5M	
	Workshops on the programme	x	X	x	X		1.5M	
Output.5.1; Laboratory networking	1). Discussion with PDHS & RDHS to improve on existing networks	x				DDGLS, D/LS,D/planing	nil	
	2). Discussion with PDHS & RDHS to identify new stations for clustering & networking.	x				DDGLS, D/LS,D/planing	.....?	
	3).Estate sector clustering prioritised with D/ Estate sector.		X			DDGLS, D/LS D/(Estate Sector)	nil	
	4).Estate sector clustering initiated with D/ Estate sector		x	x	X	DDG(LS), D/LS	.....?	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
						D/(Estate Sector)		
Output 6.1: Developing the National Laboratory Policy	1).Discussions with colleges on preparing guidelines of the policies	x	x	x	X	DDG(LS),D(LS) DDG(Planning)	0.1M	
	2).Monthly meetings of committee begun involving all the stakeholders	x	x	x	x	DDG(LS),D(LS)	0.1M	
Output7.1; Strengthening MRI to cater private sector needs								

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	National Blood Transfusion Service		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Director National Blood Transfusion Service	Contact: National blood centre, Narahenpita.	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.	Purchase of blood bank equipment to north and east and peripheral blood banks	Y
2.	2.	Development and upgrading IT and a Net working system in NBTS	Y
3.	3.	1. Obtaining ISO laboratory certification for Blood Bank laboratory service 2. In service training programmes to all staff categories	Y Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	1. Public awareness Programmes to increase In-house blood donor populations in NBTS.		

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1	<b>HMP Profile Title:</b>	Purchase of blood bank equipment to North and East blood banks, peripheral bb.	
<b>Objective (to comply with the HMP profile document):</b>	To have a safe and adequate supply of blood products for the entire population of Sri Lanka			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Basic blood bank equipments to Kilinochchi, Chettikulam and Point Pedro blood banks Vavuniya bb Mannar bb and Putalam bb to be provided with additional equipment Eg .bb refrigerators, freezers tube sealers, plasma extractors etc.  In East Kantale, Kinnya, Kalmunai N/S, Mahaoya and Akkaraipattu bb are to be provided with the required basic equipment.	Blood banks with basic facilities	All HBB to be equipped with blood bank equipment by end of 2010.	
2	1. Development and upgrading the IT network at NBC Narahenpita. Computerization of Donor registration ---*to be completed this year, and to be started at 6 cluster centres. All blood banks to be linked by an ADSL network  2.A software to be installed at NBC for island wide blood bank staff data entry.	Upgraded IT networking system in place	To have a functioning networking system in place.	
3	1. Obtain ISO certification for blood bank laboratory service  2. In service programmes to all staff categories of NBTS are being conducted by NBC training unit at NBC	Obtain ISO certification to bb laboratories	100% Quality laboratory service  100% of blood bank staff to be trained.	
4	Expansion and development of the haemovigilance unit	Functioning unit	>90% reporting of haemovigilance	
5	Updating Reference immunohaematology documentation	Updated unit	100%efficiency,and accuracy	



Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
<p>Output 1: Basic blood bank equipments to Kilinochchi, Chettikulam and Point Pedro blood banks Vavuniya bb Mannar bb and Putalam bb to be provided with additional equipment Eg .bb refrigerators, freezers tube sealers, plasma extractors etc.</p> <p>In East Kantale, Kinnya, Kalmunai N/S, Mahaoya and Akkaraipattu bb are to be provided with the required basic equipment.</p>	1.Purchase of blood bank equipment					D/NBTS,MOH,D/GHS		MOH
	2.Construction of blood banks( according to three types)					D/NBTS,D/GHS		MOH
	3.Refurbishment of selected blood banks					-do-		
<p>Output 2: 1. Development and upgrading the IT network at NBC Narahenpita. Computerization of Donor registration ---*to be completed this year, and to be started at 6 cluster centres. All blood banks to be linked by an ADSL network</p> <p>2.A software to be installed at NBC for island wide blood bank staff data entry.</p>	1.Purchase of computers					D/NBTS,D/GHS, WR/WHO		?VC,MOH
	2.Development and installation of a software					D/NBTS	US\$20000	?VC
	3.Purchasecomputer printers, FAX machines ADSL connection etc.					D/NBTS,WR/WHO		MOH
<p>Output 3: Obtain ISO certification for blood bank laboratory service</p> <p>In service programmes to all staff categories of NBTS are being conducted by NBC training unit at NBC</p>	1.Regular participation in International EQAS programmes.					D/NBTS,D/GHS		?MOH
	2.Obtaining QC/standard samples annually from international laboratory sources					D/NBTS,D/GHS		?MOH
	3.Procurement of calibrating equipment for the laboratories					D/NBTS,D/GHS		?MOH
	4.Infrastructure,equipment and							MOH

