CHAPTER 3

PROFILES OF HUMAN RESOURCES DEVELOPMENT

3 PROFILES OF HUMAN RESOURCES DEVELOPMENT

3.1 PROGRAMME FOR THE PRODUCTION & STRENGTHENING OF HUMAN RESOURCES FOR THE HEALTH SECTOR

(1) **Project Title:**	Strengthening of Basic Training in Public Sectors by Improving Basic Infrastructure and Supplies as well as by Providing Additional Qualified Trainers	(2) **Project Number:**	3.1.1
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/ET&R	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	NIHS and other training institutions, HRD unit of the Ministry of Health	(7) **Project Duration:**	05

Project Summary:

Strengthening of basic training project aims at providing competency based high quality basic and post basic training. It envisages developing evidence based curricula and maintaining specified standards in all stages of training. Revision of the training cadre and recruitment of additional trainers also an important component since it is the foundation of the quality training. The project will implement following activities under the guidance and support of the Central Ministry of Health

- Development of a master plan for training
- Development of evidence based curricula
- Formulation of standards for training and maintenance of them
- Accreditation of training institutions
- Provision of infrastructure facilities
- Provision of other facilities needed for training
- Continuous development of trainers
- Continuous evaluation of training programmes

(8) **Target Areas & Beneficiaries:**

National Institute of Health Sciences, Post Basic School of Nursing and all other training institutions of the Ministry of Health.

(9) **Justification:**

Even though the Human Resource Development (HRD) is the core of the delivery of health care, the attention given to the HRD is very poor. The quality of present education and training is under stress due to imbalance between the capacity of training institutions and the size of enrolment of the students. Further there is no in-depth study of cadre requirement of health workers, skill mix etc. The physical and material facilities to support the size of enrolment are

inadequate. Quality teaching learning materials are either not available or in short supply. Only 3% of the health budget is spend on training and scholarships.

Didactic lectures predominate with little experiential learning and problem solving approach. Most of the teaching staff other than nursing has not been given formal training on educational science. Opportunities to expand their teaching skills or Career development opportunities of the teaching staff are almost non existent.

Most of the duty lists of the health staff need revising. Since their job descriptions have not being identified correlation of training to their job is difficult to judge. Even though training has been done for more than a decade in most of the specialities, either training needs analysis or follow-up studies or research on training have not been done, hence the training is not evidence based. Evaluation of effectiveness of basic training and its relevance to the requirements of the job is not routinely carried out.

Expectations of the present trainees are very high and giving a mere proficiency certificate is not adequate. They want their basic training to be the foundation for their future carrier development and need more recognition.

Post basic training opportunities have not being identified in most of the categories other than nursing. Training institutions are not been given either authority or facilities to carryout post basic training. Even though most of the categories of staff has supervisory or managerial posts in their carrier ladder they have not been given any management or supervisory training.

Provision of competent trainers in adequate numbers and making available of a conducive teaching learning environment in training centres for ensuring quality of training is the responsibility of the administrators. Regular communication mechanism should be established between trainers and administrators.

Revalidation process of the training is non existent. This issue also need careful analysis and attention.

(10) **Important Assumptions/Risks/Conditions:**

<u>Assumptions</u>

1. Recognition of training and development as an important area in health development by the Ministry of health
2. Increased percentage of funds to be allocated for training by the Ministry of health
3. Continuous external funding for infrastructure development
4. More liaisons and close collaborations with universities and other higher academic institutions
5. Recognition of the post of “trainer” as an attractive one compare to other technical posts

<u>Risks</u>

1. Dependence on donor funds

2. Recruitment of wrong personnel as trainers

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To strengthen the capacities of training centres to provide quality training to meet the needs of the department of health services	Percentage of training institutions accredited	Accreditation reports
	Percentage of training institutions maintain high quality of training	Annual quality standard reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Formulation of a master plan for training for all the categories of health personnel both basic and post basic training	Availability of a master plan	Master plan report
Formulation of job descriptions and competencies for all the training categories	Job descriptions and competencies	Job descriptions and competency reports
Follow-up studies and training need analysis of training programmes	Number of follow-up studies and training need analysis done	Follow-up study and training need analysis reports
Development / revision of competency based curricula and lesson plans based on evidence	Number of curricula and lesson plans developed	Developed/revised curricula and lesson plans
Development of competency based curricula and lesson plans for educational science	Number of curricula and lesson plans developed	Developed/revised curricula and lesson plans
Re assessment and recruitment of the training cadre	Assessment report Progress of recruitment	Assessment report
Establishment of special grades with a separate salary structure for training staff including added incentives	Percent progress of establishment of Special grades for training	Progress reports
Formulation of recruitment criteria and standards for trainers	Number of standards developed Availability of recruitment criteria	Recruitment criteria reports
Training and maintenance of the standards for trainers and an performance appraisal system	percentage of trainers trained Percentage of trainers maintaining specified standards	Relevant reports
Continuous evaluation of training programmes by	Percentage of training programmes evaluated	Evaluation reports

Output	Indicators	Means of Verification
trainers		
Regular evaluation of training programmes by trainees	Percentage of training programmes evaluated	Evaluation reports
Development of standards for training institutions including infrastructure and other facilities	Percentage of standards developed	standard reports
Assessment of training institutions based on the standards developed	Number of institutions assessed	Assessment reports
Provision of the infrastructure and other facilities	Percentage of facilities provided	Annual survey
Regular review of the training by study boards	Percentage of trainings reviewed regularly	Review reports
Provision of regular in-service training within the country as well as overseas	Percentage of in-service programmes provided for trainers(local & overseas)	Annual reports Feedback from trainers
Regular recruitment of trainees	Percentage of training programmes commenced according to the master plan	Annual reports
Provision of welfare facilities of trainers and trainees	Percentage of welfare facilities provides	Annual surveys
Improvement of the field practice areas and training laboratories in the hospitals	Percent improvement of the field practice areas and training laboratories in hospitals	Annual surveys

(13) **Related Projects**

Project No.	Project Title
	All projects indirectly, since development of any sector influence the training
3.1.4	Establishment of academic degree programmes for nurses and selected paramedical categories
3.1.5	Strengthening of in-service training and continuing education in both public and private sector
3.2.1	Formulation of an HRD policy
3.2.2	Establishment of an HRD division
3.2.3	Development, implementation and monitoring of a comprehensive HRD plan
3.3.1	Establishment and implementation of an improved supervisory system, including improved performance appraisal system
3.3.2	Development and implementation of career development scheme
3.3.3	Strengthening of central regulatory controlling bodies to maintain standards
3.3.4	Regular review of activities and outputs of training institutions

(14) **Relevant Agencies to be Coordinated:**

1. HRD division
2. Training institutions
3. Donor agencies

4. Health related Ministries(Education, Social services, Agriculture etc.)

(15) **Monitoring & Evaluation:**

1. HRD division and training institutions
2. Regularly according to standards developed
3. Evidence based remedial measures and follow-up actions

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. Formulation of a master plan for training for all the categories of health personnel both basic and post basic training		
Recruitment of a consultant	A consultant recruited	% progress
Conducting workshops to formulate a master plan	Workshops conducted	% progress of workshops
Writing of the master plan	Completed master plan	% progress
Approval of the master plan	Approved master plan	% progress
2. Formulation of job *descriptions* and competencies for all the training categories		
Recruitment of a consultant		
Conducting workshops to formulate job descriptions and competencies	Workshops conducted	% progress of workshops
Writing of the job descriptions and competencies	Completed job descriptions and competencies	% progress
Approval of the job descriptions and competencies	Approved job descriptions and competencies	% progress
3. Follow-up studies and training need analysis of training programmes		
Preparation of the research proposal & obtain approval	Approved research proposal	% progress
Conducting the research	Completed research	% progress
Writing of the research	Documented research	% progress
Presentation and make necessary recommendations	Documented recommendations	% progress
4. Development / revision of competency based curricula and lesson plans based on evidence		
Conducting workshops to develop/revised the curricula including the evaluation procedures	Completed workshops	% progress
Writing of the curricula	Documented curricula	% progress
Obtain approval for the curricula	Approved curricula	% progress
5. Development of competency based curricula and lesson plans for educational science		
Conducting workshops to develop/revised	Availability of competency	% progress

Activities	Expected Results	Process Indicators
the curricula including the evaluation procedures	based curricula	
Writing of the curricula	Documented curricula	% progress
Obtain approval for the curricula	Approved curricula	% progress
6. Re assessment and recruitment of the training cadre		
Conducting workshops to revised the training cadre with criteria for selection	Completed workshops	% progress
Obtain approval for the revised cadre	Approved cadre	% progress
Recruitment of new trainers	Trainers recruited	% progress
7. Establishment of special grades with a separate salary structure for training staff including added incentives		
Conducting consultation workshops to formulate the formalities of the training grades and the salary structure	Structure of the training grades and salary structure formulated	% progress
Obtain approval from proper authorities	Approved grades and salary structure	% progress
8. Formulation of recruitment criteria and standards for trainers		
Conducting consultation workshops to formulate criteria and standards for trainers and a performance appraisal system	criteria and standards for trainers formulated	% progress
Obtain approval from proper authorities	Approved criteria and standards for trainers	% progress
9. Training and maintenance of the standards for trainers and a performance appraisal system		
Formulation of career development system for trainers	Career development system formulated	% progress
Training of trainers on educational science	Trainers trained	% progress
In-service training of trainers within the country and overseas	Trainings conducted	% progress
10. Continuous evaluation of training programmes by trainers and performance appraisals		
Regular evaluation of training and trainers by pears and external evaluators and performance appraisal of trainers	Specified number of evaluations and performance appraisals conducted	% progress
Regular review of evaluations and taking remedial measures	Reviews conducted & remedial measures taken	% of meeting conducted & followed up
11. Regular evaluation of training programmes by trainees		
Conducting consultation workshops to formulate evaluation system by the trainees	Evaluation system formulated	% progress
Obtain approval from proper authorities	Approved criteria and standards for trainers	% progress
Regular evaluation of training and trainers by trainees	Specified number of evaluations conducted	% progress

Activities	Expected Results	Process Indicators
Regular review of trainee evaluations and taking remedial measures	Reviews conducted and remedial measures taken	% of meeting conducted & followed up
12. Development of standards for training institutions including infrastructure and other facilities		
Conducting workshops to develop standards for infrastructure and other facilities	Infrastructure and other facility requirements identified	% progress
Writing of the report	Documented infrastructure and other facilities needed	% progress
Obtain approval	Approved infrastructure and other facilities	% progress
13. Assessment of training institutions based on the standards developed		
Recruiting a consulting agency to develop master plans for infrastructure development	Master plan developed	% progress
Survey of other facilities including furniture, HLMs, BOOKS, Journals, AV equipment and other laboratory equipment etc.	Required facilities identified	% progress
14. Provision of the infrastructure and other facilities		
Construction of infrastructure	Infrastructure constructed	% progress
Provision of facilities identified	Facilities provided	% progress
15. Regular review of the training by study boards		
Formulation of multisectoral study boards for each training programme	Study boards formulated	% progress
Conducting regular meeting of the study boards	Study board meetings conducted	% progress
16. Regular recruitment of trainees		
Development of a master plan for recruitment	Master plan developed	% progress
Regular recruitment of trainees	Regular recruitment	% progress
17. Provision of welfare facilities of trainers and trainees		
Survey of welfare facilities	Welfare facilities assessed	% progress
Development of a master plan for the provision of welfare facilities	Developed master plan	% progress
Provision of welfare facilities	Welfare facilities provided	% progress
18. Improvement of the field practice areas and training laboratories in the hospitals		
Survey of facilities and training needs of field & institutional trainers	Completed survey report	% progress
Development of an master plan	Completed master plan	% progress
Supply of facilities	Facilities provided	% progress
Training of field and institutional trainers within the country and overseas	Field and institutional trainers trained	% progress

(1) **Project Title:**	Establishment of a Network Between Central and Provincial Training Institutions and Within the Latter Level	(2) **Project Number:**	3.1.2
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/ET&R	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Provincial training centres, National Institute of Health Sciences	(7) **Project Duration:**	05 years

Project Summary

This project intends to develop Provincial training Centers in each Province and develop a network for training and development.

Cabinet/Parliament approved body will coordinate the training and training programmes will be accredited by an accreditation body.

Project will assist in developing the infrastructure and other facilities and improve the quality of training. This development includes supporting of the already established PTCs as well as establishing new centres in Provinces which do not have PTCs at present.

Project will facilitate the exchange of resources, and technologies between the Provinces and PTCs and the center.

Project will develop and implement a coordination mechanism between PTCs and with the Centre.

(8) **Target Areas & Beneficiaries:**

Provincial training centres in eight (8) provinces

(9) **Justification:**

Under the 13th amendment to the constitution of Sri Lanka most of the health services were devolved to the Provinces. However the basic training of technical categories is a function belongs to the Central Government. Original concept, which was originated before the 13th amendment to the constitution was to commence basic training at the Regional Training Centres(RTC) there by devolve the training to the periphery. Even at present the RTCs are involved in basic and in-service training of preventive sector health personnel.

There are non technical personnel working in the health department who need some kind of basic training and proficiency. They are being recruited by the Provinces and proposed Provincial Training Centres (PTC) could be utilised to train these categories of personnel.

Human Resource development is a continuous process starting from the basic training. Presently continuing education is unplanned, ad hoc and not effective. The central training institutions are overloaded with basic training activities and pay very little attention to the continuing education.

Development of PTCs and networking will provide systematic and equal training throughout the country for both basic and continuing education.

It also provides uniform standards for training and development of health personnel and facilitate movement of health personnel between Provinces.

PTCs were established in Kadugannawa, Galle, Kurunegala, Batticoloa and Jaffna. North Central Province, Sabaragamuwa Province and Uva Province do not have PTCs. Even establish PTCs have not been provided necessary infrastructure and other teaching learning materials. The situation has been made worse by the North and East conflict situation especially PTCs at Batticoloa and Jaffna.

Present coordination between the PTCs and with the centre is poor and PTCs do not have planned agenda for basic training or for continuing education. However the centre is overburden with training of some paramedical categories such as Pharmacists and Medical Laboratory Technologists etc. and can be devolved to PTCs.

