Maternal and Child Health Policy – Action Plan

Component:	**Maternal Health**
Objective:	Ensure a safe outcome for both mother and newborn through provision of quality care during pregnancy, delivery and post partum period

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Maternal care strategic plan available and used for planning purposes	1. Develop national strategic plan, annual operational plan on maternal care	Availability of National Strategic plan	Zero	Available by end 2011	MoH, Family Health Bureau	WHO, SLCOG
	2. Provinces and districts to develop their operational plans based on the national strategic plan	Availability of district operational plans	Adhoc	Availability by 2012	FHB & Provincial Health authorities	SLCOG
	3. Establish a technical Advisory committee on Maternal health and function regularly	No. of meeting of technical advisory committee on MH in year	Zero	Meetings held once in two months by 2011	MoH, FHB	SLCOG, WHO, UNICEF, UNFPA, Provincial authorities
2. Availability of uniform, updated evidence based technical guidance and direction to improve	1. Develop protocols and guidelines on maternal care based on internationally accepted current evidences	Availability of a pilot tested evidence based maternal care service delivery package	Adhoc	Available and implement in all districts by 2013	FHB, SLCOG	WHO, UNFPA, UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
maternal care	2. Develop and disseminate Management protocols and guidelines on ten leading maternal morbidities	Availability of protocols'	Few	Availability of 10 protocols by 2013	FHB, SLCOG	WHO, UNFPA, UNICEF
3. Availability and adherence to uniform, updated, evidence based technical guidance on EOC and EmOC	1. EOC, and EmOC guidelines and protocols developed and disseminated	Availability of EOC and EmOC guidelines and protocols	Few, adhoc	Guidelines and protocols available by 2013	FHB, SLCOG	WHO, UNFPA
	2. Establish women friendly intra natal care including pain relief and positive birth care practices	% of women received pain relief during delivery % of women who had birth companion at delivery	Data not available	50% women delivered by 2013 75% of women delivered by 2013	FHB, SLCOG	Provincial health authorities/ WHO/UNICEF / UNFPA
	3. Practice universal precautions for BOC, EOC and EmOC	% of institutions practiced standard universal precautions	Data not available	100% of institutions by 2013	FHB, SLCOG	Provincial health authorities/ WHO/UNICEF / UNFPA
	4. Develop a model system for effective management of medical diseases complicating pregnancy	No. of management protocols for effective management of medical diseases complicating pregnancies available	Zero	Protocols available by 2013	FHB, SLCOG SL College of Physicians	Provincial health authorities/ WHO/UNICEF / UNFPA
	5. Establish high dependency units (HDU) in obstetric units	% of hospitals with specialised care having HDU	DNA	100% CEmOC facilities to have HDUs	FHB, SLCOG Heads of institutions	UNFPA/WHO

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	6. 24 hour functioning EmNOC facilities established as per norm	% of hospitals with specialised care having 24/7 blood transfusion services % of hospitals with specialised care having 24/7 laboratory services	DNA	100% in CEmOC institutions by 2013	MoH, FHB	SLCOG/UNFPA, UNICEF, WHO
4.Strengthen supportive services (laboratory, radiology, blood transfusion, high dependency and intensive care) to improve maternal care	1. Develop norms for supportive care services	Availability of norms for supportive services	Zero	Available by 2013	MoH, FHB Professional bodies	Provincial health authorities/ WHO/UNICEF / UNFPA
	2. Establish supportive services to provide basic, essential and emergency maternal care services	% of institutions equipped with supportive services according to norms	DNA	25% by 2013	MoH, FHB Provincial health authorities	WHO/UNICEF /UNFPA/ Professional bodies
5. Logistics Management System (LMIS) for maternal care and supportive services established	1. Establish LMIS for maternal care and function on annual basis	Availability of the system % of institutions with stock outs of essential items	Zero	System established by 2013 75% of institutions with adequate stocks	MoH, FHB Provincial health authorities	WHO/UNICEF / UNFPA/ Professional bodies
6. A functioning quality assurance system for maternal care established	1. Standards developed on quality of maternal care	Availability of standards on maternal care	adhoc	Availability of the standards by 2013	MoH, FHB Professional bodies	WHO/UNICEF / UNFPA
	2.Establish an effective quality assurance system for Maternal Care	Availability of Accreditation system for maternal care service delivery points	Zero	50% of institutions to be accredited by 2013	MoH, FHB Professional bodies	Provincial health authorities/ WHO/UNICEF / UNFPA

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	3. Build capacity of all maternal care service providers through pre service and in-service training programmes	% of health staff trained in quality assurance	DNA	50% coverage by 2013	MoH, FHB Professional bodies Provincial health authorities/	WHO/UNICEF / UNFPA
	4. Maternal care quality indicators introduced into routine MIS for monitoring	Availability of quality indicators in the RH MIS	A few	100% coverage by 2013	FHB/ Hospitals	WHO/UNICEF / UNFPA
7. Nutritional status of pregnant and lactating women improved						
	1.Implement appropriate interventions to improve nutritional status of all pre pregnant, pregnant and lactating women	% of mothers BMI less than 18.5 % of mothers gained adequate weight during pregnancy according to BMI % of pregnant women with Hb < 11g/dl	24% in 2009	20% by 2013 50% mothers to gain adequate weight by 2013 15% by 2013	FHB and provincial health authorities	WHO/UNICEF / UNFPA
8. Improved Behaviour Change Communication (BCC) interventions in maternal care	1. Implement awareness programs for expecting couples	% of pregnant women attended to 3 parent crafting classes during pregnancy	adhoc	80% by 2013	HEB, FHB and provincial health authorities	Community groups
9. An effective referral system for maternal care established and implemented	1. Develop specific criteria and guidelines for emergency transfers and established the system	Availability of guidelines on emergency obstetric transfers	zero	Availability of the guidelines by 2013 and Implement in 50% of districts by 2013	FHB and provincial health authorities	