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	training to improve the cold chain system IN a regional country							
	5.Training on NEQAS two staff members in a regional/extra regional country.							MOH
Output 4: Obtain ISO certification for blood bank laboratory service  In service programmes to all staff categories of NBTS are being conducted by NBC training unit at NBC	1.Work shops to be conducted for all staff categories					D/NBTS ,WR/WHO		WHO biennium
	2.A series of lectures to be organised for medical officers on immuno-haematology					D/NBTS		MOH
	3Training of one medical officer on Therapeutic plasma exchange in a regional country					D/NBTS,WR/WHO		WHO Biennium
	4.Training of a medical-officer in cord blood banking in an extra -regional country					D/NBTS,WR/WHO		WHO Biennium
	5.Three month training for graduate staff 2 staff members in IT programming Diploma course.					D/NBTS,WR/WHO		Who biennium
Output 5: Expansion and development of the haemovigilance unit	1Purchase of a computer/ printer./stationary/fax machines					D/NBTS,WR/WHO	US%150,000	Who Biennium
	2.Workshops on importance of haemovigilance					-do-	US\$450,000	WHO Biennium
Output 6:	1.Purchase of a computer and a printer,					D/NBTS, WR/WHO	US\$2000	WHO Biennium
	2.Conduct workshops on Immun-haematology techniques							

## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

### **Annual Action Plan**

<b>Title of Work:</b>		IN-HOUSE VOLUNTARY BLOOD DONATIONS TO BE INCREASED IN NBTS	
<b>Objective:</b>		100% Voluntary blood donations	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Public awareness programmes to be conducted with target groups	30 schools selected island wide for awareness programmes	Young blood donors to be increased by twofold
2	Major marketing projects with a telecom company	SMS to be established	The need of blood to be made aware to the

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Strengthening and Reorganization of NDOAL	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Mr. Ajith Priyadarshana Director National Drug Quality Assurance Laboratory	Contact: TEL: 2687741, 2687743, 2687744 Email: dirndq@health.gov.lk	Fax: 2687742
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.1.7	Development of the National Drug Quality Assurance Laboratory	Y

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.1.7	<b>HMP Profile Title:</b>	Development of the National Drug Quality Assurance Laboratory	
<b>Objective (to comply with the HMP profile document):</b>	To ensure the quality, efficacy and safety of Pharmaceuticals before it reaches the patients.			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Rehabilitation and Improvement of Infrastructure	Improved Infrastructure and Trained Staff	Training of 50% of staff, Rehabilitation of existing sterility room facility, and reinstallation of fume hoods system	
2	Acquisition of capital assets	Capital assets acquired	Acquisition of vehicles, equipment, computerized system and a public addressing system	

Programme/Unit: Director National Drug Quality Assurance Laboratory

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q 1	Q 2	Q 3	Q 4			
Output 1: Rehabilitation and Improvement of Infrastructure	1.Improvement of the sterility room and installation of autoclaves			x			10m	French government funds
	2.Installation of computer network system			x			1m	do
	3.Training of staff				x		1m	do
	4.Re-installation of the whole fume hood system				x		8m	do
Output 2: Acquisition of capital assets	1.Purchase of 2 vehicles			x			30m	do
	2.Purchase of equipment for Devices division				x		25m	do
	3.Equipment for Microbiological Division				x		30m	do
	4. Equipment for Biological Division						15m	do
	5. Equipment for Reference Standard and Calibration Division		x				15m	do
	6. Equipment for Chemical Division		x				10m	do
	7. Installation of public addressing system and sample receipt area			x			5m	do

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
Name of Programme/Unit:	Medical Supplies (Including Drugs)	Fiscal Year:	2010
Reporting Officer:	Name/Title: Director (Medical Supplies division)	Contact: 011694111	
<b>2. List of HMP Project Profiles under your purview</b>			
	HMP Profile Number	HMP Profile Title	Active in this year? (Y/N)
1.	1.2.1	Medical Supplies (Including Drugs)	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Establishment of Medical Supplies Management Information Systems(MISMIS)		

