STRATEGIC MANAGEMENT PLAN
FOR DEPARTMENTS OF HEALTH & INDIGENOUS MEDICINE
NORTHERN PROVINCE, SRI LANKA
2016 – 2018

MINISTRY OF HEALTH, INDIGENOUS MEDICINE,
SOCIAL SERVICES & REHABILITATION,
PROBATION & CHILDCARE SERVICES AND WOMEN'S AFFAIRS
NORTHERN PROVINCE, SRI LANKA

Submitted by:

EML Consultants

EML CONSULTANTS PVT. LTD

Strategic Management Plan for Departments of Health & Indigenous Medicine, Northern Province, Sri Lanka 2016 - 2018

Published by:

Ministry of Health, Indigenous Medicine, Social Services & Rehabilitation, Probation & Childcare Services and Women's Affairs, Northern Province

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Compiled by:

EML Consultants (Pvt.) Ltd., Colombo

Published in: December 2015

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List of Abbreviations

A & E	Accident & Emergency
AIDS	Acute Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ARV	Anti-Rabies Vaccination
aTd	adult Tetanus diphtheria vaccine
BCG	Bacillus Calmette-Guerin - vaccine for tuberculosis (TB)
BF	Breast Feeding
BH	Base Hospital
BMI	Body Mass Index
CBR	Community Based Rehabilitation
CD	Communicable Diseases
CEA	Central Environment Authority
CPR	Cardio Pulmonary Resuscitation
CRPO	Child Right Promoting Officer
DBMS	Data Based Management System
DH	Divisional Hospital
DM	Diabetes Mellitus
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria Pertussis Tetanus Vaccine
DT	Diphtheria Tetanus vaccine
ECG	Electro Cardio Graph
EMOC	Emergency Obstetric Care
FHB	Family Health Bureau
FHO	Family Health Officer
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	General Hospital
GoSL	Government of Sri Lanka
GPS	Global Positioning System

HH	House Hold
HIV	Human Immune deficiency Virus
HR	Human Resource
ICU	Intensive care Unit
IMMR	Indoor Morbidity & Mortality Return
IRR	Internal Rate of Return
IT	Information Technology
IYCF	Infant & Young Child Feeding
LJEV	Live Japanese Encephalitis Vaccine
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MLT	Medical Lab Technologist
MMR	Measles Mumps Rubella vaccine
MO	Medical Officer
MO/MCH	Medical Officer/Maternal and Child Health
MOH	Medical Officer of Health
NCD	Non Communicable Disease
NGO	Non-Governmental Organization
NP	Northern Province
OPD	Out Patient Department
OPS	Orthogonal Polarization Spectral
OPV	Oral Poliomyelitis Vaccine
OT	Occupational Therapist
PHC	Primary Health Care
PHI	Public Health Inspector
PHM	Public Health Midwife
PIN	Personal Identification Number
PO	Probation Officer
PT	Physio Therapist
PvV	Pentavalent Vaccine
RDHS	Regional Director of Health Services
RTA	Road Traffic Accident

SAM	Severe Acute Malnutrition
SCBU	Special Care Baby Unit
SLRC	Sri Lanka Red Cross
SMI	School Medical Inspection
SMS	Short Message Service
SPHI	Supervising Public Health Inspector
SPHM	Supervising Public Health Midwife
SSO	Social Service Officer
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TT	Tetanus Toxoid
Vit A	Vitamin A
VOG	Visiting Obstetrician & Gynaecologist
WBC	Well Baby Clinic
WD	Work Days
WDO	Woman Development Officer
WHO	World Health Organization
WWC	Well Woman Clinic

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Strategic Management Plan for Departments of Health & Indigenous Medicine, Northern Province of Sri Lanka

1. Introduction

1.1. Strategic Management Plan

Strategic management plan serves the purpose of direction and means to reach a set goal. In the effort of improving or establishing services through an organization, setting up goals and focusing on achieving those goals through a well-planned strategic management plan is highly likely to give results quicker. That also allows the institution to have a defined method to reach the common goal that all the stakeholders of the institution are expected to reach.

There are many ways to develop strategic management plans. However, there are some basic requirements to be specified in any such program. A strategic management plan is developed mainly to put in place a road map to guide the activities to make necessary improvements. Therefore, a **vision** of what it should be after implementing the strategic management plan has to be identified. This vision can be identified only for the duration that the strategic management plan is proposing strategies and activities. Once that point is reached a better vision can replace the vision developed for the specified period.

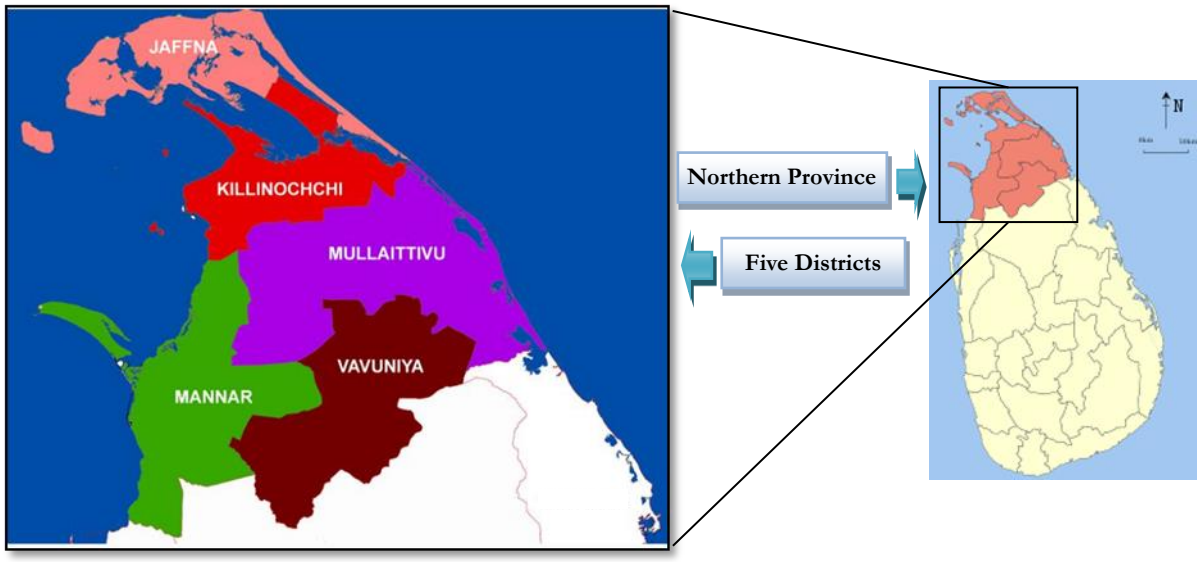
It is important to propose a **mission** statement that can function as the means to attain the identified vision. The mission statement shall be formulated to include areas to be improved and the objectives to be defined under those areas in order to carry out the mission. However, the mission statement should be brief, precise and attainable within the specified time.

Identifying and specifying **values** in a strategic management plan, help in declaring the core principles, rules and cultural significance (institutional culture) of an institute is operating on. The stakeholder support, participation and enthusiasm may depend on the identified values.

1.2. Northern Provincial Council and Ministry of Health

The province was demarcated since 19th century as the Northern Province. In 1988 the Northern Province established its first Provincial Council. With a brief period of merger from 1988 to 2006 with the Eastern Province to function as the North Eastern Province, it re-established as the Northern Provincial Council after the demerge in 2006. The province includes five districts (Jaffna, Kilinochchi, Mullaitivu, Vavuniya and Mannar). Under the provincial council act, the provinces are vested with the power on provincial affairs such as Agriculture, Fisheries, Education, and Health.

Figure 1: The Project Boundary: Northern Province and the Five Districts in the Province



Health care in Sri Lanka always was a priority at the policy level and the government health care services were free for all. Before the provincial councils were established the national government provided the healthcare to the whole country while the private sector involvement was mainly existed in big cities. During the period of civil unrest, though there is no proper account as to how these needs were met for the few who were remaining in the province, there was lot of infrastructure damage due to the impacts of the conflict. When the war ended in 2009, there were some expedited programs to re settle the displaced and re habilitate the areas so the resettled people can look forward for a progressive improvement of their lives. The improvements of the health sector also were synchronized with other physical developments in the areas for the people to enjoy a healthy life. The Government of Sri Lanka allocated a sum of Rs. more than 4,600 million for developments in the health sector in the Northern Province under the "Vadakkin Vasantham" 180 days accelerated programme in which Rs. 3,572 million has been spent up to 31st December 2011. With the involvement of Ministry of Health of the Northern Province, more than 500 health development projects were implemented in the province. Further, there were equipment and other facilities of the healthcare system were improved to be able to care for the returned population of the province. The Provincial Ministry of Health is in a mission to continue the improvements so that the quality of care for the people in the province will be sustainable.

In developing a strategic plan for the health service it is vital to know some important statistics such as the population of the service area, its distribution on land, age and gender distribution of the population. In the 2012 census, the population of the province is listed as 1,058,000.

However the most updated regional statistics shows that the number is 1,235,059[1]. The table number one below gives the details of population, land area, and population distribution by district. The available age distribution statistics published is only as current as 2012, obtained from the census and statistics department, shown in table two. The percentages of the children (age 0-15) and the elderly (above age 60) in each district that are shown in the table (Table 2) can be considered as vulnerable, therefore medical facilities have to be catered to providing appropriate care for these vulnerable groups. The table three below shows the gender distribution in each district and how the population is distributed among families. The district based population distribution compared with available infrastructure facilities (Table 4) in the provincial health sector in the Northern Province provides the information to plan the requirement for each district.

[1]Statistical Hand Book 2014, Department of Health Services, Northern Province

Table 1: Population, Land Area and the Population Density in the Northern Province by District

Administrative Area (Province/District)	Land Area (Sq. Km) As at 1998	Percentage Land Area	Population	Percentage Distribution of Population	Population Density (Persons per Sq.Km)
Northern Province	8,290	13.22	1,235,059	5.2	149
Jaffna	1,025	1.48	641,540	2.9	626
Kilinochchi	1,237	1.92	136,225	0.6	110
Mannar	2,002	3.00	161,190	0.5	81
Vavuniya	1,967	2.97	192,772	0.8	98
Mullaitivu	2,617	3.85	130,332	0.4	50

Source: Statistical Hand Book 2014, Department of Health Services, Northern Province

Table 2: The Age Distribution of the Population in the Districts of the Northern Province

District	Total Population	All Ages	Age Group																
			<01	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-80	80<
Jaffna	583,613	100	1.6	5.7	8.5	9.3	9.4	8.8	7.6	7.3	6.1	5.5	5.4	5.6	5.2	5.2	3.8	2.3	1.5	1.3
Mannar	99,107	100	1.7	7.6	9.6	11.8	11.4	7.6	7.3	7.7	6.8	5.8	5.0	4.7	3.9	3.8	1.9	1.5	1.0	0.9
Vavuniya	171,390	100	1.8	7.5	8.9	8.7	10.6	8.6	8.1	8.5	6.5	6.1	5.6	5.4	4.5	3.8	2.2	1.5	0.9	0.8
Mullathivu	90,542	100	2.4	9.2	9.4	9.0	9.3	8.0	8.8	9.0	6.8	5.3	5.0	4.6	4.2	4.3	2.2	1.2	0.5	0.6
Kilinochchi	112,980	100	1.9	9.5	11.1	10.1	9.6	7.7	8.1	8.4	6.7	5.0	4.9	4.1	3.7	4.3	2.4	1.2	0.8	0.5

Source: Census of Population and Housing, 2012, (Based on a 5% sample). (* Although the data is obtained from the document "Census of Population & Housing, 2012" data for the Northern Province is only based on a sample, not the whole population)*

Table 3: Population, Number of Families and the Gender Distribution in the Northern Province

Serial No.	District	Population	Families	Male	Female
1	Jaffna	614,540	188,686	293,589	320,951
2	Kilinochchi	136,098	41,282	65,793	70,305
3	Mannar	161,190	44,215	80,052	81,138
4	Mullaitivu	130,332	40,741	63,528	66,804
5	Vavuniya	192,772	54,381	94,084	98,688
Total		**1,234,932**	**369,305**	**597,046**	**637,886**

Source: Vital Statistics, Office of the Deputy Chief Secretary Planning, Jaffna (Details as at 31.12.2014*)*

1.3. Healthcare Services of Northern Province at Present

1.1.1. Available Facilities

The province is presently equipped with the health related infrastructure, human resources and facilities as listed in the tables 4. The available resources can be compared with the indicators available nationally to evaluate the requirement and the level of the requirement of the available services and facilities. As an example, Jaffna may have a Teaching Hospital that can provide healthcare to the best available capacity in the country. However, it may have a shortage of personal to take care of some illnesses or even a shortage on number of beds compared to the number of patients visiting or even compared to the population of the District. These issues can be addressed in the strategic management plan, when the relevant information is available. The table 4 below shows the available facilities in the Northern Province.

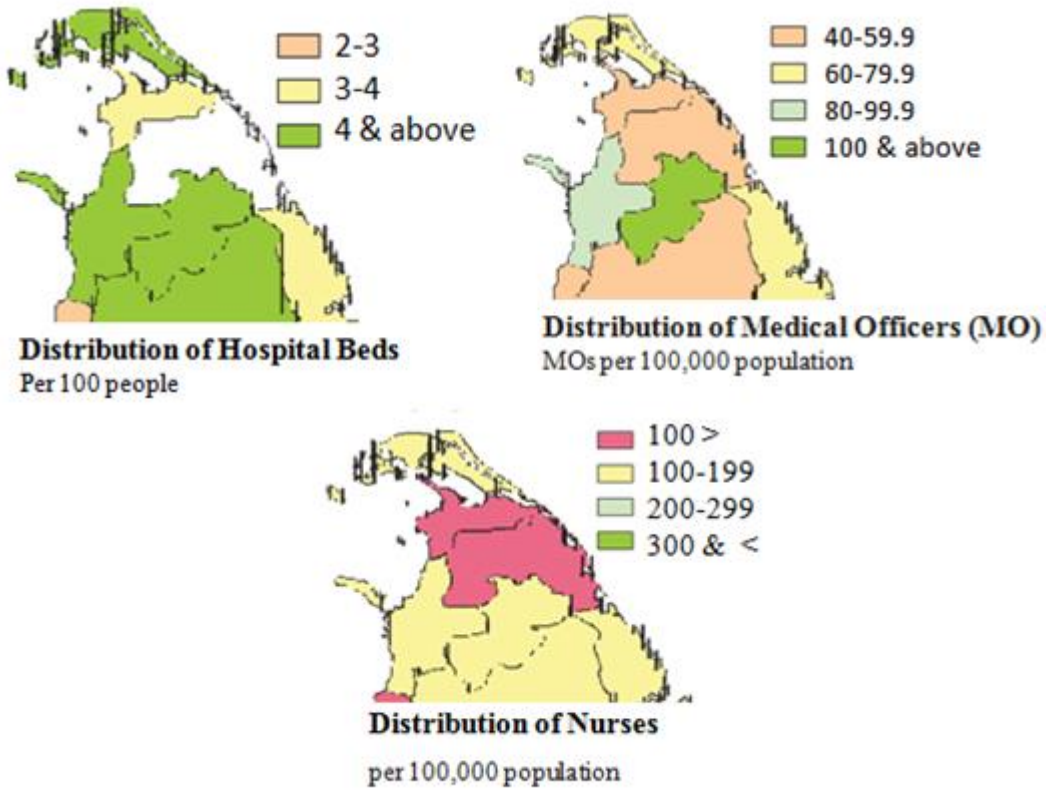
The figure below (Figure 2) shows some of the national indicators for available healthcare facilities and the representation of those indicators in the Northern Province.

Table 4: Infrastructure Available to Facilitate Health Care in the Northern Province as at 31.12.2014

Basic Information	Unit	NP	No of Beds	Jaffna	No of Beds	Kilinochchi	No of Beds	Mannar	No of Beds	Mullaitivu	No of Beds	Vavuniya	No of Beds
Teaching Hospital	Nos.	1	1,323	1	1,323	0		0		0		0	
General Hospital	Nos.	4	1,436	0		1	287	1	331	1	256	1	562
Base Hospital (Type A)	Nos.	2	482	2	482	0		0		0		0	
Base Hospital (Type B)	Nos.	5	474	2	252	1	41			1	30	1	151
Divisional Hospital	Nos.	57	1,826	23	643	7	186	10	474	9	437	8	86
Primary Medical Care Unit	Nos.	38		17		4		8		6		3	10
Chest Clinic	Nos.	5		1		1		1		1		1	
Cancer Hospital	Nos.	1		1	90	0		0		0		0	
Psychiatric Hospital	Nos.	6	96	2	67	1		1	12	1	5	1	12
Gramodaya Health Centre	Nos.	162		36		24		38		38		26	
MOH	Nos.	30		12		4		5		5		4	
School Dental Clinic	Nos.	26		14		3		4		0		5	
Anti-Malaria Campaign	Nos.	5		1		1		1		1		1	
District Indigenous Hospital	Nos.	5		1		1		1		1		1	
Central Indigenous Dispensary	Nos.	16		11		1		1		1		2	
Rural Indigenous Hospital	Nos.	7		4				1		1		1	
Drug Manufacturing Unit	Nos.	1		1									
Free Indigenous Dispensary	Nos.	62		38		8		4		4		8	

Source: Statistical Handbook, Department of Health Services, Northern Province - 2014

Figure 2: Distribution of Healthcare Resources by District in the Northern Province



Source: Annual Health Bulletin 2012, Sri Lanka, Medical Statistics Unit, Ministry of Health

Table 5: Distribution of Notified Cases of Some Selected Diseases (2014)

District	Dengue	Dysentery	Encephalitis	EntericFever	Food Poisoning	HumanRabies	Leptospirosis	Tuberculosis	ViralHepatitis
Jaffna	1,697	2,772	3	371	96	0	9	449	18
Kilinochchi	59	135	0	27	0	0	0	46	8
Mannar	361	214	6	0	39	0	4	50	2
Vavuniya	151	112	6	76	32	0	10	60	3
Mullativu	1	0	0	9	11	2	12	16	0

Source: Statistical Handbook, Department of Health Services, Northern Province - 2014

Some areas are more vulnerable to some diseases than others due to different reasons. Therefore it is important to understand the prevalence of certain diseases, in order to develop

proper strategies to address the issues. The table five shows the disease occurrence by district basis in the Northern Province for some identified diseases. The table six shows the number of people who have been either treated as indoor patients or outdoor patients during the year 2014. Table seven shows the number of individuals who have received immunization for some selected diseases. These are helpful in identifying the level of planning and services required for the province in providing medical care.

Table 6: The number of Indoor and Outdoor Patients Treated -Northern Province - 2014

District	Indoor Patients	Outdoor Patients
Jaffna	215,492	1,871,638
Mannar	30,758	445,870
Vavuniya	63,450	558,047
Mullativu	35,843	413,701
Kilinochchi	393,819	409,073
Northern Province	739,362	3,698,329

Source: Statistical Handbook, Department of Health Services, Northern Province - 2014

Table 7: Distribution of Immunization Coverage by District in the Northern Province

Antigen/ Dose	Jaffna			Mannar			Vavuniya			Mullaitivu			Kilinochchi			Northern Province		
	Number	% Coverage for estimated births	% Coverage for PvV1	Number	% Coverage for estimated births	% Coverage for PvV1	Number	%Coverage for estimated births	% Coverage for PvV1	Number	%Coverage for estimated	% Coverage for PvV1	Number	%Coverage for estimated	% Coverage for PvV1	Number	%Coverage for estimated	% Coverage for PvV1
TT+	10,911	111	111.4	1872	374.4	102.2	2,635	91.1	87.7	2,307	168.8	118.9	2,355	88.1	112.8	20,080	101.1	117.8
BCG	8657	98	88.4	1675	335	91.4	3,809	131.6	126.7	1,074	78.6	55.4	2,071	77.5	99.2	17,286	87.1	101.4
PvV1/OPV 1	9793	92	100	1832	366.4	100	3,006	103.9	100	1,940	141.9	100	1,779	66.6	85.2	18,350	92.4	107.6
PvV2/OPV 2	8948	96	91.4	1915	383	104.5	3,041	105.1	101.2	2,052	150.1	105.8	1,933	72.3	92.6	17,889	90.1	104.9
PvV3/OPV 3	8959	94	91.5	1864	372.8	101.7	3,145	108.7	104.6	2,167	158.5	111.7	2,088	78.1	100	18,223	91.8	106.9
DPT 4th/ OPV4	8943	91	91.3	2043	408.6	111.5	3,160	109.2	105.1	2,167	158.5	111.7	2,224	83.2	106.5	18,537	93.4	108.7
MMR1	9313	97	95.1	2025	405	110.5	3,370	116.4	112.1	2,188	160.1	112.8	2,267	84.8	108.5	19,163	96.5	112.4
MMR2	8959	91	91.5	1940	388	105.9	3,151	108.9	104.8	2,200	160.9	113.4	2,387	89.3	114.3	18,637	93.9	109.3
DT/ OPV5	8203	93	83.8	1903	380.6	103.9	2,877	99.4	95.7	2,155	157.6	111.1	2,473	92.5	118.4	17,611	88.7	103.3
aTd	9831	109	100.4	1943	388.6	106.1	3,108	107.4	103.4	2,652	194	136.7	3,800	142.2	182	21,334	107.5	125.1
LJVE	9,522	93	97.2	2015	403	110	3,340	115.4	111.1	2,296	168	118.4	1,597	59.7	76.5	18,770	94.5	110.1

Source: Statistical Handbook, Department of Health Services, Northern Province - 2014

1.1.2. Human Resources and the Capacity of the Health Sector of the Northern Province

Availability of human resource in health sector is not only a provincial and national issue but also a global issue. However according to the data compiled to prepare "Annual Health Bulletin of Sri Lanka 2012" provincial statistics of Medical Officers and Nurses have been gathered and compared with the national statistics. According to the data, there are 78 Medical Officers for every 100,000 individuals, in the nation. But only five districts out of all the districts that have exceeded the national average. Three districts have report more than 100 Medical Officers per 100,000 individuals. One of the three districts is Kilinochchi, which is a district in Northern Province. The figure two above shows the number of Medical Officers available per 100,000 individuals in each district of the Northern Province. The figure also shows that the number of Nurses available in three districts (Jaffna, Vavuniya, Mannar) of the Northern Province is within the range of the national average where national average is 180/100,000. The other two districts (Kilinochchi and Mullativu) report less numbers of nurses than the national average.. Though the numbers are not officially reported there is a significant shortage of trained paramedics such as Pharmacists, Radiographers, Physiotherapists and ECG Recorders mainly due to lack of trained individuals to recruit. There are no sufficient programmes to meet the human resource needs of the province. Therefore with the issue of existing staff retiring and changing jobs the situation keeps getting graver. Though the national issue perfectly mirrors the issue at hand with the Northern Province, there are few more issues with the staff availability in the Northern Province.

1.4. Policies of the Health Sector

1.4.1. National

The very first health service act came in to existence in 1952 and there have been several amendments to the act. Health has been a priority in Sri Lanka from the ancient times. Organized service providing under a designated ministry and a department of health also has been in existence for over a half a century. Although the overall policy has remained constant, developing an evidence based healthcare/health service policy has been given significant emphasis in the country. The process was first initiated in 1992 by a Presidential Task Force, followed by a review of the policy and issuing a National Health Policy in 1996. In 2003, the cabinet endorsed a strategic framework for health development. The 13th amendment to the constitution in 1987 saw devolution of some powers and functions to the Provincial Councils. The devolution functions involved administration and management of the provincial hospitals network and field health services and the Provincial Councils established their own Provincial

Ministries and Departments to carry them out. This resulted in concomitant changes in the management structures, roles and responsibilities of the Central Ministry that had operated through a decentralized district health system before 1987[2]. There are several initiatives in the form of acts, policy frameworks and standards, to make the health service better.

According to the health Master Plan of Sri Lanka, the Government is committed to ensuring a high quality, accessible, and sustainable health system for the people of Sri Lanka.

In Sri Lanka, health care is provided free of charge in public-sector facilities, and the policy states continued commitment to this approach. The policy identifies improvement of preventive health programmes and early detection of preventable problems and complications (such as complications of pregnancy). With regard to services, the policy mentions improvements to facilities, as well as better accessibility from an equity perspective and quality of care[3]. The policy says that resources will be allocated to provinces and districts according to health needs in those areas and national priorities.

The main goals of the national government health policy can be described and summarized into the following eight broad areas[4]:

1) Improve efficiency, effectiveness and accountability;
2) To provide need-based care, set priorities and allocate resources equitably;
3) Focusing services on vulnerable groups and community needs that require special attention; the elderly and mental health;
4) Improvement of patient care provision and quality by reorganizing the health care delivery system, especially at district and provincial levels;
5) Rationalization of human resource development;
6) Increase of life expectancy by reducing preventable deaths from both communicable and non-communicable diseases;
7) Improvement of "Quality of Life" through healthy lifestyles and by reduction of preventable diseases and disabilities; and
8) Promotion of health through IEC (Information, Education and Communication) activities and use of media

<u>Strategies of the National Master Plan for 2007 – 2016[5]</u>

[2] http://www.health.gov.lk/ Ministry of Healthcare and Nutrition, 2008a
[3] Ministry of Healthcare and Nutrition, 2008b
[4] National Health Master Plan 2007-2016
[5] National Health Master Plan 2007-2016

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

In 1995, the Ministry of Health published a handbook on National Quality assurance Programme which provides basic concepts of Quality and Guidelines on monitoring indicators. The Quality Assurance Programme was re-launched in 2000 with the concept 'Quality Healthcare through Productivity".

1.4.2. Provincial

1.4.2.1. Institutional Structure

The Ministry of Health in the Northern Province is headed by the Hon. Minister, an elected official. There is a Secretary to the Ministry. The Ministry has four Departments namely Department of Health, Department of Indigenous Medicine, Department of Social Services and Department of Probation. Each of the department is headed by a Provincial Director. There are five Regional Directors at the district level and there are Medical Officers of Health appointed at the Divisional Secretariat level. In the different levels of hospitals there are Directors, Medical Superintendents or Medical Officers in charge of each of the hospital. There are PHIs, Midwives and other Public Health Field Officers also operating at grassroots level and offering their services. The Provincial Ministry of Health in the Northern Province is determined to improve the health services in the province following the national policies and standards and adopting them to suit the needs of the province under their specific needs.

1.4.2.2. Present Operating Principles

The Ministry of Health of the Northern Province is making the best effort to provide comprehensive health care to the citizens of the province. The motto of the Ministry is "Health is Wealth". The vision they have is emphasizing their devotion to make the whole province a healthier province. The accomplishable mission the Ministry has set forth warrants an overall look at the system and the way it is functioning, to be able to fulfil its mission. The Ministry has

acknowledged a set of values to base the services on, to offer the best care to the people of Northern Province, to make each and every one to feel secured and taken care by the health system in the Province.

1.4.2.3. Vision

The vision of the Ministry of Health is as follows. "A healthier province that focus more on prevention than cure, contributes to its economic, social, mental and spiritual development through western medicine and indigenous medicine, where each individual have equal access to health care, be educated about the value of a healthy lifestyle".

1.4.2.4. Mission

The Ministry of Health of Northern Province has declared it's mission as follows: "Provide efficient and quality health services to the people of the Northern Province by formulating policies and strategies in concurrence with national development plans which enable to face the issues and challenges emerging in the provision of services within the Northern Province".

1.4.2.5. Values

The Ministry of Health in the Northern Province is operating on values such as Equity Compassion, Dignity, Commitment, Integrity, Excellence, Accountability, and Collaboration in providing health care and facilitating related services.

1.5. Strengths, Weaknesses, Opportunities and Threats (SWOT) in the Health care system of the Northern Province

The health care system in the Northern Province is blessed with strengths and opportunities to provide healthcare in the modern age to many needed ailments. However there are weaknesses in the system that need to be addressed and there are some threats to be concerned about as well. Basic strengths, weaknesses, opportunities and threats are being identified and listed below in the table 8.

Table 8: List of Basic Strengths, Weaknesses, Opportunities and Threats

Strengths	Weaknesses
• There is a healthcare system in place • There is a functioning institutional mechanism in place • There are healthcare services available in western and indigenous medicine systems • There is awareness in the administration about the deficiencies of the healthcare system • There are hospitals, other healthcare providing facilities and staff available • There are policies and Standards defined by the government within the country regarding health care; the provincial governments can adopt those. • There some expertise within the country, willing to give their support to improve the existing healthcare system • There is an allocation for the development of the provincial health care system by the GoSL budget. • The post war development trend is looking favourable towards improving and further developing the health care system	• Lack of facilities to provide the best possible care for the population • Lack of expertise for the systems optimal operation • Lack of funding and allocation to make the healthcare services at its optimal • Lack of awareness and access to information in some levels of the services • Lack of technical advancements and the opportunities for it • Lack of specialized equipment in hospitals leading to unnecessary testing and treatment resulting in wastage of resources • Low and middle income families cannot afford high cost investigation and treatment, which are not available in the state sector • Pharmaceutical supply in the system sometimes will not perform as per the regulations, thus can cause threats to the public. • The existing disconnect of the systems in place that results in less than adequate service providing • Lack of integrating the treatment systems to get the maximum benefit of the available services
Opportunities	**Threats**
• Central Government has included the development of the province in to its future planning • The provincial government have the will and the capacity to plan the improvements for the health system • The province is in a development phase, where most of the infrastructure is established, brand new or renovated • As an assistance to post war development, donors are willing to help the province to	• Interruption of implementation/programs due to changes of policies, fund availability, human and other resource availability • Changes of available resources and funding due to need of diverting resources and funding in a crisis, such as an unexpected disease outbreak or a situation like Tsunami(Climate change related health issues are becoming prevalent but no adequate planning to address those) • Inadequate or improper planning and

get back in to their normal systems • The governmental health infrastructure system is accessible to all citizens • Sri Lankans who are qualified locally qualified or abroad are permitted to join to health service • Increased number of researches in the sector, and the system provide provisions for valuable researches. • Integrating the western and indigenous medicine systems for better care • Well implemented strategic management system can improve the health condition of the population which will result increased standard of living and economic prosperity	implementation of programs related to health services • Inactive participation of the service recipient towards record keeping and preventive healthcare measures and building awareness • Ignoring war trauma issues of the population and not providing additional assistance (monitoring such needs) to the female headed households • Imbalance demographic cross section. The number of elderly is rapidly increasing and the aging structure is no longer pyramidal. Thus can cause problems if the healthcare system is not well organized • Escalating health care cost due to epidemiological transition and rapid changes in the health care with the introduction of modern technologies.

The above SWOT analysis has been used in developing the strategic plan to identify and prioritize the areas of improvements needed for the healthcare system in the Northern Province.

2. Goals of the Healthcare System for the Northern Province

Developing strategies to improve the health care system in the Northern Province should be based on specific goals to make it a well-focused activity. The goals are factored on five pillars identified by the Ministry of Health and Indigenous Medicine, Northern Province, namely

1. High Quality Care,
2. Universal Health Care,
3. Equitable, Low Cost and Affordable
4. Patient Centred
5. Evidence based

The overall goals based on the above listed pillars are identified as follows.

1. To reduce the burden of morbidity and mortality, provide the best and most efficient health care to the people in the province using the facilities available in the western and

indigenous medical systems at present and possible improvements through effective planning

2. Improve the quality of human resource factor and record keeping in the health care system in the Northern Province to deliver effective services
3. Empower the population with awareness and to make them want to be proactive towards a healthy lifestyle for the betterment of self and the betterment of the society
4. Making improved health a key factor in improving the economy through productivity in the province which will lead to improving the quality of life in the population and by reducing the cost of healthcare

3. Objectives

Under each goal there are specific objectives, and strategies to reach the objectives. Each goal will be listed and the objectives under each goal will be given below each goal. Strategies to accomplish the objectives will be proposed and activities to implement the strategies and how to monitor the implementation and the outcome will be given in a table format in the chapter below.

Goal 1: **To reduce the burden of morbidity and mortality, provide the best and most efficient health care to the people in the province using the facilities available in the western and indigenous medical systems at present and possible improvements through effective planning**

Objectives:

I. Provide equitable services to all citizens with ready access to resources
II. Continuously improve the quality of services by including technology and efficient methods for delivering a better service
III. Adopt better record keeping for the benefit of the patient and to save money and time that will be lost due to repetition, when there are no records to follow on a patient
IV. Include all vulnerable groups in community health programs to monitor their condition whether they come to seek medical services or not
V. Treat injured (such as trauma, poisoning, domestic violence, snake bite and burns) promptly and properly to reduce injury related morbidity and Mortality

Goal 2: **Improve the quality of human resource factor and record keeping in the healthcare system in the Northern Province to deliver effective services**

Objectives:

I. Employ enough service providers and strengthen the human resource capacity for better service providing
II. Improve the skills and knowledge of the personal (through new technology, training and hiring experts and consultants) and encourage getting their knowledge relevant to the services when they get updated

III. Develop a well-balanced roster system so that the patients are always being attended to while the employees get their due rest and vacation time (it is important to be concerned about the health of the service providing teams)

IV. Emphasize the importance of acceptable and kind mannerism towards patients

Goal 3: Empower the population with awareness and to make them want to be proactive towards a healthy lifestyle for the betterment of self and the betterment of the society

Objectives:

I. Educate the citizens on the importance of preventive approach including preventing accidents, better food habits and good hygienic practices

II. Encourage people to seek health advice at the earliest possible time to have a better chance of a healthy life

III. Train and promote all responsible adults for simple first aid delivery

IV. Creating awareness about the importance of using medicine that is prescribed by a professional

V. Creating basic awareness of communicable and none communicable diseases, reporting, how to prevent from being vulnerable and seeking assistance if sick and how to treat people under those conditions

Goal 4: Making improved health a key factor in improving the economy through productivity in the province which will lead to improving the quality of life in the population and by reducing the cost of healthcare

Objectives:

I. Target to reduce the future healthcare cost by preventing unwanted predictable injuries, promoting and ensuring healthy lifestyle, proactive preventive care of diseases, and well planned monitoring

II. Introduce cost effective improved machinery, technology, infrastructure and drug development/purchasing through proper research and development

4. Strategies

Strategies are ways to reach objectives with specified activities to implement the strategy. Strategies will be specific with activities to be carried out to accomplish the objective. The strategies are being identified by using the previous work done by the 15 groups assembled by the Ministry of Health. They had conducted workshops and gathered information required to develop the strategic plan. This information was used in carrying out the simple SWOT analysis, setting up goals, objectives and to propose strategies. The strategies that are proposed by the 15 groups of experts are provided in table format under each sector. The information collected from the 15 groups is annexed as annex 1 to 15 for further reference

Although the strategies are identified under specific goals and objectives, most of the times these strategies are cross cutting therefore when implementing it is best to identify such cross cutting strategies to avoid repetition. Also it is best to plan these strategies in integrated platforms to be more effective in rendering benefits.