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	2. Create public awareness to minimize delays in seeking appropriate maternal care	Proportion of maternal deaths due to 1st delay		Reduce proportion of 1st delay by 25% by 2013	FHB and provincial health authorities, SLCOG	Community groups
10. Improved availability and accessibility of quality maternal care services to special target groups	1. Strengthen MCH service delivery in the estate sector and resettlements	% of skilled birth attendance in the estate sector and resettled areas No. of BEmOC facilities in resettlement areas	80%	95% by 2013	FHB, Plantation Trust, Provincial staff	UNICEF, UNFPA, SLCOG
11. Maternal Mortality and morbidity surveillance system is re-oriented and implemented successfully	1. Conduct national Maternal mortality reviews timely	% of health regions conducted NMMRs	75%	100% by 2011 - 2013	FHB/ MoH, Provincial	SLCOG, UNICEF
	2. Strengthen linkages with Registrar General's Dept./Medical Statistics unit on maternal mortality data base	Availability of a mechanism to link data	Zero	No of maternal deaths reported from other sectors	RGs Dept, MoH, FHB	SLCOG
	3. Develop and implement a comprehensive maternal mortality database and published data annually	Availability of database Annual report published	50% zero	Available by 2011	FHB	UNICEF/WHO
	4. Establish a confidential enquiry into maternal deaths surveillance system (CEMD)	Availability of CEMD	Zero	No, of cases reviewed thro CEMD	FHB, SLCOG	WHO/UNICEF
	5. Establish an Institution-based Maternal Morbidity Surveillance system	Availability of surveillance system on severe Maternal morbidity (near-miss inquiray)	zero	Pilot tested in 10 health care institutes	FHB/SLCOG	WHO

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	6. Strengthen existing field surveillance system on maternal morbidity	% of MOH areas with accepted levels of reporting	30%	60% MOH areas with accepted levels of reporting	FHB/ provincial health staff	

Component:	**Newborn Health**
Objective:	**Ensure reduction of perinatal and neonatal morbidity and mortality through provision of quality care**

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Policy guidance and direction to the Newborn Care programme in place	1. Develop and make available a national MCH/FP policy encompassing all components of the newborn care programme	National policy on MCH/FP including all the components of the newborn health available	Draft	Available by 2011	FHB	Professional bodies, MoH
	2. Advocate and create awareness on the newborn care program to parliamentarians, policy makers, central and provincial administrators, service providers, development partners, all other stakeholders and public	No. of awareness programs conducted	NA	Ongoing programme 2011-2015	FHB, MoH	Development partners

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	3. Develop, implement and monitor a five year strategic plan, annual operational plan on newborn care based on the policy	National Strategic plan on maternal and newborn health Operational plans in par with the National MNH strategy	NA	Available by 2011 Available from 2011-2015	FHB,	WHO, MoH, professional bodies
	4. Facilitate, coordinate and guide the provinces and districts to develop their operational plans based on the MCH/FP policy.	Availability of operational plans in par with the National Policy and MNH strategic plan at Provincial, district and divisional levels	Adhoc	Annually from 2011-2015	FHB	Provincial staff
	5. Establish and regular functioning of Technical Advisory Committee (TAC) on newborn care.	Availability of a effectively functioning technical advisory committee on Newborn Health	On-going	Conduct regular meetings (6 annually 2011-2015)	FHB DDG(PHS)	Professional bodies, Committee members
2. Uniform, updated evidence based technical guidance and direction available to improve neonatal care	1. Incorporate current evidences in to the Newborn Heath Programme on a regular basis	No. of evidences incorporated	A few	Available and implement in all districts by 2013	FHB	SLCCP, WHO, UNICEF
	2. Update existing circulars, guidelines and protocols and develop new ones based on current evidence, to disseminate them	Circulars, guidelines and protocols updated once in two years	A few	Update once in two years 2011-2015	FHB, SLCCP	Provincial staff
	3. Develop and introduce evidence based essential and advanced newborn care service delivery packages	Availability of a evidence based newborn care service delivery package	Adhoc	Available by 2011 Implement in all districts by 2013	FHB	WHO, Provincial staff