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

<b>HMP Profile Number:</b> 1.2.1		<b>HMP Profile Title:</b> Medical Supplies (Including Drugs)	
<b>Objective (to comply with the HMP profile document):</b>		To improve Medical Supplies Distribution Management through effective information management & improved rational use of drugs.	
No.	Expected Outputs	Indicators (each output)	Targets by end of year 2010
1	Well coordinated logistical supply system and good pharmaceutical procurement system established.	Drug expiry reports ( No of Items expired)	In progress
2	Adequate human, financial & physical (space & transport) resources provided for acquisition and better management of medical supplies.	Total cadre filled as a % of total approved cadre. Total personnel required for MSD as a% of total approved cadre	To Complete

3	To improve the skill of the staff	Conducting Training programme for the staff (No of workshops conducted)	To Complete
4	To improve storages building facilities for surgical and consumable	Haring store space and purchasing machine, plant, Equipment, Cool room,	In progress
5	To utilise Donation for Health sector.	Clearing chargers for Donation	In progress

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Well coordinated logistical supply system and good pharmaceutical procurement system established.	1.FEFO-First Expiry First Out		√			AD(P),AD(S) Stock Control Officer.	Not Applicable	Consolidated Funds
	2.Follow up with Estimation	√						
	3.Suplimentary Estimation			√				
	4.Mornitoring pending order	√						
	5.Mornitoring by P & M Unit			√				
Output 2: Adequate human, financial & physical (space & transport) resources provided for acquisition and better management of medical supplies.	1.Carder position of the Senior Assistant Director should be created			√		DDG(Admin), Administrative officer	Appox, 20 Million	Consolidated Funds
	2.Carder position of the Assistant Director should be increase 8 to 11			√				
	3.Carder position of the Pharmacist should be increase 20 to 30			√				
	4.Carder position of the HMA should be increase 74 to 121			√				
	5.Carder position of the Planning assistant should be increase 2			√				
	6.Carder position of the Stoman and packer should be increase by 36			√				
	7.Carder position of the minor staff should be increase by 25			√				
Output 3 To improve the skill of the staff :	1.Preparation of standard operational procedure(SOP) (To use as a guideline when handing expiry, withhold, withdrawal, Quality fail and condemning of such items.)		√			Director (Planning) WHO	US \$ 2100	WHO
	2.Training of Drug management for four senior manages in regional country.			√			US \$ 9000	
	3.Eight (8) workshop in 08 provinces to educate and monitor the preparation of realistic estimate for outstanding DMO's, pharmacists and sisters.				√	Director (Planning) WHO	US \$ 2000	WHO
	4.Four training workshop for storekeepers on proper storage and drug distribution systems.			√			US \$ 1100	
	5.Local training of stores management for MSD staff officers	√					US \$ 2000	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 4: To improve storages building facilities for surgical and consumable	1.Hiring Store Spaces	When necessary			DD(F) AD(Stores) Administrative officer	Not Estimated yet	Consolidated Funds	
	2.Purchasing Machine, Plants, Equipments,							
	3.Increasing Existing Store Capacity							
Output 5: To utilise Donation for Health sector.	1.Clearing Donations	When necessary			SAD DD(F) Warf Section	MSD Requested 300 Million  (15 Million For January to April 2010)	Consolidated Funds	
	2.Paying relevant chargers (Custom Chargers, Port Charges, Shipping agent Charges, Demurrage Charges..etc)							
	3.Storage.							
	4.Distribution.							

Monitoring Indicators							
No.	Indicators	Source	Year/ Data (actual)			Year/ Target	
			2007	2008	2009	2010	2011
1.	Total cadre filled as a % of total approved cadre.		-	-	-	75%	-
2.	Total personnel required for MSD as a% of total approved cadre		-	-	-	130%	-
3.	No of workshops conducted		6	2	-	5	-
4.	No of staff members trained		368	50	-	134	-
5.	Expenditure purchasing machine, plant, Equipment		12,135,090.65	77,029,951.66	703,992.50	-	-
6.	Clearing charges for clearing donations		59,777,417.43	53,236,753.37	49,226,576.41	-	-