(10) **Important Assumptions/Risks/Conditions:**

<u>Assumptions;</u>

1. Continued interest of the Central government to develop Provincial training facilities
2. Continued interest of Provincial health authorities to develop a common agenda for training and development
3. Acceptance of health personnel trained and promoted (According to an agreed standard) from a Province to another Province
4. Acceptance of a common supervisory/ accreditation body by the provincial health authorities
5. Continued funding by the government and other funding agencies to develop PTCs

<u>Risks</u>

1. Non availability of adequate resources
2. Non availability of a well documented health policy for training at Provincial level

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To establish a training network between central and Provincial training institutions and among Provincial level training institutions.	Percent of PTCs has specified standards	annual surveys
	Availability of networking mechanism	Regular progress reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Establishment of an advisory body by the cabinet/ Parliament	Establishment of the advisory body	Appointment letters
Identification of roles and	Percent progress of	Progress reports

functions of PTCs	identification	
Development of a master plan	Percent progress of the development of the master plan	Master plan report
Assessment of the infrastructure and other facilities available at PTCs	Percent of the assessment	Assessment reports
Preparation of plans for infrastructure and other facility development for each PTC	Percent preparation of plans	Available plans
Development of infrastructure and other facilities in PTCs	Percent development of the infrastructure and other facilities	Progress reports
Development of standards for training	Percent development	Available of documented standards
Recruitment and training of training staff	Percent of progress of recruitment and training	% recruitments made to each PTC
Development of curricula and lesson plans for in-service training(Curricula development for basic training is done in another project)	Percent development of curricula and lesson plans	Progress reports
Establishment and implementation of a coordinating mechanism	established mechanism of coordination	Progress reports
Establishment and implementation of a quality assurance in training	Percent improvement of the quality	Progress reports
Establishment of electronic communication system between PTCs and with the centre.	Percent progress	Progress reports

(13) **Related Projects**

Project No.	Project Title
3.1.1	Strengthening of basic training in Public Sectors by improving basic infrastructure and supplies as well as by providing additional qualified trainers
3.1.4	Establishment of academic degree programmes for nurses and selected paramedical categories
3.1.5	Strengthening of in-service training and continuing education in both public and private sector
3.2.1	Formulation of an HRD policy
3.2.2	Establishment of an HRD division
3.2.3	Development, implementation and monitoring of a comprehensive HRD plan

3.3.1	Establishment and implementation of an improved supervisory system, including improved performance appraisal system
3.3.2	Development and implementation of career development scheme
3.3.3	Strengthening of central regulatory controlling bodies to maintain standards
3.3.4	Regular review of activities and outputs of training institutions

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health, WHO, UNICEF, JAICA and other donor agencies

(15) **Monitoring & Evaluation:**

1. Who : By National Institute of Health Sciences
2. When : Quarterly revives
3. What actions to be taken based on results of monitoring & evaluation? : Regular remedial measures based on evidence

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
1. Establishment of an advisory body by the cabinet/ Parliament		
Recruitment of an consultant	Consultant recruited	% progress
Conducting consultation workshops to formulate the constituents, methodology and method of communication	Cabinet paper formulated	% progress
Obtaining the approval for the advisory body	Approval obtained	% progress
2. Identification of roles and functions of PTCs		
Conducting consultative workshops to identify/ revise the roles and functions of the PTCS	Roles and functions documented	% progress
Obtain approval of the advisory body	Approval obtained	% progress
3. Development of a master plan		
Conducting consultative meetings to develop a master plan	Master plan developed	% progress
Writing of the master plan	Master plan report completed	% progress
Obtain approval from the advisory body	Approval obtained	% progress
4. Assessment of the infrastructure and other facilities available at PTCs		
Development of standards for development of infrastructure and other facilities	Standards developed	% progress
Survey of PTCs	Facilities in PTCS assessed	% progress
Presentation of the survey to the advisory body and obtain approval	Approval obtained	% progress
5. Preparation of plans for infrastructure and other facility development for each		

Activities	Expected Results	Process Indicators
PTC		
Recruiting a consulting agency to develop infrastructure and other facilities	Plans developed	% progress
Recruiting an consultant to assess other facilities	Other facilities assessed	% progress
6. Development of infrastructure and other facilities in PTCs		
Development of the infrastructure of PTCS	Infrastructure developed	% progress
Supply of other facilities	Other facilities provided	% progress
7. Development of standards for training		
Conducting consultative workshops to formulate standards for training	Standards developed	% progress
Obtaining of the approval	Approval obtained	% progress
8. Recruitment and training of training staff		
Development of standards for recruitment of trainers	Standards developed	% progress
Obtaining of cadre approval	Cadre approval obtained	% progress
Recruitment of trainers	Trainers recruited	% progress
Training of trainers	Trainers trained	% progress
providing regular in-service and overseas training for trainers	IN-service and overseas training provided	% progress
9. Development of curricula and lesson plans for in-service training(Curricula development for basic training is done in another project)		
Conducting consultative workshops to develop curricula	Curricula developed	% progress
Obtain approval for curricula	Approval obtained	% progress
Development of lesson plans and methods of evaluation	Lesson plans and methods of evaluation developed	% progress
Obtain approval for lesson plans and for methods of evaluations	Approval obtained	% progress
Accreditation of training programmes	Training programmes accredited	% progress
10. Establishment and implementation of a coordinating mechanism		
Formulation of a coordinating mechanism	Coordinating mechanism formulated	
Obtain approval	Approval obtained	% progress
Regular implementation of the coordinating mechanism	Regular meetings held	% progress
11. Establishment and implementation of a quality assurance in training		
Development of a quality assurance system	Quality assurance system developed	% progress
Obtain approval for the quality assurance system	Approval obtained	% progress
Implementation of the quality assurance	Regular reviews for	% progress

Activities	Expected Results	Process Indicators
system	identification of strengths and weaknesses which need improvements	
12. Establishment of electronic communication system between PTCs and with the centre.		
Contacting a consultant to develop the electronic communication system	Electronic communication system developed	% progress
Establishment of the electronic communication system	Electronic communication system established	% progress
Regular review of progress through the electronic communication system	Regular reviews conducted	% progress

(1) **Project Title:**	Establishment of Academic Degree programs for Nurses & selected ParaMedical Catergories	(2)**Project Number:**	3.1.3
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/E.T & R	(6) **Starting Fiscal Year**	1st year 2004
(5) **Implementing Agencies:**	Universities DDG E.T &R Hospital Directors	(7)**Project Duration**	10 years

(8) **Target Areas & Beneficiaries:**

Basic training, continuous professional Developed Nurses, Radiographers, MLTs, Physiotherapists, occupational therapists, Pharmacists, Speech & language therapists, Psychologists.

(9) **Justification:**

Sri Lankan universities produce many graduates every year, though all these graduates are not able to find suitable employment. Therefore it may be useful to admit students to universities for academic courses which are competency based and suitable for specific occupations professions such as nursing, radiography, occupational therapy, physiotherapy, cardiography pharmacists etc. so that the Nurses and paramedical categories could be awarded degrees which will give them more recognition. There are requests from these categories for such courses.

However if degree courses are commenced as basic training courses for specific professions/occupations it is necessary for it to be policy. it should be passed out the senior members who do not than depress should not be downgraded. Hence to establish degree programme the activities need to be well planned and implemented.

Degree programme may be necessary for those who are already in service with basic training for them to be placed at a higher grade. Career structure should be developed for each category and degree programme need to be identified communicate had to be developed and how to provide clinical training need to be explored.

(1) **Project Title:**	Strengthening of In-service Training and Continuing Education in Both Public and Private Sector	(2) **Project Number:**	3.1.4
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/ET&R	(6) **Starting Fiscal Year:**	1st year [FY 2004]
(5) **Implementing Agencies:**	NIHS/FHB/Epid Unit/MRI /Provincial Director of Health Services/ Respective Directors of private sector/Training schools/RTC	(7) **Project Duration:**	5 years

Project Summary:

Continuing education is necessary to ensure quality of service delivery. Following basic training of health care workers they need regular support and guidelines to perform their job functions. As new techniques develop, disease trends change, diseases re-emerge, emergency of new diseases, demands of clients change etc., pave the way to justify the needs for continuing education and especially in-service education. Whether the health workers are in the government sector or private sector it is right to provide opportunities for continuing education to all of them in an organized manner.

(8) **Target Areas & Beneficiaries:**

Target areas will be Primary Health Care Services delivery with emphasis on Health Promotion and disease prevention. In addition quality patient care, investigation treatment & rehabilitation will be given high priority.

Beneficiaries will be the trainees, health care providers ie. Medical Officers, Nurses, Medical Laboratory Technologists, Pharmacists, Physiotherapist, X' ray Technicians and all other paramedical personnel. In addition the clients, ie the patients, their relatives and the community as a whole will benefit.

(9) **Justification:**

During basic training of health care providers an attempt is made to provide competencies to function effectively in their respective field of speciality. Once they assumed duties most of them do not get adequate opportunities for continuing educations. Technical advances, social demands in disease trends change, new disease conditions etc., demand new knowledge and skills. Thus provision of in-service/continuing education training is a must for Public and private sector staff for improving quality of service delivery.

(10) **Important Assumptions/Risks/Conditions:**

a) According to the master plan prepared for in-service training line Ministry authorities and provincial council authorities will release the selected participants for training and also will provide necessary material and financial assistance to implement the proposed training activities for a maximum of 20 working days a year.

b) Quality of health services provided will improve and will be reflected in the health status indicators corresponding to the subjects treated *ex. maternal mortality, infant mortality etc.,*

c) Trained trainers will conduct the training based on educational needs assessment at what levels? Division? District? Or facilities?.

Risks/ Conditions

a) Non availability of trained trainers in some provinces/ districts/ training centres.

b) Demands from health workers may not match the facilities available to provide all reasonable demands to improve knowledge and skills.

c) Private sector may be utilizing different categories of health care providers and the job functions may differ.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To improve continuously competencies of health care providers to ensure quality service delivery.	Number of curricula prepared	• Availability of curricular for training
	Number of in service training programmes conducted	• Records maintained by co-ordinators of the programme at the training centre • Records maintained at DPDHS office.
	Number of subjects selected/ programme	• Time table of training programme • Curriculum / syllabus prepared
	Percentage of different categories of health workers enrolled for in service training.	• Attendance or enrolment for training

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Competent health care providers	• Knowledge level • New skills developed • Community awareness • Incidence of selected disease • Improved clinical care	• Through a questionnaire • Observation using a check list or rating scale. • Medical records • Diseases notified
Availability of curricula for in service training programme	• Number of in service training programmes conducted using a properly developed curriculum. • Uniformity of programmes conducted using the curriculum	• Feed back from trainees • Availability curricula at training centre

Availability of suitable HLMs for training.	No and type of HLM utilized for training	• Feed back from nurses • Feed back from trainees • Trainer evaluation. • Availability of HLMM
Quality service delivery	• Job satisfaction of service providers • Disease incidence • Complaints from clients.	• Observations using check list • Statistical data available. • Number of complaints

(13) **Related Projects:**

Project No.	Project Title
OSD 003	WHO Project 2004/2005 biennium
	Early child care and development (ECCD)/ (UNICEF)
	HIV/AIDs STD (World Bank Project.)
	Almost all service and community projects proposed
	All mtgt, finance

(14) **Relevant Agencies to be Coordinated:**

WHO/ UNICEF/ World Bank/ NTSS/ RTCs /NIHS/ FHB/Epidemiology unit/ etc.,

(15) **Monitoring & Evaluation:**

1. **Who?** Decision makers relevant to DDGs PDs and their staff.
   DDGET & R, D./ training
   DDGPHs, Ds Nursing
   D/YEDD DE& OH
   D/PHC
   DDG(MS) D. PHSD
   DDG Dental Service
   PDs, DPDHSs
   D/NIHS
   D/FHB
   D/Epid Unit
   Programme co-ordinaters.

2. **When?** During planning stages
   During implementation / continuous evaluation
   At the end of the programme / terminal evaluation
   After the programme / impact evaluation at regular intervals

4. **What actions to be taken based on results of monitoring & evaluation?**
   a. Provide feed back to relevant authorities
   b. Introduce corrective measures for those activities which need strengthening
   c. Implement strategies to maintain positive out comes.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Introduction of the proposed continuing education mechanism to relevant authorities.	Agreement on proposed mechanism.	• No. of meetings held • Mechanism proposed
Conduct educational needs assessment for in service training	Data available for curriculum development	• Data collection tools. • Availability of trained data collectors.
Development of curricula for the selected in service training programmes	Availability of curricula.	• No of curricular developed. • No. of trainers involved.
Training of trainers	• Competent trainers • Quality of training programmes • Uniformity of training inputs	• No. of teacher training programmes • No. of trained trainers.
Conduct District/ Provincial and central level planning sessions along with private sector representatives.	• Agreement on training purposes to be conducted • Scheduling of programmed • Availability of a master plan at different levels for in service training.	• No of Planning sessions held at different levels. • Categories of personnel involved in Planning sessions.
Provision of feed back regarding in service training programme.	Reliable data pertaining to quality and quality of training.	• No. of in-service training programme • No. and categories trained • Trainees • HLMs • Venue/ duration
Preparation by trained trainers	• Lesson plans • Audio visual aids for training • Valuation tools • List of important issues to improve training • Trainers guide	• No. of lesson plans • No. of AV aids prepared • No. of evaluation tools • Availability of training guide
Conduct training programmes	• Improvement of quality of services • Competent health care providers • Availability of new services. • Improvement of health status of clients	• No. of training programme • No. of trainees • Improvement and knowledge skills
Follow up of trained staff	Quarterly of service delivery	Improvement in job

Activities	Expected Results	Process Indicators
	improved	performance
Quarterly meetings with relevant DDGs, PDs, D.PDHSs, DDHS and other supervisory staff at District level to review progress made.	Identification of the followings • Strengths • Weaknesses • Gaps • Constraints	• List of strengths • List of short comings • Identified gaps • Identified constraints
Introduce mechanisms to keep up the strengths and minimize weakness in the in-service training activities.	Improvement of quality of in service training programmes conducted.	Proposed mechanism
Develop strategies for HRD taking into consideration private sector needs	Agreement on the strategies identified.	Strategies identified

(1) **Project Title:**	Providing Incentives and carrier guidance to all medical officers undertaking post graduate studies with special reference to specialities in high priority area.	(2) **Project Number:** 3.1.5
		(3) **Project Priority:**
(4) **Focal Point:**	DDG/MS	(6) **Starting Fiscal Year:**
(5) **Implementing Agencies:**		(7) **Project Duration:**

(8) **Justification:**

For any organization human resource is the most important. How ever, acquiring the appropriate human resources is one of the most difficult managerial task, many organization have to face. Organizations there fore have to engage in careful planning in order to acquire the right person when ever vacancies occur.

Reference to the health sector two important aspects in human resource development is carrier planning & carrier management. For any person, planning & managing his/her own carrier is extremely important. Most effective & successful people are proactive to plan their carrier & manage the carriers to reach of the organizations objective & develop guiding mechanism for their employees on opportunities available within the organizational realities.

(9) **Project Objective:**

To review the existing incentive scheme & carrier guidance to all medical officers under going post graduate training with special reference to specialization in high priority even.

(10) **Project Output/Product:**

Clear procedures for review incentive scheme.

Clear guidelines for carrier development.

Mechanism for future forecasting of medical specialist.

Detail plan for obtaining necessary funds for incentive scheme.

Clear guide line to identify priority specialities.

(11) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Reviewing the existing Incentive Scheme.		
Developing carrier guide lines.		
Forecasting of specialist requirements of the country.		
Preparation of budgetary estimates for the necessary allocations.		
Identify high priority areas.		

3.2 PROGRAMME FOR THE RATIONALIZATION OF HUMAN RESOURCES FOR THE HEALTH SECTOR

(1) **Project Title:**	Formulation of an HRD Policy	(2) **Project Number:**	3.2.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Ministry of Health	(7) **Project Duration:**	10 years

Project Summary

Human resources of health (HRH) is increasingly recognized as a crucial element of health systems and health services are to improve. Most of the developing countries have to accelerate development of policies and actions plans to address the recruitment and distribution of skilled health care personnel, and the need for sound national policies and strategies for the training and management of human resources for health. Human resource policies that improve health systems performance are especially important in order to achieve the Millennium Development Goals. It will also minimize constraints that the health services have in delivering health interventions to the people.

Problems of human resources for health coverage of the population are an important issue in Sri Lanka. There is a maldistribution of human of human resources for health in this country, especially in the provision of services for the rural poor.

The main human resources for health issues include

a) HRH generation
b) Provision
c) Retention
d) Financing
e) Coverage / Distribution

Generation of HRH and their employment is a very costly event to the national budget. Financing the human resources for health is a major component of all health systems with very high national budgets allocated to HRH. A challenging issue at present is how best to use the available HRH financial resources to best meet the health needs of the people of Sri Lanka.

Hence in the formulation of an HRH policy all the above facts have to be borne in mind to so as to strike a good balance between generation, distribution and the quality of services given to the people.

Lastly one has to keep in mind to design methods and materials to evaluate all aspects of human resources for health.