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
3. A comprehensive quality assurance system for newborn care in place	1. Establish an inbuilt system for regular monitoring of the quality of care	Availability of Newborn Care standards	Draft stage	Regular monitoring established by 2013	FHB, SLCCP	WHO, UNFPA
	2. Train all neonatal care providers through pre service and in service training programmes to ensure quality service provision	% of staff trained	DNA	90% by2013 90% by 2013	FHB, SLCCP	WHO, Provincial staff
	3. Newborn care quality indicators introduced into the MIS and monitor them	No. of indicators in use	NA	Completed by 2015	FHB, SLCCP	WHO, UNICEF
4. Quality essential care available to all newborns at institutional and field levels	1. Develop essential newborn care package	Availability of ENC package	Draft	Develop ENC package by 2011	FHB, SLCCP	WHO, UNICEF
	2. Introduce essential newborn care package	% of institutions introduced with ENC package % of MOH areas introduced with the community ENC package	Draft	90% of institutions by 2013 90% by 2015	FHB, SLCCP	WHO, UNICEF
	3. Develop standards for essential newborn care	Availability of Newborn Standards	Draft	Complete by 2011	FHB, SLCCP	WHO, UNICEF
	4. Implement standards for essential newborn care	% of institutions following newborn standards	Nil	90% institutions following newborn standards by 2015	FHB, SLCCP	WHO, UNICEF
5. Improved quality services for high risk	1. Develop and implement standards for high risk newborn care	% of institutions following high risk newborn care standards	Nil	90% institutions following standards for high risk newborns by 2015	FHB, SLCCP	WHO, UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
newborns	2. Develop guidelines and protocols to manage high risk (premature, LBW, IUGR, congenital abnormalities etc) and sick newborns (septicaemia, jaundice etc)	Availability of guidelines and protocols to manage high risk and sick newborns	Adhoc	Available by 2012	FHB, SLCCP	WHO, UNICEF
	3. Implement guidelines and protocols to manage the above high risk and sick newborns	% of institutions using guidelines and protocols to manage high risk and sick newborns % of deaths due to high risk conditions like asphyxia, septicaemia	Nil	90% of the institutions using guidelines and protocols to manage high risk and sick newborns by 2015	FHB, SLCCP	WHO, UNICEF, UNFPA
	4. Develop management guidelines and protocols for resuscitation, ventilation newborns	Availability of management guidelines and protocols for resuscitation, ventilation newborns	NA	Available by 2013	FHB, SLCCP	WHO, UNICEF, UNFPA
	5. Implement management guidelines and protocols for resuscitation and ventilation	% of institutions using management guidelines and protocols for resuscitation and ventilation % of newborns successfully resuscitated % of SCBU admissions due to asphyxia	NA	90% of the institutions using guidelines and protocols for resuscitation and ventilation	FHB, SLCCP	WHO, UNICEF, UNFPA

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	6. Establish Kangaroo mother care' at the centres providing specialised care and in the domiciliary setting	% of institutions practicing KMC % of LBW babies discharged on KMC	A few	100% by 2012	FHB, SLCCP	WHO, UNICEF, UNFPA
6. Improved care for newborns through capacity building on knowledge, skills and competencies of health staff on essential and advanced newborn care	1. Train institutional staff on Essential Newborn Care based on the adapted WHO training module to all institutions providing maternity care	% of staff trained in institutions providing maternity care with ENCC % of staff in the institutions practicing proper hand washing % of institutions practicing the new concepts of ENC	DNA	100% by 2013 100% by 2013 100% by 2013	FHB, SLCCP	WHO, UNICEF, UNFPA Institutional staff
	2. Train field staff to provide essential/routine newborn care in the domiciliary setting.	% of field staff trained in essential/routine newborn care in the domiciliary setting	DNA	100% by 2015	FHB, SLCCP	WHO, UNICEF, UNFPA Provincial staff
	3. Train field staff to support the mothers in domiciliary care of the newborns who are discharged following special/intensive care.	% of field staff trained in domiciliary care of the newborns who are discharged following special/intensive care	DNA	100% by 2015	FHB	WHO, UNICEF, UNFPA Provincial staff
	4. Train staff in Neonatal Intensive Care Units (NICU) and special care baby units (SCBU) regularly in-service on advanced newborn care	% of staff in NICU and SCBU trained regularly on NALS % Neonatal deaths due to asphyxia % Neonatal admissions to NICU and SCBU due to asphyxia	30% DNA	100% by 2015 5% by 2015 10% by 2015	FHB	WHO, UNICEF, UNFPA Institutional staff