## **Planning Form C: Annual Action Plan for Other Major Work (Not included in the HMP Project Profiles)**

<b>Title of Work:</b>		Establishment of Medical Supplies Management Information System (MSMIS)	
<b>Objective:</b>		To provide an ERP solution which covers major management areas of National Medical Supplies Network	
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>
1	Automate activities & functions of medical supplies management network of the island thereby to establish better medical supplies management system by minimizing wastage and by using limited stocks more economical way.	1. Time need to tract order details such as order position, to prepare annual estimate and other related activities of the system 2. To reduce wastages at RMSD and /Hospitals by 5 % 3. Reduce number of out of stock items at MSD, RMSD, hospitals by 50% 4. Reduce time needed to complete supply after submission of an request ( institutional lead time) by 25% 5. Reduce emergency purchases at MSD and regional level by 50% reduce lead time of MSD purchases by 25	Commencement of full scale live operation of the system at 82 project locations island wide.
2	Improve infrastructure in project locations by supplying hardware & and furniture and site preparations (partitioning and power wiring according to the specific requirement of each location	6. Number of computers & other hardware supplied 7. Number of places in which site preparations are made. 8. Number of computer table sand chairs supplied	Develop required infrastructure development for 82 project locations island wide
3	Development Software to be establish for the MSMIS and installation of the software	9. Number functions in the system supported by the software 10. Number of places where the software is installed	Installation software and start functioning of the medical supplies management system through the new system at 82 project locations island wide
4	WAN (Wide area network) establishment	11. Number of places linked to the system by IPVPN links	Link all 82 project sites through IPVPN link
5	LAN Local area network) establishment at each site	12. Number of locations in which LAN is implemented	Establish LAN at 82 project locations island wide
6	Strengthen human resources requires for the functioning and maintenance of the new system	13. Number of carder positions created at MSD & peripheral level 14. Number of recruitments	Carder creation & recruitment required for MSD & periphery.

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Automate activities & functions of medical supplies management network of the island thereby to establish better medical supplies management system by minimizing wastage and by using limited stocks more economical way.	Link MSD, RMSDD, ..... line ministry institutions including Teaching hospital, SPC, NDQAL, DRA, etc					1. Director MSD 2. Project Director (MSMIS project) 3. Contactor 4. ICTA-Consultants for the project		Consolidated fun
	UAT & operational acceptance		√					
	Users training	√	√	√				
	Pilot run		√	√				
	Full scale implementation		√	√				
	Full scale live operation of the system			√				
	Final acceptance for full integrated system			√				
Output 2: Improve infrastructure in project locations by supplying hardware & and furniture and site preparations (partitioning and power wiring according to the specific requirement of each location	Installing partition , power arrangements & supply furniture remote sites	√						
	Delivery & instillation of Hardware at regional locations	√						
Output 3: Development Software to be establish for the MSMIS and installation of the software	Customization of ERP software	√						
	Testing ERP software	√						
	Software installation & implementation	√						
	Data migration from the current system	√						
	Regional data migration		√	√				
Output 4: WAN (Wide area network) establishment	Net work installation at regional sites	√						
	WAN implementation at regional sites	√						
Output 5: LAN Local area network) establishment at each site	Net work installation at regional sites	√						
Output 6: Strengthen human resources requires for the functioning and maintenance of the new system	Obtaining approval of the Department of Management Services for creation of cadre for MSD		√					
	Creating cadre for peripheral institutions							
	Cadre recruitments							

## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	National Cancer Control Programme		<b>Fiscal Year:</b> 2010
<b>Reporting Officer:</b>	Name/Title: Dr.N.Paranagama Director/ National Cancer Control Programme	Contact: National Cancer Control Programme, 5555/5, Public Health Complex, Elvitigala Mawatha, Colombo 5 Tel. No. 2368627 Email: nccp@slt.lk, nccpsl@yahoo.com	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.4.1.g	Non-Communicable Diseases Control: National Cancer Control Programme	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Construction of building for National Cancer Control Programme (Administration unit, central screening clinic, central reference laboratory)		

