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சுகாதார அமைச்சு
**Ministry of Health**

All Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads of Special Campaigns/Institutions,
Heads of Specialist Institutions.

**SRI LANKA REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS) WORKPLAN**

The Ministry of Health has identified the need to strengthen family planning services in order to achieve MDG 5B targets.

Accordingly an expert panel was appointed to make recommendations regarding strategies and activities required to improve reproductive health commodity security, which is an essential requirement in strengthening family planning services. The work plan developed by the expert panel is attached herewith for necessary action.

.....
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5. Deputy Director General (Logistics)
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7. Chief Medical Officer of Health, Colombo Municipal Council
8. President/ Sri Lanka College of Obstetricians & Gynaecologists
9. Consultant Community Physicians/ Provincial
10. Medical Officers/ Maternal & Child Health

# SRI LANKA REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS)

# WORKPLAN

## 2014 to 2017

Family Health Bureau
Ministry of Health
Colombo 10.

# REPRODUCTIVE HEALTH COMMODITY SECURUTY (RHCS) WORKPLAN 2014-2017

## Summary of expenditure

| | Determinant | Approximate cost |
|---|---|---|
| 1. | Funding | |
| 2. | Procurement | |
| 3. | Supplies | |
| 4. | Supervision, Monitoring & Evaluation | |
| 5. | Access | |
| 6. | Utilization | |
| 7. | Advocacy | |
| | **Grand Total** | |