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	5. Assessment of in service skills of the health personnel working in newborn care and improve skills	% of health staff has skills to resuscitate newborns % of institutions that conduct regular drills on NALS	DNA	90% by 2015 90% by 2015	FHB, Heads of Institutions	
	6. Incorporate new concepts of newborn care provision into the basic midwifery, nursing, post basic nursing, undergraduate medical and postgraduate medical curricula	No. of basic medical and related course incorporated with new concepts of newborn care	A few	100% by 2015	DDG (ETR), Deans of Medical Faculties, Director PGIM FHB	WHO, UNICEF
	7. Provide standard facilities at newborn corners (in Labour Room and Operating Theatre) in institutions providing maternity care	% of institutions with standard facilities in the newborn corners	DNA	100% by 2012	DDG (MSD),	PDHS, Heads of Institutions UNFPA /UNICEF
	8. Provide standard facilities at neonatal stabilization units in institutions providing maternity care	% of institutions with standard facilities in neonatal stabilization units	DNA	100% by 2012	DDG (MSD),	PDHS, Heads of Institutions UNFPA/ UNICEF
	9. Provide standard care at Special care baby units/neonatal intensive care units in all the institutions	% of specialised institutions with standard facilities in the SCBU/NICU	DNA	100% by 2015	DDG (MSD), PDHS, Heads of Institutions	Government/UNFP/SDF/UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	10. Establish at least one functioning Neonatal Intensive Care Unit in each district with all facilities	No. of districts that have at least one neonatal intensive care unit	90%	100% by 2015	DDG BME, D(MSD),	PDHS, Heads of Institutions UNICEF
	11. Establish Mother baby centres with standard facilities in all institutions providing specialised care	% of specialised institutions with standard facilities in the Mother Baby Centers	50%	100% by 2013	DDG BME, D(MSD),	PDHS, Heads of Institutions UNICEF
	12. Establish lactation management centres with standard facilities in all institutions providing specialised care	% of specialised institutions with standard facilities in the Lactation Management Centers	50%	100% by 2013	DDG BME, D(MSD),	PDHS, Heads of Institutions UNICEF/UNFPA
	13. Implement a functional referral system for specialized care with clear catchments areas	No of provinces with a functioning referral system	None	All provinces by 2013	PDHS, FHB	SLCCP
	14. Conduct regular needs assessment for essential and advanced newborn care facilities in institutions	% of institutions in which needs assessment is conducted annually	None	100% by 2012	FHB	PDHS, Heads of Institutions
7.Effective implementation of the Baby Friendly Hospital Initiative	1. Implement the Baby Friendly Hospital Initiative	BFHI strategy developed	Draft	Completed by 2011	DDG(PHS), FHB	Heads of institutions WHO/UNICEF
	2. Train all staff in maternity and newborn care units in the institutions in the 20 hour WHO/UNICEF Baby Friendly Hospital Initiative training course	% of staff trained in the 20hr revised course on BFHI	5%	90% by 2013	FHB	RDHS, Heads of Institutions WHO/UNICEF
	3. Establish a system for internal and external assessment and accreditation	No of institutions accredited as BFHI	None	60% by 2013	FHB	RDHS, Heads of Institutions WHO/UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	4. Ensure regular functioning of the formal BFHI implementation and monitoring committee	Regular meetings of the BFHI implementing committee held	Regular	100% by 2011-2015	Secretary Health, DGHS,DDG (PHS)	Committee members
	5. Monitor the Sri Lanka code for promotion, protection and support of breastfeeding and marketing of designated products in collaboration with Infant and Young Child Feeding (IYCF) Programme	Regular conduction of monitoring committee meetings (once in two month) No. of violations reported % of reported violations to which action is taken	Regular	2011-2015 All meetings are conduced regularly	Secretary Health, DGHS, DDG(PHS), FHB	Attoney Generals Dept, Ministry of Consumer affairs
8.Well implemented neonatal information system	1. Introduce and ensure utilization of newborn formats in all institutions providing care for the newborns	% of institutions using newborn formats	60%	100% by 2012 2011 -2015	FHB , SLCCP	RDHS, Head of Institutions
	2. Improve coverage , quality and timeliness of Hospital Maternity and Newborn statistics return (H 830)	% of institutions sending H 830 return		100% by 2013 2011 - 2015	FHB, MSU, SLCCP	PDHS, RDHS, Head of Institutions
	3. Establish a linkage with the vital registration system to share information	Availability of the system	NA	By 2013	FHB RGs Dept	Director Information
	4. Use GIS package to monitor newborn care facilities and outcomes up to institutional level.	% of institutions covered by the GIS mapping	None	100% by 2015	DMCH, Director Information,	Government/ WHO/UNICEF
	5. Periodically publish a report on neonatal morbidity and mortality.	No of periodicals published	None	Annually one report 2011 -2015	FHB	UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
9.Evidence based information on newborn care established	1. Conduct newborn care research with other relevant partners.	Areas researched	few	2011-2015	FHB	WHO/UNICEF/ UNFPA
	2. Pilot test interventions on newborn care and analyse the cost effectiveness and sustainability	% of interventions costed	None	90% by 2015	FHB/Director Finance	Government
	3. Work with governmental, non governmental and private sector authorities for development of Newborn Care Services (eg: Labour Department, Ministry of Women and child development, Social services etc).	No. of meetings held	Few		FHB	Other relevant ministries
10. Newborn Care Unit of	1. Upgrade intranasal and newborn care unit of the FHB	Facilities for provision of quality services available at the unit	60%	Up graded by 2013	FHB	
	2. Strengthen technical and managerial capacity of the NBH programme managers	No of programmes attended by the programme manager		2011- 2015	FHB/ DDG (PHS)	WHO/UNICEF

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
the Family Health Bureau strengthened for effective implementation and monitoring of the newborn care programme	3. Establish a NBH Programme monitoring and coordination mechanism with the central ,provincial, district health authorities, plantation sector, local government, private sector authorities etc	Monitoring and coordinating mechanism established	Initiated	2014	FHB /MoH SLCCP	UNICEF/ UNFPA
	4. Develop annual operational plans (with costing) in collaboration with provincial and district authorities	No of districts supported to develop the district plans	5%	2011 -2015	FHB /MoH SLCCP	PDHS/RDHS
	5. Develop web based system to share information to provide guidance and directions to newborn care stakeholders	Development of the website	Under development	2011-2015	FHB	GAVI-HSS, UNICEF

Component:	Child Health
Objective:	Enable all children under five years of age to survive and reach their full potential for growth and development through provision of optimal care

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. High quality infant and child care services made available both at field and institutional settings.	1. Develop policy and strategic plan on child health	Availability of policy and strategic plan on child health	National MCH policy 2011	Policy and strategic plan available by 2012	FHB	UNICEF/ WHO College of Paediatricians
	2. Develop relevant protocols and guidelines in Child Health	No. of protocols and guidelines available	IYCF guideline, Managing malnutrition in community, vit. A supplementation, feeding during emergency, MMN supplementation	All available by 2012	FHB	College of Paediatricians UNICEF/ WHO
	3. Supply necessary equipment and other supplies to all institutions (including field)	% of MOH areas with standard set of equipment	DNA	80% by 2013	FHB	Provincial authorities, UNICEF
2.Optimal nutritional status achieved by all children	1. Development of a national strategic plan on Infant and Young Child Feeding	Availability of the strategic plan	NA	Strategic plan available by 2012	FHB	Other relevant Directorates, UNICEF, WHO
	2. Regular monitoring of growth of all under five children	% of children <5 yrs whose growth is monitored regularly	80%	100% by 2012	FHB	Provincial staff