(8) **Target Areas & Beneficiaries:**

Target Areas

The target areas are has to think regarding development of human resource policy are

a) Inadequate staff numbers because of low financial resources, high attrition and low replacement rates.

b) Inappropriate training with curricula / syllabuses that are not competency based.

c) Poor career structures, working conditions and remuneration.

d) Lack of supportive supervision.

e) Lack of integration with private sector.

f) Low morale.

Beneficiaries

Ministry of Health and Health Ministries of Provincial Councils.

(9) **Justification:**

Human resources for health are defined as " The stock of all individuals engaged in the promotion, protection or improvement of population health ". This includes both public and private sectors and different areas of health systems such as curave, preventive, promotive, and rehabilitative services. Human resources for health is based on the primary intent of education, training carrier development and continued professional development. Human resources really engaged in a health system or health service can be referred to as the health system workforce or simply health workforce.

Human resources for health account for a high proportion of budgets assigned to the health sector. The health sector is the major employer. In Sri Lanka salaries and other payments account for a larger proportion of the budget allocated for health. The ministry of health spends a large amount of money for education and training of health personnel. The policy questions related to HRH issues are

a) Imbalances in the workforce.

b) Labour adjustment

c) Migration

d) Retention

e) Working conditions

f) Continued education

g) External support to HRH development

h) Private sector involvement

The above factors have to be given due attention in the development of a HRH policy.

(10) **Important Assumptions/Risks/Conditions:**

The political commitment is an important factor to implement the master health plan uninterruptedly.

Resource flow mainly finances is also an important condition for its implementation.

Whatever the government in power there should be a strong commitment from the highest political authority for its proper implementation.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To develop and implement a HRH policy which will form the framework to provide a better health service in all aspects to the people of Sri Lanka.	a) Low morbidity rates (disease specific) b) Low morality rates (disease specific) c) Increased life expectancy d) Low growth rate	1. Health facility records 2. Morbidity and Mortality reports 3. Periodical / Survey 4. Questionnaire Survey

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Develop policy guidelines for	Establish systems and criteria for	Availability of documented information on all above
a) Recruitment for various categories	a) Recruitment	
b) Training	b) Training	
c) Deployment	c) Deployment	
d) Retention	d) Retention	
e) Carrier development	e) Carrier development	
f) Professional Development	f) Professional Development	
g) Norms and Standards for different populations and different target groups.	g) Norms and Standards	

(13) **Related Projects:**

Project No.	Project Title
	a) Basic Training project
	b) In service (continuing education) training project education
	c) Special training project

(14) **Relevant Agencies to be Coordinated:**

a) Ministry of Health

b) Provincial health ministries

c) Ministry of education

d) Ministry of finance

(15) **Monitoring & Evaluation:**

1. Who? - Ministry of Health
   - Provincial Ministries of Health
   - Higher Educational facilities
2. When? - Programme wise
   - Biannually
   - Annually
3. What actions to be taken based on results of monitoring & evaluation?
   a) Alter the programme if necessary
   b) Revision of materials when necessary

(16) **Major Activities:**

Activities *(only major activities)*	**Expected Results**	**Process Indicators**
1. Establish policy / guidelines / rules and regulations for Recruitment		
2. Establish policy / guidelines / rules and regulations for Training		
3. Establish policy / guidelines / rules and regulations for Deployment		
4. Establish policy / guidelines / rules and regulations for Retention		
5. Establish policy / guidelines / rules and regulations for Carrier Development		
6. Establish policy / guidelines / rules and regulations for Professional Development		
7. Establish policy / guidelines / rules and regulations for Norms and Standards		

(1) **Project Title:**	Establishment of an HRD Division at Central Level and HRD Units at Provincial Level with Clear Demarcation of Roles, Responsibilities & Authorities	(2) **Project Number:**	3.2.2
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DG	(6) **Starting Fiscal Year:**	2005
(5) **Implementing Agencies:**	Central MoH and DPDHS offices	(7) **Project Duration:**	Three Years

(8) **Target Areas & Beneficiaries:**

All health care service providers will be directly benefited along with the service recipients

(9) **Justification:**

The activities, which are presently carried out by the Ministry of Health in relation to Development of Human Resources, seems to be fragmented. The recruitment, organization of pre-service training, deployment and provision of in-service training does not seems to be well coordinated. Discrepancies in recruitment criteria, long delays in recruitment, shortcomings of pre-service training in terms of quality and quantity, mal-distribution of Human Resources, and lack of a well coordinated mechanism to provide in-service training to its work force seems to be the result of such a fragmented system.

It is recommended that a Human Resource Development Unit be established within the Ministry of Health Nutrition and Welfare. This unit will be structurally and functionally made capable to carryout Human Resource Development activities in a well coordinated and uniformed manner. The HRD functions, which are presently carried out by various sections of the Ministry, will be brought together under the proposed HRD Unit which will be responsible for carrying out specific Human Resource Developmental activities. Similarly it is recommended that a small scale unit for HRD is established at each Provincial Director of Health Service's Office. A Provincial Training Centre at each province will be established to support the HRD functions of the Province.

(10) **Important Assumptions/Risks/Conditions:**

- The Ministry of Health will take the policy decision that HRD functions within the MoH should be unified.
- The Provincial councils will follow the policy of the Central Government.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To unify the rational deployment & utilization of	The degree of Mal-distribution of HRH	Routine MIS data

human resources through developing HRD Units at the Central and Provincial levels	# fully functional HRD units established	Project reports

(12) **Project Output/Product:**

Output	**Indicators**	**Means of Verification**
Fully functional HRD units at the Central and Provincial levels established.	# HRD units established	Project reports
All responsible at HRD functions in HRD units trained.	# trained in HRD field	Training Reports
Provincial Training Centres in each Province strengthened or established.	# of functional Provincial training Centres	Project and training reports
Human Resource data base established and updated regularly.	Availability of an updated HR data base	HR reports data reports

(13) **Related Projects** (include ongoing projects & projects under the Health Master Plan):

Project No.	**Project Title**
	N.I.L

(14) **Relevant Agencies to be Coordinated:**

N.I.L.

(15) **Monitoring & Evaluation:**

The project should be supervised by the MDPU.

(16) **Major Activities:**

Activities *(only major activities)*	**Expected Results**	**Process Indicators**
Recruit a consultant to design the organizational structure of HRD unit along with interactions with other units	The organizational designs of HRD units in the MoH and Provinces finalized	Recruitment of a consultant Availability of the organization plan
Define proposed roles, responsibilities and authorities of the HRD unit of MoH and Provincial Ministries	The roles, responsibilities and authorities of the HRD unit of MoH and Provincial Ministries explicitly stated	Roles, responsibilities and authorities explicitly stated
Establishment of HRD unit with Cabinet approval at the Central Ministry and Provinces	Fully functional HRD unit established	Number of HRD units established
Equipping the HRD units at the Central and Provincial levels	All HRD units are appropriately equipped	All required equipment in place
Train all members of HRD Units in fields related to HRD	All unit members trained	% of members in HRD trained in related subject areas
Strengthening and /or establishment of Provincial Training Centres. New Training Centres to be established in Uva, Sabaragamuwa, North Central, Western, Provinces	Existing Provincial Training Centres are strengthened and Four new Training Centres are established in Uva, Sabaragamuwa, North Central, Western, Provinces	Number centres established Number centres strengthened

(1) **Project Title:**	Development, Implementation & Monitoring of a comprehensive HRD Plan Based on the Approved HRD Policy	(2) **Project Number:** (3) **Project Priority:**	3.2.3 Anchor Project
(4) **Focal Point:**	DDG(Planning) and Director (Planning)	(6) **Starting Fiscal Year:**	1st year 2004
(5) **Implementing Agencies:**	DDG/Planning,D/Planning, Central MoH and DPDHS Offices	(7) **Project Duration:**	2 years but to review annually during next 10 years

Project Summary

Project on development, implementation & monitoring of a comprehensive Human Resource Development (HRD) plan aims to ensure sufficient number of employees possessing appropriate skills, and knowledge are available in the right place at the right time for achieving the health sector objectives and goals. HRD planning is a critical section within the sectorial planning process, therefore it is very essential to keep a balance between sector specific plans and the HRD plan. Further, this should look in to the needs of the public as well as the private sector. In planning for human resources, shall look in to the demand and supply aspects. On the demand side, the planners should look in to the expected quantity and the quality of the employees in the organization. Similarly, planning exercises shall assess on the supply side. Planning exercises will have to be conducted in order to fill the gaps; quantitatively & qualitatively.

(8) **Target Areas & Beneficiaries:**

The target area is national health services including private sector. The beneficiary is the entire nation.

(9) **Justification:**

Currently, there are many categories of employees in the state health sector: while some non-technical categories are in excess there are some technical grades for which the quantities are not adequate to perform their duties. At present, the state sector is not in a position to produce some technical categories in adequate numbers. The basic as well as post basic training for the technical categories, including medical officers shall be done on a need- based plan. The private sector mostly uses the state sector human resources to provide services to their clients. This is totally unsatisfactory, as this practice hinders the state sector work. There shall be a mechanism to establish a public-private partnership in HRD. To over come these problems, at the planning stage the human resource planners shall do so in determining how the goals of the organization are to be achieved.

(10) **Important Assumptions/Risks/Conditions:**

Assumptions:

The health policy will remain unchanged. It is possible to improve the presently functioning, and establishment of new training institutions to build up the capacity to produce enough

numbers of health workers. Funds will be available. Provincial authorities will conform to the national guidelines.

Risks

Policy alteration due to regime change Provincial and other local situations may force the authorities not to follow the guide lines. Disagreements from professional and other organizations. Shortage of funds

Conditions

Health authorities of central and provincial ministries will implement the set plan. Regime change will not alter the agreed plan. Periodic and regular monitoring and evaluation will be firmly done and reports will be reviewed Suitable alterations will be done when and where necessary in consultation with all stake holders

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To develop a comprehensive HRD plan to ensure sufficient number of employees with appropriate skills to achieve health sector objectives and goals.		
	Personnel / population ratio	HIS, Survey reports
	Number trained / Institution	HIS
	Personnel appropriately skilled / Population ratio (per speciality)	HIS, survey reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Organizational development goals and projections are assessed.	Goals and projections established	Evaluation and periodical survey reports
Forecasting of human resource needs of the health sector is done in relation to the sector related goals, & objectives	HR needs established	Evaluation, & monitoring reports
Human resource availability in relation to numbers, skills etc. are calculated.	Regular updating of information	Routine returns and monitoring reports
Appropriate human resource information system is in place.	Establishment of HIS data base	Evaluation reports, routine returns

(13) **Related Projects**

Project No.	Project Title
	This area is related to most of the projects to be implemented

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health (Central and Provincial), Relevant faculties and universities, Planning Ministry

Ministry of Higher Education, Professional colleges affiliated to SLMA, other professional bodies, Private sector

(15) **Monitoring & Evaluation:**

1. Monitoring will be done by planning units of Central and Provincial health ministries.

   Evaluation will be done by independent persons and institutions that have no responsibility and involvement with implementation.

2. Monitoring will be done using pre-prepared checklist on a quarterly basis, and in addition to that quality of work will be monitored through periodic surveys. Annual Reports will also be used fro monitoring and comparison of different categories and locations.

   Evaluation will be done at mid-term and annually.

3. To review progress during NHDC, HDC and other formal and informal forums with the aim of taking corrective measurers which are necessary for improvements to be made.

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Review selection and placement Criteria of all categories of Health Care personal in the public sector	Selection criteria for all categories of health staffing the public sector	Selection of personnel according to set criteria.
Conduct surveys to asses Job Satisfaction among the employees and to asses whether their capabilities are utilised properly	Surveys done within the specified period of time.	Utilisation of workers according to their capabilities.
Development of an employee profile in public sector and in the private health sectro which will include their qualifications, capabilities and other relevant information.	Established employee care sector. Data base of employee profile	Regular up-dating of the data base
Asses the human resource requirements on the basis of proposed organizational developments.	Norms and cadre for Human resource requirement s established.	Employment of workers according to the needs of the organization
Asses the responsibilities of each role and to conduct Task analysis	Responsibilities assessed and task analysis done.	Preparation of job descriptions and guidelines
Develop guidelines on deployment of staff in national and provincial levels	Guidelines developed and documented	Deployment of workers in accordance with the set guidelines
Development of a coordinating mechanism in HRD, between public and private health care sectors	Agreed mechanism in place	Regular consultations between public and private sectors in health related matters
Strengthen the capacity and capabilities of MDPU for the unit to undertake comprehensive human resource planning,	MDPU is further developed to meet the demands	HR planning, monitoring and evaluation reports

Activities	Expected Results	Process Indicators
monitoring, and evaluation.		
Strengthen provincial and district planning units in planning capabilities.	Provincial health planning done at provincial level	Returns from the Provincial planning units
Develop HRD information network, which will help to share HRD activities in national, provincial as well as in public and private sector health care services.	Established net-work	Availability of HR information at national and provincial levels

(1) **Project Title:**	Establishment of a Mechanism to Coordinate HRD Activities with the Private Sector with Specific Reference to Training & Continuing Education	(2) **Project Number:**	3.2.4
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DG	(6) **Starting Fiscal Year:**	2003
(5) **Implementing Agencies:**	Director private health sector development as the secretary to the private health sector Executive council	(7) **Project Duration:**	5 yrs

Project Summary

Private health sector provides 60% of out door care and 10- 15 % of inward care. Its provided through a wide network of institutions such as 160 private hospitals, 800 general practitioners, 400 laboratories, home care nursing services etc.
In service training of private health sector staff is not a major activity at present. There are many instances the private health sector staff not carrying out appropriate health care due to this. It is necessary to train the private sector manpower as per private medical institutions bill. The Government must be the regulator, facilitator and the information provider and guider for the private health sector.

The problem is grave that the private sector nurses looks after many people including VVIP s not having the required up dated knowledge to do so. Establishment of training and continuing education program will improve the quality of care in the private sector.
Private health sector provides 60% of out door care and 10- 15 % of inward care. Its provided through a vide network of institutions such as 160 private hospitals, 800 general practitioners, 400 laboratories, home care nursing services etc.
Trained manpower is a major problem for the private sector specially qualified nurses and paramedical staff such as pharmacists, radiographers etc. It is necessary to train the private sector manpower as per private medical institutions bill. The Government must be the regulator, facilitator and the information provider and guider for the private health sector.
The problem is grave that the private sector nurses looks after many people including VVIP s not processing the required qualifications to do so. There is a major unemployment in Sri Lanka and 1.2 Million people are exported for low paid jobs which could be avoided with private sector training of health manpower.

(8) **Target Areas & Beneficiaries:**

Private manpower training institutes, private hospitals, General practitioners, private home care nursing services, unemployed youth, the public at large both in Sri Lanka and abroad and the Government

(9) **Justification:**

It benefits all the care seekers from the private sector. It reduces social tensions by reducing unemployment. This could bring in foreign exchange by the export of trained manpower sine medical care is labour intensive.