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GOAL 1

To reduce the burden of morbidity and mortality, provide the best and most efficient health care to the people in the province using the facilities available in the western and indigenous medical systems at present and possible improvements through effective planning

G O A L 1

Objective I — Providing equitable services to all citizens with ready access to resources

Objective II — Continuously improve the quality of services by including technology and efficient methods for delivering a better service

Objective III — Adopt better record keeping for the benefit of the patient and to save money and time that will be lost due to repetition, when there are no records to follow

Objective IV — Include all vulnerable groups in community health programs to monitor their condition whether they come to seek medical services or not

Objective V — Treat injured (such as trauma, poisoning, domestic violence, snake bite and burns) promptly and properly to reduce injury related morbidity and Mortality

5. Goal 1:

To reduce the burden of morbidity and mortality, provide the best and most efficient health care to the people in the province using the facilities available in the western and indigenous medical systems at present and possible improvements through effective planning

1.6. Goal 1: Objective I:

Providing equitable services to all citizens with ready access to resources

Strategy 1: Evaluate the existing healthcare facilities to understand the gaps so that the information can be used in developing the healthcare system to provide service to all equally

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Identify and prioritize the most prevalent health issues that have a difficulty in meeting the service demand. List them according to the urgency.	Priority list of issues to be addressed in their order of prevalence and severity	The number of patients reported under each most common diseases	Inspect the records developed through this activity and compare with the records from the health clinics, hospitals and doctors centres to verify all is been recorded and prioritization is accurate	Year 1	Line Ministry of Health and Indigenous Medicine / Provincial Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Study (Map out the available healthcare facilities to understand the current service capacity and readiness. Thereafter, use the information in improving the service providing capacity by giving preference to the areas with severe deficiencies that are identified as priorities	Records of available healthcare facilities with their capacity to serve Listing out the requirements (gap) based on available services and present need. Develop strategies using the information to improve health services and facilities based on the findings.	The area The number of health care facilities available per designated geographical boundary (district/province) with their ranking Number of patients not treated due to lack of facilities	Obtaining the list should be carried out annually and compared with the previous years to evaluate the improvement Check patient visits and care records to verify that the priority areas are getting addressed	1 to 3 years	Appointed team to do the identification (such as obtaining lists from each department and putting them together) Decision makers and law makers of the Ministry of Health

Strategy 2: Improve health care services and facilities with more emphasis to bring the capacity of services and facilities to par with urban suburban areas and rural

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
The new and improved services and facilities (Primary healthcare services) should be introduced to those areas depending on the pre-set ratios of the services per 1,000 people, and the service providers also on the same basis. The nearby regional medical facilities should be improved and provide access to those who are in rural areas in order to improve the Universal Health Coverage of the	All patients will be getting Similar care regardless of where they live Reduce the patients extra stress of having to travel (energy, time & money) High quality health care which is able provide the maximum comprehensive care and also improve the coverage of Universal Health Coverage	number of medical Primary Health Care centres per 100,000 people No of beds in hospitals per 10,000 people The number patients coming to regional medical centres from rural areas Percentage of areas covered with Universal Health Coverage	Developing plans can be monitored to see where the new facilities are being assigned to all service units	2016-2018	Provincial Planning Unit in collaboration with the Ministry of Health and Indigenous Medicine

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Province.					
Outreach clinics should be set up and a schedule should be developed and made available to rural areas with no proper service and also provide rehabilitation and palliative care services. -Different healthcare personal can visit on different dates (on an announced schedule)	People can be trained to be proactive by participating in all level of preventive care Some who would not seek medical attention due to reluctance of travelling can get assistance	The number of outreach units in operation Frequency of visiting a particular area per month; Number of visitors during one visit	The need for such clinics can be monitored and evaluated by checking the list of patients visited and the nature of treatment seek.	2016-2018	Ministry of Health and Indigenous Medicine and the Department of Health of the Province

Strategy 3: Utilizing indigenous medicine system to its full potential by integrating with the western medicine system to improve overall health of the people

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
The doctors of western medicine system and the indigenous medicine system should be encouraged to effectively communicate and collaborate in patient care. (Once doctors recognize what the other treatment system is capable of, they can refer the patient to the other Doctor's care for comprehensive and holistic treatment approach)	Effective use of resources for rapid healing/cure Wholesome all level of preventive care	Number of referrals made to the western system from the indigenous system and vice versa Number of patients receiving satisfactory care due to collaboration	By record keeping of patients visit, combined treatment and the success rate	2016-2018	Doctors of both disciplines (This is difficult to achieve by enforcing any regulations. This will only happen with mutual understanding)

Strategy 4 Address the issue of refusal towards some indigenous medicine (difficulty in preparation and palatability issues) to improve its acceptance by patients

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Research and development efforts should be increased towards drug manufacturing, improving palatability and shelf life in the indigenous medicine system	Developing, easy to use, palatable drugs whenever possible	The number of drugs developed that still hold the benefits of use with improved quality, that can be commercially produced Number of drugs released to be used in treatment	The number of drugs ready for the market and field studies of similar benefit delivery	2016-2018	Department of Indigenous Medicine, Ministry of Health NP, University Research Facilities

Strategy 5: Address the raw material shortage by working with other line agencies and the public to have raw materials produced locally as a new income source to the community

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Estimate the raw material need (at least the drugs needed in large scale and in higher frequency) Compare with the availability or the known amounts of supply that can be depended on Develop plans to produce the required amounts as contract supplier basis from the local growers	The raw material supply will be adequate, dependable, trustworthy, and timely while generating a new income o the community	The number of different raw materials supplied Number of suppliers registered Reliability of supply	Drug manufacturing records Supply records Suppliers' records Talking to the stakeholders	2016-2018	Department of Indigenous Medicine, Ministry of Health NP, Relevant line agencies to recruit growers

Strategy 6: Make community base awareness of oral health a priority. Introduce or enforce means of at home dental hygienic practices

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Programmes in Antenatal, preschool, schools and for adults (work places) Educate the need for daily cleaning, regular professional cleaning and overall oral health practices through community based programs	Oral health promotion of pre natal and postnatal mothers, parents of pre-school children targeting the child population will be promoted.	Number of programs conducted in Antenatal, preschool, schools and for adults (work place) Number of community education programs conducted	Surveillance programme and national survey	2016-2018	Ministry of Health, NP
Awareness and education through mass media to enforce the message given in individual programs and to have continues reminders	Awareness will be developed through a method people get exposed frequently	The number of awareness messages issued through mass media	Survey people about their knowledge about oral hygiene	2016-2017	Ministry of Health, NP

Strategy 7: Strengthen the human resource and the specialty equipment need for optimal oral health care in all service providing stations

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Appoint more school dental therapists, dental nurses and dental surgeons. Frequently evaluate the knowledge of the employees and train them to update their knowledge if required	Staff shortage will not be a factor in providing a good oral care service Employees will be knowledgeable to provide the required service	Number of employees/new recruits of each job category Number of training sessions participated	Hiring records	2016-2018	Ministry of Health NP
Take an inventory of the available equipment and facilities in all dental care centres of the province. Estimate the need based on the patient visit records available of services	Dental care centres will be adequately equipped to provide a good service to the public	Equipment inventories	Records of purchasing and removing from the services	2016-2018	Ministry of Health NP
Establish new dental clinics and facilities with	People will not be hesitant to receive care if the facilities	The number of newly established	Utilization frequency of	2016-2018	Ministry of Health NP

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
all the medical facility centres for easy access for dental care	are within reach	centres per year	the new centres Number of patients visiting		

Strategy 8: Reduce the long waiting time (mainly in the OPD) to receive care

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
The patients should be able to make appointments to get an approximate arrival time (now everyone owns mobile phones) to see a doctor (This should be introduced and practiced)	Reduce the time of a sick patient waiting Minimizing the patients exposure to other illnesses at a vulnerable time	number of medical service facilities using the appointment system Patient Waiting time Number of patient follow it and punctual about it	The number of patients who use the system The number of patients (increase/decrease) Comments of the patients/ personal opinions of the patients	2016-2018	Ministry of Health NP, All medical care units

Strategy 9: Provide comfortable and clean waiting areas and required facilities for patients in the waiting areas of the health care facilities for outpatients

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Provide reasonably comfortable, safe (not broken or fragile) seats and proper washroom facilities in adequate numbers	Preventing any negative health impacts from occurring during waiting for treatment	number of seats provided per 100 patients per day per given hospital or clinic	Number of chairs in good condition in the waiting area Are any patients standing and waiting for the turn Number of washrooms in the accessible range and the cleanliness Are patients waiting in line to use the facilities	2016-2018	Ministry of Health NP, All medical care units

Strategy 10: Make sure that the private practitioners follow all rules and regulations to provide the best care possible and do not sacrifice the services or the care for financial gains

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
The policy/rule of registering with the provincial ministry and regular monitoring of license for practice should be enforced in strict sense **Shared Care Cluster System. Services will be grouped around a hospital providing specialist care at the apex with surrounding primary care curative institutions at divisional, primary level and level of private sector.** Authorized practitioners should be given a sign that	Make sure that the provided private care is safe and reliable where only qualified professional provide the care and services Patients know to recognize the authorized practitioners to seek medical help Provide universal access to continuing care that makes the best use of the existing system and the optimum use of resources	number of private practitioners in total vs the number registered Number of authorized signs posted per number of private practices	Regular checks at sites Frequent update of registration (Annual) Inform any changes in caregivers (new, moved in or out of location, retiring etc.) Reports of malpractice and the responsible party to it	2016-2018	Ministry of Health NP, Private health care regulatory Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
is easy to recognize to indicate that they are registered with the department or the ministry of health, to post on their display board (common people don't have a way to verify the registration number of the doctor) The people can be made aware to seek treatment from a licensed physician					

Strategy 11: Assure that the prescribed drugs are available for all patients and supply is efficient, adequate, safe and timely

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
A well-organized drug distribution system	Make the best quality drugs available in adequate	quantity of drugs acquired per year	Examine the records (cross checking the issue of drugs	2016-2018	Ministry of Health NP, Central drug

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
should be developed aligning with the policies available in the country (National Policy). Centralize the drug distribution adhering to the available policies (maintain a detailed drug inventory) All prescriptions issued should be recorded and later matched with the issuance of the drugs. Keep track of the expiration dates of drugs, especially 'slow moving' drugs when purchasing and	quantities, on time for patients while eliminating risks of misusing and miss issuing to create complications Make sure no expired drugs are issued to patients and patients will not suffer due to lack of supply based on expired drugs at hand	Quantity of drugs distributed per year The kind and amount of drugs that was in short supply per year Number of batches of drugs had to be rejected per year, due to expiration	against prescriptions) Superior officer authorizing the drug inventory on daily basis Patient opinion		distributing unit, Department of Health, District Hospitals Therapeutic committee

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
distributing.					

1.7. Goal 1: Objective II:

Continuously improve the quality of services by including technology and efficient methods for delivering a better service

Strategy 1: Make use of the available technology to make the service providing precise and efficient (record keeping and tracking)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Introduce computer and smart phone base reporting and record keeping Link all the data systems throughout the Province. Provide managed access to relevant people. Develop a system to issue medical reports (the ones that are	Real time data availability, traceability for better use of the information	number and the kind of databases converted in to digital format per year No of institutes have started to issue medical reports and prescriptions using the phones	Verify on time reporting Data availability GPS system in the field used devises Communications/ comments from the employees and patients	2016-2018	Ministry of Health NP

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
accommodative in such a system) and prescriptions through smart phones or SMS to make it personal efficient and protected from fraud Reporting and record keeping should be linked with individual persons reporting (in the case of patients records) and/or locations of service (in the case of service providers records)		and emails The number of patient records entered in to a central databank per year Number of service providers entered their records in to a central databank per year			

Strategy 2: Ensure that there is a competent staff to implement the technology based information gathering, storing and disseminating

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Conduct a basic IT skill test for the staff at present Service providers and support staff should be trained (at their required levels) to handle the new implementation of reporting and record keeping Hire new personal to fill the gaps to facilitate a smooth transition to the new system	Eliminate the cumbersome paper based record keeping system and transferring the data to computer based data management system with a competent staff to run it Easy access of data with minimum time and trouble Reduce the space requirement for holding paper records (after verifying smooth operations and confirming all data has been transferred to digital format)	The number of IT staff subjected to skill tests per year The number of trainings carried out to train the IT service providers and support staff per year Number of new employees per year	All records should be available on line, real time for authorized parties to access All reporting should be received, on real time and records should get updated automatically IT expert should carry out random checks to confirm the accuracy of the equipment use	2016-2018	Ministry of Health NP (all units)

1.8. Goal 1: Objective III

Adopt better record keeping for the benefit of the patient and to save money and time that will be lost due to repetition, when there are no records to follow on a patient

Strategy 1: Develop a common record keeping method using standard formats where all service providers will follow the same method to collect information. This will help in using the technologically adopted record keeping systems and to standardize the process for easy retrieval when required

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Develop a standard procedure and forms for acquiring information and maintaining records for all relevant departments and officers Make the records accessible (through key words etc.) for the relevant staff Limit using printed	A convenient standard system of data collection where paper use is minimized (environmental friendly) linked up to a real-time information update system	the number of data formats developed per year and the information expected to gather using the form The designation of staff that are allowed to access the data	Check and verify if all are using the proposed system Until all involved staff are comfortable with the systems and their operations/implementation, verify the computer records with the paper records Check the data retrieving methods and their accuracy	2016-2018	Ministry of Health NP (all units)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
form of date to an absolute need basis Use necessary restriction on accessing certain information (such as patient's personal information) and allow limited access for the relevant persons (such as the Doctor)		Number of occasions that the printed data are required per year Adequacy of the information gathered with the new system compared to the old system			

Strategy 2: Use the past data for predicting health risks and potential epidemic conditions or to identify repeating incidences of diseases due to unknown causes (such as heavy metal in water)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Develop maps using important data for quick view	Being able to predict potential health risks and to be proactive in controlling	The number of maps created using the data per	Monitor the data entry and feasibility of utilization	2016-2018	Ministry of Health NP (all units)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Incorporate GPS locations along with the maps to easy locating Display or make easy accessibility possible for comparing those maps to recognize trends	some threats to health	year and the information encoded in to the maps(Types of maps)	Verify the accuracy and processes for human error, especially until the system becomes familiar		

Strategy 3: Transferring all paper base data collected up to now, in to the computer-based system for safekeeping, reducing the need for bulk storage, making easy to access and to use the data in planning and predicting

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Transfer all valuable paper based data in to electronic data and archive Provide field officers	To make the paper based data available for easy access and to reduce the time consuming access procedures at times of data retrieval	The number of data bases created per year (with the types of information is in	Check if the paper data is been stored properly in electronic format by conducting random checks	2016-2018	Ministry of Health NP (all units)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
with facilities such as computer tablets or smart phones to enter the data in the field Set up a system to transfer the electronic data gathered to a central database with a collector's signature Develop that system to create a backup and get updated in real time	Reduce the need for physical storage space	these databases) The number of field officers who are equipped with portable data gathering devices per district (or a particular geographical area as defined) The number of field officers effectively transferring field data to a central database per given number of visits per year	Check the back-up system for its proper function		

1.9. Goal 1: Objective IV:

Include all vulnerable groups in community health programs to monitor their condition whether they come to seek medical services or not

Strategy 1: Including the vulnerable groups for healthcare and making sure that they are being cared for though they may not be able to seek help on their own

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Identify and cluster the vulnerable groups for convenience of providing required services Identify the most damaging vulnerabilities for each group	Including vulnerable groups in equal health care providing	number of vulnerable people under each vulnerable group per service catchment (designated by the department)	All vulnerable people are being considered and included in a group Group specific vulnerabilities are identified correctly Verify if the vulnerable groups are cared for	2016-2018	Ministry of Health NP (all units)

Strategy 2: Child health issues are addressed properly as they are a vulnerable group

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Emphasize on prenatal care to have a healthy child at birth by making it compulsory to attend clinic Carry out proper immunization and follow-up immunization with proper recodes Assist parents (through information and training) to raise a mentally and physically healthy child, not only by feeding but also by understanding the behaviours and reasons for those behaviours. Advocate to provide healthy (nutritionally balanced) and hygienic food	A healthy child with all aspects developed equally as a healthy citizen to contribute his or her best to the society	the number of pregnant mothers attending to prenatal care clinics and other MCH indicators The number of children with age appropriate growth and development per 1,000 live births The number of advocacy campaigns carried out per year to promote food hygiene The number of students talking to the school counsellor	Measure and monitor the healthcare indicators of children (National indicators and WHO indicators as guidelines) Monitor the child development in both physical and mental aspects Monitor to see if there is any sudden behavioural changes in children and try to identify the issue to direct them for remedies	2016-2018	Ministry of Health and Indigenous medicine NP (all units), Ministry of Education and other Departments (Probation, women and child, social ministry provincial and central)

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Make school age children comfortable to talk to a specially appointed qualified school counsellor about their problems and issues before they become serious Develop/establish a child healthcare record with indicators for development to be able to address the problems based on the established indicators		per school year The number of children who have healthcare records per 100 children			

Strategy 3: Make all the public places accessible for the disabled so they can be independent in their day-to-day activities

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Inspect all the buildings that are for public use at present and accommodate facilities according to the national disability access standards Work with the division that approves construction of new buildings to establish rules to enforce inclusion of disable access in all new buildings	Disabled people will be able to access freely to all public places and be independent	The number of buildings in the province equipped with disability access means The number of new constructions approved that are equipped with disable access during the physical year	Visiting and verifying personally	2016-2018	Ministry of health and Local governments

Strategy 4: Facilitating elderly care, as a vulnerable group. Special services with specialised staffs with a multi-disciplinary approach for the elderly people at hospitals

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Set up elderly care teams including a Consultant, Medical Officers, Specialised Nursing Staffs, Physiotherapists, Occupational Therapists, and a Social Workers with Health Care Assistants Displaying the boards, avoiding the queues, showing a positive attitude towards the elderly by the staffs of all category The importance of elderly care and giving due respect should be taught at all levels of formal and informal education	Quality services for the elderly Elders will receive kindness and social inclusion without having to force it on people	The number of elderly care teams set up per district (or for the province) The number of service facilities with special serving counters for elderly to avoid queues The number of programs developed to sensitise people towards elderly	Cheek the records randomly Talk to the patients regularly to inquire the quality of service Random check discussion with children about what they know and believe about elderly care Random survey of elders	2016-2018	Ministry of Health

Strategy 5: Including all elders for care and to check the availability of such facilities in all regions for equal service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Take census of elderly with a set minimum age limit Take an inventory of what facilities are available in specific region Develop facilities to care for elderly (based on the information gathered)	A population of elderly equally served and cared for (These facilities can be new nursing homes, social gathering places, programs, house visiting units, health and meals on wheels, etc.)	The number of elderly in each district Number and the kind of facilities available for elderly in each district Number of facilities introduced/improved in a district, to provide services to elderly	Examine the records Survey elderly	2016-2018	Ministry of Health / Department of Social Services

Strategy 6: Ensure the safety of the elderly in homes or at nursing homes,who are incapable of taking care of some activities

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Check if the basic safety measures (such as anti-slip measures in the bathroom, railings where necessary) are	Elderly are protected from injuries or other vulnerabilities	The number of elderly dwellings with safety mechanisms (out of all houses where elderly is	By visiting and talking to elderly	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
implemented in houses where the elderly live on their own Make sure the nursing homes have implemented all safety codes in buildings suited for elderly and the staff are kind to elderly		living) in a district			

Strategy 7: Acute mentally ill should be cared as a vulnerable group by providing ready access to acute care units

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Each district should have at least one inpatient unit in the District General	Providing facilities for the patients who cannot be managed at home	Number of districts having at least one inpatient unit	Checking the medical records of the patients and overall data of the acute units	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Hospital and/or Teaching Hospital.					

Strategy 8: Awareness creation in the society in order to help the mentally ill to accept their condition and not stigmatize the patients by others

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Education of mentally ill, how and why through schools (special programs where professionals explain the condition) Educate the community through community based organization, through audio-visual means Distribute handouts/leaflets	Creating awareness in the society about mental illness so that the ill can accept it to be a medical condition and seek help and the others can acknowledge the condition and treat the ill with kindness To avoid unnecessary laps of care due to disturbances in the family because lack of knowledge	The number of workshops/education activities done The number of Community Based Organizations in a district participate in educating The number of locations the hand-outs are distributed from and the number distributed	Number of programs conducted Surveys and casual communication with people Records of patients cross checked with records of family consultation	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
with relevant information Educate the family members of a mentally ill person, how to handle such situations during and after care through family consultation		in a district			

Strategy 9: Provide a specialized competent staff to handle the mentally ill patients in the hospital setting and for in-home visits

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Identify a specialized staff to provide care for mentally ill Test their skills and subject them for frequent update in their knowledge and ability to serve	To treat mentally ill as a special vulnerable group so that they get the care that they should	The number of qualified staff per district (or a service facility) The number of knowledge update trainings and the number of individuals trained	Check the relevant qualifications and compare with the set standards	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
		per year			

Strategy 10: Take measures to prevent people from getting mentally ill or drifting deep in to mental ill conditions through alternate measures improving the mental wellbeing

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Introduce yoga and meditation in to school extra-curricular activities Promote physical exercise as a means to keep the extra time occupied Promote more group activities like gardening Offer grievance counsellor services at	A population with an ability to have mental control, therefore will not be vulnerable Getting involved in gardening can calm nerves Stress free work place will help people to be mentally wellbeing	No of schools introduced yoga and meditation The number of gardening groups created per district The number of institutes	Maintain records of activities of individuals (self) and compare with the medical records if needed to be treated for mental illness	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
work places to discuss the discrimination and other issues that may lead to stress		providing grievance counsel in the district			

1.10. Goal 1: Objective V

Treat injured (such as trauma, poisoning, domestic violence, snake bite and burns) and NCD promptly and properly to reduce injury & NCD related morbidity and Mortality

Strategy 1: Avoid potential delays in caring for injured so that there will be minimum secondary causes developed to complicate the situation

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Train emergency attendance in quick response methods Devise emergency admission systems for injured & acutely	No complications developed due to delay in treating	the number of emergency attendants trained per year The number of emergency units with a separate (expedite) admission procedure for emergencies/injured	Medical records and records of attending to emergency	2016-2018	Ministry of Health, Department of Social Service

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
ill					

Strategy 2: Improve Coordination among other divisions and advocate injury and NCD prevention and management within the health sector and other agencies.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Establish a focal point and a provincial committee for injury and NCD prevention advocacy and to monitor the progress of all injury, trauma and emergency related medical care and record keeping	Set upa Focal Point and a committee actively advocating how to prevent potential preventable injuries	Number of annual meetings Activities initiated per year	Public inquiries Reduction in unnecessary injuries (numbers)	2016-2018	Ministry of Health, Transport, Highways & Roads Develop., Department of Motor Traffic, National Transport Commission, Police, Education, Justice, Local Governments, Social Services, , Media , Insurance com. Private bus associations
Advocacy for inclusion of health / injury & NCD prevention& management in other sector policies	Integrated activation of injury prevention advocacy	Numbers of institutes in a district participating inclusion			
Appropriate Implementation and enforcement of safety mechanisms to be identified as standards, regulations, code of	Development of standards, regulations and guidelines that will	Number of places in a district where the standards are	Visiting and observing Public inquiries	2016 - 2020	

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
practices & Guidelines	help in preventing unnecessary injuries	adopted	(Surveys)		

Strategy 3: Improve the information (data) management in order to plan and predict

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Establish provincial injury & NCD surveillance system to generate information on epidemiology, risk factors, economic impact and available services	To have easy access to data so that the trend could be understood, the progress could be monitored and planning is easy.	Existence of the proposed data base Use of the database effectively	Physical existence of the database and the convenience of using data Annual report right at the end of the year	2016-2018	Provincial Director of Health Services

Strategy 4: Establish Disaster management plan for each health institutions.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Need to develop disaster management plan for each health institutions Evacuation plan for	Reduce disaster induced morbidity and mortality	The number of institutions have mass causality	The groups that are being trained and no. of trainings provided of the	2016-2018	**RDHSS, with support of district disaster management**

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
more than a double story building Promote & strengthen capacities of health institutions to cope disasters		management plans The number of drills performed per year in an institution The number of health institutions that are disaster ready	plan		**agency**

GOAL 2

Improve the quality of human resource factor and record keeping in the health care system in the Northern Province to deliver effective

G O A L 2

Objective I

Employ enough service providers and strengthen the human resource capacity for better service providing

Objective II

Improve the skills and knowledge of the personal (through new technology, training and hiring experts and consultants) and encourage getting their knowledge relevant to the services

Objective III

Develop a balanced roster system so that the patients are always being attended to while the employees get their due rest and vacation time (it is important to be concerned about the health of the service providing teams)

Objective IV

Emphasize the importance of acceptable and kind mannerism towards patients

6. Goal 2

Improve the quality of human resource factor and record keeping in the health care system in the Northern Province to deliver effective services

1.11. Goal 2: Objective 1

Employ enough service providers and strengthen the human resource capacity for better service providing

Strategy 1: Increase the cadre to have the optimal level of human resource personal to patients according to the developed norms

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Take a count of each category of employees Estimate the patient base from the population statistics Use the vulnerability data/maps (propose as an activity above) to estimate the required level of care	To have a qualified, dedicated, adequate number of human resources to provide good healthcare.	Number of employees enlisted in each job category in the province The number of patients per catchment area The number of employees of each category to serve	Available cardre compared to the required number and the number of new recruits The employees getting training Employee satisfaction survey	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
and human resource capacity Identify the gaps in numbers and skills Train and recruit to fill the gaps Communicate with the education institutes (schools, universities, nurses' training schools etc.) to train the required numbers for future hire		the number of patients in a given district The number of employees needed to recruited to serve the catchment area The number of training facilities that train healthcare professionals and the number trained per year			

Strategy 2: Increase employee satisfaction through different means to encourage enlisting and to maintain low turnover

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Offer attractive remuneration and opportunities to advance in the job to increase the enlisting and maintain low turnover time Reformulate the recruitment criteria which could be done at provincial level and liaise with the line Ministry of Health Sri Lanka to suit the need Take measures to change the social attitude towards some employment categories	Increase the job satisfaction and increase the recruitment and stay in the job	Number of recruits and turnover rate per year The number recruited with the new criteria	Employee records	2016-2018	Ministry of health, Department of social care, Department of Education (this is for change the attitude and conduct carrier guidance

Strategy 3: Increase performance by giving a better idea about the task and presenting goals and rewarding for reaching goals in time.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Issue clear job descriptions to particular job category and educate the employees with the evaluation system with identified indicators Link the performance evaluation with a reward system that will reflect in their rank (promotions based on performance, not based on seniority)	Target oriented human resources and better performance will lead to better and efficient services	the number of programs conducted to educate employees on the evaluation system The number of promotions per year based on evaluation	Observations on efficiency and quality of performance	2016-2018	Ministry of Health

Strategy 4: Increase performance by building team spirit and making them feel ownership.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Conduct regular institutional meetings, develop team objectives and resolve conflicts effectively and impartially	Harmonious team working towards one goal to improve the quality of services through better performances	No. of institutional meetings held to develop team objectives No. of conflicts arose and resolved	Difference in performance level General attitude change of employees	2016-2018	Ministry of Health

1.12. Goal 2: Objective II

Improve the skills and knowledge of the personal (through new technology, training and hiring Experts and Consultants) and encourage getting their knowledge relevant to the services when they get updated

Strategy 1: Monitor the skill levels of employees and provide necessary training at regular intervals to update the knowledge and to keep up with the advancing technology.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Monitor for affordable advances in technology in relevant fields	The staff getting updated in relevant technology, in order to provide better services	Number of new technology available to adopt	Improved performance Trained employees (employee qualification	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Provide training for those who are actively involved in using the technology Use better judgment in selecting employees for training (no favouritism) Introduce continuous professional development (CPD) activities and self-appraisal methods for the staffs		The number of training sessions conducted and the number trained per year The number of CPD and self-appraisals introduced.	records)		

1.13. Goal 2: Objective III

Develop a balanced roster system so that the patients are always being attended to while the employees get their due rest and vacation time (it is important to be concerned about the health of the service providing teams)

Strategy 1: Provide not too heavy work schedules for employees

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Follow above activities (strengthening the human resource) to have enough staff to be able to give enough time off and have relatively short working shifts for health sector employees Develop a comfortable roster (shift change), not to overburden the employees but to offer the necessary care for patients (shift duration, leave etc.)	Stress free employees will offer better services. Perform better	The number of working hours per month	Newly developed roster Talking to employees about their views	2016-2018	Ministry of Health

1.14. Goal 2: Objective IV

Emphasize the importance of acceptable and kind mannerism towards patients

Strategy 1: Make employees understand sick is a vulnerable group that needs compassionate care

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Conduct meetings and workshops to educate the psychosocial aspect of a patient and the social determinants of health , therefore the need to be compassionate towards patients (examples of personal involvements can be shared and role-play can be introduced)	Kind and attentive healthcare staff	number of training programs per year Number of interactive training activities per year	Inquiring the patients Spot surveys	2016-2018	Ministry of Health

Strategy 2: Make the "patient feedback" about the way they were treated important by using the comments/suggestions, an evaluation criteria of the employee evaluation.