	3. Improve nutritional status of children under five years by promoting appropriate IYCF practices	Prevalence of underweight among under 5 children Prevalence of wasting among under 5 children Prevalence of stunting among under 5 children Prevalence of Iron deficiency anaemia among under 5 children Prevalence of vitamin A deficiency among under 5 children	21.1% 14.7% 17.3% (DHS 2006/7) 25.2% NFSA 2009 29.3% MRI 2006	19.0 % by 2013 13.5% by 2013 16.5 % by 2013 20.0% by 2013 20.0% by 2013	FHB	UNICEF/WHO GOSL
	4. Capacity building of health staff on child health - infant and young child feeding - growth monitoring	% of districts with trained trainers - infant and young child feeding - growth monitoring	End 2011 77% 15%	 100% by 2013 50% by 2013	FHB	 Provincial health staff UNICEF/WHO
	5. Supplement all children under five years with age appropriate vit A.	% of target population covered % of children<5 yrs with Vit A deficiency	66% MRI 2006 29.3% MRI 2006	80% by 2013 Vit A deficiency reduced to 20% by 2015	FHB	Provincial health staff UNICEF
3. Evidence-based practices in place for management of common childhood illnesses	1. Develop management protocols for common childhood illnesses 2. Integrate management protocols into different levels of medical curricula	Availability of protocols No. of institutes with relevant curricula	Adhoc	Protocols on 10 disease entities developed by 2013 80% of institutes with revised curricula	FHB	WHO
	3.Capacity building of primary care physicians	No. of staff trained	DNA	100 physicians trained	FHB	WHO

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
4.Surveillance system on childhood morbidity and mortality developed	1. Establish a reporting system on child mortality	% of deaths reported through the system	NA	50% by 2013	FHB, Medical statistics unit	UNICEF/WHO, SLCCP
	2. Develop a child mortality database	Availability of data base	NA	Available by 2012	FHB, RG's Dept	UNICEF/WHO, SLCCP
	3. Conduct a Birth cohort study	Report available	NA	By 2013	FHB	
5.Optimized psychosocial development	1.Adopt Early Childhood Care and Development manual	Manual is developed in both Sinhala and Tamil languages.	NA	By 2011	FHB, College of Psychiatrists& Paediatricians, Child Secretariat	UNICEF WHO, NGO, CBOs,
	2.Develop ECD standards	Report available	NA	By Q1 2011	FHB, College of Psychiatrists& Paediatricians, Child Secretariat	UNICEF
	3.Audit and revamp the ECD programme	Proportion of mothers who has awareness on ECD	Adhoc	75% By 2012	FHB, Child Secretariat, Ministry of Health, Ministry of Child Development& Women's empowerment	Provincial health & ECCD officers, UNICEF
	5. Train local programme implementers in all districts on ECD	Proportion of PHC workers trained on ECD	DNA	100% By 2015	FHB, College of Psychiatrists& Paediatricians, Child Secretariat	Provincial health staff, UNICEF

	6.Incorporate ECD training in to the pre-service training programes	No. of curricula with ECD component incorporated (PHMS.PHNS, MOs)	Adhoc	All main curricula included ECD By 2015	FHB, College of Psychiatrists& Paediatricians, Child Secretariat	DDG/ET & R, NIHS
Expected outcome	**Major activities**	**Outcome indicators**	**Baseline**	**Target and timeframe**	**Responsible National organization**	**Partners**
6. Optimal oral health ensured in all children	1. Develop guidelines & strategic plan to introduce essential preventive, curative & rehabilitative oral health care components to existing infant & child care services	Strategic plan & guidelines available		Guidelines available by 2011	FHB, DDG/Dental services	
	2. Print guidelines (2 Booklet Dental Professionals & PHC staff)	Strategic plan & guidelines printed		Guidelines available in printed format by 2011	FHB, DDG/Dental services	
	3. Improve capacity of PHC staff to identify and provide basic preventive oral health care	No. of PHC staff trained		25% trained by the end of 2011, 100% by 2012	FHB,	Provincial health staff
	4. Improve capacity of dental workforce to identify and provide basic preventive curative & rehabilitative oral health care on developed guidelines	No. of staff DS & SDTT trained		25% trained by the end of 2011, 100% by 2012	FHB	Provincial health staff

	5. Strengthen monitoring & evaluation system	1. % of infants with good oral health practices 2. % of infants with caries 3. % preschoolers with caries		Increase by 75% from the present level by 2013 100% by 2015 Reduction 50% from the present level (23% to 12 %) by 2015 Reduced by 50% (from 68% to 34%) by 2015	FHB, DDG/Dental services	Provincial health staff

Component:	**Children with special needs**
Objective:	Enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of society

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Address the health needs of children with special needs by incorporating a package of intervention to existing child health program.	1. Pilot project on special need is completed	Presence of pilot programme in the MOH areas of Puttalam Districts	Nil	By 2011	FHB	WHO

	2.Special need programme is expanded in 5 districts		Nil	In 5/25 districts by 2015	FHB	WHO