(10) **Important Assumptions/Risks/Conditions:**

Ministry will be able to install a proper regulatory mechanism

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ Training nurses etc. in the private sector	Approvals for institutions and curricula after evaluation	Number of approvals given checking records
	Number of nurses enrolled with entry qualification	Inspections and registration
	Number of institutes conducting practical training	Inspections for 5M s
	Number passing out from schools	Checking the passing out figures

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Trained medical man power	Number and categories trained	Inspection and scrutinizing registers

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
3.2.5	Establishment of a Mechanism to Coordinate HRD Activities with the Private Sector with Specific Reference to Training & Continuing Education

(14) **Relevant Agencies to be Coordinated:**

Private health manpower training institutes

Private hospitals

Private laboratories

Private health sector executive council

Medical council

Banks

Donor agencies

(15) **Monitoring & Evaluation:**

1. Who – Private health sector executive council?
2. When - 2004
3. What actions to be taken based on results of monitoring & evaluation – To further streamline private sector training

(16) **Major Activities:**

Activities	Expected Results	Process Indicators

Preparing Curriculum for training	To prepare a basic curriculum and other preferable areas to be developed	Appointment of curriculum evaluating committee
Deciding on entry criteria	Deciding criteria similar to Government criteria	Publicise this by circular to private sector
Deciding on the approval of institutions based on a criteria	Approval of institutions after evaluating	Number of inspections done by executive council
Information collection	To have information with the executive council	To have the computers and data collection mechanism in place
Inspection and monitoring	Good quality training	Checking on the inputs and number of hours of training
Provision of training material for private training institutes	Quality training	Number of institutions strengthened
Development of a private health sector training regulatory institution	Regulation, facilitation and guidance	Preparing the proposal and ERD Approval and submission it for funding

3.3 PROGRAMME FOR IMPROVING JOB PERFORMANCE OF HEALTH PERSONNEL

(1) **Project Title:**	Establishment and Implementation of an improved Supervisory System, including Improved Performance Appraisal System.	(2) **Project Number:**	3.3.1
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/ Planning	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	MDPU, Provincial Planning Units	(7) **Project Duration:**	Two years

Project Summary

Project envisaged improving the quality of work output of all categories of health staff at national and provincial levels by establishing an improved system of supervision and performance appraisal. It is expected to critically review the existing supervisory and perform appraisal system in the health sector in order to make new proposals to improve the system. The main focal point will be DDG (P) and the MDPU of the Ministry of Health, while planning units of the provinces will act as the focal points at the provincial level. Following are the major activities.

1) Review of the job descriptions
2) Developing supervisory roles
3) Development of performance appraisal formats
4) Training of major senior categories on supervision
5) Dissemination of information on proposed system

(8) **Target Areas & Beneficiaries:**

Target area: All category health staff at the central and provincial health institutions (both curative and preventive)

Beneficiaries: Entire society

(9) **Justification:**

In the recent past health sector in Sri Lanka has faced many problems and amongst those most issues were related to human resource management. Lack of proper evaluation, performance based remuneration; carrier guidance, routine monitoring and supervision have been major problems.

Current supervision and performance appraisal system vary from one staff category to another, depending whether they are at technical or non-technical level and whether they are in clinical services or public health services or some other supportive service. It also depends upon whether the given staff category employed in the central health ministry or provincial health system, since health is a devolved subject under the Provincial Council Act of 1987. As a result system of supervision and performance appraisal has become further complicated. In general, supervisory system in the preventive sector is working to some extent in most areas although deficiencies do exist. This is mainly due to the well established routine information system that

include daily, weekly, monthly, quarterly based reporting formats incorporated in the preventive sector. However, supervisory system is rather weak in the clinical set up due to many reasons. Performance appraisal and supervision is particularly weak in non-technical staff categories, due to lack of proper job descriptions, poor information flow and lack of authority to take actions at lower levels. Therefore, it is timely that a proper supervision and performance appraisal system be established.

(10) **Important Assumptions/Risks/Conditions:**

Assumptions:

- A policy will be in place for improvement of job performance
- Regime change (political or otherwise) shall not make major alteration in policy
- Personnel with sufficient skills and experience will be available at all levels to carry out the activities of the project
- All stake holders will take part in the activities of the project
- Provincial and other levels will follow the national policy in this regard
- Differences shall be ironed out in consultation with the stake holders
- Adequate amount of funds will be available

Risks:

- Inadequate provision, and inability to raise adequate amount of funds, disbursements are not timely, and poor utilization of funds
- Differences of opinion at different levels of administration
- Inadequacies in monitoring and evaluation mechanism
- Non-consideration of recommendations to make appropriate changes following evaluations and monitoring activities

Conditions:

- Set objectives must be reached with in the period of project duration
- All stake holders shall take part in project activities
- Project activities shall be altered according to the monitoring and evaluation outcomes
- At the end of the stipulated project period the concept shall be institutionalized

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To improve the quality of work-output among all categories of health staff by establishing an improved supervisory and performance appraisal system	Improvement in client satisfaction	Hospital / clinic exit survey Supervision reports
	Improved community participation	Reports on activities
	Productivity improvement	Productivity assessment survey

Objective	Indicators	Means of Verification
	Job satisfaction	Service provider survey Performance appraisal returns
	Better quality service	Quality assurance survey

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Job descriptions all categories of health staff reviewed	Job descriptions of all categories reviewed	Review report
Job descriptions for all categories of health staff established	New job descriptions for all categories	Job descriptions Duty lists
Supervisory tools developed for all categories of health staff	Established supervisory tools	Reports on supervisions made
Performance appraisal formats developed for all categories of health staff	Performance appraisal formats developed	Performance appraisal reports
Senior health staff trained on new supervisory and performance appraisal system	Completed training of senior health staff	Performance appraisal by trained personnel
Information on new supervisory and performance appraisal system disseminated amongst all relevant partners	Information disseminated amongst all stake holders	Document on the new system Postal Survey among stake holders

(13) **Related Projects:**

Project No.	Project Title
	There is no other ongoing project in this respect

(14) **Relevant Agencies to be Coordinated:**

Central and provincial health ministries, NIHS, DDG (ET&R), DDG (P) & MDPU

(15) **Monitoring & Evaluation:**

1. **Monitoring:** MDPU at the centre, Provincial health ministries, NIHS

   Evaluation: An outside organization, which is not involved in implementation activities (to be identified)

2. **Monitoring:** Quarterly

   Evaluation: Quarterly and at the end of each year

3. Monitoring and evaluation reports will be used to assess to progress of the project. Suitable alterations will be done accordingly.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. To review job descriptions of all health staff categories	Identification of deficiencies and categories without or with vague job descriptions	Number categories reviewed
2. To establish proper job descriptions to all health staff categories	Responsibilities and roles are made clear Duplication of activities reduced Working as a team improved	Number of job descriptions prepared for different health staff categories
3. To develop supervisory tools in relation to all categories of staff	Supervisory tools developed	Number of tools developed
4. To develop performance appraisal formats for all major categories of staff	Performance appraisal formats developed	Number of categories covered
5. To train all senior health staff categories on the new supervisory and performance appraisal system	Senior health staff trained	Number of training modules prepared and tested Number of categories trained
6. To disseminate information on proposed supervisory and performance appraisal system	Information template prepared and disseminated	Number of document disseminated

(1) **Project Title:**	Development and Implementation of a Career Development Scheme for all categories of Health Personnel	(2) **Project Number:**	**3.3.2**
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/P	(6) **Starting Fiscal Year:**	1st year 2004
(5) **Implementing Agencies:**	Ministry of Health, PHA. Ministry of Higher Education, SLMC and Professional Bodies	(7) **Project Duration:**	5 Years.

***Project Summary* -**

Opportunities for career development is limited for many categories of health personnel working for the Ministry of Health. Once resuming duties as a preliminary grade officer they have to get through the efficiency bar examinations at stipulated time intervals in order to get into a higher grade, which automatically entitle the person concerned to a higher salary scale. At present this is the career development scheme available. Further existing carder vacancies is the other limiting factor for career development in the government sector.

Government sector employees once they get through the final qualifying examination continue to function without revalidation until they retire. Revalidation process should be introduced along with the EB examination for career development as well.

For certain health personnel career development is hampered or blocked due to non availability or limitation of cadre positions in the career ladder available at present.
There is a need to critically review the career development prospects available and take positive steps to motivate and strengthen job satisfaction of health personnel.

(8) **Targets Areas & Beneficiaries:**

Curative sector services will be targeted at different levels. Initially the National hospital, teaching hospitals and selected base hospital service providers will be provided with innovative approaches for career development. Gradually other sectors too will be incorporated Beneficiaries will be primarily the health personnel and clients of health services.

Once the service provides are satisfied it is inevitable that the quality of services for will improve. Thus the patients receiving care from them too will benefit.

(9) **Justification**

As human beings all health care personnel will warmly welcome opportunities for career development. There is a need to look into ways and means of improving the available scheme of carer development with the objective of providing satisfaction to health personnel and also to ensure quality of services they are expected to provide. Professional development also should go hand in hand with carer development.

(10) **Important Assumptions/ Risks/ Conditions:**

(a). It is assumed that the higher authorities of the Ministry of Health will react positively and take measures to implement the suggested scheme for career development.

(b). The health personnel will demonstrate positive attitudes to ensure quality service delivery.

(c). A master plan will be available for each category of health personnel which highlights the proposed mechanisms for career development

(d). It is assumed that there will be no political interference during recruitment, promotions, punishments etc.

(e). Treasury will release sufficient funds for new cadre creation.

Risks/ Conditions

The health personnel may prepare to work for the private sector with a better pay.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
to develop a career development scheme for selected categories of health personnel.	• Opportunities for career development	• Availability of a documented master plan for each category of health personnel.
	• % of health personnel who have achieved career development targets.	• Data on health personnel who received promotions.
	• Cadre vacancies at different levels/grades	• Appointments given by Ministry of Health
		• Existing positions and vacancies. • Personal files of officers concerned.

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Identification of Health personnel who are due for promotions but without opportunities.	• No of officers awaiting opportunity to sit for EB examination. • Frequency of conducting EB examination.	• Personnel files • Records/ Results sheets of EB examination
Identify shortcomings in the Ministry of Health which debarred career development of Health personnel.	• Date of last EB examination • Date of release of results of EB examinations held during last 2 years. • Complaints of officers	• Records available at examination branch of Ministry of Health • Records available at examination branch of Ministry of Health • Personal files of officers who sat the EB examination. • Records.
Regular communication of line Ministry and Provincial set up regarding career development procedures. Quality of services provided	• Availability of a Action Plan • Follow up meeting • Availability of career development	• Activities implemented. • No. of meetings held • No. of identified career development opportunities.

improved.	development opportunities. • Job satisfaction of health personnel • Cadre positions • Feed back from patients(clients)	opportunities. • Feed back from health personnel. • Feed back from clients. • Records available • Complaints.
Quality service delivery	• Job satisfaction of service providers • Disease incidence • Complaints from clients.	• Observations using check list • Statistical data available. • Number of complaints

(13) **Related Projects (include ongoing projects & projects under the Health Master Plan):**

Project No.	Project Title
	NIL

(14) **Relevant Agencies to be Coordinated:**

WHO/ UNICEF/ World Bank/ Nurses Training schools / Regional Training Centers /NIHS/ Family Health Bureau /Epidemiology unit/ Medical Research Institute etc.,

(15) **Monitoring & Evaluation:**

1. **Who?** - DGHS/DDG (A), PDs, D.PDHS, D/NIHS

D/National Hospital & Teaching Hospitals, Administrative Officer of National Hospital & Teaching Hospitals

2. **When?** - Every quarter of the year preferably. Failing which at least half yearly.

3. **What** - - Opportunities for career development.

- Feed back to relevant officers.
- Communication mechanism to update statistics.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. Consultation meeting with DGHS, DDGs, Ds	Agreement on proposed mechanism.	• Documented mechanism • List of issues agreed/disagreed

2. Meetings at Provincial and District level with relevant officials	• Critical analysis of proposed mechanism • New suggestions	• Identification of important issues related to career development scheme.
3. Meetings with trainers of different categories of health personnel	• Critical analysis of proposed mechanism. * New suggestions.	• Identification of important issues related to career development scheme. • List of new suggestions.
4. Discussion with relevant trade union leaders regarding proposed mechanism	• Agreement or disagreement • Inclusion of new suggestions.	• List of issues agree/disagreed • List of new suggestions.
5. Preparation of proposal regarding career development of the selected categories of health care workers	• Document giving details regarding propose mechanism for career development	• Summary of data obtained from activity 1,2,3& 4 • Details of propose mechanism

(1) **Project Title:**	Strengthening of Central Regulatory Bodies to maintain Standards and Performance Auditing Activities	(2) **Project Number:** 3.3.3
		(3) **Project Priority:**
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal Year:**
(5) **Implementing Agencies:**	Ministry of Health, PHA. Ministry of Higher Education, SLMC and Professional Bodies	(7) **Project Duration:**

Project Summary

Health Ministry and the Provincial Health Ministries of Sri Lanka provide the services to meet the health needs of the people of the country. This is done through various health institutions, which are responsible for the service provision. Provision of resources, maintaining the standards and the quality of services, and also monitoring and evaluation of the staff performing are the main responsibilities of the Ministries. At present different institutions train the different categories of health personnel. Training of medical under graduates is done through several medical schools that are affiliated to teaching hospitals. Postgraduate training is regulated by the Post Graduate Institute of Medicine. Para medical staff is trained at different health institutions where as the nurses are trained in Nurses Training Schools.

After categories received the basic training and recruited, there is no proper system adopted to monitor or to evaluate their performance capacities. There is no suitable system also to ensure the continuous in-service training to these personnel. Up grading of the staff knowledge to meet the advancing technology has not been planned properly. There is no proper regulating system or mechanism for capacity building of the health personnel.

The Ministry of Health, the Provincial Ministries of Health, SLMC, Professional Bodies, e.g. College of surgeon, college of Obstetricians etc. UGC and other training institutions engage in above activities. They act in an ad hoc manner that is not satisfactory at all. The lack of resources, improper planning, and not having a definite policy to adhere, the quality of service has deteriorated to a considerable extent.

With the implementation if this project.

- Existing central regulatory controlling bodies will be strengthened and improved.
- SLMC, MOH, PHA, and Professional Bodies will be integrated to ensure improved inter sectoral cooperation and co-ordination.
- Capacity of management of above bodies would be enhanced to enforce the standards and performances.
- A new committee will be formed to look in to the health management problems.
- Ethical issues and other constrains arising during the service performance will be addressed through a National Arbitration Committee.
- Actions will be taken to improve the bi-lateral relationship between these bodies and the Trade Unions of the health sector.
- Capacity of MOH will be enhanced in regulating the standards of health performance

(8) **Target Areas & Beneficiaries:**

All categories of health personnel, Trainee of health sectors & Patients

(9) **Justification:**

There is no systematized proper regulatory mechanism to ensure maintenance of the standards of health performance. The performance of health personnel is not adequately validated for the

quality of their duties. In an environment of fast advancing sciences and technologies it is vital to monitor and evaluate the performances. It is also important to do this by an organized manner in order to maintain the effectiveness and the sustainability. Hence the strengthening of central regulatory controlling bodies will be an essential priority for the present health system. .