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
"Client satisfaction survey form can be made mandatory with comments about the attitude of the staff towards patients and care	Developing kindness in the staff towards patients in a needy situation	Number of customer reviews received (per institute/per person/) per month	Comments of survey Inquiring the patients Spot surveys	2016-2018	Ministry of Health

Strategy 3: Extend the evaluation criteria to include kindness extended towards patients to reward (such as with promotion) employees

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Develop indicators to use in evaluation criteria to indicate if the caregiver showed empathy towards the patient Commend the "most commended staff member of the month" and the overall high scorer of the year	Employees to be convinced that the kind behaviour towards patients is rewarded		Patient comments Observations of the management	2016-2018	Ministry of Health

GOAL 3

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Objective I — Educate the citizens on the importance of preventive approach including preventing accidents, better food habits and good hygienic practices

Objective II — Encourage people to seek health advice at the earliest possible time to have a better chance of a healthy life

Objective III — Train and promote all responsible adults for simple first aid delivery on a patient

Objective IV — Creating awareness about the importance of using medicine that is prescribed by a professional

Objective V — Creating basic awareness of communicable and none communicable diseases, reporting, how to prevent from being vulnerable and seeking assistance if sick and how to treat people under those conditions

7. Goal 3

Empower the population with awareness and to make them want to be proactive towards a healthy lifestyle for the betterment of self and the betterment of the society

1.15. Goal 3, Objective I

Educate the citizens on the importance of preventive approach including preventing accidents, better food habits and good hygienic practices

Strategy 1: Educate the whole community on the value of a healthy lifestyle and carryout follow-up training

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Conduct awareness programs to educate how to be proactive in taking care of their own and the family health. Repeat the programs as required Conduct awareness programs of individual aspects of health management at home, such as	The new awareness is helping the community to prevent a number of incidences that need to have needed medical assistance, reducing the burden of the healthcare services and save money for the individuals	The number of awareness programs conducted per year on each topic No of programs organized by community support groups (It's the only	Conduct a survey after 3 or 6 months from the awareness programs	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
* recognizing unusual occurrence that need to seek medical advice, * nutrition and sanitary practices, * potential household and other near environment risks and ways to prevent (such as protruding objects at body level, fire hazards for children, poison, unstable heavy objects on higher levels, road crossing & side walk etiquette, play equipment)		community based focal group for all social welfare services)			

Strategy 2: Reintroduce the population to traditional food habits while offering a thorough description of the benefits of health and wellbeing

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
~~e~~Conduct information dissemination activities at all levels of the community by professionals (Nutritionist, Medical Practitioners of both Western and Indigenous) to educate people about * balanced diets * healthy cooking methods * importance nutritious recipes * what are the bad food habits Educate the children about good food habits and monitor their lunch	People starting to understand that the traditional food habits are healthy will go back to good food habits and become healthy Change children's attitude towards healthy foods and the importance of eating healthy so the parents have an easy time practicing what they learn	The number of activities conducted per year Number of programs conducted to educate children about food habits, per year	Community discussions similar to ones done to educate on the subject Talking to teachers, parents and students to find out the changes	2016-2018	Ministry of Health

Strategy 3: Advocate intake of balance diet and not skipping meals or not over eating

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Develop a collaborative research program with the local university to measure nutrient levels and caloric levels of each food item, as much as possible Educate people (at least the mothers and the teachers) to have some rough idea about the nutrient values and caloric values so that they can make wise decisions in providing and consuming food The prevalent issues such as under and over nutrition, anaemia, Vit A deficiency, iodine deficiency and other nutrient related problems can be controlled and addressed with the help of the family	Knowing nutrient values and caloric values will allow the dieticians or nutritionists to guide, formulate and prescribe healthy meals Population of consumers making decision based on information Family with the knowledge of nutrient values and caloric values of food items can help the nutrient related medical issues to be prevented or	Number of research programs conducted on nutrition and calorie per year Number of people using the information in their day-to-day life The number of families helping their nutritionally challenged family member to recover The number of	Research data and produced lists Discuss with the community Reports on nutrition related issues.	2016-2018	Ministry of health, Department of social care, Local Governments

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Use the information in addressing the issues of extreme conditions such as obesity and gastritis	controlled	patients who are suffering with nutritionally induced health problems The prevalence of all the under and over nutrition			

Strategy 4: Set quality standards for food vending industry and enforce standards through educating and legal means

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Educate the vendors about the national standards for food vending and the importance of adhering and the penalties for lapsing Examine and add any required additional rules or standards	Cleaner and healthier prepared food industry	The number of cases with food poisoning reported per year in a district The number of violations by	Hospital records Authorized officers frequently visiting and examining Display of permit	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
to suit the local needs Enforce the standards through existing mechanism (PHI) diligently (the adequacy of the officers can be estimated and addressed through the human resource capacity measures that have discussed above) Make obtaining the permit to serve food, a mandatory and to display the certificate in the business place		vendors, number of prosecutions filed against vendors The number of vendors who hold vending permits in a district			

Strategy 5: Promote population wide effective and evidence based injury prevention interventions

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Making public awareness as a whole through activities such as I Provincial road safety weeks- twice a year II Empowering social groups like schools, health clubs, mothers clubs, community centres etc. to raise awareness on injury prevention II awareness creation using mass media on culturally acceptable & evidence based norms to reduce the average risk such as	Reduce road traffic accidents. Accident prevention message carried to the grassroots levels A community that is aware of safety precautions for common and basic sources of injuries Early introduction to injury prevention and how to help in an injury	Number of activities done per year Modified school curricula and the number of schools using the new adoptions	Hospital and Police reports of injuries and the cause of injury Implemented changers to prevent Actual instructions provided and used in school injuries	2016 – 2018	P; Provincial Director of Health Services Min of Education, Police and other stake holders Ministry of Education

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
* Proper Helmet Usage * Seat belts * Adhering to Speed * Mobile phone usage while driving/riding * Vehicle lighting (Bicycle) * Responsible ownership of domestic animals * Domestic violence * Snake bite * Poison storage Introduce safety (injury					

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
prevention) and basic first aid training in school curricular					

1.16. Goal 3, Objective II

Encourage people to seek health advice at the earliest possible time to have a better chance of a healthy life

Strategy 1: Educate people to understand the early assistance can take care of the illness at early stages and discourage the habit of some people ignoring seeking healthcare as soon as they recognize that there is an unusual situation

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Community based education programs in recognizing minor changes that can lead to bigger health issues Strengthen the activities which are presently carried out by the public health	People using early signs to seek medical attention early on therefore the health problems can be solved easily The new couples will be	Number of community based education programs conducted per year in a district Number of early	Monitor the patient care habits. See if the patients take an early initiative Maternal mortality ratio and other complications	2016-2018	Ministry of health, Department of social care

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
and primary health care staff to encourage the health seeking and screening services for early detection Visually enriched information leaflets on common diseases to recognize the early signs Ensure that women of childbearing age and their partners receive a comprehensive package of pre-conception advice	educated to being healthy and to build a healthy family	detected cases Maternal mortality rate, Low birth weight Number of screening programmes conducted. Area of the population covered	Prevalence of low birth weigh Available reports about the activities		

1.17. Goal 3, Objective III

Train and promote all responsible adults for simple first aid delivery

Strategy 1: Empower the community to assist each other in urgent care until the medical help arrive

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Conduct training sessions to deliver simple first aid and Resuscitation, to medical and non-medical personal till the professional help arrive	Assisting the professional help team in taking a serious situation under care Save lives or prevent probable severe damage from some conditions (ex. First aid when the stroke is happening)	No of first aid training sessions conducted per year The number of individuals trained per year Number of cases they have assisted per year	Personal verification through interviews Reporting of the patients about the care if they received prior to arrive in the healthcare facility	2016-2018	Ministry of Health

Strategy 2: Enhance first responders' capacity to deliver on time and appropriate care at an emergency and provide follow-up services

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Establishing formal emergency ambulance service by dividing the	Reduce the morbidity and mortality that can be minimized with on	Number of injuries that were treated and released at the first	First responder activity records Follow-up records of	2016-2018	Ministry of Health NP Ambulance service operators

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
province into specific zones Improve the services with inputs from experts in the field (ex: St. Johns ambulance, SLRC) Appropriate training and frequent knowledge update for first responders	time response	responder stage per year in a centre Number of first responders trained	injured persons Training certificates		First responder team operators
Establishing appropriate emergency/trauma care at all levels of treatment facilities Capacity building for staff attending to Accidents & Emergency Establish efficient communication system to provide prompt and	On time care for minor incidences to prevent unnecessary prolonging which may lead to complications	The number of care facilities equipped with emergency/trauma units in a district (or in the province)The time taken for responding from the time of reporting	Facility inventory Staff qualification records Emergency response activity records	2016-2018	Ministry of Health NP

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
effective emergency care					

1.18. Goal 3, Objective IV

Creating awareness about the importance of using medicine that is prescribed by a professional

Strategy 1: Create awareness about the drug poisoning, drug interaction and other complications that may arise from arbitrary intake of drugs. Prevent the pharmacies from issuing drugs without prescriptions

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Educate people about the fact that even the medicine can be harmful if taken unnecessarily. Educate them about the none prescribed use, drug allergies, drug interaction and drug expiration can create health complications Emphasize the regulations on following rules in drug issuing to the	Eliminate the use of drugs prescribed for others or leftover drugs from previous visit Stop or reduce the illegal issue of drugs so the people cannot have access to drugs without	Number of training sessions held per year in a district Number of violators in issuing drugs	Medical records Information from people	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
public. Strictly follow the legal procedures for violators Advice people to disclose if they are getting other medication, when visiting another doctor to be able to help the doctor, select the drugs to prescribe without any interactions	prescription Prevent the prescription drug interaction	against the existing rules The number of reported drug interaction cases per year per district			

1.19. Goal 3, Objective V

Creating basic awareness of communicable and none communicable diseases, reporting, how to prevent from being vulnerable and seeking assistance if sick and how to treat people under those conditions

Strategy 1: Devise measures to control incidence of Vector borne (dengue) diseases

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Strengthen the disease surveillance in all major hospitals and Primary health care institutions and private sector with key investigation facilities. Strengthen the vector surveillance at-least in all high-risk areas. Implement/encourage sustainable disease/vector control measures with the help of all related sectors. Encourage people to act on controlling possible breeding sites on their own will	To keep the incidences such as Dengue controlled or eliminated by professional intervention and community help	The number of reported cases such as Dengue per year per district No of community empowered programs organized by the community support groups	Medical reports (regional data will help in vector surveillance strategies)	2016-2018	Ministry of health, Department of social care

Strategy 2: Recognize the increased reporting/incidence of Typhus and adopt measures to reduce or control

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Strengthen the disease surveillance	Identify the areas of Typhus reporting and reduce the	The number of cases reported per	Medical records	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
by improve the capacity of human resource and investigations. Refresh the epidemiology knowledge by research evidence. Initiate timely control activities to improve public awareness.	incidences with professional intervention	year per district			

Strategy 3: Address the issue of increased reporting of water/food borne diseases

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Strengthen the disease surveillance of typhoid (and dysentery) by	A community free of water borne diseases	Number of cases reported per year per district	Medical records Frequent testing of drinking water from the	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
encouraging investigations in quality assured laboratories in both state and private sectors. Improve water/food safety by awareness of suppliers and consumers. Periodical evaluation (systematic) of monitoring of food and water safety in higher levels Strengthen the fair and festival sanitation with the help/involvement of local authorities. Educate public about	Empower public on consumer rights.	Water quality and how it compares to the acceptable standards of drinking water (CEA declared) Food quality No of consumer education programs conducted	supply source (pipe born) PHI inquiring and examining the food sources that serves public		

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
infection prevention and transfer prevention measures					

Strategy 4: Identify the increased transmission of leprosy and develop methods to control it

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Promote and ensure early detection and treatment by encouraging self-referral, contact tracing by MOH and establishment of satellite dermatology clinics in high endemic areas Organize non-specific activities to	Identify and treat the leprosy patients so that the disease can be first controlled and then eliminated from the society	The number of cases reported per year in a district	Medical records Personal information through friends relatives and neighbours	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
reduce the stigma and break the endemicity					

Strategy 5: Take measures to reduce the animal bites and to reduce the need for treatment for such incidences

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Strengthen the dog anti rabies vaccination (ARV) program to increase herd immunity	A safer community with pets that are no threat or danger to the community	The number of cases reported per year in a district	Medical records	2016-2018	Ministry of Health
Document the dog vaccination in all levels for the decision making of human ARV indication Educate Public of the danger of having stray	Maintaining a manageable stray dog population	Number of stray dogs in public places, the increase or decrease of the Dog population in	Taking counts	2016-2018	Ministry of Health, Department of Animal Production and Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
dogs and discourage feeding them closer to public places		a given time period			

Strategy 6: ~~e~~Control the increased antibiotic resistance with regulation of issue and educating the people

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Regulate the antibiotic sale and usage in private sector and animal farming. Maintain records of issue. They should be traceable to the treated Strengthen the rational usage of antibiotics in state sector/hospitals Educate the public about antibiotic resistance and the	Control the means to lead to antibiotic resistance so that the antibiotics can be used in real need	quantity of antibiotic release per year in a district Number of prescriptions issued for antibiotic per year in a district Number of awareness	Pharmacy and hospital records of issue Any cases with antibiotic resistance reported Peoples knowledge of antibiotic resistance	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
consequences (this awareness can be linked with other prescription medicine awareness programs proposed above)		programs conducted per year No of media campaigns conducted on the topic per year			

Strategy 7: Control TB from spreading to the community and making people aware that TB is dangerous but treatable to cure

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Enhance case detection of TB by * Establishing microscopic centres in all the Out Patient Departments (OPD) of GH,BH	Awareness of TB, that it is a serious but curable disease will encourage people to get treated therefore a society with no TB	Number of reported cases per year in a district Number of OPS with microscopy centres in the province	Initiate a recording system with all the care centres and monitor the progress	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
and DH * Establishing sputum collection centres in all other health institutions * Active screening of high risk groups * Increasing X-ray facilities Expansion of DOTS to increase the cure rate Enhance indoor care services of good quality for TB and non-TB respiratory patients. Enhance diagnostic facilities for early and accurate		Number of sputum collection centres per district The number of persons screened in high risk groups Number of patients with TB The number of diagnosis Clinics for respiratory diseases			

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
diagnosis of respiratory diseases. Improve the living condition					

Strategy 8: Take control of the STI incidences in the community

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Strengthen the disease surveillance and treatment by increasing service delivery points and improve the capacity of existing service delivery points. Enhance voluntary testing by increasing awareness among	Considering STI as a group of diseases, patients getting help to minimize or eliminate those diseases from the community	The number of reported cases vs. information gathered through anonymous care per district Number of awareness programs conducted per year	The number get treated through open and closed channels through the records maintained in both methods	2016-2018	Ministry of Health

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
risk/vulnerable and general populations by non-stigmatized ways using available human resources (esp. GFATM volunteers) Establish a care centre which does not have any visible indication of STI registration or treatment place but can visit and anonymously get treated and get monitored of cure		The number of care centres established			

Strategy 9: Prevent incidences of hospital acquired infections

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Reduce un-necessary hospital visits by increasing awareness among public. Avoid un-necessary ward admissions by improving the OPD facilities Encourage the establishment of separate wards for CD and NCD Improve the activity and capacity of infection control team	Prevent unnecessary incidences of illness from a source that is supposed to be protecting people Isolating the potential communicable disease carriers not to be exposed to the other areas of the hospital	Number of infectious individuals that have identified to have caught the infection from the hospital per year Number of training sessions conducted for the staff	Medical records with the nature of infection The reduction of reporting incidences due to the practice of isolation The benefits of the training of staff and use of the knowledge	2016-2018	Ministry of Health

Strategy 10: Improve the testing facilities, skills and service availability in order to diagnose

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Establish at least a Provincial laboratory with the facilities for the common communicable diseases in the Province. Train people to employ in the testing lab and update the knowledge through training regularly	Ready access to a diagnostic lab will help identify many CD cases, therefore efficient treatment can be implemented	Number of communicable testing labs established in the province Number of personal trained for the testing lab per year	Establishing a lab and the types of diseased that they can test for Performance capacity from records	2016-2018	Ministry of Health

GOAL 4

Making improved health a key factor in improving the economy through productivity in the province which will lead to improving the quality of life

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Objective I

Target to reduce the future healthcare cost by preventing unwanted and predictable health issues, promoting and ensuring healthy lifestyle, proactive preventive care of diseases, and well planned monitoring

Objective II

Introduce cost effective improved machinery, technology, infrastructure and drug development/purchasing through proper research and development

8. Goal 4

Making improved health a key factor in improving the economy through productivity in the province which will lead to improving the quality of life in the population and by reducing the cost of healthcare

1.20. Goal 4, Objective I

Target to reduce the future healthcare cost by preventing unwanted and predictable health issues, promoting and ensuring healthy lifestyle, proactive preventive care of diseases, and well planned monitoring

Strategy 1: Streamline and develop service procedure to serve the patients to offer the best care possible with cost effective measures

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Improved record keeping will eliminate some of the required repetitive care because they will be reported and identified through records Promote monitoring and entering the data	The records helping to have a patient's history so to avoid the unnecessary treatments or testing Planning carried out with efficiency saving cost in man hours Patients data can be	Budgetary difference Times of avoided testing/treatment Effective use of database	Periodical accounts/expenses Planning efficiency and time for the new process	2016-2018	Ministry of Health, Local authorities, other relevant government and non-government stakeholders

in to the data bank so the data can be used in planning with less effect Provide a patient card with a electronic chip for safe and easy use (preferably PIN protected) Shared Care Cluster System. Services will be grouped around a hospital providing specialist care at the apex with surrounding primary care curative institutions at divisional, primary level and private sector. Linking these facilities with	retrieved with the card from any centre at any time when the patient is present with the card Provide universal access to continuing care that makes the best use of the existing system and the optimum use of resources				

community own community based outreach clinics. Community based outreach clinics could be developed by the community its own. Networking and technical support will be provided by the Provincial Health Community outreach clinics should able to provide all the levels of preventive care services including rehabilitation and palliative care services. Developing provincial level					

public private partnership to increase the funding for health care as a investment for the economic development of the region. Developing multisectoral coordination to provide the healthy environment and water sanitation					

Strategy 2: Plan for preparedness for natural disaster induce health issues

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Plan and act to reduce occurrence of disasters as an	Help the nature to recover and sustain to sustain the population	Climatic indicators	In collaboration with Universities and other similar research	2016-2018	Provincial Authorities of all Ministries in collaboration

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
ongoing activity throughout the province Prepare teams and have drills to act in an emergency such as floods, droughts or tsunami. Practice in regular intervals (at least have meetings and role-play)	Sensible and calm attention to unpredictable situations where mass care may have to be delivered		establishments, develop a reporting system to the data bank created Train/hire few people to predict and communicate/collaborate with other such institutes to verify the accuracy Estimate the capabilities of an emergency attention capacity in drills		Ministry of Health Universities, Research institutes

1.21. Goal 4, Objective II

Introduce cost effective improved machinery, technology, infrastructure and drug development/purchasing through proper research and development

Strategy 1: Achieve cost effectiveness through use of efficient and technologically improved means while providing an efficient service to the public

Major Activity	Expected output	Indicator	Means of Verification	Time Frame	Responsibility
Check for the equipment in use for their energy efficiency, labour requirement or the time consumption (especially in the testing services) Replace them with new and improved equipment to save extra expenses over time Integrate the time factor in to all activities thereby providing service to more patients within a given time	Improved services with cost savings No repetitive services due to errors More services in less time (effective use of resources)	Efficiency of service providing Cost savings Cost reduction related to equipment and their use (operator time)	Relevant processes monitored for the factor improved (time, energy etc.) and compared with the old system Time sheets and machine usage records during specific time periods against the number of patients handled	2016-2018	Ministry of Health Ministry of Health, Departments of Health, Statistics and Finances

9. Cost Analysis of the Proposed Strategies

1.22. Northern Province Health Strategy – Costs and Benefits

The Government of Sri Lanka spent Rupees 138.4 billion (Rs. 22.2 billion for capital expenditure and Rs. 116.2 billion for recurrent expenditure) on the health sector in 2014. This amounts to 1.41% of the GDP in 2014. The average per capita expenditure on health by the government works out to Rs 6700 per year. This amount is considered inadequate to meet the requirements for an efficient and effective health service for the population of the country.

The Northern Province Health Strategy has been drawn up to supplement the budget allocated by the government and the investments proposed in the National Health Strategy (2013 – 2017) and fill the current gaps for providing an effective health service to the population of the Northern Province. The total cost of the proposed activities to be implemented under the proposed strategic management plan is estimated at Rs 3.7 billion over a period of 10 years or works out to Rs 350 per capita per year over the period of 10 years.

The financial strategy has been formulated assuming that the Ministry of Health and Indigenous Medicine, Northern Province is using the strategic management plan to provide the services to the citizens of the province to achieve the listed targets listed below, through healthcare.

- Providing equitable services to all citizens
- Improve in-patient and home care.
- Adopt better record keeping for the benefit of the patient.
- Include all vulnerable groups in community health programs.
- Treat injured properly to reduce injury related morbidity.
- Employ enough service providers and strengthen the human resource capacity.
- Improve the skills and knowledge of the personnel.
- Develop a well-balanced roster system so that the patients are always being attended to.
- Improve staff capacity to provide services for the satisfaction of the customer or patient.
- Educate the citizens on the importance of preventive approach.
- Encourage people to seek health advice at the earliest possible time.
- Train and promote all responsible adults for simple first aid delivery.
- Create awareness about the importance of using medicine prescribed by a professional.
- Create basic awareness of communicable and non-communicable diseases.

- Reduce future healthcare cost by preventing unwanted and predictable health situations.
- Introduce cost effective improved machinery, technology, infrastructure and drug development/purchasing through proper research and development.

1.23. Cost Summary

The estimated costs are of a preliminary nature as it is based on the strategies that have been formulated. A more realistic cost estimate can be made once detailed plans and projects are drawn up. The current estimate is based on type of activities proposed by the strategy. Estimates provided in the National Health Strategy document have been used as a guide in estimating the costs of the Northern Province Health Strategy. Table 09 provides a summary of the costs on a yearly basis over a period of 10 years.

Table 9: Cost Summary of Northern Province Health Strategy

Cost (Rs Million)			
Year	Capital	Operational	Total
Year 1	825	137	962
Year 2	740	137	877
Year 3	580	123	703
Year 4	303	109	412
Year 5	309	109	418
Year 6	0	59	59
Year 7	3	59	62
Year 8	0	59	59
Year 9	0	59	59
Year 10	3	56	59
Total	2,763	906	3,669

The total cost of the Strategy is Rs 3.7 billion, the operational or costs of a recurrent nature are about 25% of the total cost. A high level of investment is envisaged in the early years. Capital investments are expected to be completed by the fifth year of implementation of the Strategy. The costs presented in the strategy are over above the annual budgetary allocations made by the Government. The National Health Strategy has also made allocations for the Northern Province. There is thus a possibility that some of the activities proposed by the Provincial Strategy may also be proposed by the National Strategy. A perusal of the National Strategy Document suggests that such duplications may be minimal. Detailed costs of the Northern Province Strategy by strategy or type of activity are provided in Appendix 1

1.24. Economic Cost Benefit Analysis

Costs are provided in Table 10. Benefits have been estimated using certain assumptions. The first assumption is that the impact of the strategy will reduce the household expenditure on health, through improved services, less expenditure on private consultations or transport due to the wider availability of services in the rural areas. The second assumption is that improved health will reduce the number of work days lost due to illness. Improved health services are expected to keep the working population healthy and reduce the productivity losses due to illness. The value of the reduced expenditure on health of households and the value of the workdays saved by better health of the worker are the benefits received by implementing the strategy.

The following are the values used in estimating the economic benefit of the strategy.

* Average Wage Rate in the Northern Province = Rs 1800 per day (Central Bank Reports, Annual Labour Force Survey of the Department of Census and Statistics.)
* Total work days lost due to illness is 500,000 man days per year for the whole island (Ministry of Labour). Based on the total employed population of Sri Lanka of 8.128 million and 0.327 million in the Northern Province, the work days lost due to illness in the Northern Province is estimated at 20,000 per annum approximately.
* It is assumed that a 5% reduction in the work days lost due to illness is possible in the first year, and this proportion increases to 10% in the second year, 15% in the third year, 20% in the fourth year and 25% in the fourth year and up to the tenth year. The economic benefits are estimated by multiplying the wage rate by the number of work days reduced due to the health strategy.
* The average amount spent on health by households in the Northern Province is Rs 20,670 per annum (Household Income and Expenditure Survey 2013/14, Department of Census and Statistics). It is assumed that, this expenditure will be reduced by 5% in year 1, 7.5% in year 2 and 10% in Year 3.

Table 10: Values and Assumptions Used for Economic Analysis

Variables	
Ave. Wage Rate Northern Province Rs./Day	1800
Total No. of Work Days lost due to illness in NP	20000
5% reduction in No. of WD lost (No) Year 1	1000
10% reduction in No. of WD lost (No) Year 2	2000

Variables	
15% reduction in No. of WD lost (No) Year 3	3000
20% reduction in No. of WD lost (No) Year 4	4000
25% reduction in No. of WD lost(No) Year 5	5000
Total Expenditure on Health/Year/HH in NP (Rs)	20672
5% Reduction in Exp. on Health Year 1 (Rs/HH)	1033.6
7.5% Reduction in Exp. on Health Year 2 (Rs/HH)	1550.4
10% Reduction in Exp. on Health Year 3 (Rs/HH)	2067.2
Total No of HH in NP	259471

The economic benefit is the amount of reduction in health expenditure multiplied by the number of households. Table 11 provides details of the cost-benefit analysis

Table 11: Cost – Benefit Analysis of NP Strategy

	Costs (Rs Million)			Benefits (Rs Million)			
Year	Capital	Operational	Total	Reduction in Work Days Lost	Reduction in HH Exp. on Health	Total Benefits	Net Benefits
Year 1	825	137	962	2	268	270	-692
Year 2	740	137	877	4	402	406	-471
Year 3	580	123	703	5	536	542	-161
Year 4	303	109	412	7	536	544	132
Year 5	309	109	418	9	536	545	127
Year 6	0	59	59	9	536	545	487
Year 7	3	59	62	9	536	545	484
Year 8	0	59	59	9	536	545	487
Year 9	0	59	59	9	536	545	487
Year 10	3	56	59	9	536	545	487
Total	2,763	906	3,669	72	4,962	5,034	1,365
						IRR	13%

The Internal Rate of Return (IRR) for this strategic investment is 13%. International lending agencies also provide soft loans at similar or lower rates for infrastructure development. In comparison, bank lending rates for industrial or productive ventures are around 18% or more per annum which is appropriate for profitable ventures. Thus the, economic rate of return estimated for the Northern Province Health Strategy can be considered adequate when evaluating infrastructure type of investments proposed for the strategy. However, these returns are dependent on realizing the outcomes expected from the assumptions made in the analysis. That is, reduction in household health expenditure and the number of working days lost due to illness. The impact of a reduction in health expenditure contributes over 98% to the benefits. In order to determine whether the expected impacts are being achieved, the level of household expenditure on health needs to be monitored through surveys or other tools. The Department of Census will also conduct Household Income and Expenditure Surveys periodically and estimated expenditure can be obtained from this source in the future.

10. Conclusion

A strategic management plan is simply a guide or a work plan for an institution for it to carryon a process to achieve progress. Decision making and implementation become more focus with a well crafted strategic plan making the activity more efficient. This efficiency is reflected in service providing as well as in budgeting.

The strategic management plan for the Northern Province, Ministry of Health has been focused in emphasizing the core belief of the institution "Health is Wealth".

The overall goals are developed to improve and introduce effective and productive services to their patients. The target is to serve equally and equitably to all patients regarless of what corner of the province they are from. Special emphasis are given to address the needs of vulnarable groups, socially induced health issues and mostly to be proactive in providing care believing that the prevention is better than cure.

The proposed record keeping and monitoring mechanisms will beneficially impact in reducing the time taken to provide services as well as to keep track of disease occurence, individual responses to treatment and many more health related inputs that will help in managing a good health care service in the province.

Although the initial activities to gather information has been done under 15 different sectors in health services, most of the issues which lead to develop strategies to address the issues are crosscutting in nature. Therefore, the development of strategies undere specified goals and objectives are no longer segregated under those 15 sectors in this document. However, those individual sectors can develop their detailed plans by isolating the required main goals and the objectives that the starategies are provided under. This activity will be supported with the documents annexed in here, which are the information provided by the 15 sectors from their discussions.

The costing of strategies have taken the current market values and few other assumptions towards processing, as indicated in the paragraph. Similar to indentifying and specifying activites for individul sectors for their detailed implementing processes, detailed budgets also should be prepared at the time of implementation.

Planned strategies will guide the decision makers to plan the activities with a basic plan which should help in improving the services and facilities in the Health sector in Northern Province an example to the counterparts in the country.

11. Appendix

11.1. Detailed Costs of Northern Province Health Strategy

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Goal 1: Objective I: Providing equitable services to all citizens with ready access to resources											
Strategy 1:											
Identify and prioritize the most prevalent health issues that have a difficulty in meeting the service demand. List them according to the urgency.	Capital										
	Operational	0.2									
Strategy 2:											
Major Activity											
The new and improved services and facilities should be introduced to those areas depending on the pre-set ratios of the services per1000 people, and the service providers also on the same basis. The nearby regional medical facilities should be improved and provide access to those who are in rural areas.	Capital	50	50	50	50	50					
	Operational	1	1	1	1	1	1	1	1	1	1
Outreach clinics should be set up and a schedule should be developed and made available to rural people with no proper service areas for their convenience. Different healthcare personal can visit on different dates.	Capital	20	20	20	20	20					
	Operational	1	1	1	1	1	1	1	1	1	1
Strategy 3:											
Major Activity											
The doctors of western medicine system and the indigenous medicine system should be encouraged to effectively communicate and collaborate in patient care.	Capital										
	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strategy 4											
Major Activity											

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Research and development efforts should be increased towards drug manufacturing, improving palatability and shelf life in the indigenous medicine system	Capital	2	2	1							
	Operational	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Strategy 5:											
Major Activity											
Estimate the raw material need (at least the drugs needed in large scale and in higher frequency)	Capital	5	5	5	5	5					
Compare with the availability or the known amounts of supply that can be depended on	Operational	0.5	0.5								
Develop plans to produce the required amounts as contract supplier basis from the local growers											
Strategy 6:											
Major Activity											
Programmes in Antenatal, preschool, schools and for adults (work places)	Capital	5	5								
Educate the need for daily cleaning, regular professional cleaning and overall oral health practices through community based programs	Operational	2	1								
Awareness and education through mass media to enforce the message given in individual programs and to have continues reminders											
Strategy 7:											
Major Activity											
Appoint more school dental therapists, dental nurses and dental surgeons.	Capital	20	20	20	20	20					

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Establish new dental clinics and facilities with all the medical facility centres for easy access for dental care											
Frequently evaluate the knowledge of the employees and train them to update their knowledge if required	Operational	6	6	6	6	6	2	2	2	2	2
Take an inventory of the available equipment and facilities in all dental care centres of the province.											
Estimate the need based on the patient visit records available of services											
Strategy 8:											
Major Activity											
The patients should be able to make appointments to get an approximate arrival time to see a doctor.	Capital	2									
	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strategy 9:											
Major Activity											
Provide reasonably comfortable, safe seats and proper washroom facilities in adequate numbers	Capital	5									
	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strategy 10:											
Major Activity											
· The policy/rule of registering with the Provincial Ministry and regular monitoring of license for practice should be enforced in strict sense	Capital	0									
· Authorized Practitioners should be given a sign that is easy to recognize to indicate that they are registered with the department or the Ministry of Health, to post on their display board.	Operational	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Strategy 11:											
Major Activity											
· A well-organized drug distribution system should be developed aligning with the policies available in the country.	Capital										
· Centralize the drug distribution adhering to the available policies	Operational	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
· All prescriptions issued should be recorded and later matched with the issuance of the drugs.											
· Keep track of the expiration dates of drugs, especially 'slow moving' drugs when purchasing and distributing.											
Goal 1: Objective II: In patient and Home care (MCH and NCD)											
Strategy 1:											
Major Activity											
· Introduce computer and smart phone base reporting and record keeping	Capital	5	5								
· Link all the data systems throughout the Province	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
· Develop a system to issue medical reports (the ones that are accommodative in such a system) and prescriptions through smart phones or SMS to make it personal and efficient	Capital										
· Reporting and record keeping should be linked with individual persons (in the case of patients records) or locations (in the case of service providers records)	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strategy 2:											
Major Activity											

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
· Conduct a basic IT skill test for the staff at present	Capital	8	8	4							
· Service providers and support staff should be trained (at their required levels) to handle the new implementation of reporting and record keeping	Operational	3	3	3	3	3	3	3	3	3	
· Hire new personal to fill the gaps to facilitate a smooth transition to the new system											
Goal 1: Objective III: Adopt better record keeping for the benefit of the patient and to save money and time that will be lost due to repetition, when there are no records to follow on a patient											
Strategy 1:											
Major Activity											
· Develop a standard procedure and forms for acquiring information and maintaining records for all relevant departments and officers	Capital										
· Make the records accessible for the relevant staff	Operational	1	1								
· Limit using printed form of date to an absolute need basis											
· Use necessary restriction on accessing certain information (such as patient's personal information) and allow limited access for the relevant persons (such as the Doctor)											
Strategy 2:											
Major Activity											
· Develop maps using important data for quick view	Capital										
· Incorporate GPS locations along with the maps to easy locating	Operational	1	1								

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
· Display or make easy accessibility possible for comparing those maps to recognize trends											
Strategy 3:											
Major Activity											
· Transfer all valuable paper based data in to electronic data and archive	Capital Cost	10	10								
· Provide field officers with facilities such as computer tablets or smart phones to enter the data in the field											
· Set up a system to transfer the electronic data gathered to a central database with a collector's signature	Operational Cost	0.5	0.5	0.5	0.5	0.5					
· Develop that system to create a backup and get updated in real time											
Goal 1: Objective IV: Include all vulnerable groups in community health programs to monitor their condition whether they come to seek medical services or not											
Strategy 1:											
Major Activity											
· Identify and cluster the vulnerable groups for convenience of providing required services	Capital										
· Identify the most damaging vulnerabilities for each group	Operational	0.1	0.1	0.1							
Strategy 2:		0	6								
Major Activity											
· Emphasize on prenatal care to have a healthy child at birth by making it compulsory to attend **clinic**	Capital										
· Carry out proper immunization and follow-up immunization with proper recodes	Operational	0.7	0.7	0.7	0.7	0.7	0.5	0.5	0.5	0.5	0.5

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
· Assist parents (through information and training) to raise a mentally and physically healthy child, not only by feeding but also by understanding the behaviours and reasons for those behaviours.											
· Advocate to provide healthy (nutritionally balanced) and hygienic food											
· Make school age children comfortable to talk to a specially appointed qualifies school counsellor about their problems and issues before they become serious											
· Develop/establish a child healthcare record with indicators for development to be able to address the problems based on the established indicators											
Strategy 3:											
Major Activity											
· Inspect all the buildings that are for public use at present and accommodate facilities according to the national disability access standards	Capital	50	50	40	30	30					
· Work with the division that approves construction of new buildings to establish rules to enforce inclusion of disable access in all new buildings	Operational	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strategy 4:											
Major Activity											
· Set up elderly care teams including a Consultant, Medical Officers, Specialised Nursing staffs, Physiotherapists, Occupational Therapists, and a Social Workers with Health Care Assistants	Capital										

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
· Displaying the boards, avoiding the queues, showing a positive attitude towards the elderly by the staffs of all category	Operational	1	1	1	1	1					
· The importance of elderly care and giving due respect should be taught at all levels of formal and informal education											
Strategy 5:											
Major Activity											
· Develop facilities to care for elderly (based on the information gathered)	Capital	50	50	50	50	50					
· Take census of elderly with a set minimum age limit	Operational	1	1	1	1	1	1	1	1	1	1
· Take an inventory of what facilities are available in specific region											
Strategy 6:											
Major Activity											
· Check if the basic safety measures (such as anti-slip measures in the bathroom, railings where necessary) are implemented in houses where the elderly live on their own	Capital										
· Make sure the nursing homes have implemented all safety codes in buildings suited for elderly and the staff are kind to elderly	Operational	1	1	1	1	1					
Strategy 7:											
Major Activity											
· Each district should have at least one inpatient unit in the District General Hospital and/or Teaching Hospital.	Capital	50	50	50	50	50					
	Operational	1	1	1	1	1	1	1	1	1	1
Strategy 8:											