## **Planning Form B: Annual Action Plan for HMP Project Profiles**

### **Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.4.1.g	<b>HMP Profile Title:</b>	Non-Communicable Diseases Control: National Cancer Control Programme	
<b>Objective (to comply with the HMP profile document):</b>	<p>1) Ensure primary prevention of preventable cancers by eliminating or minimizing exposure to the risk factors and reducing individual susceptibility to the effects of such causes.</p> <p>(2) Early detection of cancers – (i) Early identification among symptomatic populations (ii) Screening among asymptomatic populations</p> <p>(3) Improving accessibility for diagnosis and treatment facilities for cancers</p> <p>(4) Expanding rehabilitation and palliative care services for cancer patients and their care givers</p> <p>(5) Strengthening of cancer surveillance activities and information system</p> <p>(6) Promote research and utilization of its findings for prevention and control of cancers</p>			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Public awareness activities are conducted for prevention and control of cancers.	No. of programmes conducted.		
2	Cancer screening activities are strengthened.	No. of functioning clinics No. screened at the clinics No. of guidelines developed.		
3	Hospital based cancer registry (HBCR) is strengthened and population based cancer registry (PBCR) is commenced.	Year 2006-2007 cancer registry Staff and resources in place for HBCR	Publication of 2006-2007 cancer registry Trained staff and resources allocated for HBCR	
4	Strengthening of palliative care network is initiated.	Functioning working group on palliative care		
5	National Cancer Control Policy and Strategic Framework will be developed.	Policy document	Availability of draft policy document	
6	Research on cancers, survival and socio economic burden of cancers are conducted.	No. of research reports	Availability of research reports	
7	Inter-sectoral coordination for cancer prevention and control is strengthened.	No. of meetings		
8	Cancer treatment is strengthened.	No. of trained/ No. of training programmes		

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Public awareness activities are conducted for prevention and control of cancers.	1. Tobacco prevention education programmes are conducted at schools with collaboration of Ministry of Education.	x	x	x	x	D/NCCP, Tobacco Prevention Unit, Ministry of Education		Government funds
	2. Education programmes are conducted at teacher training colleges for trainee teachers. ( 12 programmes)	x	x	x	x	D/NCCP, Tobacco Prevention Unit, Ministry of Education		Government funds
	3. Dissemination of DVD prepared on cancer prevention and control in Sinhalese language and translation of the same DVD to Tamil & English language and disseminate	x	x	x	x	D/NCCP	Rs. 250,000	Donor funds (WHO)
	4. Preparation and dissemination of IEC material on cancer prevention & control (Oral cancer, Breast Cancer, Cervical Cancer, Colo rectal cancer, Prostate cancer)	x	x	x	x	D/NCCP	Rs.500,000	Donor funds (WHO)
	5. Media Seminar and Exhibition for 'World Cancer Day'	x				D/NCCP, Sri Lanka Cancer Society	Rs.150,000	Donor funds / Funds from National Advisory Committee on Cancer Control fund'
	6. Exhibition stalls on Cancer Prevention at National level exhibitions (12) – e.g. 'Deyata Kirula', 'Suwa Udana'					D/NCCP	Rs.100,000	Government funds
Output 2: Cancer screening activities are strengthened.	1. Conduct mobile clinics at 'Suwa Udana' programme (8 programmes)	x	x	x	x	D/NCCP	Rs. 200,000	Government funds
	2. Conduct mobile clinics at national level organizations (24)	x	x	x	x	D/NCCP	Rs.150,000	Government funds
	3. Working group meetings on cervical cancer, breast cancer, oral cancer will be held.	x				D/NCCP, D/FHB, DDG (DS)	Rs. 400,000	Donor funds
	4. Guidelines on screening and referral pathways developed for cervical, breast, oral cancer screening programmes	x	x	x	x	D/NCCP		Donor funds (WHO)