Component:	**School and Adolescent Health**
Objective:	Ensure that children aged 5 to 9 years and adolescents realize their full potential in growth and development in a conducive and resourceful physical and psychosocial environment

Expected Outputs	Major activities	Out put Indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Partnerships between Ministries of Health and Education, other relevant stakeholders and communities are strengthened for the implementation of a comprehensive child and adolescent health programme in school and community settings	1. Establishment of Provincial and Zonal Steering Committees	Number of provinces and having committees	No data	By the year 2015 all the provinces conducting one steering committee meeting per school term	Ministry of Health and Education FHB	Coordination committee members Development partners
	2. Performed regular meetings with all the stakeholders at National level coordinating committee	Number of meetings held committees	5 meetings per year	5 meetings per year	*FHB* D/Health & Nutrition in Ministry of Education	Coordination committee members Development partners

Expected Outputs	Major activities	Out put Indicators	Baseline	Target and timeframe	Responsible National organization	Partners
2. Need based health education, focusing on skill development is implemented	1. Conduct training programs for health & education officials on teaching life skills	% of health & Education officers trained in life skill development	All the district teams have been formulated	By the year 2015, 75% of field health workers and 50% of secondary school teachers trained in life skill development	FHB Provincial Health and Educational Authorities	Health Education Bureau Development partners
	2. Programs for school children on life skills development	% of school children with adequate life skills	65% of school children have adequate life skills (UNICEF,2004)	By the year 2015 the % of children with adequate life skills increased to 75%	Provincial Health and Educational Authorities	Health Education Bureau Development partners
3. Nutrition is improved and healthy lifestyles are in practice among school children and adolescents	1. Encourage school children to engage in routine exercise/physical activity	% of school children doing exercise>1 hr	11% (GSHS,2008)	By the year of 2015 the children do exercise increases to 25%	Ministry of Health and Education FHB	Health Education Bureau
	2. Establishing Health promoting school program	% of schools identified as Health Promoting Schools	20%	% of Health Promoting school increased from 20% to 60% by 2015	Ministry of Health and Education FHB	Health Education Bureau Development partners
	3. Growth monitoring & nutrition education for school children	% of adolescent school children having optimal BMI	65% of male & 75% of female school children have optimum BMI (2010)	68% of male & 77% of female school children have optimum BMI in 2015	Ministry of Health and Education FHB	Health Education Bureau D/Nutrition

Expected Outputs	Major activities	Out put Indicators	Baseline	Target and timeframe	Responsible National organization	Partners
4. Increased access to child and adolescent friendly health services, including dental services and counselling	1. Establishment of adolescent friendly Services in all MOH areas	Number of adolescent friendly centres per MOH area	No data	By the year 2015 at least one referral centre at MOH office	Ministry of Health and Education FHB	D/YEDD
	2. School Medical Inspection	SMI coverage	85% in 2009	90% in 2015	Provincial health & education authorities	Health Education Bureau Epidemiology Unit
	3. Establishment of counselling services for adolescents	% of schools having counselling services	No data	75% in 2015	Provincial health & education authorities	
5. Children and adolescents are empowered to make informed choices regarding their sexual and reproductive health issues.	1. Conduct training programs for health & education officials on SRH education	% field health officials and secondary school teachers trained in SRH education	All the district teams have been formulated	By the year 2015, 75% of field health workers and 50% of secondary school teachers trained	FHB Provincial Health and Educational Authorities	D/YEDD Health Education Bureau Development partners
	2. Programs for school & out of school adolescent children on SRH education	% of children with adequate knowledge on RH	50% school children have adequate knowledge (UNICEF,2004)	By the year 2015, % of school children with adequate RH knowledge will be increased to 60%	Ministry of Health and Education FHB	Health Education Bureau Development partners
6. Parents, guardians and teachers are empowered in caring for children and adolescents.	1. Conduct parental programs to Improve parent adolescent connectedness	% of MOH conducting parenting programs	No data	By the year 2015 50% of MOH are conducting parenting programs	Ministry of Health and Education FHB	D/YEDD Health Education Bureau Development partners

Expected Outputs	Major activities	Out put Indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	2. Conduct training programs for health & education officials on parenting and caring for adolescents	% field health officials and secondary school teachers trained on Parenting	No data	By the year 2015, 60% of field health workers and 40% of secondary school teachers trained	Ministry of Health and Education FHB	Health Education Bureau Development partners

Component:	**Family Planning**
Objective:	Enable all couples to have a desired number of children with optimal spacing whilst preventing unintended pregnancies

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Increased Contraceptive prevalence for modern temporary methods	1. Develop and print guidelines on DMPA, OCP, IUD and sterilization	No. of printed guidelines available.	guidelines on DMPA, OCP, IUD available	sterilization guideline will be available by 2012	FHB,SLCOG	UNFPA
	2. Build capacity of Health staff on Family planning	No. of training programmes conducted	16 programs annually	16 programs annually	FHB	Provincial health staff, UNFPA
	3. Increase accessibility to FP services by establishing new FP clinics (registered & equipment provided)	No. of new clinics registered annually No. of clinics provided with equipment	12	50 per year	FHB	Provincial health staff, UNFPA
		No. of FP clinics functioning	1888	2000 by 2013	FHB	Provincial health staff UNFPA
		% of FP clinics providing method mix	70%	100%	FHB/ SLCOG	Provincial health staff UNFPA
		% Contraceptive prevalence (modern methods)	52%	58% by 2013	FHB/ SLCOG	Provincial health staff UNFPA, NGOs
	4. Improve FP services provision in the field by PHMM and PHII	% of OCP & Condoms distributed by PHMM/ PHII	45%	50%	FHB	Provincial health staff