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Major Activity											
· Education of mentally ill, how and why through schools (special programs where professionals explain the condition)	Capital										
· Educate the community through community based organization, through audio-visual means	Operational	1	1	1	1	1					
· Distribute handouts/leaflets with relevant information											
· Educate the family members of a mentally ill person, how to handle such situations during and after care through family consultation		1	1	1	1	1					
Strategy 9:											
Major Activity											
· Identify a specialized staff to provide care for mentally ill	Capital										
· Test their skills and subject them for frequent update in their knowledge and ability to serve	Operational	0.5	0.5	0.5	0.5	0.5					
Strategy 10:											
Major Activity											
· Introduce yoga and meditation in to school extra-curricular activities	Capital										
· Promote physical exercise as a means to keep the extra time occupied	Operational	1	1	1							
· Promote more group activities like gardening	Capital										
· Offer grievance councillor services at work places to discuss the discrimination and other issues that may lead to stress	Operational	1	1	1	1	1					

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
Goal 1: Objective V: Treat injured (such as trauma, poisoning, domestic violence, snake bite and burns) promptly and properly to reduce injury related morbidity and Mortality											
Strategy 1:											
Major Activity											
· Train emergency attendance in quick response methods	Capital										
· Devise emergency admission systems for injured	Operational	3	3								
Strategy 2:											
Major Activity											
· Establish a focal point and a provincial committee for injury prevention advocacy and to monitor the progress of all injury, trauma and emergency related medical care and record keeping	Capital										
	Operational	2	2	2	2	2					
· Advocacy for inclusion of health / injury prevention& management in other sector policies											
· Appropriate Implementation and enforcement of safety mechanisms to be identified as standards, regulations, code of practices & Guidelines											
Strategy 3:											
Major Activity											
· Establish provincial injury surveillance system to generate information on epidemiology, risk factors, economic impact and available services	Capital										
	Operational	2	2	2	2	2					
Strategy 4:											
Major Activity											
· Need to develop disaster management plan for each health institutions	Capital	5	5								

Major Activity	Cost	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year8	Year 9	Year 10
· Evacuation plan for more than a story buildings	Operational	1	1	1	1	1					
· Promote & strengthen capacities of health institutions to cope disasters											

Goal 2: Objective 1: Employ enough service providers and strengthen the human resource capacity for better service providing											
Strategy 1:											
Major Activity											
· Take a count of each category of employees	Capital										
· Estimate the patient base from the population statistics	Operational	4	4	4	4	4					
· Use the vulnerability data/maps (propose as an activity above) to estimate the required level of care and human resource capacity											
· Identify the gaps in numbers and skills											
· Train and recruit to fill the gaps											
· Communicate with the education institutes (schools, universities, nurses' training schools etc.) to train the required numbers for future hire											
Strategy 2:											
Major Activity											
· Offer attractive remuneration and opportunities to advance in the job to increase the enlisting and maintain low turnover time	Capital										

· Reformulate the recruitment criteria to suit the need	Operational	10	10	5	5	5	5	5	5	5	5
· Take measures to change the social attitude towards some employment categories											
Strategy 3:											
Major Activity											
· Issue clear job descriptions to particular job category and educate the employees with the evaluation system with identified indicators	Capital										
· Link the performance evaluation with a reward system that will reflect in their rank (promotions based on performance, not based on seniority)	Operational	2	2	2	2	2	2	2	2	2	2
Strategy 4:											
Major Activity											
· Conduct regular institutional meetings, develop team objectives and resolve conflicts effectively and impartially	Capital										
	Operational										
Goal 2: Objective II: Improve the skills and knowledge of the personal (through new technology, training and hiring experts and consultants) and encourage getting their knowledge relevant to the services when they get updated											
Strategy 1:											
Major Activity											
· Monitor for affordable advances in technology in relevant fields	Capital	100	50	50							
· Provide training for those who are actively involved in using the technology	Operational	2	2	2	2	2					
· Use better judgment in selecting employees for training (no favouritism)											
Goal 2: Objective III: Develop a well-balanced roster system so that the patients are always being attended to while the employees get their due rest and vacation time (it is important to be concerned about the health of the service providing teams)											

Strategy 1:											
Major Activity											
· Follow above activities (strengthening the human resource) to have enough staff to be able to give enough time off and have relatively short working shifts for health sector employees	Capital										
· Develop a comfortable roster (shift change), not to overburden the employees but to offer the necessary care for patients (shift duration, leave etc.)	Operational	6	6	6	6	6					
Goal 2: Objective IV: Improve staff capacity to provide services for the satisfaction of the customer or patient.											
Strategy 1:											
Major Activity											
· Conduct meetings and workshops to educate the psychological aspect of a patient, therefore the need to be compassionate towards patients (examples of personal involvements can be shared and role-play can be introduced)	Capital										
	Operational	1	1	1							
Strategy 2:											
Major Activity											
· Customer satisfaction survey form can be made mandatory with comments about the attitude of the staff towards patients and care (voice recording can be used when illiteracy is an issue)	Capital										
	Operational	2	2	2	2	2	2	2	2	2	2
Strategy 3:											
Major Activity											
· Develop indicators to use in evaluation criteria to indicate if the caregiver is kind to the patient	Capital										
· Recognize the "most commended staff member of the month" and the overall high scorer of the year	Operational	1	1	1	1	1	1	1	1	1	1

Goal 3, Objective I: Educate the citizens on the importance of preventive approach including preventing accidents, better food habits and good hygienic practices											
Strategy 1:											
Major Activity											
· Conduct awareness programs to educate how to be proactive in taking care of their own health and the family health. Repeat the programs as required	Capital										
· Conduct awareness programs of individual aspects of health management at home, such as	Operational	1	1	1	1	1					
* recognizing unusual occurrence that need to seek medical advice,											
* nutrition and sanitary practices,											
* potential household and other near environment risks and ways to prevent (such as protruding objects at body level, fire hazards for children, poison, unstable heavy objects on higher levels, road crossing & side walk etiquette, play equipment)											
Strategy 2:											
Major Activity											
· conduct information dissemination activities at all levels of the community by professionals (Nutritionist, medical practitioners of both western and indigenous) to educate people about	Capital										
* balanced diets	Operational	1	1	1	1	1	1	1	1	1	1
* healthy cooking methods											
* importance nutritious recipes											
* what are the bad food habits											

· Educate the children about good food habits and monitor their lunch											
Strategy 3:											
Major Activity											
· Develop a collaborative research program with the local university to measure nutrient levels and caloric levels of each food item, as much as possible	Capital	10	10	10							
· Educate people (at least the mothers and the teachers) to have some rough idea about the nutrient values and caloric values so that they can make wise decisions in providing and consuming food	Operational	2	2	2	2	2					
· The prevalent issues such as malnutrition, stunting and other nutrient related problems can be controlled and addressed with the help of the family											
· Use the information in addressing the issues of extreme conditions such as obesity and gastritis											
Strategy 4:											
Major Activity											
· Educate the vendors about the national standards for food vending and the importance of adhering and the penalties for lapsing	Capital										
· Examine and add any required additional rules or standards to suit the local needs	Operational	2	2	2	2	2	2	2	2	2	2
· Enforce the standards through existing mechanism (PHI) diligently (the adequacy of the officers can be estimated and addressed through the human resource capacity measures that have discussed above)											

· Make obtaining the permit to serve food, a mandatory and to display the certificate in the business place											
Strategy 5:											
Major Activity											
Making public awareness as a whole through activities such as	Capital										
I Provincial road safety weeks- twice a year	Operational	10	10	10	10	10					
II Empowering social groups like school, health clubs, mothers clubs, community centres etc. to raise awareness on injury prevention											
III awareness creation using mass media on culturally acceptable & evidence based norms to reduce the average risk such as											
* Proper Helmet Usage											
* Seat belts											
* Adhering to Speed											
* Mobile phone usage while driving/riding											
* Vehicle lighting (Bicycle)											
* Responsible ownership of domestic animals											
* Domestic violence											
* Snake bite											
* Poison storage											
Introduce safety (injury prevention) and basic first aid training in school curricular											
Goal 3, Objective II: Encourage people to seek health advice at the earliest possible time to have a better chance of a healthy life											
Strategy 1:											

Major Activity											
Community based education programs in recognizing minor changes that can lead to bigger health issues	Capital										
Visually enriched information leaflets on common diseases to recognize the early signs	Operational	2	2	2	2	2	2	2	2	2	2
Ensure that women of childbearing age and their partners receive a comprehensive package of pre-conception advice											
Goal 3, Objective III: Train and promote all responsible adults for simple first aid delivery											
Strategy 1:											
Major Activity											
Conduct training sessions to deliver simple first aid (such as CPR, stop bleeding, diluting poison,) till the professional help arrive	Capital										
	Operational	2	2	1							
Strategy 2:											
Major Activity											
Establishing formal emergency ambulance service by dividing the province into specific zones	Capital	100	50	50							
Improve the services with inputs from experts in the field (ex: St. Johns ambulance, SLRC)	Operational	5	5	5							
Appropriate training and frequent knowledge update for first responders											
Establishing basic emergency/trauma care at all levels of treatment facilities	Capital Cost	40	40	20							
Capacity building for staff attending to Accidents & Emergency	Operatio	4	4	4	1	1					

Establish fool proof communication system to provide prompt and effective emergency care	nal										
Goal 3, Objective IV: Creating awareness about the importance of using medicine that is prescribed by a professional											
Strategy 1:											
Major Activity											
Educate people about the fact that even the medicine can be harmful if taken unnecessarily. Educate them about the none prescribed use, drug allergies, drug interaction and drug expiration can create health complications	Capital										
Emphasize the regulations on following rules in drug issuing to the public. Strictly follow the legal procedures for violators	Operational	1	1	1	1	1					
Advice people to disclose if they are getting other medication, when visiting another doctor to be able to help the doctor, select the drugs to prescribe without any interactions											
Goal 3, Objective V: Creating basic awareness of communicable and none communicable diseases, reporting, how to prevent from being vulnerable and seeking assistance if sick and how to treat people under those conditions											
Strategy 1:											
Major Activity											
Strengthen the disease surveillance in all major hospitals with key investigation facilities.	Capital										
Strengthen the vector surveillance at-least in all high risk areas.	Operational	15	15	15	15	15	15	15	15	15	15
Implement/encourage sustainable disease/vector control measures with the help of all related sectors.											

Encourage people to act on controlling possible breeding sites on their own will											
Strategy 2:											
Major Activity											
Strengthen the disease surveillance by improve the capacity of human resource and investigations.	Capital										
Refresh the epidemiology knowledge by research evidence.	Operational	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
Initiate timely control activities to improve public awareness.											
Strategy 3:											
Major Activity											
Strengthen the disease surveillance of typhoid (and dysentery) by encouraging investigations in quality assured laboratories in both state and private sectors.	Capital										
Improve water/food safety by awareness of suppliers and consumers.	Operational	2	2	2	2	2	2	2	2	2	2
Periodical evaluation (systematic) of monitoring of food and water safety in higher levels.	Capital	3			3			3			3
Strengthen the fair and festival sanitation with the help/involvement of Local Authorities.	Operational	1	1	1	1	1					
Educate public about infection prevention and transfer prevention measures											
Strategy 4:											
Major Activity											
Promote and ensure early detection and treatment by encouraging self-referral, contact tracing by MOH and establishment of satellite dermatology clinics in high endemic areas	Capital	10	10	10							
Organize non-specific activities to reduce the stigma and break the endemicity	Operational	1	1	1	1	1	1	1	1	1	1

Strategy 5:											
Major Activity											
Strengthen the dog Anti Rabies Vaccination (ARV) program to increase herd immunity	Capital	10	5	5							
Document the dog vaccination in all levels for the decision making of human ARV indication	Operational	3	3	3	3	3	3	3	3	3	3
Improve the capacity of MOO in dog/animal bite management											
Strategy 6:											
Major Activity											
Regulate the antibiotic sale and usage in private sector and animal farming. Maintain records of issue. They should be traceable to the treated	Capital										
Strengthen the rational usage of antibiotics in state sector/hospitals	Operational	2	2	2	2	2					
Educate the public about antibiotic resistance and the consequences (this awareness can be linked with other prescription medicine awareness programs proposed above)											
Strategy 7:											
Major Activity											
Enhance case detection of TB by	Capital	25	25	25	25	25					
* Establishing microscopy centres in all the Out Patient Departments (OPD) of GH,BH and DH											
* Establishing sputum collection centres in all other health institutions											
* Increasing X-ray facilities.											
* Active screening of high risk groups	Operational Cost	2	2	2	2	2	2	2	2	2	2
Expansion of DOTS to increase the cure rate.											

Enhance indoor care services of good quality for TB and non TB respiratory patients.											
Enhance diagnostic facilities for early and accurate diagnosis of respiratory diseases.	Capital	30	10	10							
Improve the living condition	Operational	2	2	2	2	2	2	2	2	2	2
Strategy 8:											
Major Activity											
Strengthen the disease surveillance and treatment by increasing service delivery points and improve the capacity of existing service delivery points.	Capital										
Enhance voluntary testing by increasing awareness among risk/vulnerable and general populations by non-stigmatized ways using available human resources	Operational	5	5	5	5	5					
Establish a care centre which does not have any visible indication of STI registration or treatment place but can visit and anonymously get treated and get monitored of cure											
Strategy 9:											
Major Activity											
Encourage the establishment of separate wards for CD and NCD	Capital	50	50	50	50	50					
Reduce un-necessary hospital visits by increasing awareness among public.	Operational	1	1	1	1	1	1	1	1	1	1
Avoid un-necessary ward admissions by improving the OPD facilities											
Improve the activity and capacity of infection control team											
Strategy 10:											
Major Activity											

Establish at least a Provincial laboratory with the facilities for the common communicable diseases in the Province.	Capital	50	100	50							
Train people to employ in the testing lab and update the knowledge through training regularly	Operational	3	4	3							

Goal 4, Objective 1: Target to reduce the future healthcare cost by preventing unwanted and predictable health situations, promoting and ensuring healthy lifestyle, proactive preventive care of diseases, and well planned monitoring											
Strategy 1:											
Major Activity											
Promote monitoring and entering the data in to the data bank so the data can be used in planning with less effect	Capital	10	10	10							
Provide a patient card with an electronic chip for safe and easy use (preferably PIN protected)											
Improved record keeping will eliminate some of the required repetitive care because they will be reported and identified through records	Operational	1	1	1	1	1	1	1	1	1	1
Strategy 2:											
Major Activity											
Plan and act to reduce occurrence of disasters as an ongoing activity throughout the province	Capital										
Prepare teams and have drills to act in an emergency such as floods, droughts or tsunami. Practice in regular intervals (at least have meetings and role-play)	Operational	2	2	2	2	2	2	2	2	2	2
Goal 4, Objective 2: Introduce cost effective improved machinery, technology, infrastructure and drug development/purchasing through proper research and development											

Strategy 1:											
Major Activity											
Check for the equipment in use for their energy efficiency, labour requirement or the time consumption (especially in the testing services)	Capital	100	100	50							
Replace them with new and improved equipment to save extra expenses over time	Operational	2	2	2	2	2	2	2	2	2	2

12. Annexures

12.1 Human Resources

12.2 Health Informatics

12.3 Communicable Diseases

12.4 None Communicable Diseases

12.5 Accidents and Death Prevention Due to Injury

12.6 Nutrition

12.7 Maternal and Child Health

12.8 Mental Health

12.9 Disability

12.10 Elderly Care

12.11 Intra and Inter Sectional Coordination and Sanitation

12.12 Oral Health

12.13 General Health Promotion

12.14 Development of Ayurveda

12.15 Emergency Care

Annex 12. 1: Human Resources

Strategic Plan for Northern Province : Human Resource Development

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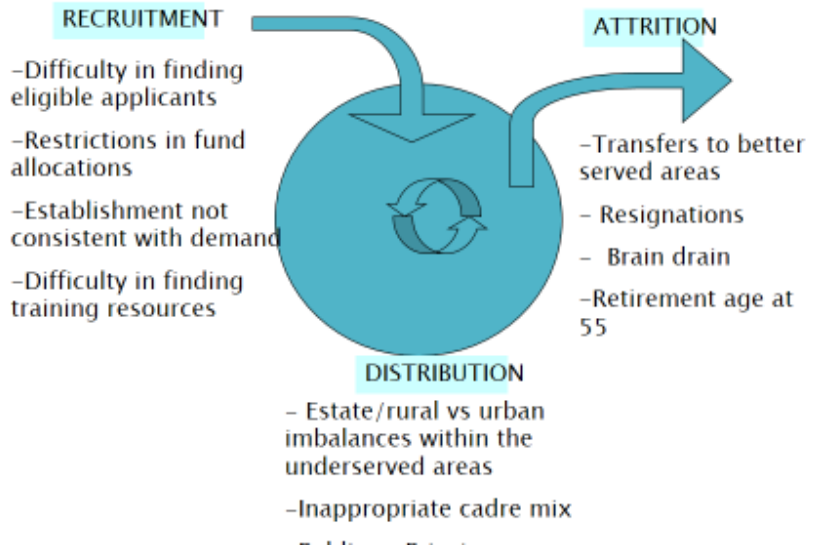
The HRH Crisis at the underserved areas



Human Resource Development : Problem 1

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Inadequate approved cadre	Cadre revision	Submission for cadre revision	Periodical revision	Periodical revision	Categories of cadre revised	All categories of cadre revised within one year

Human Resource Development: Problem 2

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Inadequate human resources within the approved cadre	a. Improved training b. Modified recruitment criteria c. Appropriate measures to prevent staff leaving positions (attrition) d. Modify recruitment criteria	a. Contract basis appointments b. Re-employments c. Incentives d. Strengthening training facilities e. Provision of additional facilities such as attractive residential facilities f. Provincial recruitment of HR with nontransferable bond for a certain period	a. Improve awareness b. Career guidance seminar at schools c. Modify recruitment criteria	a. Establish regional paramedical and other technical category training centres b. Provincial recruitment of HR with nontransferable bond for a certain period	Categories of approved cadre filled with human resources	90% of the categories of approved cadre filled with human resources in 2 years

Human Resource Development: Problem 3

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Inappropriate cadre mix	Rational distribution of human resources	Redistribution of existing HR & appropriate cadre recruitment	Monitoring and periodical intervention	Monitoring and periodical intervention	Categories of HR rationally distributed	90% of the HR categories rationally distributed within one year

Human Resource Development: Problem 4

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Inadequate Continuous Professional Development (CPD)	a. In-service training programmes b. Regularizing CPD Programmes c. Orientation programmes	-do-	-do-	Revalidation?	Number of In-service, CPD and orientation programmes provided within a year	All categories (100%) of HR get at least 50 hours of training in one year period

Human Resource Development : Problem 5

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Lack of realistic performance appraisal system	Develop realistic indicators to appraise the performance	Develop realistic indicators to appraise the performance	Implement performance appraisal system	Monitoring and evaluation	Categories of HR developed realistic indicators and performance appraisal system implemented	90% of HR developed realistic indicators and performance appraisal system implemented within one year

Human Resource Development : Problem 6

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Lack of team spirit	Conduct regular institutional meetings, develop team objectives and resolve conflicts effectively	-do-	-do-	-do-	a. Number of institutional meetings held to develop team objectives b. Number of conflicts resolved	a. 90% of the institutions developed team objectives within one year

Human Resource Development : Problem 7

Problems/ Needs	solutions	Immediate strategy	Mid term strategy	Long term strategy	Indicators output	Indicators target & time frame
Lack of knowledge on job description	Improving the knowledge on Job description and duties	a. Job description developed and made aware at the recruitment stage b. Duty list at the time of assuming duties c. Orientation programmes at the time of duty	-do-	-do-	Categories of HR developed Job description and duty lists.	90% of the categories of HR developed job description and duty list within one year

Annex 12. 2: Health Informatics

Strategic Plan for Northern Province
Needs Assessment

"Improve the provision of Quality data and Health Informatics"

Need Assessment

Areas of Improvement

Preventive Care:-

- Monthly/Quarterly returns - Duplication of data in the forms used to collect information by the field staff (PHIs & PHMs) of the Preventive sector, during their field visits.
- Communicable disease - Incomplete & lack of timely notification of communicable diseases.
- Time consuming process – Current manual process between PHIs, PHMs to MOH & RDHS is time consuming.
- Planning & Strategizing – Lack of on-time data for proper timely planning and strategizing.
- Inadequate health information management practices leads to problems in decision-making, planning & delivery of healthcare services.

Curative Care:-

- Medical Records – Poor medical record keeping.

Need Assessment

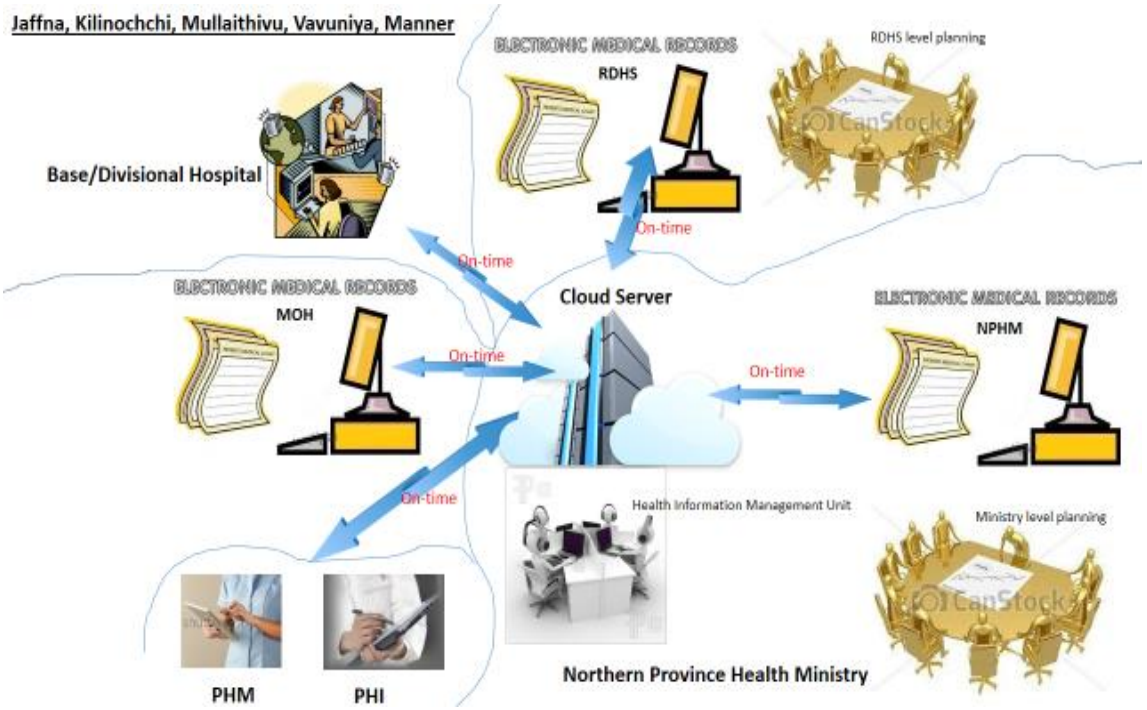
Solution

** Implement an overall electronic system for Northern Province Health Services.

Goals

- **End Goal (Long Term – in 3 years) :-**

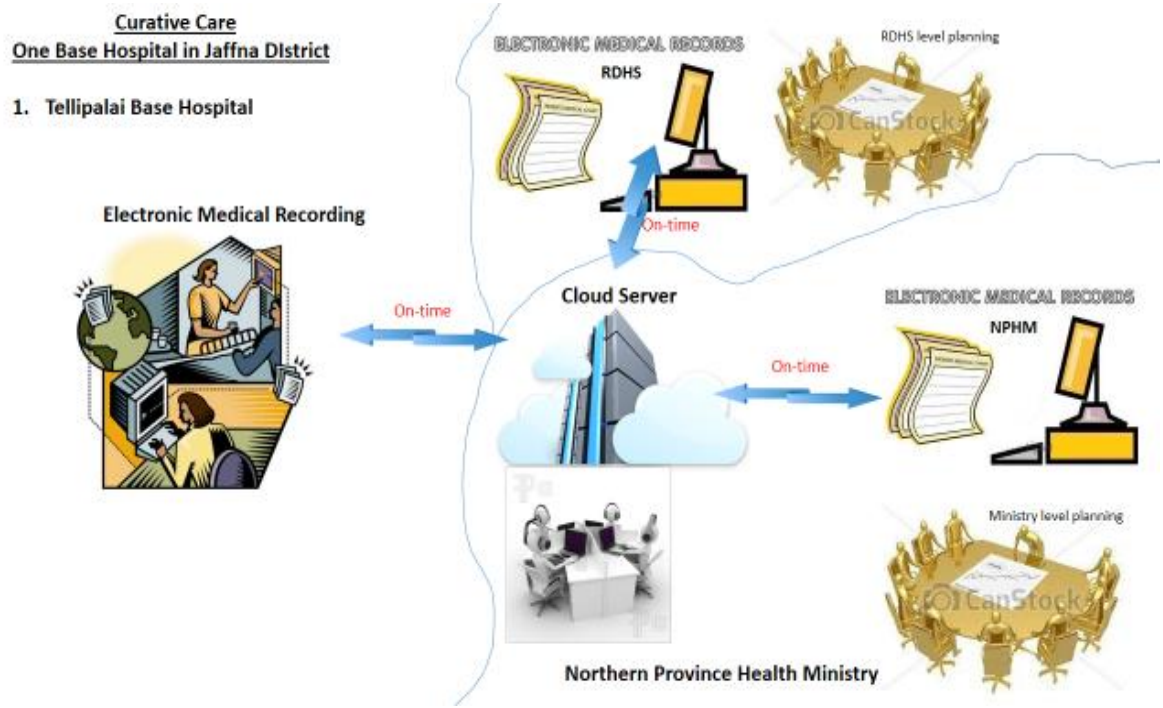
  Implement an overall electronic system to fully automate Health Services of **entire Northern Province** in-order to maximise the efficiency of preventive and curative care sectors.



Goals

- **Intermediate Goal (Medium Term – in 1 to 2 years) :-**

  Implement an overall electronic system to fully automate Health Services of a selected **District** of Northern Province in-order to maximise the efficiency of preventive and curative care sectors.



Resource Need

Immediate Goal as Pilot Project (Short Term – in 6 to 12 months) :-

Description	Human Resource	Computer	Internet Connection	Cost
1 PHI Div Velani	PHI (Available)	Laptop	Dongle	65,000
1 PHM Div Velani	PHM (Available)	Laptop	Dongle	65,000
Respective MOH	MOH (Available)	Desktop	Dongle/ADSL	50,000
RDHS Office	Clerk (Available) – to generate reports	Desktop	ADSL	50,000
NP Health Ministry	1 person – Attached to 'Health Information Management Unit'	Desktop	ADSL	50,000
Cloud Server – Hired from SLT				
Pilot Software				No Cost
Total Cost				

Challenges

Immediate Goal as Pilot Project (Short Term – in 6 to 12 months) :-

- Very minimum challenges if the resources are provided.

Intermediate Goal (Medium Term – in 1 to 2 years) – District Level

- If the Pilot Project is implemented very effectively, then technically the system would support any number of PHIs, PHMs, MOHs, Hospitals hence it would be a matter of mobilising and training the others.
- Cost to implement it.

End Goal (Long Term – in 3 years) – Regional Level

- If the District Level is implemented effectively, then it would be again mobilising and training at regional level.
- Cost to implement at regional level.

Annex 12. 3: Communicable Diseases

Reduction of Incidence of Communicable Diseases in Northern Province

Problem/ Need	Solution
Increased incidence of Vector borne(dengue) diseases	1. Strengthen the disease surveillance in all major hospitals with key investigation facilities. 2. Strengthen the vector surveillance at-least in all high risk areas. 3. Implement/encourage sustainable disease/vector control measures with the help of all related sectors.

Problem/ Need	Solution
Increased reporting/incidence of Typhus	**1. Strengthen the disease surveillance by improve the capacity of human resource and investigations.** **2. Refresh the epidemiology by research evidence.** **3. Initiate timely control activities to improve public awareness.**

Problem/ Need	Solution
Increased reporting of water/food borne diseases	1. Strengthen the disease surveillance of typhoid (and dysentery) by encouraging investigations in quality assured laboratories in both state and private sectors. 2. Improve water/food safety by awareness of suppliers and consumers. 3. Periodical evaluation(systematic) of monitoring of food and water safety in higher levels. 4. Strengthen the fair and festival sanitation with the help/involvement of local authorities.

Problem/ Need	Solution
Increased transmission of leprosy	1. Promote and ensure early detection and treatment by encouraging self-referral, contact tracing by MOH and establishment of satellite dermatology clinics in high endemic areas 2. Organize non-specific activities to reduce the stigma and break the endemicity

Problem/ Need	Solution
Increased dog/other animal bites and over usage of human ARV	1. Strengthen the dog ARV program to increase herd immunity 2. Document the dog vaccination in all levels for the decision making of human ARV indication 3. Improve the capacity of MOO in dog/animal bite management

Problem/Need	Solution
Increased antibiotic resistance	1. Regulate the antibiotic sale and usage in private sector and animal farming. 2. Strengthen the rational usage of antibiotics in state sector/hospitals 3. Educate the public about antibiotic resistance and the consequences

Problem/Need	Solution
Increased TB and other RTI transmission	1. Enhance case detection of TB by - establishing microscopy centers in all the Out Patient Departments of GH,BH and DH - establishing sputum collection centers in all other health institutions - active screening of high risk groups - increasing X-ray facilities. 2. Expansion (by GFATM volunteers) of DOTS to increase the cure rate. 3. Enhance indoor care services of good quality for TB and non TB respiratory patients. 4. Enhance diagnostic facilities for early and accurate diagnosis of respiratory diseases. 5. Improve the living condition

Problem/Need	Solution
Increased STI transmission	1. Strengthen the disease surveillance and treatment by increasing service delivery points and improve the capacity of existing service delivery points. 2. Enhance voluntary testing by increasing awareness among risk/vulnerable and general populations by non-stigmatized ways using available human resources (esp. GFATM volunteers)

Problem/Need	Solution
Increased incidence of hospital acquired infections	1. Reduce un-necessary hospital visits by increasing awareness among public. 2. Avoid un-necessary ward admissions by improving the OPD facilities 3. Encourage the establishment of separate wards for CD and NCD 4. Improve the activity and capacity of infection control team

Problem/Need	Solution
Lack of facilities for confirmation of most of the common communicable diseases	1. Establish at least a Provincial laboratory with the facilities for the common communicable diseases in the Province.