(10) **Important Assumptions/Risks/Conditions:**

Assumptions:

- The standards of health performance could be brought by having a systematized mechanism of regulation
- Maximum support from MOH, PHA, SLMC and other professional bodies
- All trade unions operating in the health sector will extend their fullest cooperation.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To provide a comprehensive health care with proper standard which meets the expectation of beneficiaries. This is achieved by a good central regulatory system that maintains the required standard and quality of health services.	Availability full requirement of cadre in all sectors of health services	MOH reports, Survey reports,
	Health personnel training units with fully fledged facilities for training	Survey reports, records of universities, MOH reports and records
	Number of regulatory bodies work in coordination with the MOH to maintain the standard of the health performance.	MOH reports, National health information records & reports
	% Of financial, and other resources utilized for up-grading the performances of health personnel	MOH reports, Hospitals reports & records
	Availability of a job descriptions to each category performing in the health system	Hospital reports &records/ MOH reports Pro .MOH report, Surveys

(12) **Project Output/Product:**

Out put	Indicators	Means of verification
Appropriate data bases and management information systems will be formed at national, provincial, and divisional levels	Establishment of data bases at appropriate levels	MOH, PHA &divisional reports & records
Emphasis on representation of faculty boards by the hospital authorities and the faculty to represent in the hospital management boards.	Establishment of • Better co-ordination • More transparency • Easy access to approach	Hospital reports& records Reports of the faculties
Empower SLMC to inspect medical schools regularly to ensure fulfillment of curricula, norms and other resources such as, teaching methods, man power, laboratories etc. also to de-recognize degrees.	Empowerment of SLMC as an independent in regulatory functions to maintain the standards.	SLMC reports & records,
Establishment of an arbitration committee with an aim to solve the health issues.	*Availability of a Committee to solve problems more effective and acceptable manner	UGC reports, MOH reports, Minutes of committee, Trade Unions records
Establishment of a national Health Committee to under take analysis management practices function as a think-tank for policy makers, plan, monitor and implement in-service education	Formation of a national health committee	MOH reports

(13) **Related Projects:**

Project No.	Project Title
3.1	Program for the production & strengthening of human resources for the health sector
3.2	Program for the rationalization of human resources for the health sectors
5.1	Effective Policy Development Programme
5.3	Health Regulatory Mechanism
5.5	Health Research Programme
5.6	Inter sect oral programme

(14) **Relevant Agencies to be Coordinated:**

MOH, Provincial MOH, SLMC, Ministry of Higher Education, Professional Bodies

(15) **Monitoring & Evaluation:**

MOH, Provincial MOH, SLMC

(16) **Major Activities:**

Activities	Expected Results	Process Indicators

Analysis of the existing central regulatory systems	- Identification of the exiting regulatory mechanism - Strengths & weaknesses identified - Means of improvements recognized	- No of regulatory bodies studied
Consultative Work shops for relevant groups	- Creation of awareness - Planning the ways of strengthening the regulatory bodies - Selections committees to different disciplines	- Number of meetings held - Preparation of the plan - No. Committees selected
Formation of a National committee of Management to lay down standards	- Strengthening of the Health Management system - Maximum utilization of resources - Minimum disputes in health sector	- No. OF meetings held - No. Disputes/ issues settled
Formation of a national ethical committee	- Ethical issues will be investigated - Development of a national ethical Quick settlement to disputes of health staff	- No. of ethical issued settled.

(1) **Project Title:**	Regular Review of Activities& Output of Training Institution at Central and Provincial Levels to Strengthen the management Capacity of these Institutions	(2) **Project Number:** **3.3.4** (3) **Project Priority:**
(4) **Focal Point:**	DDG ET/R	(6) **Starting Fiscal Year:**
(5) **Implementing Agencies:**		(7) **Project Duration:**

CHAPTER 4

PROFILES OF FINANCING, RESOURCE ALLOCATION & UTILISATION

4 PROFILES OF FINANCING, RESOURCE ALLOCATION & UTILISATION

4.1 PROGRAMME FOR THE DEVELOPMENT OF HEALTH FINANCE POLICY FOR EQUITY, EFFICIENCY & SUSTAINABILITY

(1) **Project Title:**	Support for Development of a Health Finance Policy for National Level	(2) **Project Number:**	4.1.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal**	**Year:2004**
(5) **Implementing Agencies:**	DDG/planning	(7) **Project Duration:**	3 years

Project Summary

The project of Support for Development of a Health Finance Policy for National Level will look into feasibility and desirability of a social health insurance model in Sri Lanka, taking into account practical requirements and risks of any implementation. A t the same time the project will invest in developing the national human resources required to assist GOSL in making such strategic choices. The project is composed of three components as follows.

-To develop evidence base to assess feasibility of social health insurance financing option

- To develop understanding of public opinion concerning health financing choices, and issues related to social health insurance design

-To develop human resources to support assessment and development of national health financing strategies, and to implement potential action plans

(8) **Target Areas & Beneficiaries:**

Whole population of Sri Lanka

(9) **Justification:**

A number of pressures and a succession of reviews of the health sector conducted for and on behalf of MOH and GOSL point to the priority need to develop strategies to increase public source funding for health services. Demands on the government health services continue to increase, and whilst productivity improvements have helped mitigate some of the pressure, these have not been sufficient to ensure that the quantity and quality of services improve sufficiently to meet both rising social expectations, and actual increases in demand driven by demographic and epidemiological changes. The health system also faces political and social pressures to make the government health service more responsive to consumer demand, more adaptive to the needs of devolution, and more efficient in its use of resources provided by Treasury, but at the same time there is an over-riding priority that any solutions must also act to improve overall equity.

All recent major reviews of the situation in the past two decades have come to similar conclusions. The study of the health services (Prof. Brian Abel-Smith in the early 1980s) found that the system of general revenue funded hospitals supplemented by privately funded outpatient services was effective and efficient. The report concluded that increased public source funding was the optimal strategy to improve the system, and the most effective mechanism for this was general revenue funding. Other options were also examined, such as user charges, recovering funds from accident insurance for auto-accidents, private health insurance, and earmarked taxes, but judged all of these to be ineffective, inefficient or inequitable.

World Bank in recent poverty assessments has also agreed that user charges are not a relevant or feasible mechanism to address the resource gap, and noted that they are likely to carry too high a political cost given public opposition, in addition to not being able to generate substantial new resources.

The Preliminary Assessment of Sri Lanka's Health Sector in 1998, and funded by World Bank, found that the current Sri Lankan health system was efficient by international standards, and equitable. It also noted that there was a need to improve performance through structural changes in the public system, but warned that such changes in the absence of a prior increase in funding would damage the system efficiency, effectiveness and equity. The recommendations were that the country first develops a coherent financing policy, noting that this did not exist. Two potential mechanisms were identified to generate increased public financing. The first option was increased general revenue funding. But if this was not politically feasible, the study recommended that work be done to investigate and assess the potential costs and benefits of introducing a national social health insurance scheme. The study did not find evidence to support consideration of alternative options such as user charges, private health insurance, community financing or community health insurance.

The recent work for MOH by both the PHRD and JICA Master Health Plan teams have all identified the need to increase public financing as a percentage of GDP. However, whilst Regaining Sri Lanka does set a target for increasing government expenditure on health as a percentage of the government budget, it also targets an overall reduction in government spending as a share of GDP. The combined effect of this is that no increase in public tax funding for health as a share of GDP is currently planned, although the need for it has been repeatedly identified and accepted. This suggests that there is a strong needs to investigate other non-tax sources of public funding, and the identified option is national social health insurance.

Currently, the country lacks the necessary understanding, knowledge and data, and human resources to properly assess the suitability and feasibility of a social health insurance strategy, or to design and implement such a plan. It is noted that no other country has been able to introduce nationwide social health insurance with equity at this level of income (the other countries are Japan, Taiwan, Korea and Thailand).

This project will invest in developing the national human resources required to assist GOSL in making such strategic choices, developing the necessary evidence base to support such decision-making, and conducting necessary pre-assessment studies. The final goal is to enable GOSL and MOH to be in a position to make an informed judgment of the feasibility and

desirability of a social health insurance model in Sri Lanka, taking into account practical requirements and risks of any implementation. The project builds on work already executed for MOH under three previous activities: (i) JICA Master Health Plan, (ii) PHRD grant funded work in 2002-2003, (iii) World Bank-funded assessment of Sri Lanka's health sector by Prof. William Hsiao.

(10) **Important Assumptions/Risks/Conditions:**

Making changes to Sri Lanka's long-established health financing policy faces the risk that any proposals will not be accepted, because they unacceptable to the political leadership, MOH staffs and other key stakeholders, and the Sri Lankan public opinion. All reform proposals in the past have also faced problems if they ignore institutional constraints and realities. To reduce this risk it is important that political and institutional viability be directly addressed, and that equity implications are kept in the centre of focus. Public opinion must be taken into account. It is also important that in order that GOSL and MOH both treat any findings of this process as being developed by national experts and not imposed by international experts or agencies. This places an important requirement that the bulk of the activity be controlled, managed and executed by local agencies.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To enable GOSL and MOH to be in a position to make an informed judgment of the feasibility and desirability of a social health insurance model in Sri Lanka		

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
To develop evidence base to assess feasibility of social health insurance financing option for Sri Lanka consistent with equity improvement and institutional realities • Reports of studies examining critical elements involved in making assessment of SHI feasibility • Reports of studies examining alternative reforms based on increased taxation funding for health services • Data required to support design of subsequent implementation plans • Substantial national experience gained in managing and implementing studies to build evidence base		
To develop understanding of public opinion concerning health financing choices, and issues related to social health insurance design • Series of national public opinion polls examining public attitudes and opinions • Series of focus groups and other similar studies exploring public		

attitudes relevant to development of national health financing policy and social health insurance, involving patients, general public, workers and employers, unions, health workers, political leaders		
To develop human resources to support assessment and development of national health financing strategies, and to implement potential action plans • Availability of national technical expertise to enable country to make informed decisions in this area, including individuals trained at Masters level or higher in MOH, MOF, national universities and research centres • Significant number of senior MOH and MOF personnel, national experts, etc exposed to benefits, risks and challenges of implementing social health insurance in countries such as Japan, Korea, Taiwan, Thailand, etc		

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	NIL

(14) **Relevant Agencies to be Coordinated:**

NIL

(15) **Monitoring & Evaluation:**

NIL

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. **Development of evidence base**		
Study of industrial organization of private sector hospital services		
Study of industrial organization of private clinic services, including services provided by government medical officers engaged in private practice, including survey of latter		
Nationally-representative household survey of health care utilization and expenditure to provide data on potential costs under social health insurance.		
Add-on survey of labour force coverage with medical benefit schemes and other social security benefits tied to DCS Labour Force Survey		
Study of potential revenue bases for future social health insurance		
Study of human resource requirements to implement social health insurance, including assessment of options for training and retaining actuarial expertise		
Comparative study of experiences in implementation social health insurance in Japan, Korea, Taiwan, Thailand and Mongolia, to be		

Activities	Expected Results	Process Indicators
conducted by Sri Lanka agencies		
Study of organization, staffing and management of pubic sector services		
Study of long-term needs for doctors and nurses, and potential supply trend, including development of appropriate forecasting models		
Study of trends and determinants of productivity change in government hospitals		
Study of unit costs of a representative sample of public facilities, including tertiary, secondary and primary level		
2. Development of understanding of public opinion		
Series of six-monthly public opinion polls to track public attitudes to health services and financing, and to provide platform to investigate issues arising from parallel work in project		
Study of opinion and attitudes of key stakeholders using focus groups and other qualitative methods		
3**. Development of national human resources to support assessment of social health insurance and other financing options**		
Short-term training for senior staff of MOH, national academic centres, and key stakeholder representatives		
Long-term graduate level training in health economics for selected personnel of MOH, MOF, national universities and research agencies. Selection should cover all such agencies, and may require funding support for 3-5 years		
Study tours to be organized by local institution to enable MOH, MOF and other stakeholder representatives to obtain first-hand experience of social health insurance experience in Japan, Korea, Taiwan and Thailand.		

(1) **Project Title:**	Development & Implementation of a Plan to Reorient Procedures & Formats Towards Performance-based Planning & Budgeting	(2) **Project Number:**	4.1.2
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DDG/Finance	(6) **Starting Fiscal Year:**	1st year of 2004
(5) **Implementing Agencies:**	Central MOH	(7) **Project Duration:**	10 years

Project Summary

The demand for health services is growing at a rate faster than available resources. Allocative efficiency and efficient utilization against the growing demand for health services. And the system of performance based planning and budgeting are important factors which enable the MOH to face the health demand. Following procedures should be taken by MOH, provincial MOH (including office of PD,DPD) to implement the performance based planning and budgeting system.

1. Developing agreed upon performance indicators.
2. Prioritisation of programmes.
3. Establishment of target.
4. Establishing a proper planning and monitoring unit.
5. Ensuring continuous monitoring system being implemented

(8) Target Areas & Beneficiaries:

Ministry of Health
Department of Health
Medical Institutions coming under MOH

(9) Justification:

Recent years have seen a significant growth in government expenditure particularly in the area of health services. There is a growing awareness that all expenditure must be subject to close planning, budgeting and monitoring. This is very important because the optimal use must be made of our limited resources. The demand for health services is growing at a rate faster than the available resources.

The Process of performance based planning and budgeting will enable the MOH to achieve better ways of allocating resources. The targeted performance then becomes the basis for resource allocation.

(10) Important Assumptions/Risks/Conditions:

If the Ministry of Health shifts to the system of performance based planning and budgeting system, the treasury and the provincial authorities should follow the same.

(11) Project Objective:

Objective	Indicators	Means of Verification

■ To ensure allocative efficiency by making strategic resource allocation decisions and to ensure operational performance through the efficient and effective conduct of health service delivery activities.	Indicators of quality improvement and service outcome	Monitor the quality Monitor the put come
	Ratio between OPD visit and inpatient stay	Monitor facility performance measure
	The impact on the expenditure budgets to existing policy commitments equity of access to health care and preventive health care	Expenditure reports
	Prioritisation of programmes according to performance plan	Regular outcome information
	Budget requests are consistent with the plan of activities.	Performance Plan
	Establishment of Quarterly budget targets (physical & Financial)	Performance plan
	Setting up requirements for (including the regular posting of expenditure documents on MoH Sri Lanka web site) transparency and timeliness in financial reporting	Progress reports
	Develop agreed upon performance indicators	Performance plan
	Percentage of allocation for such programme	Performance plan

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
1. Guidelines for performance based planning and budgeting system should be available	Approved documents showing the establishment of systems and guidelines Monitor future performance	Reports by Medical Institutions
2. Training for all personnel categories engaged in preparation of performance planning budgeting and monitoring	Training of managers, officers	Reports by Medical Institutions
3. Introducing simple formats so that anybody can understand and facilitate the collection of information	Formats	Reporting by Medical Institutions
4. Gathering recommended information and developing performance indicators	Tables showing trends in agreed upon performance indicators	Background data table
5. Analysis of past & future trends in indicators	Report based on analysis	Background data tables
6. Report submitted on performance indicators	Report	Confirm findings from background information

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Review of the functions of Ministry institutions
	Review of programmes and activities expenditure
	Develop agreed performance based indicators
	Programme prioritisation
	Restructures plans
	Establishment of proper monitoring unit
	Training programme on the development and implementation of performance based planning and budgeting system.

(14) **Relevant Agencies to be Coordinated: MOH, Provincial MoHs, Provincial Councils, Treasury, Macroeconomic Commission on Health**

NIL

(15) **Monitoring & Evaluation:**

1. Who? Central MOH Line Ministry hospitals ,PRVICIAL MOH PD& DPD.
2. When? Annual budget estimate ,Annual action plan quarterly progress report
3. What actions to be taken based on results of monitoring & evaluation?

Make resource allocation decisions identifying constraint and bottlenecks for remedial action.