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	5. Strengthening of screening activities at Well women clinics – Regular review meetings with district level officials	x	x	x	x	D/NCCP, D/FHB,PDHS		Government funds
	6. Strengthening of screening activities related to oral cancers – Piloting an interventional programme in selected districts with the participation of regional dental surgeon, dental surgeons in government and private sector and primary health care staff	x	x	x	x	D/NCCP, DDG (DS), PDHS	Rs. 400,000	Donor funds (WHO)
	7. Expansion of cancer screening activities at primary care setting through WHO PEN Project in Badulla district	x	x	x	x	D/NCCP, WHO PEN project working group, RDHS Badulla		Donor funds (WHO)
	8. Interventional programme to vulnerable population (e.g. garment factory workers, migrant populations) on early detection of cervical carcinoma	x	x	x	x	D/NCCP	Rs.300,000	Donor funds (WHO)
	1. Publication of GIS maps based on top 10 cancers in Sri Lanka based on 2005 Cancer Registry	x	x			D/NCCP		Donor funds (WHO)
Output 3: Hospital based cancer registry (HBCR) is strengthened and activities related to population based cancer registry (PBCR) is commenced.	2. Analysis and publication of Hospital Based Cancer Registry (HBCR) for year 2006 - 2007	x	x	x	x	D/NCCP	Rs. 100,000	Government funds, Donor funds (WHO)
	3. Data collection for HBCR for year 2008-2009			x	x	D/NCCP	Rs.250,000	Government funds Donor funds (WHO)
	4. Allocation of human resource to NCCP to commence Population Based Cancer Registry (PBCR)  (Consultant Community Physicians, Medical Officers, Medical Record Officers/ Programme assistants, System Analyst, Data Entry Operators)	x	x	x	x	DGHS, DDG (MS1), DDG (MSII), DDG (Planning), DDG (Admin), D/NCCP		Government funds,
	5. Allocation of physical resources to commence PBCR ( Dedicated vehicle for PBCR, Network of computers with adequate server capacity, filing cupboards and other furniture and stationary )	x	x	x	x	DGHS, DDG (Logistics)	Government funds need to be identified. Rs.100,000 - (WHO) funds	Government funds, Donor funds (WHO)

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
	6. Training of hospital staff ( e.g. Medical Record Officers) in both government and private sector on maintaining of records related to PBCR		x	x	x	D/ NCCP	Rs.100,000	Donor funds (WHO)
	7. Review meetings with death registrars for commencing and functioning of PBCR		x	x	x	D/NCCP	Rs.50,000	Donor funds (WHO)
Output 4: Expanding rehabilitation and palliative care services for cancer patients and their care givers	1. Working group appointed for identifying palliative care needs	x				D/NCCP		Donor funds
	2. Process of commencing post graduate diploma on palliative care for medical officers is initiated Guidelines on developing palliative care network in district level is developed.	x	x	x	x	D/NCCP, Working group, PGIM		Donor funds
	3. Guidelines on delivery of different component of palliative care is developed	x	x	x	x	D/NCCP, Working group, Professional colleges, D/YEDD, D/Mental Health		Donor funds
	4. Delivery of palliative care services at primary care setting is piloted through the WHO PEN project in Badulla district	x	x	x	x	D/NCCP, Working group in WHO PEN Project, RDHS Badulla		Donor funds (WHO)
Output 5: National Cancer Control Policy and Strategic Framework will be developed.	1. Working group in developing National Cancer Control Policy and Strategic Framework is appointed.	x	x	x	x	D/NCCP		Government funds
	2. National Cancer Control Policy and Strategic Framework is developed.	x	x	x	x	D/NCCP, D/NCIM, College of Oncologists including oncologists at regional treatment centres		Government funds
Output 6: Research on cancers, survival and socio economic burden	1. Research study on five year survival in thyroid cancer patients detected in 2001 2003	x	x	x		D/NCCP	Rs. 200,000	Donor funds (WHO)
	2. Research study on socio economic burden of cancers	x	x	x	x	D/NCCP	Rs. 100,000	Donor funds (WHO)

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
of cancers are conducted.	3. Situation analysis of cancers, cancer risk factors, services available and service needs in Northern province in Sri Lanka	x	x	x	x	D/NCCP, Consultant Oncologist, Jaffna, PDHS Jaffna & University of Jaffna	Rs. 350,000	Donor funds (WHO)
Output 7: Intersectoral coordination for Cancer prevention and control is strengthened	1. Regular meetings of National Advisory Committee on Prevention and Control of Cancers are conducted	x	x	x	x	Secretary / Health, D/NCCP		Advisory Committee fund
	2. Provincial Committees on Prevention and Control of Cancers are commenced in each province.	x	x	x	x	D/NCCP, PDHS		Advisory Committee fund
Output 8: Strengthening of cancer treatment	1. Improving quality in radiotherapy by training of physicists and radiographers.		x	x	x	D/NCCP, D/NCIM		WHO funds



*Annual Action Plan 2010*

# **DDG/DS**

◆ DDG/DS



## **Planning Form A: List of HMP Project Profiles and Other Activities**

<b>1. Basic Information</b>			
<b>Name of Programme/Unit:</b>	Disease Control Programme	<b>Fiscal Year:</b>	2010
<b>Reporting Officer:</b>	Name/Title: Dr. J.M.W. Jayasundara Bandara Dy. Director General (Dental Services)	Contact: 2693180	
<b>2. List of HMP Project Profiles under your purview</b>			
	<b>HMP Profile Number</b>	<b>HMP Profile Title</b>	<b>Active in this year? (Y/N)</b>
1.	1.4.1.e	Non Communicable Disease Control Programme. Oral Health Services Management Improvement Project	Y
<b>3. List of other major work not included in the profiles under your purview</b>			
1.	Prevention of soil and water pollution from dental mercury waste		