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
2. Decreased unmet need for contraception	1. Identify and provide services for couples with un met of contraception 2. Strengthen FP services for newly married couples who need postponement	a) % Unmet need for contraception b) % Teenage pregnancies c) % Pregnancies among ≥P5 d) No of maternal deaths due to septic abortions	7.3 % 7% 2% 10	<8% by 2013 <7% by 2013 <1% by 2013 0	FHB/ SLCOG FHB FHB FHB	Ministry of education and Youth affairs
3.Increased prevalence of permanent methods	1. Provide sterilization services in all specialized hospitals	a) % of ≥P5 mothers who underwent sterilization by Medical Officer of Health area b) % prevalence of permanent methods	Data not availab le 17%	>90% 20%	FHB, SLCOG, Ministry of Health	Provincial health staff All curative institutions
4. Improved logistics management of contraceptives at all levels	1.Increase allocation for procurement of contraceptives from the national budget 2. Build capacity of staff involved in Logistics Management 3. Prepare RHCS plan for Sri Lanka	% of contraceptives procured from annual requirement No. of training programmes for store Keepers of Regional Medical Supplies Divisions (RMSD) Availability of a RHCS plan	90% 3 per year Draft	100 3 per year By end 2011	FHB, Treasury FHB FHB/UNFPA	 UNFPA UNFPA

Component:	**Women's Health**
Objective:	Promote health of women and their partners to enter pregnancy in optimal health, and to maintain it throughout the life course

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
Women of childbearing age and their partners receive a comprehensive package of pre-conception care.	Capacity building of staff on pre - pregnancy care	% of staff trained	Zero	50% of staff by 2012 75% by 2013	FHB, NIHS	WHO/UNFPA
	Implement Pre- conception care package for newly married couples	% of MOH areas implemented	Zero.	75% of MOH areas by 2013	FHB Provincial health authorities, Women's Bureau	WHO/UNFPA, National Committee on Women's Health
Most reproductive health issues of women and their partners are attended throughout the life course	Establish Well Woman Clinics in all MOH areas per 15,000 population	Average population served by a WWC in a district	30%	75% WWCs Established in the country according to the norm by 2013	FHB Provincial health authorities	UNFPA/ SLCOG /SLC of Pathologists
	Increase the coverage of women at 35 yrs undergone Cervical Cancer screening.	% of the target population screened by district	10%	80% coverage by 2013	FHB Provincial health authorities	UNFPA/ SLCOG /SLC of Pathologists, NGOs,

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
Reproductive health issues of migrant women and their families are addressed	Preparation and printing of Package for migrant women	Availability of the package	NA	Printed copies available by 2011	FHB Provincial health authorities, National Committee on Women's Health	WHO/UNFPA, Women's Bureau
	Capacity building of staff on new package	% of staff trained	Zero	30% of staff by 2012 60% by 2013	FHB, NIHS	WHO/UNFPA Women's Bureau
	Implement the package for Migrant women & their families island wide	% of MOH areas implemented	Zero.	50% of MOH areas by 2013	FHB Provincial health authorities, Women's Bureau	WHO/UNFPA
STD and HIV/AIDS services are integrated to MCH program	Integrate relevant STD & HIV/AIDS services to pre-conception care package & package for migrant workers & WWC programme.	Availability of the integrated package	Adhoc	Integrated by 2013	FHB, NSACP	WHO/UNFPA Women's Bureau

Component:	**Gender and Reproductive Health**
Objective:	Promote reproductive health of men and women assuring gender equity and equality

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Capacity of health staff built on gender issues related to reproductive health	Conduct training programs for trainers at district level on Gender	No. of districts where master trainers are trained		Trainers available in all districts by 2011	FHB and Provincial/ District staff. National Committee on Women's Health	WHO/UNFPA Women's Bureau
	Train all Primary Health Care staff in the Country. .	% of health staff trained (preventive/ curative)		By 2013, all PHC staff trained in the country	FHB, Provincial/ District staff.	WHO/UNFPA Women's Bureau
2. Services for prevention and management of gender based violence established in the preventive and curative health sector	1. Preparation and printing of Package.	Availability of a printed package	NA	2011	FHB National Committee on Women's Health, Women's Bureau	WHO/UNFPA
	2. Conduct sensitization & Training programmes in hospital in the Country.	No. of hospitals in covered per district	Nil	20% of districts by 2013	FHB and Provincial/ District staff.	WHO/UNFPA

	3. Establish hospital centres providing befriender services.	No. of districts where hospital centres established	02	20% of districts by 2013	FHB, Provincial/ District and hospital staff.	WHO/UNFPA
	4. Implement a package for hospital staff	No. of hospitals where the package is implemented	Nil	20% of districts by 2013	FHB, Provincial/ District and institutional staff.	WHO/UNFPA