Annex 12. 4: None Communicable Diseases

<table>
<tr><th colspan="5">NCD Strategy Plan 2014</th></tr>
<tr><th>Identified Problem</th><th>Level of action</th><th>Problem</th><th colspan="2">Possible action</th></tr>
<tr><td rowspan="15">Increased burden of Common NA3:A50on Communicable Diseases
Diabetes
Cardiovascular Diseases
Cerebrovascular Diseases
Respiratory Diseases
Cancer
Musculoskeletal Diseases
Endocrinological diseases
Diseases related to ageing</td><td rowspan="8">Primordial prevention</td><td rowspan="4">In adequate awareness about Common known risk factors of Common Non Communicable Diseases</td><td>Establish Mass media education</td><td></td></tr>
<tr><td rowspan="3">Regular coordinated group education</td><td>Community</td></tr>
<tr><td>School</td></tr>
<tr><td>Working place</td></tr>
<tr><td rowspan="2">Regular individual</td><td>Household</td></tr>
<tr><td>Clinics</td></tr>
<tr><td>Developing relevant health education materials</td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Lack of Implementation of existing circulars, laws and legislation</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="7">Primary Prevention</td><td></td><td></td><td></td></tr>
<tr><td rowspan="3">In adequate awareness about Common risk factors of Common Non Communicable Diseases.</td><td>Regular Mass media education</td><td></td></tr>
<tr><td rowspan="3">Group</td><td>Community</td></tr>
<tr><td>School</td></tr>
<tr><td>Working places</td></tr>
<tr><td rowspan="2">Individual</td><td>Household</td></tr>
<tr><td>Clinics</td></tr>
<tr><td>Lack of continuous regular education programs.</td><td>Developing relevant health education materials</td><td>Periodically</td></tr>
</table>

		Especially no proper mass media education		
		Lack of Implementation of existing circulars, laws and legislation	Ensure the multisector Involvement	Co-ordination at Divisional, District and Provincial level
		Inadequate and not well coordinated services for early identification of risk factors	Individual	Household/Community
				Schools
				Working places
		Lack/inadequate facilities to treat the common known NCD risk factors	Primary care centers should be provided facilities and resources to handle the NCD risk factors	Counsellors, Social workers and equipment

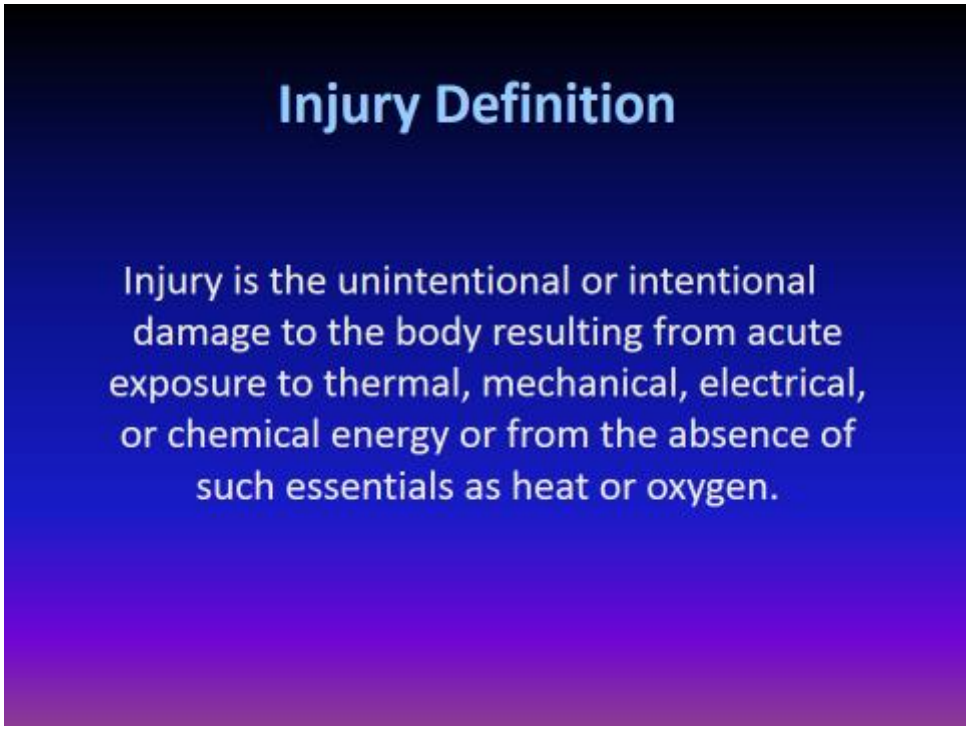
		Lack of Surveillance for common known NCD risk Factors	Developing common clinic record in line with the record prepared by the NCD unit of Ministry of Health Sri Lanka and Primary care record. Using these documents and develop electronic information system at	MOHH, Primary, Divisional and Tertiary hospital.
		Non availability of proper Research activity	Establish the research units and research committees	Provincial level research committee
				Research unit at Provincial Ministry of Health and University of Jaffna
	Secondary prevention	In adequate awareness about importance of early detection, getting proper regular treatment	Mass media	Health education unit in Province, including all the health education officers with the MO NCDs and field experts in the region
			Group	Community
				School
				Working places
			Individual	Household
				Clinics
		Inadequate and not well coordinated screening programme	Screening the Community	Maintain a single health records. Maintain electronic health information system at MOHs level. Regular

			Screening in the office	feedback about the importance of the screening. Regular evaluation of the programme at divisional, District and Provincial level.
		Inadequate and not well targeted early detection of cases	Early detection in the community	All the detected cases must be ensured that they are treated appropriately.
			Early detection in the OPDs and Wards of Govt & Private heal care institutions	Whenever, where ever patients having contact with the health system, must be screened for possible NCDs and integrate in the routine management
		In adequate quality and availability of treatment facilities	Ensure the minimum Standard of care	State and private institutions
			Develop properly coordinated care path way to ensure the continuity of care	Referral and back referral at primary, secondary and tertiary level. All the private clinics and private hospital should be inco-operated and ensure them to work with the relevant state institutions in the region. Ensure the shared health services and avoid the duplication.
				Referral and back referral at state and private institutions

				Referral and back referral between the western practitioners and other practitioners.
			Implement the cost effective care services and ensure regular supply of drugs and medical supplies.	Regular hospital level drugs and medical supplies meetings and involve regular monthly self-review meetings. Share the findings at Distric and Provincial level
			Improve the Surveillance and regular clinical audits to improve the quality of services	Implement the evidence based clinical practices. Adopt the acceptable treatment guidelines which is agreed by the experts in the field and develop the quality outcome indicators. Organise hospital based clinical audits according to the identified indicators
			Properly co-ordinated Research to develop local evidence	
	Tertiary prevention	Lack of rehabilitation services in state and private sector	Developing Institutional based rehabilitation services	Initially with support of other organazations start to provide services, training the staffs, ensure the quality of care by providing technical support and monitoring and

				evaluation
			Developing community based rehabilitation services	Developing home care services with the support of local communities and volunteers
		Non availability of palliative care services	Developing outpatient and hospice based Palliative care services with more emphasise in home based care	All the provincial health and health related staffs about the palliative care for all NCDs. Providing basic palliative care at all level of institutions.
				All the institutional care services must be supported and backed by the home care services

Annex 12. 5: Accidents and Death Prevention Due to Injury



- Injuries are a leading cause of death, hospitalization and disability throughout the world accounting for 9% of all deaths and 16% of the burden of disability annually (World Health Report, 2006).
- They are also a major public health problem in the South East Asia Region (SEAR) including Sri Lanka.
- Injuries ranked 5th among all causes of death in the Region and was more prominent in the 15-44 years age group (World Health statistics, 2007)

- More than 90% of injury-related deaths occur in low and middle income countries where unsafe conditions of
  - living,
  - working and
  - travel
- greatly increase the risk and where
  - prevention efforts,
  - access to high-quality treatment and
  - rehabilitation services are usually lacking

Situation in Sri Lanka

- In 2007, there were 669,052 admissions (proportionate morbidity 16.1%) and 1389 deaths (proportionate mortality 4.0%) in the government hospitals due to traumatic injuries

Inward admissions with injury in 2013 at TH Jaffna

- In 2013 there were 17,817 admissions (with a proportionate morbidity of 14.37%) and 47 deaths (with a proportionate mortality of 5.2%) due to traumatic injuries

RTA in Northern province

- According to Sri Lanka Police
- In Northern Province during 2012 there were 131 deaths due to RTA and in 2013 it was raised to 149 (14% Increase)

Scope of the current work

- **Primodial & primary Prevention-**
  - Prevention or reduction in the exposure to risk & prevention of injuries from occurring, through the adoption of safer behaviours and safer environments

Secondary prevention -

- In the event of an injury, reductions in the severity of injury and its impact e.g. early diagnosis and appropriate management of an injury by applying
  - basic first aid at the scene of an incident and
  - early transport to hospital in an ambulance with facilities to stop an injury from having more serious consequences

Tertiary prevention -

- Reductions in the consequences of injury through post-event care (e.g. emergency care, essential trauma care, physical and psychological rehabilitation)- involves preventing further complications in the form of more severe injury, disability or death

Policy objectives

1. Reduction of injury morbidity (due to traumatic injury, poisoning and burns) from its present level by 25% during the period 2014-2023

2. Reduction of mortality for the same conditions from its present level by 30% at the end of the same period

The guiding principles underlying the policy

- **Protection of the right to health**
- **Equity and social justice**
- **Community empowerment and participation**
- **Affordability and sustainability to individuals and community**
- **Evidence-based interventions covering the entire continuum of care**

The guiding principles underlying the policy..

- Addressing primary health care needs, particularly of the poor and the marginalized sections of the society.
- Multidisciplinary and multi-sectoral approaches
- Culturally sensitive strategies
- Consideration of ethical aspects in interventions
- Attitudes of care givers in being more responsive in providing individual care

- Identified Problems/Needs and suggested solutions

1. Lack of Coordination & poor advocacy for injury prevention and management within the health sector and other agencies

- Suggestions
  - Establish provincial committee for injury prevention and need to strengthen it. It need to represented by
    - Health, -Transport,
    - Highways and Roads Development ,
    - Department of Motor Traffic,
    - National Transport Commission, -Police,
    - Labour, - Education,
    - Justice, -Local Governments,
    - Social Services, -Media Ministry,
    - Insurance Board -Private bus associations
  - A focal point need to designated in each sector to address and coordinate issues relevant to injury prevention & management.

1. Lack of Coordination & poor advocacy for injury prevention and management within the health sector and other agencies

- Advocacy for inclusion of health / injury prevention & management in other sector policies
- Appropriate Implementation and enforcement mechanisms need to be identified for standards, regulations code of practices & Guidelines
- Establishment of Provincial Authority for Injury Prevention & Management

2. Lack of population wide effective & evidence based injury prevention interventions

- **Suggestions**
  - Making public awareness as a whole
    - Provincial road safety weeks- twice a year
    - Empowering social groups like school health clubs, mothers clubs, community centers etc. for raising awareness on injury prevention
    - Mass media awareness on culturally acceptable & evidence based norms to reduce the average risk such as
      - » Proper Helmet Usage
      - » Seat belt
      - » Speed control
      - » Mobile phone usage during driving
      - » Vehicle lighting (Bicycle)
      - » Responsible ownership of domestic animals

- School /Educational curriculum need to incorporate more inputs on
  - Targeting since Primary school/ Preschool children
  - Injury prevention/ safe road usage/safe occupational practices
  - First aid training (for all students in secondary grades and above)
- Swimming facilities for school students
- Public Awareness on
  - Home accidents among children & elders
  - Burns- Kerosene oil Lamps/ illicit electricity connections
  - Sports injuries
- Establishing life safeguards in popular beaches

3. Lack of organization capacity to improve pre hospital and institutional care for emergency and Rehabilitation

- Suggestions
  - Appropriate pre hospital care
    - Establishing formal emergency ambulance service by dividing the province into specific zones
    - Improve informal system for emergency service by other organizations like St. Johns ambulance, SLRC
    - Appropriate training for first line staffs in pre hospital emergency services
  - Basic emergency care facilities should be available at primary care institutions

3. Lack of organization capacity to improve pre hospital and institutional care for emergency and Rehabilitation.....

- Establish well coordinated stratified and cost effective Accident & Emergency care service in all Base & General hospitals by upgrading or establishing Accident & Emergency Departments with a health system approach for timely access to integrated care in all emergencies (Medical & Surgical) to prevent death & disability
  - Establish a provincial wide network of Accident & Emergency units
  - They should practice evidence based medicine and promote audit and research
  - Capacity building of Accidents & Emergency staff
  - Establishment of effective management of information system

3. Lack of organization capacity to improve pre hospital and institutional care for emergency and Rehabilitation……

- Establishing Provincial Trauma Secretariat
- Need appropriate rehabilitation care and integrated services should be available at primary, secondary and tertiary level health institutions
- Need appropriate rehabilitation care and integrated services in the community
- Establishment of Regional Rehabilitation Centers in each districts

4. Existing data source provide underestimation of the extent of injuries

- Suggestions
  - Establish provincial injury surveillance system to generate information on
    - epidemiology,
    - risk factors,
    - economic impact and
    - available services
  - Annual report on injury information & it need to be disseminated in a timely manner.

5. Lack of Monitoring and evaluation of ongoing injury prevention activities

- Suggestions
  - Provincial Injury Prevention & Management Steering Committee Should be established to coordinate and review the implementation of this policy and ongoing injury prevention activities along with coordinating bodies at district levels

6. Unavailability of Disaster management plan in the health institutions

- Suggestions
  - Need to develop mass causality management plan for each health institutions
  - Evacuation plan for more than a double story buildings
  - Promote & strengthen capacities of health institutions to cope disasters

Annex 12. 6: Nutrition

Strategic Plan – Northern Province- Nutritional ProblemsDRAFT

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
A.	**Lack of Scientific study for prevalence of malnutrition and Anaemia** *Though the monthly returns, Nutritional month data from PHM and PHI available, the need of a fresh comprehensive study cannot be excluded*	1. Conduct an analysis from available data in all PHM Level	• Appoint a specialist committee • Analyse the available data as a whole for NP • come out with their findings	•	•
		2. Conduct real time comprehensive survey in sample population or entire population for specific groups	• Appoint a Specialist lead committee with other needed staff and Medical Students as Field surveyors • Conduct the Research • Publish the Report • Work plan from the findings arise from the research		• follow up with the target group for the results of nutrition programme
B.	**High Prevalence of Severe Accurate Malnutrition (SAM) and severe Accurate Malnutrition (MAM) among Infants**	1. Promote Exclusive breast feeding	• Reinforce currently available FHB Programmes	• Train PHM / Refreshment Training • Train Nurses working in Maternity and Paediatric Units	• Establish Lactation Management Units in all Health institutes • Breast Feeding Corner in all public Institutions
		2. Encourage proper weaning practices	• Reinforce currently available FHB programmes	• find local practices and malpractices • Redesign weaning advice for local need	• Monitor & Evaluate Progress

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
				and local Practices • Train PHM	
		3. Discourage Formulas and artificial weaning products	• Ban all advertisements of Milk foods and weaning / infant foods • Advertise against using infant milk foods and foods	• add more tax on these items	• Make them as prescription only items
		4. Identify SAM and MAM patients	• Screening as usual in WBC	• Continuous Monitoring	• incorporate as routine programme
		5. Treat SAM & MAM	• continue available Programmes	• device appropriate supplementary foods from local products • locally start manufacturing supplementary foods • Free and low price issue of supplementary feeds • Rehabilitation Homes for SAM babies as day care centres	•

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
C.	**High Prevalence of SAM and MAM among Young Children, Adolescents and Pregnant Mothers**	1. Identify SAM and MAM patients	• by screening in WBC, Pre Schools and Schools	• Continuous Monitoring of specific age groups	• incorporate as routine programme
		2. Treat SAM & MAM	• continue available Programmes • Coordinate with team focusing on Control of CD	• device appropriate supplementary foods from local products • locally start manufacturing supplementary foods • Free and low price issue of supplementary feeds • Rehabilitation Homes for SAM babies as day care centres	•
		3. Identify specific food habits in different regions	• field study	• analyse nutritious value of each preparations • adopt and encourage / introduce better recipes • discourage mal practices in cooking	• encourage new recipes
		4. Routine Screening in Preconception Clinics	• Arrange to start / Regularise Preconception clinics for all newly married mothers	•	•

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
D.	**High Prevalence of Anaemia among Paediatric Population, Adolescents and Pregnant Mothers**	1. Identification of Anaemic patients	• Screening Programmes in Schools • Screening Programmes in WBC, WWC, ANC • Screening Programmes in Medical Check-ups • Find reason for Anaemia by BP / Iron Study • conduct a Study to find Helminthic infestation pattern in our region	• survey for prevalence of hereditary diseases such as Thalassemia • continue screenings as routine for all target groups	• continue screenings as routine for all target groups
		2. Treat identified Patients	• For severe Anaemia treat in hospitals • supervised drug treatment for moderately anaemic by PHM, PHI, Teachers and Volunteers	• follow up treated patients	•
		3. Food Diversity (Encourage intake of leafy vegetables, etc.)	• Advertisements for awareness • School and institutional level	• encourage home gardening for leafy vegetables	•

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
			awareness programmes • add leafy vegetable in School Mid-day meal programmes		
		4. Advice for proper cooking methods	• Media advertisements • Training PHM for doing Awareness programmes among Mothers and Cooks	• Reassess cooking practices periodically	•
E.	**High BMI / Obesity among Adolescents and Pregnant Mothers**	1. Screening in Schools, ANC	• Train Teachers • Screening in SMI • Screening in WWC • Screening in Institutions	• Regular Screening • Healthy life Centres to all • Lab facilities for Thyroid profile •	• Radiologist Assistance to screen case specific patients
		2. Identify Reasons and eliminate	• assess eating habits • exclude pathology such as for Hypothyroidism/Polycystic Ovarian Disease / Dyslipidaemias / Etc •	• reduce fast food market • reduce sugar intake by advocacy • strictly implement proper school canteen policy	•
		3. treat Patients	• Drug Treatment • Change bad food habits	•	•

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
		4. EncouragePhysical Activities / Exercise	• Advocacy • compulsory sports activities in schools • Encourage Cycling and walking	• Gym Facilities in Institutions	• Community Gym Clubs for male and female
F.	**Nutrition for Special needs**	1. make available of special diets	• encourage marketing of special need food • Advocacy to promote special food use	• Encourage food stalls to sell these special diets or to establish designated food stalls	•
G.	**Absent or poor knowledge on nutrition**	1. assess nutritional value of locally available food items	• advocacy for balanced diets • advocacy for healthy cooking methods • cooking competition for nutritious recipes • Discourage bad cooking habits	• Establish food analysis lab in the Province • Asses nutrition value of food items locally availabele • Assess nutrition value of different recipes • introduce new recipes • Train People involved in cooking	•
		2. change in Agriculture practices	• Coordinate with Faculty of Agriculture and other Institutions • Introduce nutritious vegetables in	• introduce Organic Farming • Advocacy to promote market for organic farming products • Encourage Home	• Reduce Chemical subsidiaries in Agriculture • encourage Organic Farming •

	Problems / Needs	Solution	Suggested Projects		
			Immediate (1Year)	**Midterm (2-3years)**	**Long term(>3years)**
			Farming •	Gardening • Special Stalls for organic products in each markets	
H.	**Lack of District and Provincial level Nutrition Coordinating committee**	1. formation of multi sectoral nutrition committees	• RDHS to Coordinate with GAA of all Districts		
		2. coordinated Poverty Alleviation Programmes	• Identified Malnourished due to poverty has to be referred for these programmes		
I.	**lack of our own reference values for Ht, Wt, Hb%, etc**	Sscientific study	Design a study	Conduct they survey and reach find the reference values	

Annex 12. 7: Maternal and Child Health

Strategic Plan – Maternal and Child

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
1.	**Promote health of women and their partners to enter pregnancy in optimal health, and to maintain it throughout the life.**	1. Ensure that women of childbearing age and their partners receive a comprehensive package of pre-conception care	•Training of Staff •Arrange pre conception classes to couples	•Co-ordinate with Registrars of Marriage	•Legislate pre counselling of couples is essential before marriage •Appoint a person specially trained in nutrition for each MOH area.
		2. Address specific reproductive health issues of women and their partners throughout the life course.	•Forming a reproductive health issue module for trainers •Training the trainers (health staff, school/tuition teachers and principals, school health clubs) •Extending the scope of "el;Gepiyak"; to cater the demands of issues of adolescents and needy couples.	•Adolenscent& Pre-pregnancy clinics in all District General , Base and divisional hospitals. •Targeting School children and school leavers for the promotion of knowledge regarding sexual health, teenage pregnancy prevention, preventing sexually transmitted diseases •	•Establishing help points/ persons contactable over 24 hours to those are in need •Including in school curriculum •Adolenscent& Pre-pregnancy clinics in all small hospitals, MOH clinics, PHM clinics, school clinics, children homes, etc. •
		3. Address the reproductive health issues of women with special needs	•Training of staff •All the female children with medical disorders	•Arrange multidisciplinary teams (WDO, PO, CRPO, Counsellors,	•Upgrading the sub speciality services Eg. Cardio thoracic surgery,

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			that are contraindicated to carry a pregnancy should be detected at Adolescent clinics/SMI referred to a VOG as early as possible to counsel and discuss about contraception (to Family Planning Clinic) • A protocol should be formed to care unwanted and unplanned pregnancies • A protocol to prevent and manage teenage pregnancies • Guidelines and actions to prevent unsafe abortions by health educating people, abortionist and strictly implement the legal procedures against abortionists. • Promote the people who had abortions to come for hospital care as soon as possible	SSO) at divisional level, who should be available all the time. • Tele conference with experts to get specific advises • Establishing Safe homes in each districts • Preventing recurrences by counselling proper contraception methods • Expanding GBV clinics and services to other level of hospitals and field	Renal transplant. • Establishing rehabilitation centres and occupational therapy • Establishing and Upgrading the facilities in Children homes •

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			through media and PHM. •Sexually transmitted disease screening •Maintaining confidentiality •Psychological supports and treatment •GBV clinics in all district general hospitals		
		4. Integrate relevant STD and HIV/AIDS services to MCH programme.	•Ensure all mothers should undergone VDRL test and HIV test with consent. •Provide facilities to test HIV, Hepatitis B checking for those who want it.	•Establish / Improve STD clinics in all 5 districts •Screen donors of sperm banks (and blood banks)	•Include HIV/AIDS investigation as compulsory during pregnancy
		5. Strengthen partnership with other stakeholders who provide care for women	•Meetings in between functioning NGOO in Northern province and MOHH	•Special programmes to promote women's preconception care, abortion prevention care, medical disorders.	•Maintain a Pre conception record for all women in child bearing age group
2.	**Ensure a safe outcome for both mother and newborn through provision of quality care during pregnancy, delivery and postpartum**	1. Ensure quality maternal care (antenatal, intra-natal and postpartum) through appropriate systems and mechanisms in field and institutional settings.	•Increase the cardre - Minimum 2 MOO at Peripheral hospitals •Carrier guidance - School leavers after A/L to promote to	•Infrastructure development - Develop the facilities in the labour rooms, Increase the number of CTG machines and establish	•Infrastructure development(Isolated labour rooms with adequate monitoring facilities and dedicated obstetric theatre

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
	period		become nursing, midwifery, MLT, Radiographers, physiotherapists, nutritionist • Increase the number of PHMM by recruiting in all streams - advanced level. • Also ensure at least one mobile scanners with colour Doppler facilities available for each district • System to ensure that every mother should be seen at least once by a VOG during her pregnancy period • Promote Hospital delivery • Ensure the availability of essential drugs and antibiotics • Prepare Proformas and implement the national guidelines for obstetric and neonatal care • Implement a Common Antenatal care plan in	dedicated post natal clinics. • Ensure proper specialist units at least in all base hospitals • Establish comprehensive antenatal care with multi disciplinary approach. (Anaesthetic alert, Paediatric alert, Haematologist alert) • Establish a system to assess the risk and management for thromboembolism. • To make necessary arrangements for the exiting VOGs to do outreach clinics in areas where the mothers have difficulty to reach VOG stations – if MOO shortage, recruiting pre-intern doctors to help consultants to conduct these clinics • Ensure all specialist units have at least one dedicated ultrasound with Doppler facilities	attached to the labour room) • Increasing facilities to attract consultants coming and working in these hospitals– specified consultant quarters, laparoscopies, hysteroscopiesetc • Establish ICUs in all base hospitals • Improve the blood bank facilities according to the level of the hospitals. • Adequate ambulance facilities • Arrange skill laboratories at regional/district levels with manikins, models, flow charts etc. to improve and implement the new trends in EMOC. • Establish Joint clinics with relevant specialists. • Establish a dedicated Maternity Hospital for the northern

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			all 5 districts including Teaching hospital with regular forums and updates • Improve the basic investigation facilities in all divisional hospitals and above • Use the new partogram appears in national guideline • Postnatal/ post operative monitoring using MEOWs charts • Start the process of allowing female labour companions in all labour wards in Northern province. • Continuous medical education (EMOC) &Training of PHM and Nurses and doctors. • ENTONOX for pain relieve (guideline available) • Ensure the Post partum visits • Weight measurement at D5	• Develop regional blood bank with all facilities to have all types bloods and blood products available, Kilinochchi may be a better place and centre for the province • Develop regional laboratory with all the facilities, including microbiology, STD/ HIV testings and develop blood collecting centres in all divisional hospital onwards • Create network systems among regional laboratory/ blood banks so that the reports are available in all base/ divisional hospitals without delay. As well as the missing reports can be minimised • Develop audio visual health education materials in Tamil – Labour management, Retained placenta, PPH, Eclampsia, CTG training	region.(Kilinochchi) •

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			• Provide weighing scales to all midwives • Use all non consultantbase, divisional hospitals as lying homes, with ambulance ready to transfer to needed place whenever needed to minimising the workload, overcrowding in teaching, district general hospitals. • Develop strategies to reduce the caesarean section rates • Ensure that the Private Hospitals, Labour rooms, theatres and Laboratories are following the national standards and ensure regular monitoring.	and online training. • Training the consultants (if needed) SHOO, MOO, in mastering Doppler, growth scanning facilities • Increase the detection of growth restricted fetuses during antenatal periods; all base hospitals and selected divisional hospitals should have ultrasound scanner with Doppler facilities.	
		2. Maintain optimal nutritional status of pregnant and post partum women.	• Provide Information regarding diet, anaemia using locally available food items • Train FHOs by dieticians/ nutritionist	• Health education by FHOO, Dietician in antenatal clinics, parent craft programmes and addressing questions etc. • Create audio visuals	• Each anaemic, malnourished, Low or High BMI, DM/GDM ladies should be assessed and advised by nutritionist/ Dietician

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			• Carrier guidance - Promote school leavers to become Nutritionists/ Dietician • Regular nutritional awareness programmes at Provincial level • Ensure the adequate supply of Micronutrients and vitamins.	regarding proper nutritional practice.	as individual basis in adolescent clinics, prepregnancy clinics and joint multidisciplinary antenatal, postnatal clinics • Involving endocrinologists in management endocrine disorders in pregnancy • Continue research and audit regarding malnutrition and anaemia.
		3. Ensure availability and accessibility of Emergency Obstetric Care facilities and an appropriate referral system	• Establish a rapid communication system • Regular mandatory training/drills (every 6 months) field and hospital staff private hospital staff Emergency obstetric and neonatal care. • Training those staff in correct and effective communication during emergency • All need to be given a certificate at the end of	• Training to ambulance drivers/ having a special team to go in ambulance in case when transferring/ going to pick up a case of emergency • Establish an information centre with hotline to deal with emergencies and other complaints. • Ensure the equipments, facilities are available in the relevant hospitals • Establish the system of	• For Home deliveries establish a team with ambulance, doctor and a PHM as in UK.

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			the training • Establish / use the existing facilities for home deliveries or mothers who need emergency care. • Prepare a list of equipments and facilities, staff cardre that should be available in divisional hospitals, base hospitals, district general hospitals for emergency obstetric and neonatal care • Creating uniform patient education leaflets regarding dangerous pregnancy conditions, postpartum and neonatal periods- may be put together in a file cover that patient used to carry with their antenatal record. • Creating Audio-videos explaining those features and can regularly displayed at antenatal, poly clinics,	risk management centre to report the emergencies and near misses and conduct confidential inquiries, analyse, deal with it and to give a report of such cases for others to study and improve their care as well. • Establish blood bank facilities in needed places • Establishing a mobile centre with skill laboratories with all the training manikins, courses and facilities.	

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			parent craft programmes • Creating a system of communication – patients to nearby hospitals in case of suspected emergencies. • Till facilities established in hospitals, to have more co- ordinated ambulance facilities available to take the patients to proper places (Eg: 110 in RDHS Jaffna) • Ensure blood storing facilities are available in all the needed hospitals.		
		4. Enhance maternal and newborn services for vulnerable families and in emergency situation	• Establish a team to act in emergency situations	• Co –ordinate with Disaster management unit and emphasise the importance of Maternal and Child health during emergency situations	• To co-ordinate with the Disaster management team attached to DS office to analyse and formulate an action plan in case of emergencies.
		5. Strengthen the surveillance system for maternal morbidity and mortality	• Conduct the maternal mortality investigations and meetings in proper manner. • To go with and make	• Conducting monthly maternal morbidity meeting at institutional level. • Framework to participate	

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			sure maximum number of relevant staff participates in the confidential inquires into maternal deaths as well as other meeting in FHB/other places.	in national maternal morbidity and mortality meetings via teleconferencing. • Establish morbidity mapping at MOH level.	
3.	**Ensure reduction of perinatal and neonatal morbidity and mortality through provision of quality care**	1. Institute evidence-based practices in newborn care in field and institutional settings	• Training of staff (ENCC) • To make the relevant guidelines are available in all hospitals (antenatal – DM/IUGR,PPROM, intrapartum - monitoring, neonatal) • If needed new guidelines should be made with the help from experts. • Prepare Proformas and implement the national guidelines for newborn care	• Regular classes, etc to teach the guidelines to the staff/ doctors	• Regular audit on the evidence based practices
		2. Ensure availability and accessibility to basic and advanced newborn care facilities	• Training of staff (NLS, ENCC & Advanced NC) • APLS training to PHM and Nurses	• Establish SCBU facilities in all Base Hospitals • Establish NICU at the DGH	• Establish a regional level 3 newborn intensive care unit. • Establish neonatal retrieval system for

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			• Compulsory training for staff in labour room every 6months		transfer of newborn between institution with the well trained staffs.
		3. Protect, promote and support breastfeeding practices with special emphasis in delivery settings	• Practicing the Mother accompanied by a female at labour room to establish Breast feeding as soon as possible	• Establish Lactation Management Centres at all base and DGHs Mother Baby Units should be established at the DGHs •	•
		4. Strengthen the surveillance for perinatal and neonatal morbidity and mortality	• Conduct perinatal mortality meetings regularly •	• Getting experts view during those meeting using video conferences/ Skype conferences • Periodically send/ publish the lessons learned to other institutions • To establish a centre dedicated for the surveillance for perinatal and neonatal morbidity and mortality and co-ordination.	•
4.	**Enable all children under five years of age to survive and reach their full potential for growth and development through provision of**	1. Ensure the provision of quality child care services at both field and institutional settings	• Adequate number of Staff • Implement the relevant national protocols and guidelines in child health	• Supply necessary equipments and other supplies to all institution caring children	•

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
	optimal care		•Training		
		2. Maintain optimal nutritional status by implementing evidence based interventions; specifically ensuring exclusive breastfeeding for 6 completed months, followed by appropriate complementary feeding together with continuation of breastfeeding for two years and beyond, regular growth monitoring and promotion.	•Repeated health education to mothers regarding the importance of BF •Implement IYCF practices and regular monitoring •Conduct baby friendly hospital initiative workshops	•Special programmes to discourage formula feeding and related advertisements •Take initiative to form BFHI hospitals	•Recognise BFHI hospitals.
		3. Ensure evidence-based practices in the management of childhood illnesses	•Appoint Paediatricians to BH hospitals •Training of MOO	•High quality paediatric wards at the BH & GH •Regular audits	•
		4. Strengthen the surveillance system on childhood morbidity and mortality	•Collection of Data regarding Childhood Morbidity and Mortality at each MOH level	•Establish a system to evaluate each and every child death.	•e-IMMR at Paediatric wards and monthly audit.
		5. Optimize psychosocial development	•Implement ECCD •	•Develop ECCD materials	•Audit and revamp the ECCD
		6. Ensure age appropriate immunization	•Adequate staff •WEBIIS (Data entry	•WEBIIS	•WEBIIS

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
			started at MOH level)		
		7. Ensure optimal oral health	• Appoint SDTs • Ensure Dental care at Preschool level • Tooth Brushing programmes	• Special programmes to pre schools	• Establish Oral Health Units at each schools or at least to cover 2-3 schools
		8. Ensure adequate childcare services including nutrition during emergency situations	• Co ordinate with disaster management unit	• Co ordinate with disaster management unit	• Co ordinate with disaster management unit • Manage families with pregnant mothers and children in different location.
5.	**Ensure that children aged 5 to 9 years and adolescent realize their full potential in growth and development in a conducive and resourceful physical and psychosocial environment**	1. Strengthen partnerships between Ministries of Health and Education, other relevant stakeholders and communities for the implementation of a comprehensive child and adolescent health programme in school and community settings	• Prepare a Formula at Provincial level regarding What to tell in medias • Improve the activities of School Health Clubs	• Work out on health talk package	• Make the education sector responsible for the health activities in school and health department as technical help only.
		2. Implement need based health education focusing on skill development	• Train health & education officers in life skill development	• Programme for school children on life skill development	• Audit

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
		3. Promote nutrition and healthy lifestyles among children and adolescents	• Health Education • School canteen policy • Road safety • Health education regarding narcotics and smoking	• Health Education	• Health Education
		4. Ensure access to child and adolescent friendly health services, including oral health services and counselling	• Regular screening of children by School Dental Therapists/ Dental Surgeon • Counselling to needy children	• Improve the system of children being seen by Dental Surgeons	• Screen all school children by a psychosocial work team.
		5. Empower children and adolescents to make informed choices regarding their sexual and reproductive health issues	• Train the Science teachers or School health club teachers •	• Friendly, functioning Adolescent Clinics at MOH level	• Create a web site with all the relevant information of sexual and reproductive health issues.
		6. Empower parents, guardians and teachers in caring for children and adolescents.	• Addressing the issues related to Child abuse • Child protection mechanisms should be strengthened such as legal system. • Social worker & social service department should be involved • Training courses on child abuse to be conducted	• Career guidance • Conducting Multi Disciplinary Team clinics (already being conducted in Kilinichchi)	• Establish and attach offices of Child Protection Authority with each MOH offices.