## Planning Form B: Annual Action Plan for HMP Project Profiles

### Part 1: Annual Action Plan

<b>HMP Profile Number:</b>	1.4.1.e	<b>HMP Profile Title:</b>	Oral Health Services Management Improvement Project	
<b>Objective (to comply with the HMP profile document):</b>		To reduce the oral disease burden to a level which would be manageable with service programme		
No.	Expected Outputs	Indicators (each output)	Targets by end of year	
1	Children under 3 years are screened for early childhood caries and interventions are done by Dental Surgeons at Child immunization Clinics.	Percentage of clinics established. Percentage of registered children screened.	10%	
2	Establishment of centre for Oral Health in Maharagama.	Institute functions	Cabinet approval and cadres approved	
3	Commissioning advanced laboratory for Restorative dentistry in Maharagama	restorative lab functioning No. of prosthesis made.	30% of capacity	
4	Ante-natal mothers screened and interventions are done to promote oral health	% of mothers screened/ treated	30%	
5	Introducing a quality assurance and appraisal system for Dental Care	pre tested criteria made available	2 districts and 2 specialized clinics	
6	Strengthening school dental health service by incorporating pre school children and increasing outreach programmes.	.% of children in the target covered	>50%	
7	Establishment of referral system for ante-natal mothers /Oral cancer related cases for interventions at hospital dental clinics.	Referral system	No of cases seen	
8	Development and adopting Oral Health Policy	Policy document available	Second draft available for public comment	
9	Provision of essential equipment to identified Dental clinics	Procurement plan 2010 completed	Rs 150 mn	
10	Commissioning of a Mobile Dental Units on wheels	Mobile Dental Bus available	100%	
11	A new building for Dental Institute	A contract awarded & work started	Basement completed.	

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
Output 1: Children under 3 years are screened.....	1.Creating awareness among PHC workers	*	*	*	*	MOH/RDS/DS	routine	
	2 Referral of children at risk to hospitals	*	*	*	*	MOH/DS/RDS	routine	
	3.Approval for community dental surgeons(cadre )		*	*		DDG(D/S)	routine	
	4.Development of health education materials					PDHS/RDHS/RDS		Donor funds
	5 Establish semi mobile clinics at poly clinics	*	*	*	*	PDHS/RDHS/MOH	1 Mn	GOSL Province
	6. .Purchase dental surgery equipment	*	*	*		DDG(D/S)	08 mn	GOSL
	7.Purchase of Fluoride varnish Etc	*	*			D/MSD, DDG(D/S)	01 mn	NHDF
	8.							
Output 2: National center for oral health.....	1.Circular issued and implemented	*				DDG(D/S)		
	2. Obtaining the cabinet approval		*			DDG(D/S)		
	3 Approval for the new cadre requirement			*	*	DDG(D/S)		
	4. Appointment of staff				*	DDG(D/S)	01 Mn	GOSL
Output 3 :Advanced restorative lab.....	1. Opening of the lab		*			DDG(D/S),DS/ic		
	2.Maitenance and functioning of lab		*	*	*	DS/ic	01 Mn	GOSL (cost recovery?)
Output 4: Ante natal mothers screensd.....	1.Creating awareness among PHC workers	*	*	*	*	MOH/RDS/DS	routine	
	2 Referral of mothers needing treatment to hospitals.	*	*	*	*	MOH/DS/RDS	routine	
	3. .Development of health education materials					PDHS/RDHS/RDS		Donor funds
	4. Establish semi mobile clinics at poly clinics	*	*	*	*	PDHS/RDHS/MOH	1 Mn	GOSL Province
	5. .Purchase dental surgery equipment	*	*	*			08 Mn(As 1.5above	
	1.Pre testing criteria		*			D.D.G.(DS), D/DS	Routine	GOSL
	2Formulation of final criteria		*				Routine	
	3.Piloting in identified facilities			*	*		Routine	
	Output 6:Strenthening school dental service....	1. Appointment of new dental therapists				*	DDG(D/S),D/A2	2 Mn
2. .Increased outreach programmes		*	*	*	*	MOH/RDS/RDHS	30 Mn	GOSL Province
3 Technology improvement- New equipment			*	*	*	PDHS/RDHS/RDS	10 Mn	GOSL Province/Donor
4 MIS- review		*	*	*	*	D/MCH		
5.purchasing of new dental materials		*	*	*	*	D/MSD		
Output 7:Referral system for oral cancer and antenatal....	1.development of referral guidelines			*		DDG(DS),D/MCH		
	2.Orientation of staff			*		DDG(DS),D/MCH		
	3.Approval of cadres		*	*		DDG(D/S)		
	4.Appointment of DSS				*	DDG(D/S)		
Output8 :Development and	1 A work plan for drafting oral .health policy	*	*			D.D.G.(DS)		WHO