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Develop a consensus on performance based indicators	Agreement about performance indicators	1.Meetings held 2.Timely reports of progress 3.Further work requirements identified & submitted
What kind and how many resources are actually used to achieve these performance indicators	The cost of achieving Performance indicators	Timely progress reports
How much Patients pay for free service	A report on How much people pay for a full package of care	Surrey designed surrey conducted results reported

4.2 PROGRAMME FOR STRENGTHENING OF THE HEALTH FINANCIAL MANAGEMENT SYSTEM

<table>
<tr><td>(1) Project Title:</td><td>Strengthening & Reorganizing the DDG Finance Office and DDG Planning for Health Service Delivery & Inter-sectoral Health activities/ Issues within the Context of Health Economic Reality and with Full Accountability</td><td>(2) Project Number:

(3) Project Priority:</td><td>4.2.1</td></tr>
<tr><td>(4) Focal Point:</td><td>Director General.</td><td>(6) Starting Fiscal Year:</td><td>1st year (FY 2004)</td></tr>
<tr><td>(5) Implementing Agencies:</td><td>DDF Finance Branch and all accounting units coming under the Line Ministry and Provincial Councils.</td><td>(7) Project Duration:</td><td>10 years</td></tr>
<tr><td colspan="4">Project Summary
The resources required to maintain the health services in the country depends on the general Treasury. Both DDG (Finance) and DDG (Planning) are expected to plan and utilize the limited resources in a more efficient and effective manner in order to provide maximum benefit to the nation. To achieve these objectives the MOH must work in collaboration with the provincial setup. The finance division and the planning division of the MOH in collaboration with provincial officials are acting as central agents between the health institutions and the Treasury.
The responsibility of preparation and monitoring of the total estimates are held by Chief Accountant/ DDG (finance) while DDG (Planning) is assisting in providing annual capital estimates. In order to achieve the strategic objectives the following activities must be embarked on:
1. To make use of planning and activity based budgeting system that gives more meaningful expenditure estimates rather than the incremental budgeting system.
2. To improve the government financial support.
3. To improve allocative efficiency of public funds.
4. To identify alternative financing mechanisms and ensuring financial sustainability.
5. To improve monitoring and evaluation of performance in the MOH and PCs.
Implementation of corrective measures to achieve these goals.</td></tr>
</table>

(8) Target Areas & Beneficiaries:

Head office, Teaching Hospitals, General Hospitals and Base Hospitals taken over by MOH, Specialised Campaigns, Decentralised Units and Institutions which come under the PCs.

(9) Justification:

It is the accepted policy of the government to provide health services to the nation on free of charge. Therefore financial management has become a very significant element of the health services. The government health financing function is always depending on the Treasury Funds. However, annually around 3-4% of GDP is being allocated for health care facilities in the country. Funds are allocated to capital and recurrent budgets for different programmes and projects. The preparation of estimates is also based on the formats of capital and recurrent budgets and their respective expenditure categories.

Traditionally, incremental (or historical) budgeting practices have been followed. The identified issues relating to government financing are, inappropriate budgeting practices leading to scarcity of funds, misallocation of funds and under utilisation of funds in different institutions and projects. Therefore, a need exists to determine budget at national and provincial levels in a planned scientific and co-ordinated manner based on cost estimates and future projections of epidemiological information.

In addition there is the problem that allocated funds are not properly managed due to inadequate financial controls, lack of adequate internal control and the lack of trained employees and excessive workloads. Therefore it is crucial to also improve the financial management of all institutions in the health sector.

Financial problems lead to the disruption of health services and also the breakdown of health sector development targets.

From the past experience it has been observed that, the health services cannot depend only on the government financial support. It is therefore justifiable to implement private sector participation and also to examine the feasibility of alternative financial mechanisms such as charging fees for some services, health insurance schemes, imposing of taxes, renting out of excess or idle capacities to private sector, and introduction of channelling systems in govt hospitals etc. to satisfy the increasing demand.

(10) **Important Assumptions/Risks/Conditions:**

a. whether adequate financial resources will be granted by the Treasury

b. Whether the budgeted functions will vary due to unavoidable reasons.

c. Availability of professionally skilled personnel.

d. Will the suggestions comply with the existing rules and regulations.

e. Whether the prevailing peace situation in the country will continue.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ DDG (Finance) Office. To improve the health financing mechanisms, rationalisation of resource allocation and utilisation, monitoring, evaluation and financial reporting. ■ DDG (Planning) Office. Setting objectives and new strategies, co-ordination	Total health expenditure as a share of GDP.	Central, provincial health budgets and expenditure reports.
	Per capita expenditure on health.	Central Bank reports, annual health bulletins.
	Recurrent expenditure vs. capital expenditure.	Internal records monthly summaries of accounts.
	Foreign funds utilisation as a share of total health expenditure.	Budget estimates Internal records monthly summaries of accounts and project reports.

Objective	Indicators	Means of Verification
with the National Planning Department on sectoral planning of health services development.	Percentage of expenditure such as programmes projects. Drugs, equipment and utilities to total health expenditure and in relation to bed occupancy.	Returns from the decentralised units.
	Collection of revenue from other sources. E.g. Health Insurance, taxes and levies, donations, grants, hospital charges etc.	National Health Accounts.
	Identification of Cost savings activities, controllable and uncontrollable activities, idle assets etc.	Audit reports
	Comparison of figures of private sector health institutions with that of public health Institutions.	Annual health reports, Reports of statistics Department, University surveys.
	Monitoring of progresses and identification of problems.	Progress reports and variations.
	Co-ordination of capital project activities at the national, provincial, and district level.	National Health Committee meetings.
	Create and maintain system of statistical database system.	Statistical reports, annual health bulletins, periodic review meetings, and special requests.
	To implement National Health Accounting System (NHAS) in conformity with generally accepted accounting principals, practices and standards introduced by the professional Accountancy Bodies such as Chartered Accountants of Sri Lanka.	Income and Expenditure accounts (profits and loss accounts), Balance Sheets, Funds flow Statements, Notes on Accounts & analytical reviews.

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Planned, systematic evidence based budgets.	Budget estimates and utilisation ratio.	Financial records.
A sound system of financial management and control mechanisms.	Annual budgets, CIGAS programme, data based accounting packages, monthly summaries of accounts.	Copies of printouts
Strengthening of	Internet and e-mail facilities,	Minimisation of delays.

Output	Indicators	Means of Verification
communication between the Ministry and spending agencies including PCs.	Correspondences exchanged	Prompt replies.
Improve the competency of working staff.	Number of courses attended, expenditure on training.	Improve the quality of outputs, Minimisation of errors and mistakes, improvement of volume of works.
Availability of comprehensive financial statements to different categories of users.	Financial statements prepared in conformity with the accepted accounting standards.	Comparison charts, financial statement analysis.
Extension of certain extent of financial autonomy to spending agencies.	FRR, Circulars on delegation of functions. Minimisation of decision making problems.	Audit quarries, performance reports etc.
Public awareness of Health financial information.	Published accounts. Annual health bulletins Central Bank Reports.	Criticisms on health facilities, inquiries.

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
1	The financial aspects of all MP programmes/Projects are related to this activity.

(14) **Relevant Agencies to be Coordinated:**

MOH

(15) **Monitoring & Evaluation:**

1. Who? DDGF
2. When? Annual Survey, Periodical Survey
3. What actions to be taken based on results of monitoring & evaluation?

Awareness Programmes, Rotation of activities. Guidelines, Circulars etc.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Reorganise the preparation of Health Budget at National level. (Line Ministry, Provincial Councils) .	To improve the allocative efficiency at National level.	National Health budget.
Maintain linkages between Central and Provincial levels on health financial and policy matters.	Co-ordination among the Health Institutions on financial and policy matters.	Correspondences, decisions taken etc.
Monitoring of performance and maintenance of financial reporting system at	Maintenance of sound accounting system in terms of	Periodic accounting reports.

Activities	Expected Results	Process Indicators
National level.	Financial Regulations and Treasury instructions.	
Reorganisation and strengthening of the system of Verification of health properties including Drugs, Equipment, Vehicles, Buildings and other Assets etc. at Central and Provincial level. (National level)	To ensure that all kinds of goods, equipment, items are in order with the records and funds utilised.	Investigation, periodic and annual verification, corrective actions.
Strengthening of Supplies Division in the head office and branch offices.	To ensure the stock items and services are provided at frequent intervals with a view to avoid the disruption of service.	Efficiency in procurements at minimum costs. Continuos supply process.
Organisation of Recurrent Expenditure Division.	To organise the recurrent expenditure as an accounting unite in order to minimise the delays and a controlling centre of recurrent expenditure. (cost centre basis)	Implementation of cost centre approach. Reduction of unnecessary delays in the service.
Organisation of Capital Expenditure Division.	To organise the capital expenditure as an accounting unite. (cost centre basis)	Cost centre approach, better utilisation capital funds.
Organisation of Misc. Expenditure Division.	Expenditure directly do not fall under any category is to be organised as a separate function.	Cost centre approach.
Reorganisation of Internal Audit function at National level (Central, Provincial and Tertiary level)	To organise internal audit function more meaningful manner unit has to be organised in order to examine the rules and regulations are being followed by the spending agencies.	Investigation, minimisation of errors, mistakes, frauds, and accurate accounting.
Strengthening of Planning (Finance) function at National level.	To organise health Planning activities at central level.	Better co-ordination, speedy decisions on projected activities, monitoring etc.
Reorganisation of institutional Accounting function with certain extent of autonomy. (Teaching Hospitals, General Hospitals, Specialised Campaigns, PDHS offices, DPDHS offices).	Institutions identified, as accounting units shall maintain a separate accounting division.	Decentralised accounting, better management performances.
Organise a Cost and Management Accounting Unit to introduce unit-costing system at National level.	To organise a cost & Mgt accounting unit at ministry level to develop unit costing and cost analysis. Assisting in	Cost benefit analysis reports, management decisions, health statistics, and reports.

Activities	Expected Results	Process Indicators
	preparation of health budget, identification of under utilisation of resources. etc.	

(1) **Project Title:**	Strengthening & Reorganising the Financial System & Capacity of the PDHS Office and Other Current & Future Autonomous Programmes & Institutions	(2) **Project Number:**	4.2.2
		(3) **Project Priority:**	
(4) **Focal Point:**	Provincial Director of Health Services	(6) **Starting Fiscal Year:**	1st year (FY 2004)
(5) **Implementing Agencies:**	All members in the Provincial Administrative structure	(7) **Project Duration:**	5 years

Project Summary

In the process of strengthening and reorganization of the Financial System and Capacity of the PDHS office, not only the Department of Health but all parties involved in the different stages in mobilization of funds from the Chief Secretary, to the lowest level manager who is the implementing agent plays an important role.
In mobilizing resources, adherence to a set of guidelines considering the national policy and expectations according to the local needs may help in an equitable distribution of available resources among the identified sectors.
Capacity building of all health managers, including financial managers, in the establishment of a comprehensive financial information system, development of an internal auditing procedure and an efficient system of monitoring and outcome evaluation is imperative for effective utilization of resources.

(8) **Target Areas & Beneficiaries:**

Target areas - All administrators and financial managers (Accountants) in the Department of Health in the WP, from the provincial to the institutional level

Beneficiaries – Community and the country at large

(9) **Justification:**

Financial management plays an important part in the development process. It has been observed that, throughout the past no proper guidelines have been laid down for compiling estimates, allocation of resources have taken place with no standard criteria, capital expenditure unlike recurrent expenditure has not achieved the expected targets and poor accountability especially with regards to the effectiveness of programmes.

When considering the financial system the whole province has to be taken as one unit starting with the Chief Secretary of the province who plays a major role in financial matters. Resource mobilisation which occurs at this level has to be made by a competent body on identified equitable criteria that would distribute resources equitable to all the sectors in the province.

In concurrence to the above, bottom up planning has to be strengthened, with reorganisation of the financial and administrative capabilities and capacities of all the Heads of Institutions from the smallest institution such as Central Dispensaries in the curative sector and Medical Officer of health in the public health Sector, including Accountants on planning and management skills.

The above reforms would enable each responsible authority to progress systematically in achieving identified objectives both locally and at provincial level.

(10) **Important Assumptions/Risks/Conditions:**

Assumptions

I. A policy decision be made on vesting powers on all heads of institutions depending on each ones capacity in relation to financial and administrative authority.

II. Identification of benchmarks on equity at the level of the Chief Secretary in relation to resource management.

III. That at least the majority of all trained personnel will function to their fullest capacity.

IV. That an efficient information system will be established in order to enhance decision making.

Risks

I. Transfers of trained personnel.

II. Political influence on resource mobilisation.

III. Mishandling of funds with delegation of powers to the inexperienced.

IV. Difficulties faced with accountability.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ Strengthening and reorganising the Financial System and Capacity of the PDHS Office and other related institutions.	Allocations at provincial level – Chief Secretary	Annual Financial Statement
	Total Annual Expenditure (financial)	Appropriation Account
	Qualitative indicators on each project implemented with regard to effectiveness	Project evaluation reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Formulation of legislation authorising lower level managers on administrative and financial authority.	Legal document	
A set of well trained managers form the smallest institution to the Chief Secretary level especially on financial matters	Performance indicators	
A well established information system both general and financial		
Five-year development plans in respect of all fields –	Development plans	

construction, cadre projections, service delivery projects etc.		
Guidelines for monitoring and evaluation with an internal auditing mechanism.		

(13) **Related Projects**

Project No.	Project Title
	Capacity building programmes
	Advocacy on the reorganisation of the financial system
	Establishment of the information system
	Guidelines on financial management
	Setting out of policies at the provincial level (Chief Secretary)

(14) **Relevant Agencies to be Coordinated:**

National Policy Planning, Finance Commission, Chief Secretary, Provincial Ministry of Health.

(15) **Monitoring & Evaluation:**

1. Who? PDHS, DPDHS
2. When? Monthly, quarterly and annually
3. What actions to be taken based on results of monitoring & evaluation?

Revision of training guidelines, legislation and monitoring mechanisms.
Feedback reports

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Establishment of guidelines on mobilisation of resources from both governmental and NGOO	Formulation of equity benchmarks	
Development of guidelines on financial procedures	Guidelines on financial procedures	
Capacity building of all health managers and Accountants on financial matters with planning inputs	Trained managers	
Establishment of a monitoring and evaluation system	Accountability of projects	
Strengthening the Health Financing Information System	Result based planning	
Establishment of an internal Auditing system	Facilitates transparency	

CHAPTER 5

PROFILES OF STEWARDSHIP & MANAGEMENT OF THE HEALTH SECTOR

5 PROFILES OF STEWARDSHIP & MANAGEMENT FUNCTIONS

5.1 EFFECTIVE POLICY DEVELOPMENT PROGRAMME

(1) **Project Title:**	Capacity-building of National & Provincial MoH Officials in Effective Policy Development Processes	(2) **Project Number:**	5.1.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DDG/P	(6) **Starting Fiscal Year:**	FY 2004
(5) **Implementing Agencies:**	DDG/P, Provincial Directors of Health Services.	(7) **Project Duration:**	10 years

Project Summary

To increase sustainability of policy reforms, much greater emphasis should be placed on strengthening national capacity for policy development and policy analysis.

To enable this there should be a critical mass of health policy experts at national and provincial levels. This will be achieved by implementing the following activities.
- Defining necessary competencies for national and provincial MoH officials.
- Designing and conducting education / training programmes.
- Keeping the MoH officials well informed about current health policy issues.
- Setting performance standards.
- Evaluation of performance.

(8) **Target Areas & Beneficiaries:**

National and Provincial MoH officials.

Health system in general and in particular to the benefit of the general public.

(9) **Justification:**

The process of health policy development is complex, political and ethical. It frequently takes place in an unstable and rapidly changing context, subject to unpredictable internal and external factors. Current health policy development in Sri Lanka is weak and fragmented. There is a dearth in the quantity and quality of fact-finding, study, discussion, analysis, research and processing of information pertinent to policy making.

(10) **Important Assumptions/Risks/Conditions:**

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To enhance the capacity of National and Provincial MoH	Availability of training/ education curriculum.	

Objective	Indicators	Means of Verification
officials in effective policy development processes.	No. of training / education conducted.	Periodical survey.

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Organization and development of a critical mass of expertise of health policy experts at national and provincial levels.	Quality of health policy documents prepared by national and provincial MoH officials.	Expert review of health policy documents prepared by national and provincial MoH officials.

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
3.1.2	Establishment of a network between central and regional training institutions.
3.1.5	Strengthening of in-service training and continuous education.
3.2.1	Formulation of an HRD policy.
3.3.1	Establishment and implementation of an improved supervisory system including improved performance appraisal system.
3.3.2	Development and implementation of a carrier development scheme.
5.4.2	Promoting the use of information for policy making, planning, management and provision of health services.
5.5.1	Enhancement of capacities in health research and research management at central and provincial levels.