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
6.	**Enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of the society**	1. Integrate an appropriate program to address the health needs of children with special needs into the existing child health program	• Strengthen the services at School for special need children • Avoid educate the special need children with normal children	• Appoint OT.PT, SLT at all DGH	• In long term at least one regional rehabilitation hospital to be established
		2. Strengthen the inter-sectoral collaboration among key stakeholders providing care for children with special needs	• Adopt the policy on early childhood care and development practise • Train PHC workers on ECCD	• Conducting Multi Disciplinary Team clinics (already being conducted in Kilinichchi)	• Special class rooms with dedicated, trained teachers to teach and care the children with special needs at EACH school.
7.	**Enable all couples to have a desired number of children with optimal spacing whilst preventing unintended pregnancies.**	1. Ensure the availability and accessibility to quality modern family planning services	• Ensure the availability of Family planning services according to national policy.	• Family planning services according to the national policy	• Family planning services according to the national policy
		2. Address the unmet need for contraception	• Educate the couples regarding the unwanted/unplanned pregnancies.	•	•
		3. Ensure availability of sterilization services in institutions	• Ensure the needy mothers get proper Sterilization services in institutions	• Establish an organisation that is dedicated to give family planning, sub fertility services, and solving reproductive health issues in North	• Ensure laparoscopic sterilisation facilities in all the DGH/ BH hospitals

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
		4. Establish an appropriate system for post –abortion care	• Create post abortion care package (RCOG Post Abortion Care package)	• Training programmes	• Training programmes
		5. Strengthen, rationalize and streamline services for sub-fertile couples	• Creating the awareness and the available treatment facilities to subfertile couples, FHO, MOH, Volunteers (can use the FPA programme) • Also promoting the couple to seek early investigations and treatment depends on the risk factors • Sperm Bank Facility (Kilinochchi)	• All district general hospitals to have dedicated sub fertility clinics, basic investigation facilities and processed IUI facilities. • Provide laparoscopy facilities, HSG facilities in all District General hospital/ base hospitals-specialist units	• Establish the regional IVF centre (fertility) for Nothern province, may be even in a private sector
8.	**Ensure that National, Provincial, District and Divisional level managers are responsive an accountable for provision of high quality Maternal and Child Health services.**	1. Ensure accountability and committed leadership to provide quality MCH services	• Conduct Clinical Audit regularly		
		2. Strengthen institutional capacity at national, provincial, district and divisional levels to deliver quality MCH services			
		3. Ensure the availability of adequate resources and equitable distribution for	• Make a list of equipments needed at	• Get those equipments via multiple approaches, ministry of health	

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
		quality MCH services	each levels • Prioritise the hospitals needing those equipments • Prioritise the hospitals needing upgrading maternity wards, labour wards, theatres, SCBU, etc • Make a time frame to issue them to each hospitals • Arranging a rota to get outreach consultant led clinics in peripheral hospitals	(province, central, FHB, NGOs, donors etc.) • To equip the hospitals according to the prioritisation • Implement the upgrading, renovating etc according to the prioritisation • Make all the necessary arrangements, equipments, test facilities for the consultants to go and conduct clinics in peripheral hospitals and promote it by various means.	
		4. Ensure adherence to national policies, guidelines and practices to improve systems and services at all levels	• Make sure all the VOGs, MOIC, MOHH, MOMCH maternity &paediatric wards get the hardcopy of relevant guidelines. • Ensure all policies released by FHB are also available torelevant staff.	• To produce profomas/ flow charts and get adequate prints/ photocopies to supply to all the hospitals • To ensure the newly appointed doctors, staff are educatedregarding these in orientation programmes • Promote/ praise those who follows the	

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
				guidelines and policies via prize giving/ issuing certificates	
		5. Ensure collaboration and partnership with professional bodies and relevant stakeholders			
9.	**Ensure effective monitoring and evaluation of maternal and child health programme that would generate quality information to support decision making**	1. Strengthen the Health Management Information System on MCH/FP		• Appoint a person/ committee (clinical governance) to evaluate and to make suggestions regarding the practises, after auditing • Establish clinical audit department, risk management systems, quality assuring systems, patient liaison services in each base, district general hospitals	
		2. Reinforce planning, monitoring and evaluation of MCH programme			
		3. Establish a network for MCH information sharing among relevant stakeholders			
10.	**Ensure sustainable conducive behaviours**	1. Strengthen BCC interventions to improve	• BCC at each level		

	Problems / Needs (GOALS)	Solution	Suggested Projects		
			Immediate (1Year)	Midterm(2-3years)	Long term(>3years)
	among individuals, families and communities to promote Maternal and Child Health	the MCH programme			
		2. Promote mass media support for Maternal and Child Health	• Use local newspapers to disseminate important health messages regarding MCH		
		3. Foster community empowerment and mobilization to sustain conductive behaviours in support of MCH			
		4. Develop appropriate mechanisms for inter-sectoral co-ordination at all levels to strengthen BCC interventions in MCH.			

Last edited: 23.02.2014, 11pm

Annex 12. 8: Mental Health

Preamble

The mental health services in Sri Lanka is committed to providing effective and efficient community based services to the people of Sri Lanka. There has been a significant shift from centralized medical model to a more decentralized psychosocial model especially after the 2004 Asian Tsunami.

The national mental health policy of 2005 was landmark document that provided impetus for developing and delivering wide range of mental health services. National disability policy and the National alcohol policy add strength to mental health services by supporting development of relevant service components among others. Developments in the other sectors too focused attention to cross cutting issues such as child protection, intellectual disability.

These developments spurred interest to develop a mental health plan for the Northern Province. A plan to fast tract expansion of mental health services was felt as pertinent at this juncture for the following reasons.

- An understanding of the existing and emerging mental health issues in the province, especially in the post war environment.
- Considering the gaps in service provision both in quality and the range in relation to the mental health needs of the population.
- Considering the strengths and limitations of the existing resources in the field of mental health

The following principles underpin this provincial plan.

- Adherence to the national policies and guidelines
- Being community oriented
- Adopting the bio psycho social model
- Using multi disciplinary team approach
- Having multi sectoral collaboration, cross referrals and networking
- Focused on client centered, recovery oriented and right based approach

The prevalence and the nature of mental health issues and problems differ from district to district. Availability of human and material resources too would vary across the districts. The provincial mental health plan acknowledges the importance of empowering district mental health teams to identify priority areas in the districts and to address those within the broad framework of the provincial mental health plan.

The provincial mental health plan stresses the importance of incorporating mental health within the general health system. As such it is proposed that mental health aspects be considered in all health related activities.

The provincial mental health plan implies the importance of developing a system of duel responsibility, in which the administrative heads (PD, RDHS, MS) will take an ownership of the programmes and provide administrative leadership while the mental health team consisting of technical staff will take responsibility for technical competence and good clinical outcome.

The provincial mental health plan has been developed by a team of mental health professionals with input from the non-governmental sector. This plan will be revised at regular intervals through a broad collaborative approach.

1. Acute Unit

12.1 Preamble

Acute units function to provide care for the acutely ill who cannot be managed in the community and need care in an inpatient setting. The acute units will also function as a hub for providing mental health services for the district.

Plan

1. Each district should have at least one inpatient unit in the District General Hospital and/or Teaching Hospital.
2. These units will serve the catchment area and will not have more than 20 beds in any one ward.
3. Acute units are being considered as specialized units and as such, admissions to these wards only be made on the basis of an assessment by a Psychiatrist, Medical Officer (Psychiatry) or Medical Officer of Mental Health jointly with the nursing officer of the mental health unit.
4. Each ward shall have space for assessment and therapy and include facilities to manage people who are at significant risk to themselves and/or others. The seclusion area should have adequate ventilation, facilities for continuous observation and an attached wash room.
5. Accommodation for male and female patients will preferably be in separate wings of the same ward.
6. Space shall be made available to accommodate patients' families or bystanders. A separate Bed Head Ticket (BHT) needs to be issued to the bystanders, to provide food to them.
7. Patients should be allowed to have their visitors at their convenience during day time.

8. Ward admissions should be made according to the clear admission policy.

9. A multi disciplinary approach will be adopted in the treatment. Management options will include nursing care, medical treatment, psychotherapy, counselling, occupational therapy, relaxation and any other appropriate therapies.

10. Family members and care givers will be equipped with necessary skills and knowledge to play a pivotal role in the management.

11. ECT facilities need to be made available in the operating theatres of the hospitals.

12. The unit should be provided with direct telephone facilities in order to enable better communication between the acute unit and patients, relatives and other stake holders, and to improve networking.

13. Considering the nature of the illness and the duration of stay, it is important to provide basic essentials in the acute units.

14. Acute unit should have an affiliated occupational therapy unit which should be supported by a provision of Rs. 60,000/= per year for OT related materials and activities.

15. An acute unit, which usually functions as the main service providing center of the district, should have the following human resources.

Staff Position	**Optimum**	**Minimum**
Consultant Psychiatrists	2	1
Medical Officers	4	2
Nursing Officers	12	6
Clinical Psychologist	2	1
Occupational Therapists	2	1
Counsellors	4	2
Psychiatric Social Workers	3	2
Management Assistants	2	1
Minor/Support Staff (HSA)	24	12

2. Emergency Mental Health Services

Preamble

Emergency mental health services will be set up in order to respond to the mental health and psychiatric emergencies in the community. Conditions requiring crisis interventions may include, but not limited to, deliberate self harm, substance abuse, severe depression, violence or other forms of distressing behaviour. These services are provided by a multi disciplinary professional team.

Plan

1. Each district should have a 24 hour helpline service to support individuals and families in need.
2. Each district should have 24 hour assessment facilities preferably in the general hospital settings.
3. Emergency admission facilities should be available in acute units or in the medical units of the base or general hospitals on 24/7 basis.
4. Each district should establish a multi disciplinary crisis assessment and intervention team with communication and transport facilities, which can respond to emergencies in the community.

3. Follow-up Services

Preamble

It is important to provide regular follow up services to the clients with mental health problems. An outpatient visit to a mental health clinic is necessary to assess the progress and provide continuing care. It is important to have regular and timely reviews.

Plan

1. There should be a systematic approach in provision of follow up services in the community.
2. Follow up services should be set up based on geography, transport facilities and the population of an area.
3. The follow up clinics should not be over crowded. It is expected that one medical officer can see a maximum of 40 patients in a clinic session.
4. The follow up clinic team will consist of at least one medical officer, one nursing officer, one psychiatric social worker, one counsellor and psychiatric social assistants (PSAs) of the area.

5. A mechanism needs to be developed in order to monitor and actively follow up the clients who need additional input.
6. All the observations, findings, treatments and future management plans should be carefully documented.
7. The clinical information should be available in the clinic and with the patients.
8. There should be at least one community support officer (CSO) or psychiatric social assistant (PSA) appointed per a population of 10,000 or per one PHI range for community based follow up.
9. Since the community level mental health workers involve in follow up services and travel very long distances, they have to be recognized as field officers and should be provided transport facilities and appropriate travel allowances.
10. In each district, a multi disciplinary assertive follow up service shall be organized by the community psychiatric nurse (CPN). This team should be provided with transport facilities.

4. Rehabilitation Services

Preamble

Mental health rehabilitation services help in the process of restoration of functional abilities and well-being of an individual. Rehabilitation services should be provided by a multidisciplinary team including psychiatrists, social workers, psychologists, counsellor, occupational therapists and community support workers.

Rehabilitation services could be provided in a variety of settings and methods. These could be day based services, facilitating employment in supported work environment and improving the independent living skills in residential settings. Each district should work on their strengths and opportunities to meet the needs of the district. The following plan is mainly focussed on residential rehabilitation centres.

Plan

1. Minimum of one residential rehabilitation centre shall be established in each district.
2. It is important that it should be away from the hospital premises and located in the community.

3. A nursing officer should be appointed as an in-charge officer for this centre and medical services could be provided on a part time basis.
4. Minimum of six staff members (rehab workers / trained support staff) should be appointed for each centre.
5. The residential rehabilitation center should not be overcrowded. A center should accommodate a maximum of 12 clients at any point of time.
6. The unit should have an open door policy. Residents will be allowed to go outside for work and other reasons.
7. Supportive apprenticeship / job placement trainings to be provided to the patients.
8. The centre should provide homely environment to the patients.
9. A resident could stay in the rehab center for up to six months but never more than one year.
10. Income generated by the resident while in the rehab unit should belong to them.
11. The rehabilitation guideline, prepared by Volunteer Service Organization (VSO) and approved by the ministry of health will provide the basis for configuration of residential rehab services.

5. Supported Employment / Apprenticeship

Preamble

Persons recovering from severe mental disorders may have difficulties in enrolling and engaging in regular employment system. Therefore helping the mentally ill clients to learn vocational skills and gain working experience in supportive environments becomes part of the management. Having a part time or full time job or joining an apprenticeship will help them to boost their self esteem and independence. This will also help them to improve their socialization skills, have time out from their home environment and combat with their negative symptoms.

Plan

1. Each district mental health team should have a named officer vested with the responsibility of carrying out supported employment or apprenticeship programmes for the recovering clients.
2. Job opportunities and training facilities could be facilitated by interacting with various sectors and departments from the governmental and private sectors (example: social

services department, vocational training department, job bank, employment bureau, small industries, business communities, and other relevant authorities).

3. The programme will ensure that both employer and employee are supported for an adequate period of time for a successful outcome.

4. Wherever appropriate the mental health team should encourage community based organizations to set up small scale industries or businesses incorporating recovering clients or their immediate family members.

6. Long Term Community Care

Preamble

It is evident that a significant number of mentally ill persons need long term care in a supportive environment with appropriate supervision. With population aging and changes in the family structure due to war and other reasons, some of the basic needs of the long term mentally ill are not being met in the Northern Province. In this emerging reality it is essential to establish long term care units (long stay homes) for chronically ill and abandoned mentally ill clients.

Plan

1. District mental health team should do needs analysis to identify the residential and other needs of the long term mentally ill clients in their respective district of the province. This can be done at the follow-up clinics and /or in a community survey using community level mental health staff.

2. Each district should develop community based long term care units, based on the needs assessment with the support from civil society and other agencies.

3. Long term community care services should be a last resort. Living with the families and carers will be considered as the best option. Careful selection of clients for long term community care should be done by a professional committee based on clear provincial guideline.

4. Adequate care should be taken to establish these long stay facilities within the community and to accommodate not more than 10 clients in a long stay facility.

5. Efforts to be taken to minimize dependency and to maintain maximum independency and functional abilities of those clients who stay at the long stay facilities.

6. The provincial ministry / ministries will mobilize and formalize support to these institutions through the health and social service sectors in a private / civil society - public partnership.

7. The district mental health team has to train and monitor the staff of these long stay institutions for delivering optimum care.

7. Drug and Alcohol Services

Preamble

It is a sad reality that alcohol and substance abuse is escalating in all the districts post conflict. Alcohol and substance abuse play a crucial role in the aetiology and outcome of mental health issues in individuals and communities.

Plan

1. Each district shall have an alcohol rehabilitation centre which will help in the recovery of clients with alcohol dependence.
2. The centre will involve and coordinate the alcohol related community programmes in the respective districts.
3. The services will include individual, group and family based therapeutic interventions.
4. A nursing officer will be in-charge of the alcohol rehabilitation centre and a medical officer should provide services on a part time basis.
5. Minimum six supportive staff should be appointed to the center.
6. Detoxification component should be done in the medical ward settings.
7. Admission to these centers should be done on the basis of a clear policy.
8. MOHs with the help of PHIs shall take active steps in implementing the policies related to alcohol and smoking.
9. Since alcohol is a common problem, services should be made available at divisional hospital by trained doctors and other staff.
10. Considering the increasing number of clients with poly substance addiction, the province shall have one long stay addiction rehabilitation centre which provides residential services for up to six months.

8. Suicide and Deliberate Self Harm

Preamble

Suicide and DSH behaviours are complex issues influenced by psychological, social and economic factors. To be successful any suicide reduction programme need coordinated multi sectoral programme.

Plan

1. The health sector should develop a good system to collect accurate data on suicides and DSH behaviours with the help of hospitals and legal sector.
2. Depression, being a major contributor for suicide, shall be identified and treated early.
3. Adequate attention to be paid for risk assessment in all client- provider contacts.
4. Primary health workers should be trained in identifying the risk factors of suicide and address them appropriately.
5. Each suicide should be followed by a case conference with the participation of relevant stakeholders.
6. After a suicide, the community mental health team should make sure the family members are adequately supported.
7. At a provincial level, a media policy needs to be developed on reporting and educating on suicide and DSH, in collaboration with media personnel. (Please refer VSO media policy)
8. Help lines should be established in each district in order to support individuals in crisis. (Please refer section 2)

9. Forensic Mental Health

Preamble

The interface between mental health and law is multifaceted. Apart from assessing the criminal responsibility and the fitness to plead, the judicial system also expects the mental health system to analyse and provide "expert opinion" on mental state assessment, decision making capacity, future management plan and analysis of complex scenarios. Long term care of persons deemed to be dangerous to society due to mental health conditions too is a responsibility of the mental health service. In addition to this in any society a significant proportion of persons in the prisons suffer from mental health conditions, which are mostly undiagnosed.

A comprehensive provincial forensic mental health service is an unmet need in the province considering the language and access issues when these persons are sent to Colombo for assessment and care.

Plan

1. While addressing the forensic issues, at the district level, there should be clarity of the roles and responsibilities of its team members based on clear guidelines.
2. Clear and detail documentation and timely reporting are mandatory in all the forensic or legal cases. The reports will be based on a defined format and adequate copies maintained for future review.
3. District mental health team will make sure of having good relationship with the judicial system through formal and informal meetings and interactions.
4. Wherever appropriate, the district mental health team can help the mentally ill clients to be represented at the courts.
5. Acute units will facilitate and ensure humane approaches to the mentally ill patients brought by the prison system.
6. A well-designed and well-equipped forensic psychiatric unit should be established at the provincial level.
7. District mental health team will have regular visits to the prisons and provide services to screen and treat inmates who are patients.
8. District mental health team will also provide their services to other institutions like certified schools and safe houses, where victims and/or offenders are kept by the legal system.
9. Community re-integration will be explored for clients imprisoned for minor offences with support of relevant officers.

10. Liaison Mental Health

Preamble

Mental health of an individual is an integral part of physical health. Physical illnesses affect mental health and mental health issues can influence the outcome physical illnesses. The interface between physical and mental health should be seamless to provide a holistic service. It is necessary to have a good coordination mechanism and referrals between mental health

unit and other specialities. Good referral mechanisms should be developed to prevent clients falling through the cracks.

Plan

1. Mental health team should take active steps to identify themselves as part of the hospital system.
2. Regular contact and good relationship between the mental health team and the rest of the hospital is important to maintain good referral pathways.
3. Patients referred from the physical health services should be assessed and dealt with in a timely manner to encourage more referrals.
4. Good verbal and written communication with other teams is important for them to understand the issues involved and reasons of for the interventions undertaken.
5. The communication between teams would encompass the entire mental health team and not limited to a few members.
6. In liaison with other specialties special programs such as stress reduction in cardiology and compliance motivation in diabetes should be organized and delivered in a collaborative manner.

11. Child Mental Health

Preamble

It's important to recognize and treat mental health problems in children early. Without adequate and appropriate interventions, mental health problems will not only affect the growth and development of children, but also lead to behavioural and emotional problems in adulthood.

Plan

1. Children with mental health problems, when needing admissions, shall only be admitted to paediatric wards. The mental health team will work closely with the paediatric team.
2. There should be an exclusive, weekly, child friendly clinic organized to provide services for children in each districts.
3. Special training should be given to the multi disciplinary staff members, who work with children.
4. Each district should have minimum of one child psychiatrist, one child psychologist and one speech therapist.

5. In the absence of child psychiatrist, as an interim measure, a medical officer with interest shall be designated to work with children under the supervision and guidance of the consultant psychiatrist.
6. At the provincial level, there should be at least one specialized paediatric inpatient facility should be established in the Teaching Hospitals. Other districts may develop similar units based on the perceived needs. This will provide services for children who need prolonged and more specialized interventions.
7. Child mental health services will work closely with the education sector.
8. Appropriate referral pathways need to be established and followed up with relevant sectors.

12. Adolescent Mental Health

Preamble

The risk of developing mental illnesses and the advantage of building up resilience are rooted in the development phase of the person. The genes and environment are interacting together, throughout the childhood and adolescence, and shaping the outcome. The adolescents get exposed to and are more vulnerable for various stressors like pressure of performance, effects of urbanization and globalization, poor supportive system in the community, and others. Poor mental health in adolescence is associated with school drop outs, substance abuse, teenage pregnancies and delinquent behaviour.

The mental health plan recognise the importance of giving due consideration, and developing and providing adequate mental health services to a population which is otherwise neglected in many health programmes.

Plan

1. The districts should set up a weekly, special multi disciplinary clinic for this age group.
2. These special clinics should screen for mental health problems and disorders including prodromal symptoms and manage them appropriately using wide range of therapeutic techniques.
3. The district mental health team should involve in mental health promotional activities in view of enhancing the knowledge, attitude and practice on topics related to adolescents. These topics include, but are not limited to, self esteem, reproductive health, substance

abuse, relationship issues, effective communication, coping skills, social skills, problem solving techniques and others.

4. While addressing the adolescents' mental health issues, the district mental health team should network with the relevant sectors within the health department and outside the health system, including community institutions, like religious organizations.

13. School Mental Health

Preamble

It is well known that the mental and psychosocial well being in schools plays an important role in creating a healthy community. With the relatively high coverage of schooling in Sri Lanka and the compulsory education system, it provides us a good opportunity to deliver mental health and psychosocial programmes at school. This can also influence parents and the community at large.

Behavioural and mental health issues of the school students are influenced by many factors including school environment, educational pressure, teachers, administration, peer group, parenting, and community factors. The adolescent students are especially vulnerable to various mental health problems including substance abuse. The commitment and dedication of primary health care systems, and principals and teachers of the schools are important in assessing the student population and promoting their mental wellbeing and helping them when necessary.

Plan

1. The district mental health team should work closely with school medical inspection.
2. Mental health teams should provide necessary training to the PHIs and MOHs who are involved in school medical inspection to detect and refer mental health problems among students and teachers.
3. The district mental health team should support and liaise with special education teachers on a regular manner, in order to provide coordinated services.
4. The district mental health team should work closely with teacher counsellors by getting them to work in hospitals, attending their monthly meetings/discussions and involving in their continuous education and training programmes.
5. The district mental health team can play a role in improving collaboration between different sectors who work with children (DCDC, probation and other officers).
6. It is important to engage the school principals in a productive manner and make sure they understand the importance of school mental health.

7. Mental health related awareness programmes need to be arranged on a regular basis at schools.
8. The district mental health team can play a vital role in organizing discussions among teachers and parents to promote better learning environment from preschool to secondary school.
9. Programmes need to be designed and implemented in order to promote the mental health of teachers and principals.

14. Mental Health of the Elderly

Preamble

The increasing elderly population in our region needs specific mental health interventions which may not be covered by the general adult mental health services. The evolving norms of the society marginalize the elderly, leading to increased mental health problems among this group.

Plan

1. Training of public mental health staff and the other relevant officers on mental health issues relevant to elders.
2. Appropriate services to the elders need to be designed and provided by networking with relevant governmental and nongovernmental staff.
3. Mental health services should be provided at all the residential care facilities for elders.
4. District mental health service should provide systematic screening facilities to detect cognitive impairment at an early stage in the community and provide appropriate interventions

15. Mental Health and Intellectual disability

Preamble

Children and adults with intellectual disability lack services in the Northern Province. In busy health services it is not possible to allocate adequate time to assess and intervene in meeting the complex needs of the intellectually disabled. If the needs are not met in timely manner, mental health morbidity and social consequences increases. It is imperative as responsible state services a system should be developed and put in practice to respond to the unmet needs of this group.

Plan

1. Initiate a multi-disciplinary clinic in each district hospital consisting of the mental health, paediatric, dental, physiotherapy, speech therapy, education, and social services professionals working in one setting to meet the needs of this specific group. By this all the relevant services can be made accessible in one location.
2. The number of patients seen in these multidisciplinary clinics could be limited to improve quality.
3. Work closely with education department additional directors (special education), ISAs (special education), and special education teachers to improve capacity to offer better quality service.
4. Specific disabilities will need separate services to ensure the best possible outcome. These will have to be developed initially at least at the provincial level and later at the district level.
5. Work closely with parents and other care givers to ensure protection. Capacity of parents to provide stimulating environment should be increased through training. Parents should be encouraged to form support groups to advocate for better services for this group of children and adults.
6. Day care and vocational training facilities should be developed to meet the needs of these children when they leave school. There should be programs jointly organized with the social services department to provide safe apprenticeship and work opportunity.
7. The district mental health team will work closely with relevant stakeholders including the primary health care system and primary education to improve early detection of children with intellectual disability.
8. A good referral mechanism should be developed between the mental health team and other stakeholders in the district to ensure better referral and avoid late intervention.

16. Mental Health Issues of Physically Disabled

Preamble

The Northern Province has been witnessing a large number of physical disabilities in its population. Physical disability in an individual is an extremely potential threat to the mental well-being of that individual and his /her family. Facilities and care plans need to be developed in view of improving the health of these people in it holistic content, considering the chronic nature of the disability and its complex psychic and social manifestations.

The facility and care should be meticulous in terms of managing a chronically disabled considering all the possible medical and psychological issues. The infrastructure should keep up with the standards of those in real need and thus it's the high time for us to carefully plan and device necessary steps in order to achieve a sustainable programme which enables physically disabled to elicit substantial improvement in health as a whole.

Plan

1. At the provincial level a comprehensive population based disability assessment will be carried out in order to understand the gravity of the problems and it complexities.
2. The physically disabled have unique mental health issues and these need to be considered whenever appropriate.
3. All the health and non health institutions in the province should adapt the national disability policy and to make appropriate arrangements to give priority, standard access to the service and other relevant facilities (example: specially designed toilets, ramps) to the physically disabled.
4. District mental health team along with relevant state and non state actors, should advocate and facilitate for appropriate vocational trainings and livelihood assistances to the physically disabled.
5. Community mental health teams can facilitate support group formations and facilitate the group activities and empower them to become independent groups.
6. The paraplegics and quadriplegics, persons with cerebral palsies and similar conditions need to be assisted with infrastructure development such as toilet facilities at their residence.
7. Those who are abandoned and having difficulties in staying with families or care givers need to be provided with appropriate accommodation equipped with medical access and psychosocial interventions.

17. Family mental health

Preamble

Family is the cornerstone of a good society. Family plays a crucial role in the wellbeing of individuals and societies. Families also play a role in enhancing the recovery of mentally ill clients and preventing relapses. Mental health service providers should pay adequate attention to the

mental health issues of the families and work towards promoting family wellbeing. They should also empower the families to be positively involved in the recovery process.

Plan

1. District mental health team will be actively involved in promoting family wellbeing.
2. Family wellbeing activities could be carried out using existing public health and other relevant systems (for example through women affairs ministry programmes). These could include premarital counselling, parenting skills training, dealing with interpersonal conflicts, and making the families aware of the importance of maintaining family values.
3. Mechanisms need to be in place to identify, intervene and, where necessary, refer families in distress for appropriate interventions.
4. Family interventions should be carried out in a place and manner which promote participation and minimize stigma.
5. Interventions will be selected from a range of family therapy techniques and delivered by appropriately trained staff.

18. Community Based MH services

Preamble

Mental Health services should be provided at a community level, embracing community resources. It is more acceptable and will lead to better outcome in terms of wellbeing. It will help the communities to take ownership and active role in their own wellbeing.

Community based mental health services can reduce the treatment gap and address the psychosocial issues that affect the communities at large. For a mental health team to be effective, it is imperative that it works both in the community and in the institutional level at the same time.

Plan

1. Mental health team should be aware of and be prepared to respond to the changing needs of the community.
2. A community support centre in each MOH area will function as the grass root level institution to detect and respond to community mental health needs.
3. Each community support centre will be provided with two community mental health staff.

4. District mental health services should be equipped with appropriate transport facilities in order to provide community mental health services.
5. District mental health services need the coordination and collaboration of various sectors and stakeholders like *samurthi*, social services department and nongovernmental organizations.
6. Community based mental health services will ensure early detection, appropriate referral and regular follow up of clients with major mental illness.
7. Community mental health staff will provide home based rehabilitation services to the needy clients.
8. Community mental health staff will collect and report the basic demographical data of the community and mental health related data.
9. Community mental health programme will empower community leaders and groups to improve wellbeing through awareness raising and skills training programmes.

19. War related Mental Health Issues

Preamble

In any war, the mental health impact on the civilian population and combatants is considered as one of the most significant health problems. War and armed conflicts can result in profound health consequences including deaths, injuries, outbreak of communicable diseases and malnutrition. They can also result in destruction of social networks, family separations, displacements, human right violations, and social disintegration, which can contribute to long-term physical and psychological sequelae.

In a post conflict setting, it is observed that there has been an increase in war related mental health problems. Evidently women are more affected than men. It is important to recognise the issues of the other vulnerable groups like children, youth, elderly and the disabled. The degree of trauma experienced and the availability of physical and emotional support contribute to the mental health issues of post war communities.

Provincial health system should recognize and give due importance to the war related mental health issues.

Plan

1. These services should be recognized as a special component and need to be organized as such, based on a comprehensive need assessment.
2. While addressing these issues, the district mental health teams can identify suitable, evidence based methods from a wide range of services and methodologies to meet specific needs.
3. The services shall be linked with competent organizations, working with war related issues. However they should be technically supported, guided and monitored by the district mental health professionals.

20. Mental Health of Families with disappeared persons

Preamble

The phenomenon of disappearance is a sad reality in Sri Lanka. There are many families in the Northern Province who have lost their family members to this phenomenon. The ambiguous nature of the disappearance creates psychological, social, physical, economical, legal and cultural consequences in the families and communities.

Considering the wide prevalence, long term consequences and the complexity of the phenomenon, it is important to recognize it as a unique entity and develop plans to help those families and communities.

Plan

1. District mental health team along with other relevant stakeholders (for example counselors from social service and women affairs ministry, social service officers, officers involving with poverty alleviation, interested civil society members and members from the families) will formulate a team, and educate and empower the team with knowledge and skills to work on the issues of disappearance.
2. The team will actively look in to the mental health and psychosocial problems of those families and provide or facilitate appropriate interventions.
3. The team will meet regularly in view of sharing their experience and analyzing the ground realities. The team will make recommendations to the appropriate authorities through the RDHS.
4. Community mental health team will encourage and facilitate the formation and functioning of self help groups among these families.

5. Efforts should be made by the team to advocate for recognizing the families with disappeared members as a special group and addressing their issues in a sensitive manner.
6. Adequate support should be provided to the families when they are confronted with the truth or exposed to the exhumation process.
7. District mental health team in all its advocacy and educational programmes, introduce the ambiguous nature of the loss and its consequences, as such involve in building up a collective consensus on disappearance.

21. Mental Health in Disasters

Preamble

Disasters tend to occur in all parts of the world irrespective of its divisions. Northern Sri Lanka has experienced the consequences of natural and man-made disasters. Among the many consequences of disasters, mental health and psychosocial issues are important. These issues have to be addressed in a sensitive and timely manner. There should be coordination between different sectors to meet the psychosocial needs after disasters.

Plan

1. District mental health team should promptly respond to the disaster situations under the leadership of respective RDHS, technically guided by district psychiatrists.
2. Mental health team should ensure in the immediate health and other responses psychosocial and protection issues are considered.
3. District mental health team, using community mental health workers and other community workers, should identify all the clients of mental health services and their supply of medication should be ensured.
4. Psychosocial task force should be among the task forces formed by the government to address the needs of the survivors. While organizing and coordinating psychosocial services, the coordinating mechanism will also work with other task forces to ensure psychosocial aspects are considered while providing relief and services.
5. The district psychiatrist and other members of the mental health team will lead psychosocial task force. State and non-state actors in the psychosocial field will be members of the task force.
6. Internationally recognised frameworks such as the IASC guidelines would be used to configure services.

22. Child Protection

Preamble

Mental health input for developing services in relation to child protection has been found to be effective. The mental health team could successfully facilitate developing a mechanism for stakeholders in child protection to meet regularly to streamline services. Mental health professionals should work closely with the child protection authorities in the district to promote the best interest of child survivors of abuse.

Plan

1. District mental health team should work closely with district child development committee (DCDC) and other child protection mechanisms by better networking and collaboration.
2. Mental health team should help the child survivors to have minimal re-traumatization by working closely with other medical specialties in the hospitals.
3. Mental health team should support and take active participation in the multi disciplinary case conferences, and enrich the care plan for child survivors of abuse.
4. Appropriate mechanisms need to be developed in order to advocate on behalf of child survivors of abuse and to promote better services.
5. Mental health professionals have to involve in providing further training to officers working with child protection.
6. Services need to be developed in view of assessing the abusers and providing appropriate services and therapeutic interventions.

23. Prevention of Gender Based Violence

Preamble

There is consensus that the incidence of gender based violence (GBV) is on the rise. GBV has a trans-generational nature that can cause harm to future generations as well as the present generation.

GBV contributes to harmful mental health consequences to the individuals, families and communities. Addressing GBV related issues leads to better mental health outcome. Health sector involvement can contribute to better quality of services to the survivor.

Plan

1. At least one GBV desk should be established and functioning in all the base and general hospitals of the districts.
2. The GBV desks will be set up in suitable locations which ensure easy accessibility and confidentiality and equipped with adequate infrastructure.
3. The staff at the GBV desk should be trained to work with the survivor to meet their needs. A mixed group of officers is preferred; women development officers (WDOs), community workers, experienced counsellors and nurses could staff this desk.
4. The GBV desk should work very closely with state and non-state stakeholders to meet the needs of the survivor. There should be a mechanism to follow up in the community of the clients who were referred to the desks.
5. There should be district mechanism (For example a district task force) where all stakeholders could share information and streamline services.
6. A safe house for survivors of GBV should be available in each district. And the mental health team should be able to provide their services to these safe houses whenever needed.
7. Training programs need to be conducted to help the staff members of the health sector and other stakeholders to improve their knowledge, attitude, skills, and empathic understanding on GBV.
8. Facilities need to be developed in view of assessing the perpetrators and providing appropriate services and therapeutic interventions.

24. Client Empowerment

Preamble

Empowered clients take responsibility for their own recovery and take an active role in developing mental health services. It is imperative that mental health clients actively participate in service delivery in order to reduce stigma and abuse, and provide client friendly services. From acute care to rehab services, client empowerment needs to be central.

Plan

1. District mental health services should ensure that clients will be actively involved in planning, developing and delivering the services at all levels.
2. A conscious effort will be made to involve clients to be actively involved in their own recovery process.
3. District mental health team will facilitate establishment of independent, functioning consumer organizations. Service providers will conscientiously promote self reliance and autonomy of the organization.
4. Independent consumer organizations will monitor and support mental health services while ensuring the patients' rights are upheld.

25. Mental Health of the care givers

Preamble

Most of the burden of providing community care for the mentally is borne by family members in Sri Lanka. Supporting this existing mechanism will ensure good outcome for clients in a setting of low expenditure on mental health services. Adequate attention should be paid to the mental health of the caregivers to ensure they are not overburdened by caring for a client with mental health problems.

Plan

1. Family members and other caregivers should be treated with respect and be involved in all aspects of care, as part of the team, with good information sharing.
2. Sufficient materials need to be produced in view of educating caregivers on but not limited to mental health problems, mental illnesses, treatment methods, medicines and their potential side effects, rights and responsibilities and help available whenever needed.
3. Regular trainings on necessary knowledge and skills in helping the recovery of the client should be made available to the family / carer in a systematic manner.
4. Adequate facilities should be provided for the caregivers in all the service interfaces of care including inpatient, clinic, community and rehab settings.