Expected outcome	**Major activities**	**Outcome indicators**	**Baseline**	**Target and timeframe**	**Responsible National organization**	**Partners**
3. Sex disaggregated data is Incorporated into the health management information system, so as to ensure gender equity and equality in reproductive health services.	1. Incorporate data regarding prevention & management of GBV into MIS of Public Health System.	No. of data elements incorporated	Very few	Data incorporated to MIS by 2012	FHB, Police Women's and children's Bureau	WHO/UNFPA GBV Forum
	2. Incorporate data regarding management of GBV into the hospital MIS system in hospitals providing befriended services.	No. of hospitals sending timely returns	Nil	Data incorporated into hospital MIS 2013	FHB, Heads of institutions and hospital staff	WHO/UNFPA
	3. Incorporate sex disaggregated data into the MIS in public Health System.	No. of data elements incorporated and No. of MOHs reported correctly	Nil	Data incorporated by 2012	FHB and Public Health staff	WHO/UNFPA

4. Data related to gender based violence within the health sector are compiled and published.	1. Promote compilation and appropriate management of data related to gender based violence within the health sector.	No. of reported compiled and published	Nil	Compilation of all the data 2013 and publishing of reports	FHB	WHO/UNFPA

Component:	**Monitoring and Evaluation of Maternal and Child Health**
Objective:	Ensure effective monitoring and evaluation of MCH programme that would generate quality information to support decision making

Expected outcome	**Major activities**	**Outcome indicators**	**Baseline**	**Target and timeframe**	**Responsible National organization**	**Partners**
1.Health Management Information System on MCH/FP is updated, strengthened and implemented well at all levels	1. Review and revise the current Management Information system on MCH/FP	No. of records revised % of districts implementing revised MIS	Nil	All records reviewed and revised by 2012	FHB	Provincial Health staff UN agencies
	2. Build the capacity of health staff managing and implementing MIS	% of staff trained by district	25%	75% by 2012 100% by 2013	FHB Provincial Health staff	UN agencies
	3. Improve timeliness of returns and quality of information submitted in returns	Percent of MOHs sent returns timely	65%	100% by 2011	FHB Provincial Health staff	

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	4. Logistic system of printed forms improved at all levels	Percent of records available No. of records where stock outs reported	Nil	90% by 2011 10% by 2011 0% by 2012	FHB Ministry of Health	UNFPA
	5. Maternal and perinatal information system in maternity care institutions developed and implemented	No. of institutions implemented	Nil	50% by 2011 100% by 2012	FHB Medical Statistics unit	WHO Hospitals SLCOG, SLCCP
2.Reinforce planning, monitoring and evaluation of MCH program	1. Strategic plan on MCH is developed and used by provincial health staff	Availability of Strategic plan	Nil	Available by 2011	FHB	WHO
	2. New supervision tools and self evaluatory tools in place	Availability of new tools Improved supervision	NIl	Available by 2011 75% of the target by 2012	FHB	GAVI-HSS Provincial Health staff
	3. Regular meetings conducted to review the progress of programme implementation at different levels	Percent of Review meetings	NIl	75% by 2011 100% by 2012	FHB	Provincial Health staff
	4. Performance evaluation of health staff in place	No. of staff evaluated and rewarded	NIl	60% by 2011 80% by 2012	FHB, Ministry of Health	Provincial Health staff
	5. Monitoring system to track the achievement of MDGs developed and implemented	Availability of monitoring indicators	Nil	Available by 2011	FHB	WHO
	6.Introduce GIS into the existing MIS	Availability of GIS system for Monitoring	NIl	Available by 2011	FHB	WHO Provincial Health staff

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
3.Establish a network for MCH information sharing among relevant stakeholders	1. MIS of MCH/FP computerized from divisional up to national level with electronically linked transfer	Electronic data management and transfer from divisional to central level available	Nil	Available by 2012	FHB	Development Partners Provincial Health staff
	2. Network established among all relevant data bases and data shared among stake holders	No. of institutions linked through the network	Nil	All by 2013	FHB	Development Partners Provincial Health staff
	3. Timely reporting of feed back reports & national statistics	No. of feedback reports published timely	Nil	All by 2011	FHB	Development Partners

Component:	**Reproductive Health Research**
Objective:	**Promote research for policy and practice in MCH**

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
1. Evidence base generated in relation to MCH services	1.Establishment of RH data base	Availability of RH data base	A few	Available by the end of year 2011	FHB	WHO, RHR committee
	2. Provide grants for outstanding research proposals in the MCH field	No of grant offered	A few	At least one per year	FHB RHR, DDG/ET&R	WHO, UNFPA

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
	3. conduct research on priority areas	Conduct at least one research annually	Once in two years	Three research studies at the end of 2013	FHB	WHO
2.Research findings/ evidence base disseminated for policy formulation and practices in relation to MCH.	1. Conduct meetings for knowledge transfer/ dissemination	No of dissemination sessions conducted No of presentations done at conferences No of papers/ publications done on reproductive health research No. of policy decisions taken based on research findings	Occasional A few DNA Occasional	At least one per quarter At least one for a research At least one for a research At least one per research	FHB, RHR committee PGIM DDG/ET &R	WHO,UNFPA
	2. Formulation of agreed upon policy for research ownership and publications	Availability of a policy	NA	Available by 2013	FHB, DDG ET&R	WHO
3.A collaborative mechanism is established for MCH research development and conduct	1. Establish a network between research focal points	No. of linkages established No of collaborative work done	No linkage	Available by 2013 At least three per year	FHB, DDG ET&R RHR committee	

Expected outcome	Major activities	Outcome indicators	Baseline	Target and timeframe	Responsible National organization	Partners
4.Human resource and infrastructure development strengthened at Research unit	1. Infrastructure and human resource development	Availability of adequate skilled personnel Availability of infrastructure	NA	Made available by 2012	FHB, MoH	Development partners