(14) **Relevant Agencies to be Coordinated:**

MoH, Ministry of Policy Implementation, Provincial Governments.

(15) **Monitoring & Evaluation:**

1. Who?Central MoH, Provincial MoH
2. When? No time limits. On going assessment.
3. What actions to be taken based on results of monitoring & evaluation?

   Revision of training / education curriculum.

   Proper implementation of the planned activities.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. Defining necessary competencies	Availability of defined	

for national and provincial MoH officials.	competencies for national and provincial MoH officials.	
2. Designing and conducting education / training programmes.	Availability of education / training programmes	No. of education / training programmes conducted.
3. Keeping the MoH officials well informed about current health policy issues.	MoH officials are well aware about the current health policy issues.	Releasing of informative materials.
4. Setting performance standards.	Availability of performance standards.	
5. Evaluation of performance.	Availability of a mechanism for evaluation.	

<table>
<tr><td>(1) Project Title:</td><td>Establishing a Mechanism for Advocating Commitment of National & Provincial Political Leaderships toward Ownership of Health Programmes</td><td>(2) Project Number:
(3) Project Priority:</td><td>5.1.2
Anchor Project</td></tr>
<tr><td>(4) Focal Point:</td><td>Secretary</td><td colspan="2">(6) Starting Fiscal Year:</td></tr>
<tr><td>(5) Implementing Agencies:</td><td>Provincial Secretaries of Provincial Health Ministries.
Directors of Specialized Campaigns.
Director General of Medical Services.
Provincial Directors of Health Services.</td><td colspan="2">(7) Project Duration:</td></tr>
<tr><td colspan="4"><u>Project Summary</u>

The expectations and aspirations of people are rapidly changing. One of the prerequisites to develop a health service responsive to public needs is a committed political leadership with the sense of ownership of the health programmes. This is essential for the successful implementation of the health programmes at national and provincial levels.
There should be an involvement of political leadership in the planning, implementation, monitoring and evaluation stages of the health programmes. Those in the health sector should be in a position to provide sufficient evidence to convince the political leadership about the necessity of implementing health programmes.</td></tr>
</table>

(8) **Target Areas & Beneficiaries:**

Generally to the benefit of the public and in particular to the benefit of the vulnerable groups.

(9) **Justification:**

The current health environment is characterized by the conflict between economic restraints and the increased need and demand for health services. In this context, as the political leadership is having a big say in the financial allocation and resource mobilization, developing a sense of ownership among the political leaders towards the health programmes is essential for the successful implementation of those programmes. Furthermore, with the increasing tendency towards devolution of government power, provincial and local political leaderships are likely to assert more authority over the affairs of the local communities.

(10) **Important Assumptions/Risks/Conditions:**

NIL.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To establish a mechanism for advocating commitment of national and provincial political leaderships toward ownership of health programmes.	Presence of units in the MoH and Provincial Health Ministries to collect the information from the specialized campaigns and provinces about the new health programmes.	Reports released by these units periodically.

Objective	Indicators	Means of Verification
	Availability of sufficient evidence at national and provincial levels to convince the political leadership about the necessity of implementing particular health programmes.	Availability of feasibility and impact studies at national and provincial levels to collect 'evidence'.

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Sense of ownership among political leaders towards the health programmes.	Number of meetings in relation to health programmes attended by the political leaders.	
Active involvement of national and political leaderships during the planning, implementation, monitoring and evaluation stages of health programmes.		

(13) **Related Projects**

Project No.	Project Title
	NIL.

(14) **Relevant Agencies to be Coordinated:**

NIL.

(15) **Monitoring & Evaluation:**

1. Who? Director General of Health Services, Directors of Specialized Campaigns, Provincial Directors of Health Services.
2. When? Ongoing.
3. What actions to be taken based on results of monitoring & evaluation?

   Strengthening the activities.
   Revision of activities.

(16) **Major Activities:**

Activities *(only major activities)*	Expected Results	Process Indicators
Get the contribution of political leaders during the planning stage of health programmes.		
Get the contribution of political leaders during the implementation stage of health programmes.		
Get the contribution of political leaders during the monitoring and evaluation stages of health programmes.		

5.2 MANAGEMENT DEVELOPMENT PROGRAMME

(1) **Project Title:**	Establishing an improved management Systems and building the capacities of management teams.	(2) **Project Number:**	5.2.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DDG(P)	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	MDPU, SLIDA	(7) **Project Duration:**	6 years

Project Summary

Investments in management staff, skills and systems will be critical in the Management Development Programme in order to achieve effective, efficient and accountable health care delivery through improved management at all levels. This would include improved planning, budgeting and management processes with a results/output oriented approach. In order to establish an improved management system/s and building the capacities of management teams, this project will firstly, identify the Management development needs at national, provincial, district and divisional levels. Based on these needs a plan for improved management systems at national, provincial, district and divisional levels will be developed.

In most countries of the region such as India, Bangladesh, Thailand, and Pakistan, there are institutions for in-service training of health manpower in planning and management. Such a mechanism ensures institutionalization of training, resulting in cumulative, sustained impact of training interventions in health services planning and management. It is important to set up such a centre or a unit for health management development in Sri Lanka.

The skills of managers and their key staff at national, provincial, district and divisional levels will be enhanced through management training locally and abroad.

Improved management systems will be established at national, provincial, district and divisional levels using participatory approaches envisaged in the national productivity policy.

The health system management at the national, provincial, district and divisional levels will be monitored closely, and achievements will be recognized at the Annual Productivity Awards Ceremony.

(8) **Target Areas & Beneficiaries:**
Central, Provincial, District and Divisional level managers, Health care customers

(9) **Justification:**

The health sector still uses the command and control approach in planning and management of the financial and human resources. The current system largely runs on rules, norms and procedures, thus it lacks the capacity to think through, plan and implement major system changes to keep the health sector apace with economic development and people's needs and demand**.** The issues identified in the area of health system management and stewardship are:

- Incomplete decentralisation of health sector;
- Weak managerial performance at national and decentralised levels;
- Weak efficiency, effectiveness, and accountability of MoH and decentralized units;
- Weak monitoring, supervising, and performance management system at any levels;

- Weak function of health information management system;
- Weak regulatory framework for both public and private service
- Weak coordination and partnership with other sectors.

Establishing improved management systems and building the capacities of management teams are therefore vital to achieve effective, efficient and accountable health care delivery through improved management at all levels. It would also allow the health system to face the challenges from the health transition and improve equity ,quality and efficiency.

(10) **Important Assumptions/Risks/Conditions:**

a) There will be no major structural changes in the national, provincial and divisional administrative structure.

b) National Productivity Policy is accepted and pursued by the health sector

c) Adequate number of health managers take up health planning & management as their field of specialization.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To establish an improved management system/s and building the capacities of management teams.	Proportion of establishments/programs with improved managerial procedures	Formulation of annual plans Definition of reliable targets(output/outcome)
	Results of annual reviews of health sector performance	Performance indicators for review

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
1. Management development needs at national, provincial, district and divisional level identified.	Needs assessment report	Situation analysis including constraint analysis conducted and reported on.
2. A plan for improved management systems at national, provincial, district and divisional levels developed.	Management development plan	Advisory task force appointed Task Force Report
3. A centre/unit for health management development established.	Health management development unit established	Policy decision taken and plans for establishment of unit
4. The skills of managers and their key staff at national, provincial, district and divisional levels enhanced in output-based planning,	Capacity building plan	A report on analysis of functions to identify gaps in capacities.

Output	Indicators	Means of Verification
budgeting and management processes.		
5. Improved management systems established at national, provincial, district and divisional levels.	Capacity to prepare output based plan Availability of a monitoring system Financial information linked to outputs and capacity to produce regular financial reports	Guidelines for development of plans, M&E mechanisms and for production of financial reports

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
5.1.1	Capacity development of national & provincial MOH officials in effective policy development processes.
5.2.2	Strengthening the management Development & Planning Unit and Provincial Planning Units
5.4.1	Development of a national policy on health information as well as strengthening of the central MOH information system for better stewardship and management of the health sector.

(14) **Relevant Agencies to be Coordinated:**

Management Development & Planning Unit of the Ministry of Health,

Sri Lanka Institute of Development Administration (SLIDA)

Provincial Planning Units

District Planning Units

(15) **Monitoring & Evaluation:**

1. Who - National Productivity Secretariat, Operations Room-Ministry of Policy Development & Implementation, Treasury, National Health Development Committee, Steering Committee, MDPU, Provincial Director of Health Services.
2. When - Monthly, Quarterly, Annually
4. What actions to be taken based on results of monitoring & evaluation - Feedback through newsletter/bulletin. Further investigation of low performance units, taking corrective action.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. Identify the management development needs at the	A Report on management development with the	% of survey completed.

Activities	Expected Results	Process Indicators
national, provincial, district and divisional levels.	management development needs at different levels identified.	
2. Developing a plan for improved management systems at national, provincial, district and divisional levels.	A plan to re-organise the management systems at national, provincial, district & divisional levels	% of plan completed.
3. Setting up a centre/unit for health management development.	National Institute of Health Management / Unit established for health management development.	Availability of the blueprint for the centre/unit. Approval for setting up centre/unit. Centre/unit set up.
4. Re-orienting and enhancing the skills of managers and their key staff at national, provincial, district and divisional levels.	Capacities of management teams at national, provincial, district and divisional levels enhanced.	% of managers underwent management training.
5. Establishing improved management systems through organisational development approaches;	Improved management systems established at national, provincial, district and divisional levels.	No. of management development projects undertaken by management teams.
• Organise a regular process of policy dialogue with stakeholders	Regular forums to discuss and review annual performance	Number of policy and performance review forums planned for the year
• Develop an Integrated plan at National, Provincial and district levels with output indicators	Integrated Plan for each managerial unit	Guidelines for Planning
• Develop a Monitoring Framework to assess progress	Monitoring Framework	Monitoring guidelines
• Develop a Capital and Procurement plan	Annual Capital Plan and Procurement Plan	Formats developed
• Establish action oriented research	Research that addresses equity, quality and efficiency	Research proposals
6. Monitoring and evaluation of the health system management at the national, provincial, district and divisional levels.	Changes in the management system at different levels monitored and evaluated, and feedback given.	No. of review meetings held.

(1) **Project Title:**	Strengthening the Management Development & Planning Unit & the Planning Units at the Provincial levels	(2) **Project Number:**	5.2.2
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG?P,	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Central MOH Provincial MOH(PDHS)	(7) **Project Duration:**	3 years

Project Summary

The MOH and Provincial health ministries' primary function is stewardship over the health care system, i.e. provide direction and support to partners, and also monitor and evaluate the impact of services delivered to the public. The management development & planning unit (MDPU) at national level and the provincial planning units have to support the above function by ensuring planned development of health services.
However at present the broad range of responsibility of MDPU is carried out by a very limited staff. The present organization and allocation of staff is inconsistent with the expected role of the MDPU. There is a need to reorganize the unit and strengthen the capacities of its staff with a view to covering its mandate in the following areas, namely policy analysis, planning , health information and health financing. Similar reorganisation and strengthening of capacities at provincial and district levels have to take place, with a view to establishing a strong network to support health planning through out the country.
The planning units at present have limited capacity to undertake their functions listed below..

- To determine the health needs of people of Sri Lanka
- To undertake planning and assist other units at National Provincial levels in planning to meet those needs, in most effective and efficient manner
- To undertake policy analysis as required to assist senior management of MOH in setting priorities for allocation of resources
- To prepare plans for human resources and for capital expenditure
- To make accurate, timely data/information available for decision making and for other users.
- To direct and coordinate organizational development activities
- To monitor & evaluate health development plans and programs

The project aims to strengthen MDPU, planning units both at national and provincial levels to fulfil these functions.

(8) Justification Target Areas & Beneficiaries:

Senior management of MOH including program and facility heads both at national and provincial levels.

(9) Justification

Though MDPU should be handling planning, policy making mechanism and resource allocation exercises for the MOH, its involvement in these is being diluted by multiple demands placed on it. The current job descriptions reflect the same. Some of the existing staff lack proper training to handle these tasks and are not adequately organized to meet all the demands. Therefore they are less likely to provide quality products.

Provincial health services have their specific planning, monitoring and evaluation needs and also need units to handle these. Such units should be manned by trained personnel who should be assisting development of provincial health plans, and their monitoring and evaluation.

With increasing demand for new investments in health, the resource allocation function becomes an important function for the planning units. Thus the senior management has to review the staffing, training, organization and allocation of duties in planning units to reflect the primary function of planning and policy development. Other areas needing support are project and policy analysis which demand additional economic and analytical skills presently lacking in most of the staff.

(10) **Important Assumptions/Risks/Conditions:**

- Health care planning is complicated by shifts in patterns of disease, changing health human resource, demographics, clinical practices and new emerging technologies.
- Attracting and retaining high quality staff in MDPU, may be difficult
- Fostering cooperative working relations with health system partners and among various ministry areas

(11) **Project Objective:**

Objective	Indicators	Means of Verification
Integrate health planning into managerial process for health development through reorganizing and revising functions of MDPU and upgrading capacities in health planning at all levels.	Reorganized MDPU and provincial planning units.	Document on reorganized MDPU and provincial planning units.
	Priorities for policy and planning	Yearly report MDPU on achievements
	Planning agenda	Periodic reports
	Additional staff in place 4 MOO	Appointments of MOO
	Mechanisms for monitoring and evaluation of plans, programs and projects are in place	Monitoring and evaluation reports
	Analysis of critical policy issues	Analytical reports
	Reviewed and refined critical projects involving large capital expenditures	Refined project document
	HRD unit established	HRD Plan document preparation
	Regular monitoring MDPU work by Secretary	Progress reports
	Regular review meetings with PDHSs and Provincial Planning units	Progress reports

	Training plan according to needs for capacity building No. of officers trained locally and abroad No. of training programs conducted Consultant support for critical areas	Training agenda
	Regular Reporting on trends in health status, services and costs.	Annual reports
	Annual operational plans.	Annual document
	Annual provincial health plans.	Provincial document

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Policy and planning priorities identified	Policy and planning priorities	Planning agenda
Revised organisational functions of MDPU to cater to priority needs	Planning policy analysis, O&D, HIS and Health finance units with revised functions	Document on job functions
Capacities in health planning and policy analysis improved at national and provincial levels	Staff trained locally and abroad Workshops on new analytical techniques Two policy studies per year	Training calendar local and abroad for staff Agenda of policy analysis studies
Organise financial planning unit	Support of health economist	Liaison with IPS and University of Colombo
Human resource development unit established	HRD unit with function of fellowship program, operation of HRIS, HRH plan	Reports from HRD unit and HRH plan
Establishment of health information database including HR information cost and efficiency data	Computerized comprehensive health information database	Regular reports
Establishment of ministry wide MIS and same in provinces	MIS implementation plans	Report
Provincial planning units strengthened	Provincial planning units with trained staff linked to MDPU	Provincial plans
Regular monitoring and periodic evaluation of plans and programs	Mechanism in place	Monitoring and evaluation reports

(13) **Related Projects**

Project No.	Project Title
1.1.1	Functional Rationalization by Developing a New Health Services Delivery Plan
3.2.1	Formulation of an HRD Policy
3.2.3	Development, Implementation and Monitoring of a Comprehensive HRD Plan Based on the Approved HRD Policy
4.1.2	Development of a Plan to Reorient Procedures and Formats Towards Performance-based Planning and Budgeting
5.1.1	Capacity-building of National and Provincial MOH Officials Effective Policy Development Processes
5.2.1	Establishing an Improved Management System/s and Building the Capacities of Management Teams
5.4.1	Development of Policy Implementing Guidelines and Plans for Health Information System
5.4.3	Strengthening of Institutional Capacity in the Management of HIS at the National, Provincial, District and Divisional Levels

(14) **Relevant Agencies to be Coordinated:**

With Provincial administrations to improve planning, project analysis and financing

With Treasury and Finance commissions for development of PIP

With all suppliers of data, department of census and statistics, department of National Planning

With central bank on economic forecasts and consumer spending patterns

With International agencies such as WHO and UNICEF and donor organisations JICA, World bank for support for institutional development in planning and policy analysis.