5. There should be support on demand to cope with the burden of caring through phone and face-to-face in ward, clinic and in the community to the carers to ensure continuing support for the client.
6. Respite care should be made available in acute/ rehab facilities in the district to ensure carers have adequate quality of life while providing care.
7. Support and financial assistance should be made available through social services department for the loss of income and hours spent in caring for the client.

26. Stigma Reduction

Preamble

The stigma of mental illness, though more often related to context than to a person's appearance, remains a powerful negative attribute in the field of mental health. People living with mental illness often experience stigma and discrimination from friends, family, service providers, employers and the community as a whole. The disadvantages and isolation they feel can be more disabling than the mental illness itself. Importantly, stigma can prevent people from seeking help, and hamper in the process of recovery.

A successful mental health service delivery is vested upon promoting social inclusion of and reducing discrimination against people and families with mental illness. Examination of the achievements of other anti-discrimination movements also will help to organize stigma reduction activities.

Plan

1. A culture has to be created in all mental health service deliveries where people with mental illness and their families will not experience stigma.
2. District mental health team and the consumer organizations should actively advocate for stigma against mental illness at all levels.
3. Awareness programmes will be organized by district mental health team, involving consumers and care givers, in view of providing insight to the staff working in the health institutions and outside agencies.
4. Public awareness will be created through media, publications, bill boards, dramas, short films and other similar methods.
5. Activities to be planned and implemented at the school level with the aim of developing an understanding about mental illness and other disabling conditions, enhancing

tolerance towards differences and disabilities, reducing stigma and encouraging helping attitude. These activities could be jointly organized by the departments of health and education of the province.

6. Mental Health team will have regular discussions with the police and other law enforcing agencies.

27. Mental Health Promotion

Preamble

Mental health promotion is a concept that has significant potential for contributing to the well-being of individuals and communities. Good mental health is a goal that most of us share, and mental health promotion is a means of reaching that goal. Mental health is promoted through processes which give people the ability to function well, or which remove barriers that may prevent people from having control over their mental health.

In general, any actions which are taken for the purpose of fostering, protecting and improving mental health of individuals and communities can be seen as mental health promotion. Strengthening people's ability to bounce back from adversity and manage the inevitable obstacles in their lives is a fundamental way of promoting mental health.

Since mental health is determined by multiple social, psychological, and biological factors, mental health promotional activities will target all these domains.

Plan

1. Each district will develop and implement joint activities along with health and other relevant stakeholders to increase public awareness and understanding about mental wellbeing and mental health issues.
2. District health services should incorporate emotional and mental health as part of their health services delivery both at the institutional level and community level service provision. For example emotional wellbeing could be looked into and discussed at the antenatal clinics, maternity wards and the mother baby follow up clinics.
3. Mental health promotional activities should be started along with early childhood programs that address the cognitive, sensory-motor and psychosocial development of children as well as promote healthy child-parent relationships.

4. District mental health team should develop capacity to provide services and programs to those who have experienced adverse traumatic life events, promoting recovery and resilience and avoiding re-traumatizing.
5. Mental health promotional activities should include and aim for improving the wellbeing of vulnerable populations.
6. At the community level, promoting self-help groups, mobilizing social support, empowering community networks, minimizing discrimination will improve the mental wellbeing vulnerable groups.
7. Mental Health team with the collaboration of education sector should develop and implement school based promotional and preventive activities including life skills training and group activities.
8. At the provincial level work related stressors need to be recognized and addressed. Province should take adequate steps to promote safe and supportive work conditions, and to improve an enjoyable working condition. Measures to be put in place to address the grievances at every level.
9. Stress management programmes should be introduced at the working places and district mental health team can involve in the training of trainers from non health sectors.
10. Districts should encourage the use of evidence-based traditional practices, such as yoga and meditation, for promotion of mental wellbeing and prevention of mental health problems.
11. Art and culture and sports related activities are to be promoted at all levels.
12. The district mental health team can make use of all the possible opportunities including the social media in mental health promotional and preventive strategies.

28. Mental Health Advocacy and Media

Preamble

Mental health services, due to stigma and poor understanding usually struggle to access funds from health administrators to run programs. Constant advocacy is important to get support for programs. Mental health professionals, civil society and consumer organizations need to constantly advocate for better support with politicians and administrators.

Negative media coverage increases stigma and prevents people accessing services. It can also negative impact on suicide, alcohol abuse and gender based violence. There is a link with general level of violence in society as well.

Plan

1. Mental health professionals need to be trained in advocacy. They need to maintain contact with administrators and politicians on a regular basis.
2. Mental health professionals also need to maintain contact with civil society leaders and organizations.
3. Any opportunities that arise to link up with opinion makers should be utilized to educate and garner support.
4. District forums should include the above groups wherever possible.
5. Training programs to media personnel have shown more positive reporting and as such there should be regular contact with different media personnel.
6. Wherever possible input should be given before the media report on mental health related issues. Easy access should be offered to media persons to contact when there are stories related to mental health.

29. Team Building in Mental Health

Preamble

Effective and efficient service delivery could be made possible only through team work. Team building is a conscious effort and an ongoing process of enabling a group of individuals to reach their goals and a set of outcomes.

Team building increases the ability of a group to work together as a team by identifying strengths and areas for improvement. It has its ability to create a sense of belonging and ownership among team members. It is a good way of creating partnership in small groups; it can take the form of renegotiating the relationship between bosses and subordinates and an essential component for organizational success.

Plan

1. District mental health team should make sure that a culture of open communication and participatory approach should be developed among team members. All members should feel they are an integral and essential member of the team.
2. A written gender and blame policy should be developed by the provincial ministry of health involving all staff and enforced.

3. Through positive supportive relationships, personal (self) development of all the members of the mental health team should be encouraged by the team.

4. District mental health team should make sure that regular team meetings will be held in each service, where different staff members could share opinion without fear and repercussions should be held regularly. All opinion should be listened to and considered before decisions are made.

5. Social activities that improve team cohesion should be held on a regular basis.

6. Different staff members will have unique capacities, while creating opportunities for the expression of these; the team should also encourage further development of these skills.

30. Capacity Building in Mental Health

Preamble

The prolonged protracted war and its atrocities, the 2004 Asian Tsunami, and the exodus of people in the past and present have made a brain drift in the Northern Province. Presently the province is in the process of rebuilding its resources and as such it is important to have a paradigm shift in the existing policies over to the capacity building practices in all the sectors with special emphasis to mental health sector.

Plan

1. At the provincial level, arrangements have to be made to access and analyze the existing methods of capacity building in mental health in the five districts of the province.

2. The results of this analysis should be disseminated to all the stakeholders for them to identify the strengths of each methods and good practices.

3. The province should develop the capacity building programmes in mental health considering the priority areas in mental health system. These programmes will be based in accordance with the current needs, guided by the principles of appropriateness, reciprocity and sustainability and cultural sensitivity.

4. This-should be implemented as a continuous exercise (CPD) to all the staff members working in mental health field and its consumers and care givers.

5. All these programmes and training of trainers (TOT) programmes should include theoretical and practical components and field experiences at the institutional and community level.

6. Training programmes must be designed in accordance with assessed needs and should have clear short, medium and long term goals.
7. Capacity building exercise should encourage inter-sectoral collaboration and be supported by civil society participation and other community based agencies.
8. The capacity programmes in mental health should have innovative strategies to engage and equip policy-makers and planners to maximize evidence-based planning and appropriate decision-making.

31. Multi-sectoral approach, networking, psychosocial forums

Preamble:

It is well known that mental health and psychosocial problems of the individuals and communities are multi-factorial in nature. In a post conflict scenario psychosocial problems have become even much more complex. Although the governmental and the nongovernmental sectors are trying to address these problems, there has been a gap in identifying, understanding and addressing the issues holistically.

The provincial mental health plan recommends developing a multi-sectoral approach in mental health and psychosocial issues. This will enhance better understanding of such problems and help in developing appropriate interventions in which the stakeholders will have a clear goal and unique role. This will also help to improve the inter-sectoral coordination and collaboration, which in turn, will improve the effective outcome and impact of those interventions.

Plan

1. In each district an inter-sectoral psychosocial forums should be set up, preferably under the guidance of RDHS. The mental health focal point can function as the secretary of this forum.
2. All the government sectors and nongovernment organizations which play a role in mental health and psychosocial developments, civil society representatives and religious leaders and other relevant people identified by the district mental health team can join together to form the district level psychosocial forum.
3. The psychosocial forum will promote better understanding among each of its members or their organizations, facilitate better collaboration and networking, and minimize unnecessary duplications. The forum will also give a chance for learning and experience sharing.

4. The psychosocial forum should discuss and take appropriate decisions regarding the leading mental health and psychosocial issues prevailing in that district.
5. The forum can appoint appropriate technical people to advice on various mental health and psychosocial projects to be implemented at the district level.
6. The district level forum will regularly brief the Government Agent through RDHS about the discussions and decisions made in the forum.
7. In each divisional secretary level, similar forums should be set up with the relevant workers and representatives of different sectors in order to enhance the coordination and collaboration. MOMH or MO focal point or a senior PSW should participate in this forum, and contribute to and learn from it.

32. Research

Preamble

Research in the field of mental health and psychosocial is extremely important not only to understand the prevalence and aetiological factors of various issues in different population groups and in different settings, but also to become aware of the effectiveness of various interventions which are in practice. Further, audits in all types of service provisions help us to learn reflexively, plan effectively and develop good practice models.

Plan

1. The province will invite, encourage and co-operate with professionals to engage in meaningful, ethically approved researches in the mental health and psychosocial field.
2. The province facilitates the researchers to receive grants from the appropriate ministries, national bodies and various other interested stakeholders.
3. A provincial level technical body will be set up in order to scrutinize, advice and monitor the research activities in the province.
4. The province will facilitate dissemination of these findings at the provincial and national level.
5. The province will ask all the technical and administrative heads to carry out regular audit in their respective services or institutions and share the findings.

33. Referral Pathways

Preamble

Unlike referrals to other medical specialities, referrals to mental health services are complicated due to poor insight of the clients and stigma related to mental illness. As there is a substantial treatment gap existing in the community, the referrals system needs to be strengthened to reduce the treatment gap and reducing the suffering of the mentally ill and their families.

Plan

1. All self referrals need to be welcomed and accommodated.
2. The referrals could be done by any doctors and other specialties in the health sector.
3. The referrals could also be done by family, friends, village leaders, teachers, Grama Niladharis and any government and nongovernment officers.
4. The referrals from community level shall be facilitated by community level mental health workers like community support officers and psychiatric social assistants at the outreach clinics or mobile clinics.
5. The persons who are referred to mental health unit shall be given an appointment with minimal waiting period through a register.
6. When a client does not give consent for assessment or treatment, he/she has to be admitted to a mental health unit as an involuntary patient or his/her assessment and treatment would be in accordance to the mental health act of the country.
7. The mental health unit shall also refer its clients to other medical specialties, social service department, probation department, DCDC, GBV desk, police, NGOs and other relevant agencies wherever appropriate. These referrals should be made in a professional way with standard formats.
8. An internal referral system will be maintained among the members of mental health team such as consultants, medical officers, counsellors, psychiatric social workers and community level mental health workers.
9. A consultant shall refer a client to another consultant when second opinion is needed.

35. Organizational Structure in Mental Health

Preamble

Mental health service delivery differs in many ways due to the wide range of services delivered by a multidisciplinary team both in the hospitals and in community settings, formally and informally, in collaboration with many health and non-health related sectors including NGOs. It is essential that suitable administrative structures, technical guidelines, and supervisory mechanisms are developed and put in place for quality and seamless service.

Plan

1. An organizational structure for mental health will be developed at the provincial level involving the mental health team and administrators and disseminated to the districts.
2. Province should take the overall responsibility of making policies and implementing provincial mental health plan.
3. A provincial mental health and psychosocial steering committee with the PD as head will be formed to monitor and guide development of mental health and psychosocial services in the province. The relevant provincial directors or their representatives will represent the different sectors that are allied to mental health. All the RDHS, psychiatrists, psychologists and representatives of other professional groups including consumers and their carers will participate in the meetings
4. Psychiatrist is the lead in the district and will head the mental health team.
5. Under the guidance of the Psychiatrist the mental health team will work closely with other state agencies such as education, child protection, gender issues, social services, disaster task force, local government, police, and relevant non-state actors to provide a holistic service.
6. Focal point medical officer at the RDHS office will act as liaison between the RDHS and the mental health team and will have good communication with the provincial level officers.
7. Each district will have a district mental health committee lead by the RDHS and Psychiatrist with state, non-state actors, and consumer and carer representative participation. There will be regular meetings to assess the needs and services and emerging issues in the district. This committee will report to the provincial mental health committee.
8. Province should make sure that there will be clear written terms of reference for all categories of mental health staff.

36. Mental Health Data Management

Preamble

Data is important to assess the services provided, identify the gaps and priorities and to implement the future projects effectively. The data would also help us to advocate for better services and identify gaps in service provision.

Plan

1. A uniform format to collect information would be developed for the province by the provincial ministry of health in keeping with the national mental health policy.
2. The provincial mental health committee from time to time would decide what information would be necessary to develop services and will request the districts to collect and provide this information.
3. Data will be collected in the districts and collated by the mental health focal point of the district and then sent to a designated person in the provincial health ministry and to the mental health directorate at the line ministry.
4. The mental health team should make sure that confidentiality will be ensured in data collection and dissemination.

Regular feedback will be provided to the district mental health teams by the province to improve the services.

Annex 12. 9: Disability

Strategic Plan for Disability and Rehabilitation

Northern Province

Provincial Coordination

Background

Welfare activities related to disability are not monitored or regulated by the province

Lack of coordination among related agencies working in the field of disability

Objective

To coordinate the activities between government, non government, community organizations and civil society in matters related to people with disability for sustainable development

Policy

Coordination Committee will be established having representation of people with disability and organizations related to disability

Focal points to be identified in every Ministry/ Department in order to carry out policies and programs related to people with disability.

Community-based rehabilitation (CBR) to meet the basic needs of people with disability and ensure inclusion and participation

Strategy

Coordination committee to streamline, monitor and evaluate the activities of all agents and programmes

CBR should be implemented by committees at different administrative levels

- National level
- Provincial level
- District level
- Div. Sec. level
- Village level

Action Plan

Establish a Provincial Coordination Committee (separate secretariat) for Service to **people with disability** - autonomous, authority, representation of people with disability

Implementing agency –Council of Ministers, Chief secretary

Monitoring Indicator – Functioning committee, representation of people with disability, Details of programs implemented, Established section/focal point in related ministries

Policy

Support National Acts and Regulations for people with disability to be implemented

Strategy

Monitor whether the things provided for in the acts and regulations are being implemented or not

Special provision for livelihood-skill development

Action Plan

Create awareness on current Acts and Regulations that made for people with disability and ensure they enjoy their rights

Ensure people with disability are not discriminated in training and employment as stipulated in Acts / Regulations

Information collection and sharing

Objectives

- To maintain a reliable and updated statistics information - **create a disability registry**
- Collect and disseminate information about
  - Social and economic situation of people with disability
  - Employment opportunities

Policy

An integrated information system to be developed

Strategy

An accurate statistical details of people with disability will be prepared and updated by involving relevant sectors

Investigate obstacles and finds ways to collect information regarding people with disability

Action Plan

To develop an information database and update statistics of people with disability

Establishing a focal point/contact point for people with disability in each District

Awareness and Advocacy

Objectives

- To raise people's awareness about the rights of the people with disability
- To include people with disability in the mainstream of national development
- To develop positive attitude toward people with disability among the people

Training and Employment

Employers underestimate the capability of people with disability

Discriminated salaries and wages

Many people with disability have not found the opportunity to utilize their capacity, skills and qualifications

Strategy

- Equal opportunity should be provided to the people with disability appropriate to physical condition
- Establish training centres for special types of people with disability/increase the capacity of existing vocational training centres
- **Residential** Vocational training programmes should include people with disability or travelling allowances should be given
- Government should provide assistance to institutions that provide education and training to people with disability
- Loans with low interest
- CBR - income generation programs for people with disability

Access

- Access to all areas of development
- Access to physical environment
- Access to information and communications

Strategy

Disabled friendly construction standards that are accessible to people with disability will be prepared and implemented for construction of physical infrastructures of public importance (hospitals, temples, banks, schools, offices, streets, pavements etc.).

Communications

Use Braille, tape service, large letter prints and other appropriate technology to provide access of people with blindness and visual problems to printed information and written documents

Adopt appropriate technology to provide access of hard of hearing or people with problem with understanding information

To provide translator service, and sign language to facilitate communication between people with hearing loss and other people

Resource centre/ library will be established at district level

Transportation

To ensure access to various areas of society like residences, buildings, public transport service and other transport vehicles, streets and other external environment

To make the public transportation as disability friendly

Education

Education should be provided to children with disability as a right

Education in government schools either through inclusion in the ordinary classroom or in special education units attached to ordinary schools

Obstacle free physical environment will be provided for children with disability

Appropriate training will be provided to special education teacher

Appropriate and necessary textbooks, education materials, assistive devices, assistants

Sports, cultural and recreational activities

To provide equal opportunity to people with disability in sports activities

To carry out teachers' training program to involve children with disability in sports, cultural and recreational activities

To ensure representation of people with disability in the sports clubs

Medical Treatment

First priority will be given for medical treatment of people with disability

Barrier free access inside the hospitals

Separate counters for people with disability

Trained staff to assist people with disability

Primary, Secondary and Tertiary level rehabilitation facilities in hospitals with Physiotherapy, Occupational therapy, Speech Therapy etc

Develop appropriate cadre for each facilities

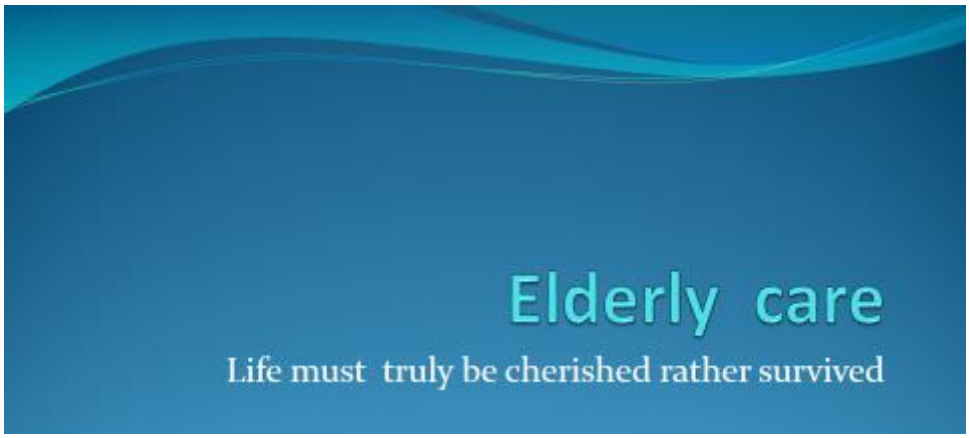
Assistive Devices

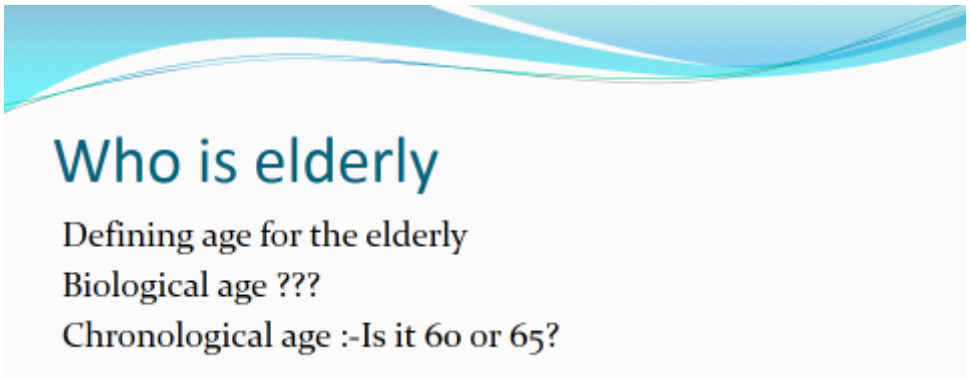
- Produce assistive devices by using local resources and materials
- Establish outlets to sell such devices, Subsides/ free issue for selected people with correct prescription
- Distributing devices to the needy people with the support of service providers
- Close monitoring on the usage and necessary repairs / replacement in time to time.

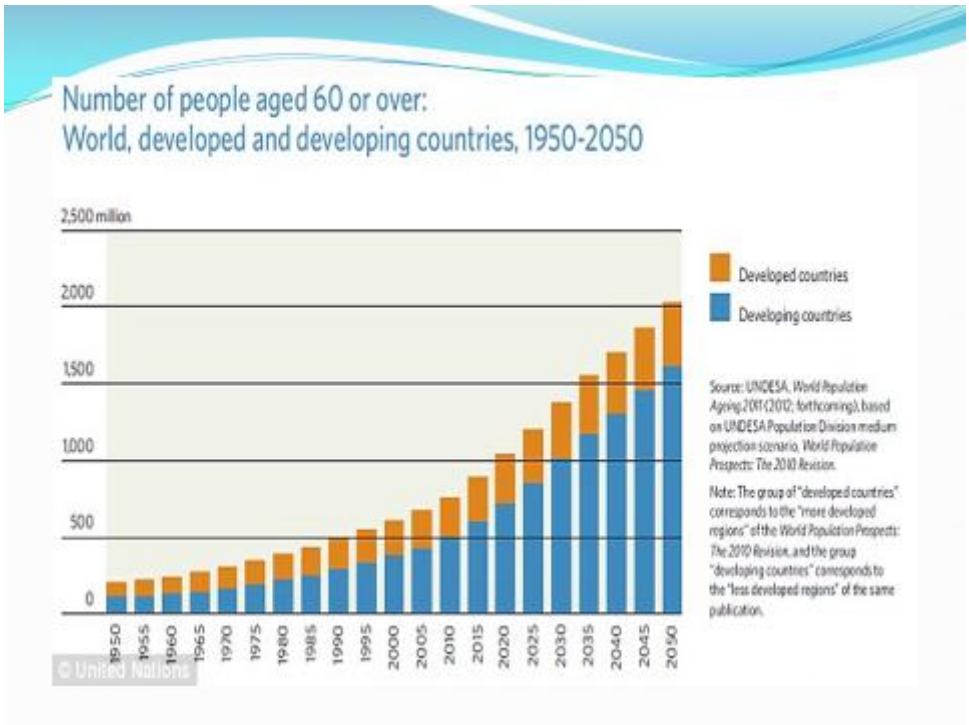
Prevention of Disability

- Road safety measures
- Control sound pollution
- Occupational safety
- Genetic counselling and screening
- Promote healthy lifestyles

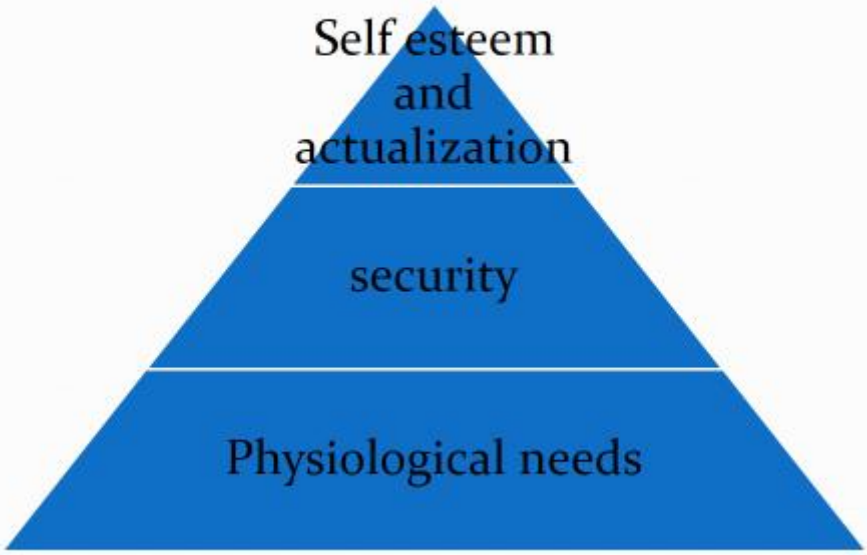
Annex 12. 10: Elderly Care







Needs of elderly(Maslows theory)



Needs of elderly

Physiological needs:

Regardless of the age the basic needs are same

Food, drink, shelter, sleep and treatment of illness and injury

These are fundamental for the survival

But does it ensure the quality of life?

Security needs –(vulnerable old adults)

Who are vulnerable

those who are isolated and don't have much contact with friends, family or neighbours

people with memory problems or difficulty communicating with others

people who don't get on with their carer

- **Self-Esteem needs**

The elderly, like all people, want to feel recognized and appreciated for their ideas, abilities and talents. The aging often lose their sense of

worth when illness, disability or frailty limits them.

Loss of self esteem negatively affect the well being causing depression and increase the mortality

- **Self-Actualization needs –**

According to Maslow the highest rung of the hierarchy is the need for self-actualization.

	Problem/Needs	solution	Action plan
1	Transportation	season tickets Concessionary travel for elderly Seats allocated for over 60 Free transportation Shuttle services for elderly for short distances	Joined approach with public and private transport authority to make a strategy. Financial assistances from the NGO/government organizations and wellwishers
2	At hospital-OPD	Medical officers for the care of elderly at OPD Enough seats allotted at the waiting area to prevent standing queues	Introducing the new speciality at the ministry and provincial levels Training courses for the doctors nurses an other multidisciplinary members regard to care of elderly Medicine for care of elderly need to be a subspecialty at the post graduate level Volunteers then the care givers at all places to attend their needs
3	Pharmacy Injection and dressing room	Queues for over 60	Everywhere the boards should be displayed with clear instructions in all 3 languages Staffs should all be made aware of the services towards the elderly
4	In hospital-wards	Geriatric ward with the supervision of a geriatrician Specialized care givers to attend their special needs	At least to have cubicles allocated for geriatric patients at the outset Constructing acute geriatric wards Initially to train the volunteers to attend their special needs Then care givers for the elderly patients
		Prevent the prescription of poly pharmacy	Inclusion of clinical pharmacologist in the ward rounds to review the drug charts periodically to prevent the polypharmacy

6	At discharge	formulate a discharge plan	Acute problems Follow up plans Medications Psycho social issues Formulating a check list and attached it to all elderly patients admission tickets Checking all relevant boxes at discharge-doctor,nursing officer,other multidisciplinary members
7	Ready for home	A home before home (To reduce the hospital stay Prevent the floor patients Good quality hospital care)	Hospice, intermediate care homes Provision of basic nursing care,physiotherapists,occupational therapists,Psyco and social worker services Family and the patient free movement **Constructing a rehabilitation unit as it was planned earlier in chavakachcheri
8	Community level	Health screening Screening for dementia	Included in the NCD prevention Health life style clinics Screen for at any given opportunity Tool kits OR Questionaire to be made or adjusted based on the social background rather adapting the internationally existing ones(MMSE,MOCA,AMTS,HADS) Community medicine and the psychiatric department would be the best choice for this kind of formulations Periodical screening is necessary for the people over 60

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09	Elderly homes	Selection criteria for the admission Assessing the standards A co -ordinating officer at hospital levels	Needs to be revised with the existing one A team including a community physician/geriatrician /general physician MOH PHI Nutritionist Social worker or a counsellor Physiotherapist and an occupational therapist With elders right promoting officer Should periodically monitor the standards Regular health check up including the inmates and the service providers

			Home with the fulfillment of basic needs
9	At home and Home alone	Physiological needs	3 meals a day Pure water and proper sanitation A system to be implemented like (PHM) public health staffs for the elderly to look into their needs->minister, provincial authorities An act to be formulated and passed by the parliment Volunteers with young adults from the community centers should come forward and initiate a plan to implement to look in to their elders welfare at their community level(GS,DS) Proposing a model take care of an elerly mother or father while the children are away Could be done by poor families as an earning way Need to liaise with social organization to put up the initiative plan

10		Psycho social and Financial issues	Increase the awareness of people and the government staffs of existing government services at government level under ministry o f social services and encourage and assist the elders in getting those services Day Centres for Elders Establishment of divisional level elders committee Coducting pre retirement services Issuing of intra ocular lens for elerly patients with low income Renovation of elders homes "Wedihiti Awarana Kepakaru" Sponsorship Scheme • By this scheme a destitute elder can obtain Rs. 250 /= per month from his / her sponsor. Any resident, Institution or company can sponsor the Wedihiti Awarana Scheme. **Issuing of elders identiticard** -priority in government & private sector services, ability to get an additional interest for fixed deposits in National Saving Bank and ability to get 5% discount from National Pharmaceuticals Department when medicines are purchased

			Home Care Services for Elders The services of well trained- trustworthy home care workers for elders may be obtained **Maintenance Board for Elders** It is to protect the elders right Helping in claiming compensation **Senior citizen Allowance for Strengthen Elderly** (Super elderly) **Commemoration of the International Elders Day** 1st October every year. Various programmes are being implemented on this day, with the objectives of creating awareness among the public regarding the social and economic problems faced by the elder population.

Where are our elders? Could we make a change!

Annex 12. 11: Intra and Inter Sectional Coordination and Sanitation

FOOD,WATER, SANITATION & INTER AND INTRA SECTOR COORDINATION

IETEM	PROBLEMS /NEEDS	SOLUTION	IMMEDIATE PROJECTS	MID TERM	LONG TERM
01.	SOLID WASTE DISPOSAL	- Collection& segregation - Recycling. - Enforcement of existing laws. - Introducing new bylaws if necessoryly.			
02.	WATER POLLUTION [chemical, biological- e.coli,	-Promoting organic farming. - Planning. - Enforcement of existing laws.			
03	SOIL POLLUTION by hazardous biological- sloughter house wastes &un degradable materials.	- Segregation. - - recycling			
04.	SOUND & AIR POLLUTION by kovil, factory,vehicle Burning- co2	- Enforcement of laws - Awareness programmes.			
05.	Inadequate maintenance & monitoring of public &private sanitation.	-law enforcement. -privatization.			
06.	Food pollution	Establishment of mobile food testing units.			
07.	Stray animals ,pets ,livestock, plant pests	Law enforcement.			

SUGGESTED PROJECTS ;

01. SOLID WASTE DISPOSAL

Immediate ;

1.PROPER SEGREGATION & COLLECTION.

-SEGREGATE AT SOURCE.

a. Issuing colour coded bins.

b. Instructions to be given to house holders.

c. Biodegradable items--→ composing site.

Non biodegradable items ----→collected by proper local gov. body---→ find out the proper agency for recycling / sell/ store.

d. management of the refuse tip/ dumping ground.

- select the location – that will not damage the environment.
- use scientifically accepted tipping.
- managed with adequate staffs & security.

e. carry out awareness programme on these measures to the public via media , phamphlets, in schools public places and work places.

f. educatjng& training of staffs. g. providing of protective cloths and instruments.

h. carry out costing & secure funding for implementing above.

i. establish suitable sanitary land fill.

j. activate & steering of composting programmes.

k. establish an incinerator for hazardous wastes.

l. build & renovate the temporary collecting points.

m. repair &strengthen the existing mechinary.

MID TERM PROJECTS.

a. Monitoring of effectiveness of measures.
b. Establish improved mechanized systems of collection & disposal.
c. Rotating Biological Contractor plant [RBC] for disposal of human excreta.
d. Modernizing the TCPs according to the available modern vehicles.

LONG TERM PROJECTS;

KJSWSS for the MC ,kilinochchei, some part of kopay and islands, so problem will be reduced.

-establish RBC plant for other areas.

92. WATER POLLUTION.

IMMEDIATE PROJECTS.

Enforcement of existing laws & enacting new by laws, regarding

- Proximity of wells to toilet pits.
- Over use of chemical fertilizers.
- Management of effluent discharges in service stations and power stations.
- Frequent testing for water purity in strategic locations and intervals.

MIDTERM PROJECTS

- Establish testing laboratory in a big city.
- carry out the testing by mobile teams.

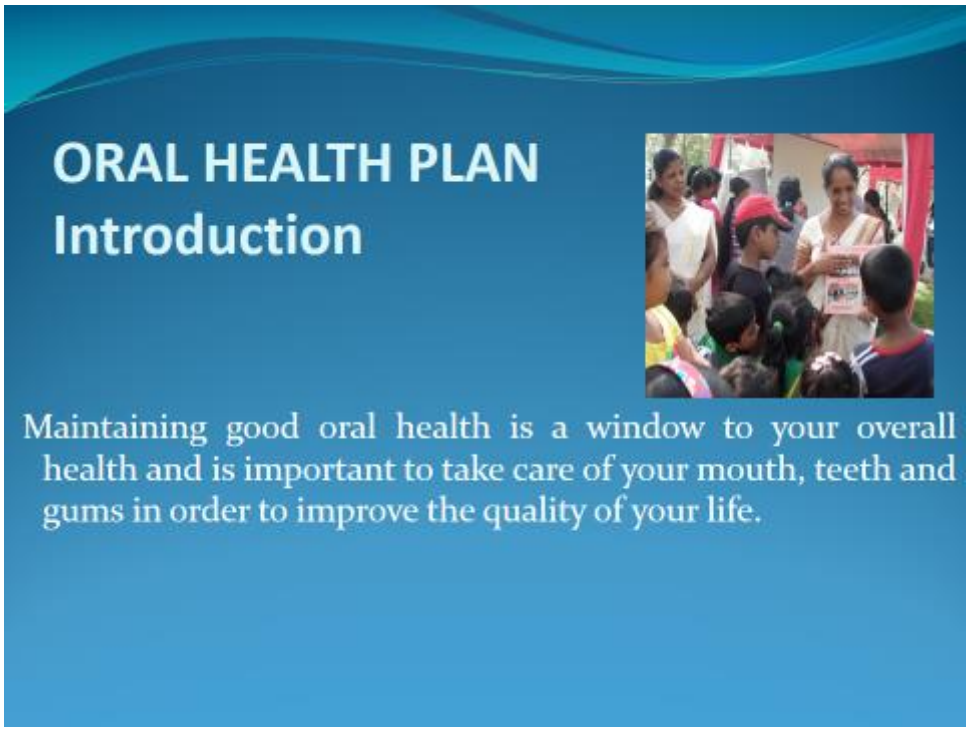
LONG TERM PROJECTS,

KJSWSS will be expected to deliver safe water to certain areas.