Output	Major Activities (only those planned this year)	Timeframe				Responsible officer(s)	Estimated cost	Source of funds
		Q1	Q2	Q3	Q4			
adopting oral health policy	2. Drafting oral health policy- consultative meetings	*	*	*	*	D.D.G.(DS)	200,000	
	3.Quarterly review by expert group	*	*	*	*	D.D.G.(DS)	100,000	
Out Put 9 Supply of essential equipment	1.Procurement and commissioning of dental equipments	*	*	*	*	DDG(D/S)	150 Mn	GOSL
	2.Maintenance of Equipment	*	*	*	*	DDG(D/S)	15 Mn	GOSL
Output8 :Development and adopting oral health policy	3.Supply of Materials	*	*	*	*	D/MSD		
Output 10 Mobile Dental Bus	1.Repairs & necessary changes to the Bus		X	X		DDG(D/S)	150,000	GOSL
	2. Installation of Equipment		X	X		DDG(D/S)	3,000,000	GOSL
Output 11 A new Building for Dental Institute	1.Demolition of existing building		x			DDG(D/S)	+600,000	GOSL
	2.Pilling and basement		x	x	x	DDG(D/S)	50,000,000	GOSL

## Part 2: Monitoring Indicators

No.	Indicators	Source	Year				Year					
			Data (actual)				Target					
<b>Example</b>	<b>Infant mortality rate (per 1000 LB)</b>	<b>National Indicators</b>	<b>1991</b>	<b>2002</b>	<b>2003</b>				<b>2009</b>	<b>2010</b>		
			17.7	11.2	11.3				10.6	10.4		
	dmft of children 3 years of age	National Oral Health Survey										
	Plaque index of ante natal mothers											
	DMFT of adults aged??											
	DMFT of children aged 12 years											
	Number of oral cancer identified through referrals											
	Identification of shortcomings of dental health services											

**Part 1: Annual Action Plan**

<b>HMP Profile Number:</b>	1.4.1.e	<b>HMP Profile Title:</b>	Oral Health Services Management Improvement Project	
<b>Objective (to comply with the HMP profile document):</b>	To reduce the oral disease burden to a level which would be manageable with service programme			
<b>No.</b>	<b>Expected Outputs</b>	<b>Indicators (each output)</b>	<b>Targets by end of year</b>	
1	Children under 3 years are screened for early childhood caries and interventions are done by Dental Surgeons at Child Welfare Clinics	Percentage of clinics established. Percentage of registered children screened.	30%	
2	Establishment of national centre for Oral Health in Maharagama.	Circular implemented		
3	Commissioning advanced laboratory for Restorative dentistry in Maharagama	restorative lab functioning No. of prosthesis made.	30%	
4	ante-natal mothers screened and interventions are done to promote oral health	% of mothers screened/ treated	30%	
6	Purchasing & maintenance of equipment and material for clinical activities.	Purchasing of equipment for semi mobile clinics. Purchasing of equipment for hospital dental clinics.	Rs 100 mn	
7	Strengthening school dental health service by incorporating pre school children and increasing outreach programmes.	No. of outreach programmes carried out/ No. of programmes planned.% of children in the target	>50%	
8	Establishment of referral system for ante-natal mothers /Oral cancer related cases for interventions at hospital dental clinics.	Referral system	No of cases seen	
9	Maintaining surveillance reports at dental clinics and reporting to national programme through dental clinics.			
10	Programme to assess fluoride level in drinking water.			
11	Facilitating cosmetic intervention for dental fluorosis.			