# REPRODUCTIVE HEALTH COMMODITY SECURITY (RHCS) WORKPLAN 2014-2017

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **1. Funding** | Inadequate allocation of funds for meeting contraceptive requirement of the National Family Planning Programme (NFPP) | Forecasting and justification of funds for procurement of contraceptives and sending them early. | a) Develop capacity at national level by providing overseas training for two staff members on forecasting contraceptive requirements and LMIS | 2014 | MoH<br>UNFPA | |
| | | | b) Prepare estimates for procurement of contraceptives used in the national family planning programme (NFPP) based on the requirements. The following will be considered<br>a. Current stock level<br>b. Usage & buffer stock<br>c. Pending deliveries | Q2,3 of Previous year | FHB | |
| | | | c) Regions to convey their requirements of contraceptive commodities in advance. | Q2 of previous year | RDHS<br>MO.MCH<br>OIC/RMSD | |
| | | | d) Send estimates well ahead of time (at least 6 months before the beginning of the year) to Medical Supplies Division (MSD) on a special CD dedicated for contraceptives. | Q2,3 of Previous year | FHB<br>MSD | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **1. Funding ctd;** | Inadequate allocation of funds for meeting contraceptive requirement of the National Family Planning Programme | Ensure availability of funds for procurement | a) Regular review meetings with MSD, SPC and FHB regarding utilization of funds from this allocation, and procurement process. | 2014-2017 | MoH FHB | |
| | | | b) Clearance charges too should be included in the allocation. | 2014-2017 | FHB MSD | |
| **2. Procurement** | | Ensure the procurement of quality, safe contraceptives | a) Training of relevant local stakeholders on procurement and logistics by an international expert. | 2014 | MoH UNFPA | |
| | | | b) Formulate a committee to develop and review specifications for each type of contraceptives used in the National Family Planning Programme (NFPP). | 2014 | MoH FHB | |
| | | | c) All commodities procured to be WHO/UNFPA pre-qualified. | 2014 | MoH FHB | |
| | | | d) A request to be made from WHO regarding pre-qualification of condoms. | 2014 | MoH FHB | |
| | | | e) Prepare a booklet for specifications for contraceptive procurement and include the names of the committee members. | 2014 | MoH FHB | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **2. Procurement ctd;** | | Ensure the procurement of quality, safe contraceptives ctd; | f) Develop, review and modify specifications as and when necessary prior to procurement of contraceptives | 2014-2017 (4 years) | MoH FHB | |
| | | | g) Place order for procurement with Medical Supplies Division (MSD) one year before the expected date of delivery | 2014-2017 | FHB | |
| | | | h) Follow up the order with MSD & State Pharmaceuticals Corporation (SPC) and obtain an Estimated Time of Arrival (ETA) for each contraceptive. | 2014-2017 | FHB MSD SPC | |
| | | | i) FHB to be informed regarding purchase orders on contraceptive commodities. | 2014-2017 | MSD | |
| | | | j) Guidelines on clearance of contraceptive commodities to be drafted. | 2014 | MSD | |
| | | | k) Upon arrival of stocks, carryout physical checks for quality failures. Send samples to NDQAL or a accredited regional lab for testing and ensure that the product is of good quality. | 2014-2017 | NDQAL FHB | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **3.Distribution** | Non-availability of logistic management guidelines. | Development and dissemination of logistic management guidelines | a) Develop and print logistics management guidelines. | 2014 | FHB | |
| | | | b) TOT/District level training on logistics management. | 2014-2017 | FHB/MO.MCH | |
| | Inadequate care in ensuring the maintenance of quality of FP commodities. | Need to maintain quality of commodities from time of clearance from the port up to usage by the consumer. | a) Survey of existing storage/transport/distribution facilities at central level. | 2014 | FHB | |
| | | | b) Purchase of vehicle (Crew cab) for central stores. | 2014 | MoH<br>FHB | |
| | | | c) Survey warehousing, facilities in districts. | 2014-2017 | FHB<br>MOMCH<br>OIC/RMSD | |
| | | | d) Designing a grading system for storage facilities. | 2014 | MSD<br>FHB | |
| | | | e) Upgrading of existing warehouses (Priority to be given to central and district level). | 2014-2017 | FHB/RDHS | |
| | | | f) Promoting adherence to standard warehouse storage guidelines and standard operation procedures at central and district level. | 2014-2017 | MSD<br>FHB/RDHS | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **3.Distribution Ctd;** | **3.3** Inadequacy in timely distribution of contraceptives at all levels due to inadequacies of transport. | Establish and maintain a proper transport and distribution system | a) Survey of existing transport/distribution facilities at district/divisional level. | 2014-2017 | FHB | |
| | | | b) Provide roadworthy vehicles to warehouses. Repair vehicles if necessary. | 2014-2017 | RDHS/MOMCH | |
| | | | c) Availability of adequate allocation and funds for transport. | 2014-2017 | MoH | |
| | | | d) Allocation of adequate staff for RMSDD | 2014-2017 | MoH PDHS/RDHS | |
| **4. Logistic management information system** | Gaps in adequate data collection, analysis and use of data at different levels. | Strengthen logistic management information system (LMIS). | a) Review of existing LMIS. | 2014 | FHB | |
| | | | b) Issuing a circular on LMIS. | 2014 | MoH FHB | |
| | | | c) Strengthen feedback of H-1158 at all levels. Monitor timeliness and accuracy of return. | 2014-2017 | FHB/MOMCH OIC/RMSD | |
| | | | d) Introduce and monitor the computerized logistic management system at national and district level. | 2014-2017 | MSD FHB/ MOMCH/ OIC/RMSD | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **5. Supervision, monitoring & evaluation** | Inadequate supervision, systematic monitoring & evaluation at all levels. | Establish and strengthen a systematic scheme for supervision, monitoring and evaluation at all levels. | a) Monitor contraceptive procurement, usage / consumption at national level and usage / consumption at district & divisional level. | 2014-2017 | FHB<br>PDHS/RDHS<br>MO.MCH | |
| | | | b) Participation of OOIC/RMSD in district MCH reviews, | 2014-2017 | RDHS<br>MO.MCH<br>OIC/RMSD | |
| | | | c) Participation of OOIC/RMSD at regional level meetings of MOOH and Heads of Institutions. | 2014-2017 | RDHS<br>MO.MCH<br>OIC/RMSD | |
| | | | d) Monitor quality of contraceptives and adverse effects at service delivery points through standard format | 2014-2017 | FHB/ MOMCH/ MOH | |
| | | | e) Include guidelines on contraceptive failures in the 'manual on management of drugs' | 2014 | MoH<br>FHB | |
| | | | f) Fill cadre of supervisory staff – MO.MCH, Divisional Pharmacist. | 2014-2017 | MoH<br>PDHS/RDHS | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **6. Access** | Inadequate access for contraceptive method mix for clients. | Improve access for contraceptive method mix, and enable access to services in socially and culturally appropriate settings. | a) Prepare a plan of action for strengthening access to contraceptive method mix, at District/MOH level. | 2014-2017 | RDHS/MOMCH | |
| | | | b) Reach a consensus by RDDHS, & MOO.MCH on a strategy & service points by using spot/GIS maps. | 2014-2017 | RDHS/MOMCH | |
| | | | c) Upgrade clinics and clinic facilities in identified service points (including provision of essential FP equipment). | 2014-2017 | RDHS/MOMCH | |
| | | | d) Adherence of hospitals to the guidelines on conduction of FP clinics in hospitals. | 2014-2017 | Heads of Institutions | |
| | | | e) Provision of required manpower and equipment to hospital family planning clinics. | 2014-2017 | MoH FHB | |

| Determinant/ RHCS comp. | Identified Gaps | Strategy | Activities | Approximate timing | Responsibility | Approximate Cost |
|---|---|---|---|---|---|---|
| **7. Advocacy** | Inadequacy in advocacy to maintain the momentum of the National FP Programme with special emphasis on improving FP choices for couples. | Formulate and implement advocacy programmes for different stakeholders on improving FP choices for couples. | a) BCC programmes for eligible clients with special emphasis on couples with unmet need/vulnerable and underserved populations. | 2014-1017 | HEB<br>FHB<br>MOO.MCH | |
| | | | b) Advocacy programmes for;<br>1.Health managers at national and peripheral level regards roles and responsibilities.<br>2.Various gate keepers such as religious leaders and community leaders. | 2014-2017 | HEB<br>FHB<br>MOO.MCH | |
| | | | c) Link with the media forum convened by HEB to address issues in RHCS. | 2014-2017 | HEB<br>FHB | |
| | | | | | | |