SOIL POLLUTION

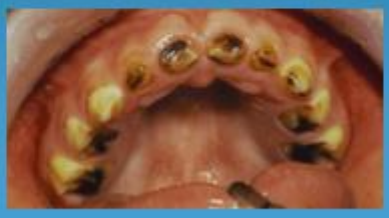
Undegradable materials & toxic wastes ---> segregation & disposal after treatment.

Annex 12. 12: Oral Health



Dental Caries

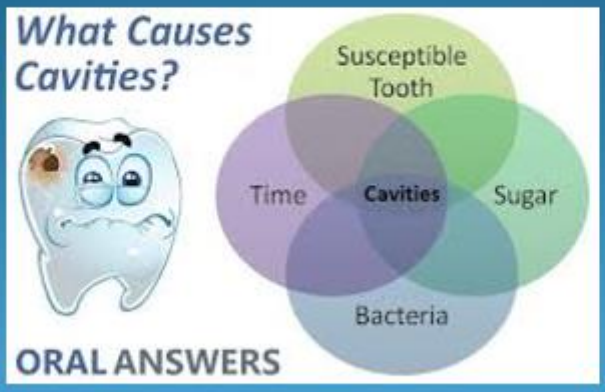
- A disease of calcified tissues of teeth caused by the action of microorganisms on fermentable carbohydrates.
- Characterized by demineralization of the inorganic portion and destruction of the organic substance of the tooth.



Essential requirements for development of caries

- Cariogenic bacteria
- Bacterial plaque
- Stagnation areas
- Fermentable bacterial substrate
- Susceptible tooth surfaces
- Time

Dental caries is a multi factorial disease



Bacterial Plaque

- A biofilm
- Adhere to tooth surface
- Formed by bacteria and their extracellular polysaccharide
- Can be removed by brushing

Dental Caries

Periodontal disease

- It comprise a group of conditions that results in destruction of the supporting structure of dentition.
- Strongly associated with plaque and calculus deposits
- Clinical presentation
  - -clinical attachment loss
  - -pocket depth
  - -alveolar bone loss on radiographs

Progression of periodontal disease

Healthy periodontium

Plaque — Hormone:pregnancy/puberty

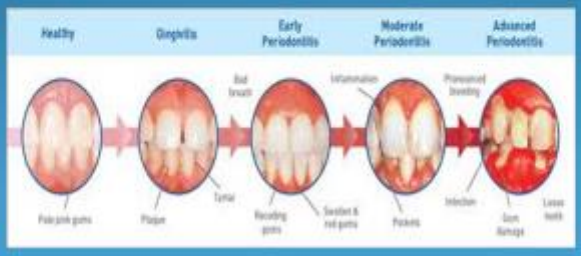
Gingivitis

Plaque — Host/ site susceptiblity

Periodontitis

Aetilogy of peridontal disease

- Plaque in subgingival environment
- Social and behaviour modulation
- Genetic trait of host



Prevention of Caries and Periodontal Disease-

Both dental caries and periodontal disease can be prevented by oral health education and intervention programs like tooth brushing.

PREVENTION

Immediate Action –

- Mothers are given oral health education, tooth brushing and healthy eating habits in antenatal clinics.

- Implement oral health education programs and supervised tooth brushing programs in preschools and schools.

PREVENTION

Immediate Action –

- Oral health education in work places for adults.
- Oral health education and healthy eating information campaign to be implemented through radio and TV.

Oral health workforce and work place improvement -

Immediate Action

- Increase the Dental work force- dental surgeons, nurses and school dental therapists.
- Expand and upgrade dental clinics including dental chairs

Oral Cancer

- A deadly disease which is caused mainly due to unhealthy social and behavioural factors
- Causes

  -Betel chewing

  -Smoking

  -Alcohol

Oral Cancer-Sri lanka 2000

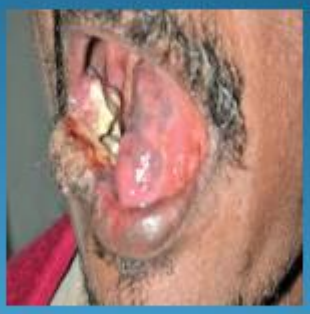
- Males-

  crude incidence-8/100,000

  ranked No-first
- Females

  crude incidence-3/100,000

  ranked no- sixth



Prevention of Oral Cancer

Immediate Action–

- Train oral health personnel and public health workers to detect oral pre cancer and cancer lesions in the mouth.
- Oral cancer information campaign to be implemented through news media including radio and TV.

Midterm Action-

- News media campaign focusing on lifestyle changes like NOT chewing areccanut and tobacco to be implemented.

Role of dental surgeon in oral cancer

- Identification of risk cases/participate in community based cancer screening programmes
- Advice on habit and risk factors
- Diagnosing precancerous conditions during routine dental care
- Advice on proper referral

Cleft lip and palate

- A congenital deformity
- Malformation of lip / palate
- Presents at birth

Role of dental surgeon

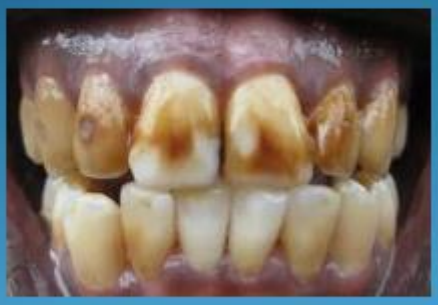
- Referral to a tertiary care unit
  -oral and maxillo facial surgical unit

For follow up care and surgical management

Dental fluorosis

- An enamel defect which is caused as a result of excessive intake of fluoride during the developmental stage of tooth.
- Risk factors-
  excess fluoride concentration in drinking water
  use of fluoride dietary supplements
  early use and ingestion of fluoridated tooth paste

Dental Fluorosis



Preventive methods

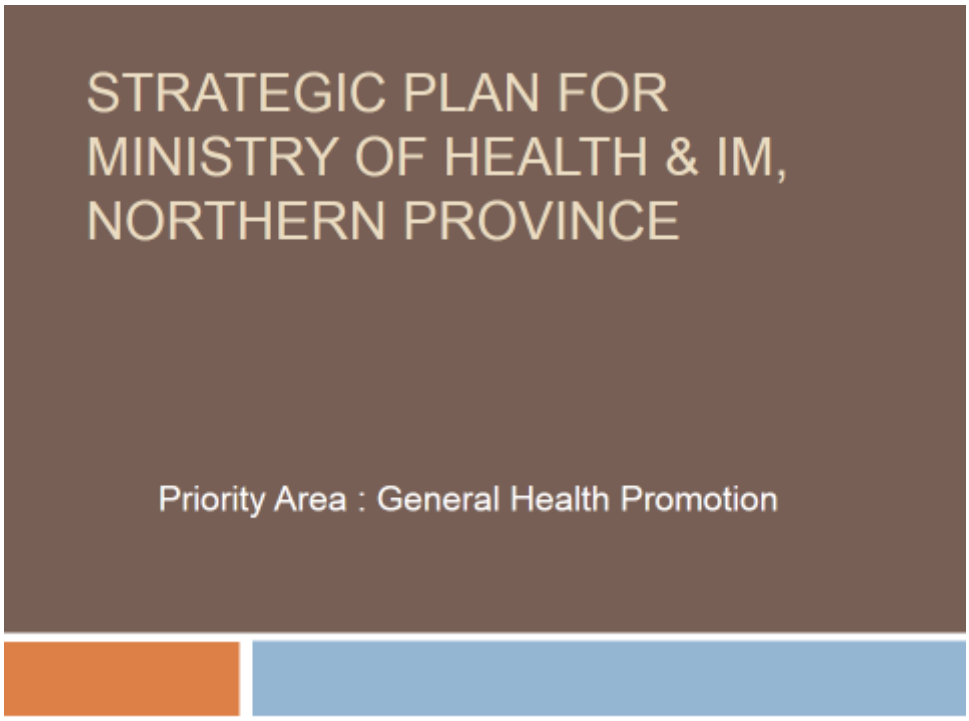
- Immediate Action–
  Supply clean drinking water
- Midterm Action-
  follow up and monitorring
- Long term action
  Defluoridation of drinking water
  Rain water harvesting

Summary-Prevention

- Dental caries- proper brushing and dietary pattern
- Periodontal disease-proper brushing
- Oral cancer-habit intervention
  early detection
  proper referral
- Cleft lip and palate-proper referral
- Dental Flurosis- drinking safe water

- THANK YOU

Annex 12. 13: General Health Promotion



What is Health Promotion?

"is the process of enabling people to increase control over and to improve their health" (Ottawa Charter '86)

"involves the facilitation of skills in individuals and change in environments which impact positively on health" (VicHealth 2005)

Srilankan Health Promotion Policy objectives

1. To strengthen leaderships for health promotion at all levels and all sectors through advocacy.
2. To mobilize the society and create nationwide health promotion actions.
3. To develop and implement effective comprehensive holistic and multisectoral approach health promotion interventions.
4. To establish an effective system and mechanism for health promotion management and coordination at all levels.
5. To build capacity for health promotion at all levels and across sectors.
6. To improve financing and resources allocation and utilization for health promotion.
7. To establish an evidence-base for health promotion effectiveness.

Ensure health promotion should be

- evidence based
- measurable and
- coordinated across the health system
- core business in all program areas….

10 Key Action Areas for Health Promotion (Ottawa Charter and Jakarta Declaration)

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services towards primary health care
- Promote social responsibility for health
- Increase investment for health development to address social inequalities leading to poor health
- Consolidate and expand partnerships for health
- Strengthen communities and increase community capacity to empower the individual
- Secure an infrastructure for health promotion

The 5 key action areas for health promotion

Building Healthy Public policy

- Provincial level
- District level
- MOH level
- Institution level
- Community level

Creating Supportive environments

Facilitated by,

- Provincial, District level & MOH level steering committees.
- Coordination of available resources and stake holders.
- Establish setting approach – Health promoting Villages, Schools, Work settings, Market Places, Hospitals clinic centers etc.

Developing Personal skills

- In all level

On

- Communication skills
- Community empowerment and mobilization
- Analytical & Research skills
- Monitoring and evaluation

Awarding, encouragements, recognition documentation and publication of Success stories enhance the personal enthusiasm and personal skills.

Strengthen Community action

- Identify community support groups
- Enable and empower communities

  Facilitate to identify needs and resources

  Provide responsibilities

  Leadership opportunities

  Connect them with all other stake holders
- Community based monitoring and evaluation

Reorienting health services

- Aim for a balance between health promotion and treatment services
- Good collaboration with other sectors whose work impacts on health
- Include health promotion in institutional and individual performance evaluations
- Make people to demand health services to meet their health promotion needs.

Actions needed

- Health promotion settings should start from health surveys – Problems, underlying/root causes, Stakeholders, community mobilization etc.
- Health promotion activities monitored in regular agenda of performance evaluation – Fixing Process, output and outcome indicators.
- Close supervision and support for health promotion programs in field level – SPHM, SPHI, MOH.

Health promotion and communication

- Health Media Forum – Provincial organizing and regulating body for mass media communication.
- Health Promotion documentaries (Success stories)
- Health promotion Planning and evaluation tools and links
- Learning opportunities – Real time experiences.
- Links to resources and information for good health promotion practice.

Annex 12. 14: Development of Ayurveda

General Health Promotion by Indigenous aspect

1. **Route of Implementation**
   a) Establish effective system for General Health Promotion in Provincial level.
   b) Build up the leadership behavior for health promotion in all levels of Indigenous sector.
   c) Ensure the community participation – Identify the Volunteers and Community Development Centres.
   d) Multi sectoral approach regarding Health Promotion in Northern Provincial Council.
   e) Verify the level of health status of the people in Northern Province.
   f) Using strategies for Evidence base Health promotion activities in Indigenous medical concept.
   g) Effective communication with Allopathic and other medical systems.
   h) Improve the inter sector communication.
   i) Effective publications by using media and printed matters.
   j) Allocate finance and other resources.

2. **Constrains of Implementation of General Health Promotion via Indigenous aspect.**
   a) Lack of awareness of the public regarding the Indigenous medicine.
   b) Less priority for Indigenous system from all levels of management.
   c) Lack of coordination within and outwards of Indigenous sector.
   d) No enough fund allocations.

3. **Sources of General Health Promotion.**

   A) Preventive care

   a) Nutrition programme – Leave porridge, Herbal drink, Food supplements packs, etc
   b) Health Education to the People, especially villagers and school students.
   c) Encourage the daily habits or regulations (jpdrhpia)
   d) Panchakarma therapies.
   e) Yoga and Meditation therapies.
   f) Joining with Allopathic medical system.
   g) Adjoining with the control of Communicable diseases and NCDs.

   B) Curative care.

   a) Best management for all types of diseases, especially some chronic diseases.
   b) Confirm the effective referrals between Allopathic and Indigenous medical systems.
   c) Panchakarma, herbal or stream bath and massage for some disease conditions.

C) Rehabilitation

a) Ensure the recovery from illness by Indigenous medical management.
b) Education for Diet habits – Nutritional and General backgrounds
c) Follow up of Medical treatment.
d) Mental health promotion – Meditation
e) Physical reformation

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DEVELOPMENT OF AYURVEDA

Objective 1: to ensure conservation and promotion of traditional medicine.

Strategies: 1. ENSURE QALITY DATA AND UINFORMATION

	Major Activity	expected output	Indicator	Means of verification	time frame	Responsibility	source of fund
1	COLLECTION AND DOCCUMENTATION OF TRADITIONAL PRACTICES AND PRACTITIONERS OF NP	DBMS IS DEVELOPED	number of physicians	Progress review at department level	2014 - 2015	IT unit of the province Department of IM CONSERVATIN BOARD, AYURVEDIC Medical council	to be identified

2 Ensure legitimacy oftraditional practices

	Major Activity	expected output	Indicator	Means of verification	time frame	Responsibility	source of fund
1	regularization of traditional practices	statute and regulations are formulated and implemented within province	reduction in number of complains regarding malpractice	Divisional level check ups	2014-2015	PCIM, AMOSs, CMOSs	Annual Budget

	Major Activity	expected output	Indicator	Means of verification	time frame	Responsibility	source of fund
2	establishment of patent rights and interlectual property right to tradtional practices and knowledge	traditional knowledge and practices are regulated and uplifted	number of generations legally identified	DBMS,	2015-2025	CMOs, Conservation board, Ministry of science and technoogy, Ministry of IM	Ministry of science and technoogy
	3. strengthening tradictionalmedicine						
	Major Activity	**expected output**	**Indicator**	**Means of verification**	**time frame**	**Responsibility**	**source of fund**
3	Institutionalization of education of traditional medicine	Fully facilitated Tradtitonal education institute is established		Progress review at department level	201`4-2020	Ministry, PDIM, Dept of Ayurveda, Alumni association of LSAMC, Department of Ayurveda	Donors
4	preservation of traditional knowledge	1. traditional manuals reprinted and translated 2. Palm scripts Micro filmed 3. establishment of museum	1 number of manuals reprinted 2. number of palm script microfilmed 3. Number of items displayed in museum	Progress review at department level	2014-, 2016	Conservation boards, Ministry, PDIM	departmental budget Donors

	Major Activity	expected output	Indicator	Means of verification	time frame	Responsibility	source of fund
5	Strengthening traditional practices	establishment of traditional hospitals	Number of hospital established	Progress review at department level	2014-2020	Conservation boards, Ministry, PDIM	Donors

Development and conservation of traditional knowledge

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
1	**Lack of quality data and information**	**establish web based DBMS with online updating from front line Officers**	√		
2	**Lack of proper regulations to restrict malpractice of traditional medicine**	**establishment of proper regulations in registration of physicians, cancellation and registration of IM Institutions- Statute**	√		
3	**Impact of war which affected practice of traditional physicians**	**1. Providing basic facilities to initiate practice 2. introducing and loan system 3. introducing pension scheme**	√		
4	**Loss of traditional knowledge due to maintenance of secrecy**	**1. establish a system and legal framework patent right , and intellectual property right for traditional knowledge**		√	
5	**Deterioration of traditional properties- palm script and traditional equipments**	**establishment of a museum for indigenous system**	*	√	

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
6	**Deteriorated standard of Lanka Ayurvedic college study program**	**Re-organization of the study program by formation of quality assurance committee comprising of pass out doctors students and sector related well - wishers**	√		
7	**Non conservation of traditional texts from northern province**	**1. reprinting**	√		
		2. publishing in simple version with English translation		√	
		3. Motivate traditional physicians to donate texts /manuscript by monitory awards		√	

Medical production

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
1	**Lack of adequate supply of medicine in market**	**1. establish new supply centers at district level**	√		
		2. promote production from Provincial Drug manufacturing unit to cater the need of private sector-------provincial corporative drug manufacturing centre-	√		√
2	**Lack of quality control and price control mechanism**	**1. establishment of Drug formulary committee**	√		

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
		2. developing pharmacopeia based on Indians Siddha Pharmacopeia		√	
		3. formulating Indigenous drug policy for province	√		
		4. formulating price control committee	√		
3	**Difficulty in getting special raw materials due to complex procedures and strict regulations - opium act, dangerous Drugs act**	**Facilitation of systemic procedures at provincial level through regulatory committee- Statute**		√	
5	**Unaffordable price imposed on imported medicines**	**Propose India high commission to supply medicines at low price for certain period**	√		
6	**Lack of R&D in IM production and marketing**	**Establishment of research unit in PMSD**			√
7	**Lack of modernization in indigenous medical products**	**utilization of modern technology in production- provincial corporative drug manufacturing centre-**			√

Research and Research and documentation

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
1	**Lack of documentation for**	**1 establish a publication committee**	√		

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
	traditional & IM knowledge	**2. establishment of digital library**		√	
		3. Microfilming palm scripts		√	
		4. conservation of ancient texts and equipments			√
		5. exploration of traditional knowledge through research			√
2	**Lack of opportunities to undertake research efforts**	**1. formulation of ethical committee for indigenous medicine according to ethical guidelines**	√		
		2. establish a research committee	√		
		2. establishment of research laboratory			√
		3.Introduce annual Scholarship for research in indigenous medicine		√	
3	**Lack of opportunities for postgraduate studies in Siddha Medicine**	**1. Introduce postgraduate study program in Jaffna University**		√	
		2.facilate the admission to foreign universities through proper coordination	√		
4	**Lack of sources to find out the details of researches carried out in indigenous medicine**	**Establishing Database and upload in website**	√		

Herbal Garden Development

SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
1	Destruction of medicinal plants - urbanization, agricultural activities, deforestation, dengue control	1. Create awareness on medicinal plants	√	√	
		2. insitu conservation- collaboration with forest dept		√	
		3. formulation of regulation to safeguard MP	√		
2	Lack of skills in Identification and cultivation of medicinal plants	1. introduce recognized study programs in herbal cultivation		√	
		2. promotion of herbal gardens at DS level	√		
		3. Establishment of herbal village	√		
3	Lack of opportunities to income generation	1. create market opportunity		√	
		2. create awareness on profitable herbal cultivation	√		
		3. coordinate private sector with cultivators		√	
4	Difficulty in obtaining quality fresh herbs	1. establish quality control, and quality assurance system		√	

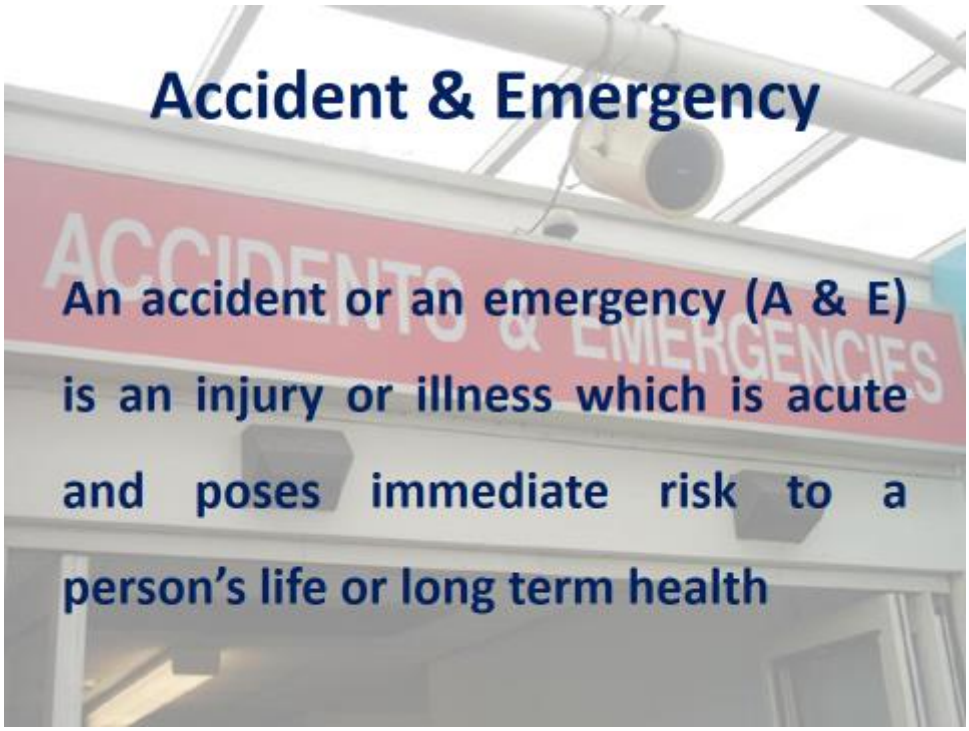
SN	PROBLEMS	SOLUTIONS	SHORT	MEDIUM	LONG TERM
		2. Promote private sector and CBO to cultivate herbal plants	√		

Strengthening Provincial Institutions

No	Problem	Suggestions	Short Term	Medium Term	Long Term
1	**Inadequate infrastructure facilities to provide standard secondary level patient care**	**1. Establish one Provincial Indigenous Medicine Hospital with special units.**			√
		2. Establish fully equipped Indigenous Medicine Base Hospital in District level		√	
		3. Establish Indigenous Medicine Rural Hospital at each Divisional Secretariat level.		√	
		4. Improvement of FAD infrastructure		√	
2	**Lack of special unit for Special therapies.**	**1. Establishment of special Ayurvedic Hospital at Provincial level.** **1.Panchakarama** **2.Yoga** **3.Acupuncture** **4.Homiopathy**			√
	1. Panchakarma **2. Yoga**	**2. Create special units in all Ayurvedic Base Hospitals.**		√	

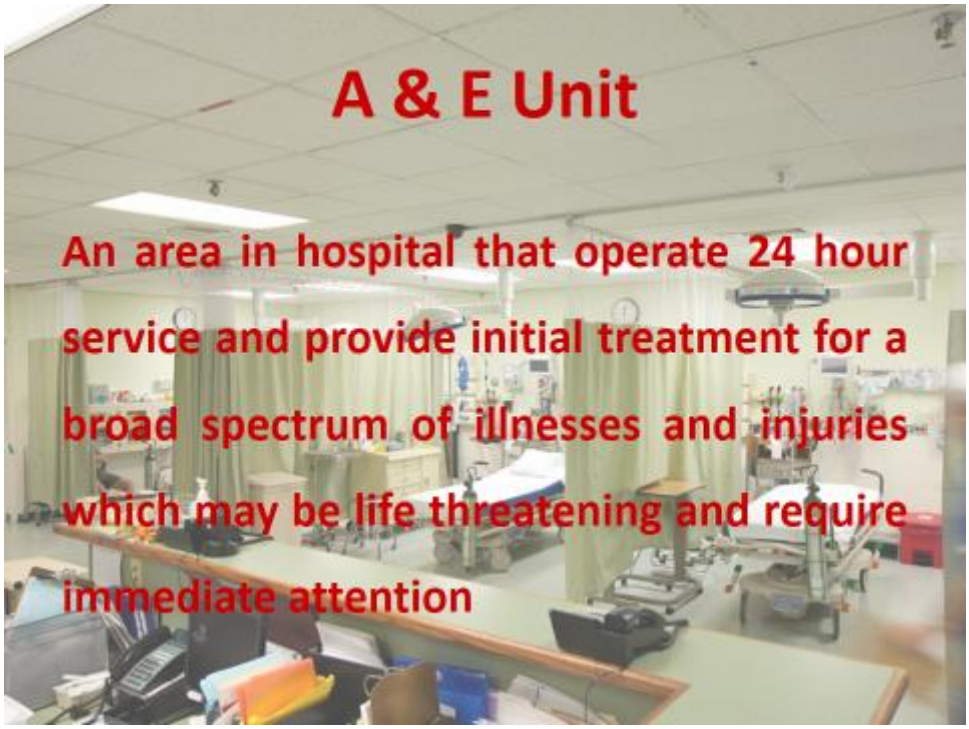
No	Problem	Suggestions	Short Term	Medium Term	Long Term
	3. Acupuncture **4. Homiopathy**				
3	**Lack of opportunities to promote income generation and tourism through IM**	**1. Establishment of Health resort with collaboration of Department of tourism.**			√
		2. Establishment of Herbal Gardens with Health promotion activities through Yoga and Panchakarma etc.			√
		3. Establishment of indigenous medical village complex with herbal park, herbal production units, herbal sales centres, Indigenous medical centers, Indigenous medical education unit like as Art of living International Center.			√
4	**Lack of sector specific human resource development system- training for attendant, masseur, dispenser**	**1. establish human resource development unit at department level in collaboration with Dept. Ayurveda**	√	√	√
5	**Lack of institutional arrangement to recruit and train ayurvedic pharmacist and Ayurvedic Nursing officers**	**Development of a program for recruitment and training with collaboration with Provincial ministry of health and Ministry of Indigenous medicine at central level.**		√	

Annex 12. 15: Emergency Care




Goal
Establish efficient and effective A & E services to reduce disability, morbidity & mortality in hospitals


Policy Statement
All major hospitals shall provide A & E services


A & E Unit
An area in hospital that operate 24 hour service and provide initial treatment for a broad spectrum of illnesses and injuries which may be life threatening and require immediate attention


Emergency Medical Services
Transformed from simple transport vehicles to a mobile treatment & stabilization unit


Our Major Healthcare Facilities
• DGH - Vavuniya
- Mannar
- Kilinochchi
- Mullaitivu
• Base Hospitals
• A - Pointpedro
- Tellippalai
• B - Cheddikulam
- Chavakachcheri
- Kayts
- Mulankavil
- Mankulam

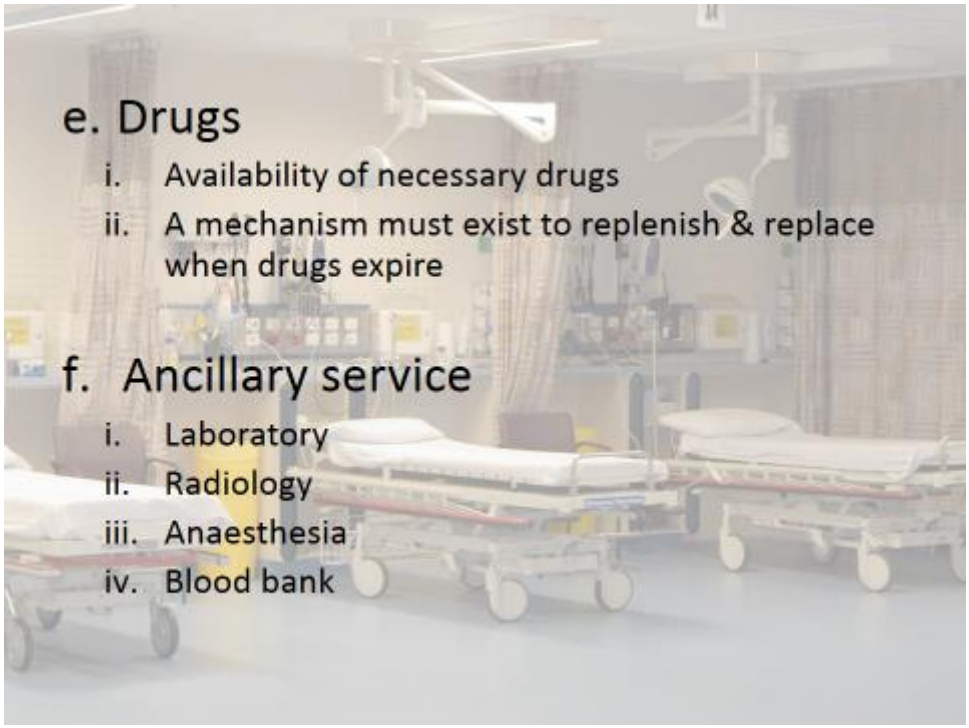

A & E Resource Planning
1. Responsibility & Public expectation
2. Necessary elements
a. Administration
b. Staffing
c. Facility
d. Equipment & supplies
e. Drugs
f. Ancillary services
3. Relationship & Responsibilities
A&E


1. Responsibilities & Public expectation
1) Qualified personnel with knowledge & skills
2) Doctor & nurse available 24 hours a day
3) Care must be given with standards & regulations


2. Necessary Elements
a. Administration
i. Organized & administered to meet the health care needs of patient population
ii. In-charge of A & E to ensure quality, safety & care
iii. Training
iv. Immediate evaluation & possible stabilization should be available according to the emergency medical condition
v. Maintain a register to identify each individual patient
vi. Maintain a medical record

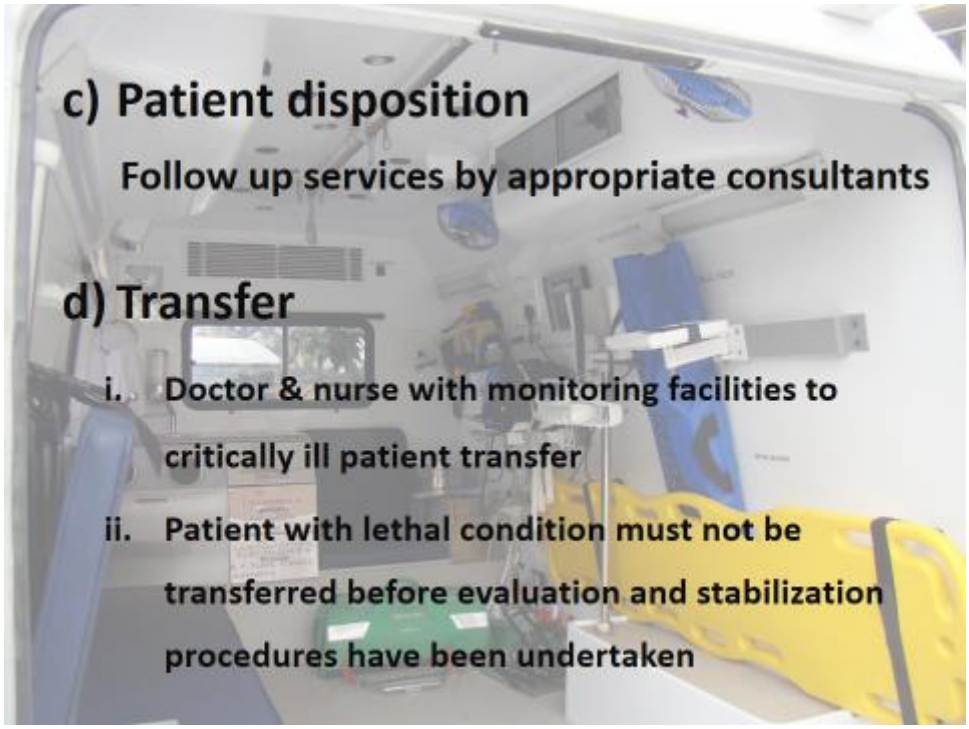

b. Staffing
i. Qualified staff for 24 hour service
ii. In-charge to ensure proper administration
iii. Assess staffing on a regular basis
c. Facility
i. Safe environment to patient, staff & visitors
ii. Available radiological & laboratory services


d. Equipment & Supplies
i. Necessary equipment must be immediately available all the time
ii. Proper functioning of all reusable equipment must be documented at regular intervals
iii. High quality equipment depend on the needs of the patient


e. Drugs
i. Availability of necessary drugs
ii. A mechanism must exist to replenish & replace when drugs expire
f. Ancillary service
i. Laboratory
ii. Radiology
iii. Anaesthesia
iv. Blood bank


3. Relationship & Responsibilities
a) Pre – Hospital care
i. Transported to the nearest A & E
ii. Inform transfer of critically ill or injured
b) Emergency facility
i. All must be evaluated promptly
ii. Measures must be initiated to stabilize and manage emergency condition


Summary
All major health care centers in Northern Province should develop or improve facilities of A & E services to provide emergency care of the individual and the community


c) Patient disposition
Follow up services by appropriate consultants
d) Transfer
i. Doctor & nurse with monitoring facilities to critically ill patient transfer
ii. Patient with lethal condition must not be transferred before evaluation and stabilization procedures have been undertaken


Thank You

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