With IPS and Department of Economics of universities for research

(15) **Monitoring & Evaluation:**

1. Who? Secretary Health, DGHS, DDGP, PDHS
2. When? Monitoring quarterly and annual evaluations
3. What actions to be taken based on results of monitoring & evaluation?

Identification of emerging trends and issues, assessing its impact, follow up and revising the plans

Compare project outputs with performance and take corrective actions where necessary.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Meeting with stakeholders to identify policy and planning priorities	Identification of priorities	Meetings of stake holders
Develop a planning agenda that would include a list of products which MDPU should produce in policy and planning jobs over next 3 years..	Planning agenda	Thematic MDPU group
Review organizational structure and staff positions at MDPU	Revised organizational structure	Meetings of policy makers Appointment of staff
Revise the job descriptions for DDG Planning and other directors specifying the objectives to be achieved ,their personal responsibilities ,supervisory and coordination functions.	Revised job descriptions	Guidelines and tasks
Support resource allocation exercises by strengthening Financial planning unit	Support from a health Economist	Liaise with IPS and University of Colombo
Establishment of HRH unit with defined functions	HRD unit	Approvals
Prepare a comprehensive health manpower plan	Health manpower plan	HRH planning meetings
Develop and strengthen health services planning capability of MDPU and at program and provincial levels through regular training programs(local and abroad). Training calendar to be prepared	MDPU and provincial staff trained	Training calendar
Prepare study plan, conduct analysis on critical policy issues	2 policy studies per year	Study plan
Prepare project analysis guidelines and write critical project analysis including forecast of total recurring costs	Guidelines on project analysis	Preparation of guidelines
Prepare procedure manuals in planning, project and policy analysis	Project and policy analysis manuals	Preparation undertaken
Design an implement periodic surveys on health status, health service provision and health expenditures at national and provincial levels	Survey reports	Survey instruments
Regularly coordinate and Monitor implementation of Health Master Plan and its programs	Monitoring Operational plans Periodic evaluation	Monitoring mechanism and reports
Incorporate the private sector into Planning and Information units in coordination with Director Private sector development.	Private sector information incorporated into database	Coordination established within MOH
Strengthen health planning data base and	6 monthly special reports to	Special report in 6

Activities	Expected Results	Process Indicators
make computer data base available to all users	meet needs of users at all levels	months
Merger of health information and medical statistic unit	Merge units	Approval
Implement HRIS in phased manner from Ministry to Provincial levels	HRIS in place	HRIS in MOH
Feasibility studies for instituting MIS in MOH and provinces	Study report	Study plan
Conduct regular meetings by secretary to review progress	Monthly meetings	Progress reports
Conduct regular meetings with PDHSS and planning staff of provinces	Quarterly meetings	Progress reports

(1) **Project Title:**	**Management Development programme**	(2) **Project Number:**	**5.2.3**
		(3) **Project Priority:**	
(4) **Focal Point:**	**DDG /P**	(6) **Starting Fiscal Year:**	**2004**
(5) **Implementing Agencies:**	**MDPU, Provincial planning Units**	(7) **Project Duration:**	**3 years**

Project Summary

Monitoring and evaluation of performance of health institutions, individuals and communities at different levels, and proper follow-up actions are key elements of an effective and efficient health care delivery system. To accomplish this, it is necessary to identify weaknesses and strengths of the existing system, and take most essential steps to restructure the methods used in this process. It will be necessary to recognize differences in the system in monitoring and evaluation at different levels, and at different health care institutions; national to divisional levels, preventive and curative sectors. Developing capacity of officers' responsible, strengthening infrastructure facilities, establishment of information system, and building follow-up actions are usual aspects of a scaling–up evaluation and monitoring of health care programmes. In order to achieve these targets, following major activities are proposed.

- Capacity building at all levels
- Infra-structure development
- Reviewing existing system
- Strengthening information system
- Developing follow-up actions

(8) **Target Areas & Beneficiaries:**

Target area: All health personnel at Central and Provincial levels

Beneficiaries: Society as a whole

(9) **Justification:**

MoH deliver its services to the people through a set of institutions that are based in the national and provincial health systems. Institutions that are administered by the central health ministry are monitored and evaluated by the head of those institutions, and respective higher officials in the MoH. Provincial institutions are monitored and evaluated by the provincial directors, and the deputy provincial directors, in addition tot the heads of the institutions. However, present monitoring and evaluation system has many weaknesses in the methodology, reporting systems and follow-up actions taken on the results of such procedures. In most instances, officials responsible for monitoring and evaluation use informal and ad-hoc methods and information on such actions are neither stored nor communicated to higher levels through proper channels. Follow-up actions in the form of punishment, reward or providing guidance for improvement are lacking. Hence, the need for development of a system of monitoring and evaluation as well as introduction of it for recognition of good performance at institutional, community, provincial, district, and divisional level is very much required at this junction.

(10) **Important Assumptions/Risks/Conditions:**

Assumptions:

- Appropriate policy for management development in place
- Regime change (political or otherwise) will not alter the policy drastically
- The provincial and other stake holders will follow the national guidelines
- Funding will be available
- Monitoring and evaluation results will be used to assess and alter the activities
- Feasible and sustainable over time

Risks:

- Change in policy
- Differences in agreement between the stakeholders
- Inadequate funding, inability to raise funds through alternative sources,
- Difficulties in disbursement of funds
- Underutilization of funds
- Failures in monitoring and evaluation mechanism

Conditions:

- The political authorities shall be made aware of the benefits through advocacy
- The changes shall be made on a needs basis
- Once adopted all shall follow suite
- Regular review of progress shall be maintained
- At the end of the project period the activities shall be incorporated to the system

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To improve the management of all health institutions at national, provincial, district, and divisional levels by introducing systems and development of capacities for monitoring and evaluation as well as to recognize good performance.	Bed occupancy rate	IMMR
	Average length of stay	IMMR
	MCH indicators	H 509
	Morbidity indicators	C&S
	Mortality indicators	C&S
	HDI	CBR
	Productivity improvement	Productivity survey
	Client satisfaction	Consumer survey

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Tools used in monitoring and evaluation reviewed at national, provincial and district levels	Weaknesses and strengths established	Review report
Capacity building of health personnel in monitoring and evaluation at all levels done	Training sessions completed Number trained Training modules prepared	Questionnaire survey of trainees
Information gathering mechanism, from divisional to national level established	Number of divisions, districts and provinces linked with the centre	Returns from different levels
Mechanism and tools for recognition of good performance developed	Established mechanism Tested tools for assessment	Assessment reports

(13) **Related Projects:**

Project No.	Project Title
	NIL

(14) **Relevant Agencies to be Coordinated:**

Central and provincial ministries of Health, MDPU and provincial planning units, Department of planning, SLIDA, Professional organizations of management, Management faculties of state universities

(15) **Monitoring & Evaluation:**

1. **Line ministry and provincial ministries, MDPU and Provincial Planning Units**
2. **Monitoring will be done on a quarterly basis.**

   Evaluation will be conducted by an outside organization which is not involved in the implementation
3. **Monitoring reports will be used to assess the progress and to make corrective measures and to provide additional inputs**

   Evaluation reports will be used to assess the output, out come and the impact of the project

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. To review monitoring & evaluation methods and tools used in different institutions at national and provincial levels in order to recognize strength and weaknesses	Monitoring and evaluation methods and tools reviewed and strengths and weaknesses identified	Number of reviews done at different levels
2. To formulate appropriate monitoring &	New monitoring and	Number of procedures

evaluation methods and tools for all levels of health workers and institutions(national, provincial)	evaluation procedures developed	developed
3. To develop capacity of national and provincial level health officials on systems of monitoring and evaluation of health care delivery system	Improved ability of health officials to do monitoring and evaluation	Number of training programmes conducted Number of officials trained
4. To establish and incorporate information on monitoring and evaluation from divisional to national level in order to create transparency and proper follow-up actions amongst all health institutions	Information gathering mechanism established	Number of canters incorporated

5.3 HEALTH REGULATORY MECHANISM PROGRAMME

(1) **Project Title:**	Institutionalising Mechanisms to Introduce New as well as to Review, Harmonize and Amend (if Required) Existing Legislation/Regulations Related to Health at and between National & Provincial Levels	(2) **Project Number:**	5.3.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal Year:**	2005
(5) **Implementing Agencies:**	MDPU of Ministry of Health	(7) **Project Duration:**	3 years

Project Summary

One of the key determinants for proper functioning of an effective health system is availability & implementation of a timely health legislation & regulation mechanism. Such health legislation & regulation is widely prevalent in Sri Lanka. However close examination shows that some of these are not timely, feasible, nor comprehensive. In fact some existing legislation nearly 100 years old. The changing global scenarios, introduction of new international treaties etc. too need consideration in adjusting the changing health legislation mechanism. It appears that other than the legal officer's branch, which is responsible for the routine legal procedures within the Ministry there is no other focal point to look into matters pertaining to the legislative and regulatory mechanisms of the Health Ministry.
The decentralization process although allowed the provinces to be most strengthened with the development of provincial statutes, it evident that except for about two provinces other provinces were unable to develop provincial specific statues. The variation of capacities among provinces and political commitment are two important factors for this deficiency.

This programme is designed to institutionalize mechanisms, to introduce periodic reviewing & carrying out necessary amendments, and new legislation, and to harmonize the existing legislation and regulation related to health at and between national and provincial levels. Further, sharing of technical know-how for development of provincial health statues and sharing of best practices could be made available to other provinces which will enable them to develop their own provincial specific statues.

(8) **Target Areas & Beneficiaries:**

The Community & Health Care providers

(9) **Justification:**

Sri Lankan Health system is rich with a wide array of legislation and regulation that have been developed over hundred years before and after independence. However close examination shows that some of the health legislation & regulation are not timely, feasible, and no comprehensive. Some existing legislation being 100 years old clearly provide ample justification why this need to be addressed.

The Ministry of Health is not presently geared to take up the challenge. It appears the other than the Legal Officer's branch which carryout the routine legal procedures there is no other focal point to focus on these legislative and regulative mechanisms.

These shortcomings are not confined to the Line Ministry only. The decentralization process although allowed the provinces to be most strengthened with the development of provincial statutes have failed to be so, due to varying technical capabilities across provincial Councils.

This highlights the necessity for a programme to institutionalize mechanisms to introduce periodic reviewing & carrying out necessary amendments, introducing new legislation, and to harmonies the existing legislation and regulation related to health at and between national and provincial levels. Further sharing of technical know-how could also lead to the development of provincial health statues by other provinces.

(10) **Important Assumptions/Risks/Conditions:**

The constitutional statues of the present administrative system continues

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To ensure enforcement of health legislation and regulation in order to strengthen safety and quality of health services.	# of health legislation reviewed	Reports
	# of provinces with draft legislation.	Reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
1. Focal point at national & provincial levels to co-ordinate activities related to health legislation established.	Availability of focal points at national and provincial levels	
Selected health legislation reviewed and amended if necessary	# Health legislation reviewed & amended	
Health legislation made available in the ministry website	Access to health legislation through the web	
All provinces develop draft health statutes.	# provinces develop draft health statutes	
Advocacy programmes implemented on health legislation and regulation.	# advocacy programmes conducted per year	

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	NIL

(14) **Relevant Agencies to be Coordinated:**

NIL

(15) **Monitoring & Evaluation:**

Management, Development & Planning Unit, & Provincial Planning Units

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1 Establish unit at MDPU & the officers of the Provincial Directors to co-ordinate activities in relation to health legislation & regulation.	1. Focal point establish	
2. Conduct research on deficiencies existing in the present Health regulation system.	2. Deficiencies of health legislation /regulation identified	
3. Reviews health legislation in mixed groups for timeliness & comprehensiveness	3. Deficient is in existing health legislation identify.	
4. Identify areas for amendments as well as areas for new legislation.	4. Areas for amendments and areas for new legislation identified	
5. Develop a web page in the ministry website on health legislation and make it available though the web site.	5. Webpage developed & legislation made available in the web site	
6. Provincial health statutes shared among other provincial councils.	6. Provincial councils assisted in developing provincial health statutes within the national health policy.	
7. Workshops organised to develop draft provincial health statues by sharing best practices	7. Best practises shared	
8. Launch an on going advocacy programme for health legislation.	8. A Systematic advocacy programme launched.	

(1) **Project Title:**	Strengthening of Enforcement of Legislation & Other Regulations at National & Provincial Levels	(2) **Project Number:**	5.3.2
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Office of DDG (PHS), DDG (MS) Offices of Provincial Directors	(7) **Project Duration:**	Three years, after that to be institutionalized

Project Summary

Implementation of Health legislation is vital for the safeguarding of community and Health Care Workers within a health system. In spite of availability of a wide range of Health Legislation and Regulation the implementation of such still remain at an unacceptable level.
This project is aimed to ensure enforcement of legislation and regulation at National and Provincial levels in order to strengthen the safe delivery of health care services.
It is proposed that some of the major deficiencies experienced today will be addressed by this project. The areas identified are; making public aware of health legislation in order to increase the public demand for implementation; making health legislation readily available for relevant front-line users to make them accessible for Health Legislation; develop capacity among relevant categories of HCW to build their confidence in interpreting and implementing health Legislation and Regulation; and to establish a mechanism to monitor and evaluate the implementation of health legislation.

(8) **Target Areas & Beneficiaries:**

The focal points for health legislation are the Central Ministry and Provincial Ministries.

All front-line users of Health Legislation with the benefits extending to the community

(9) **Justification:**

Health Legislation and Regulation plays an important role in the management of a Health System. In a setting where the Government encourage the development of the Private Health Sector, the regulation mechanisms play a vital role, though which the quality service could be ensured.

Sri Lanka already has a wide array of Health Legislation, which is designed to safeguard the people and the health care workers. However it is apparent that the implementation of such is not upto expectations. It is postulated that strengthening of enforcement of Health Legislation and other regulations as National and Provincial Levels need careful designing. It is proposed that increasing public awareness of health legislation thus making a higher demand for implementation, making upto date legislation easily accessible for frontline health care workers and by building the competency among the users in interpreting and applying legislation would assist ensuring the enforcement of health legislation in order to strengthen the safe delivery of Health Services.

(10) **Important Assumptions/Risks/Conditions:**

The constitutional status of the present administrative system continues

(11) **Project Objective:**

Objective	Indicators	Means of Verification
■ To ensure enforcement of health legislation in order to strengthen the safe delivery of Health Services		

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Public awareness of health legislation enhanced		
Frontline health care workers provided with updated health legislation	# and % of front line health care workers provided with sets of up to date legislation	Periodic reports
Front-line health care workers made competent on the use of relevant Health Legislation	# and % of front line health Care workers trained	Periodic training reports
Mechanism established to regulate the private sector service provision (centrally as well as provincially)	Mechanism in place	Monitoring reports

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
5.3.1	Health regulatory mechanism programme

(14) **Relevant Agencies to be Coordinated:**

Ministry of Justice and Constitutional Affairs, Ministry of Provincial Councils

(15) **Monitoring & Evaluation:**

A unit established in the MDPU and in the offices of the Provincial Directors to monitor and evaluate the progress of activities. The unit will be responsible in monitoring the activities using specified indicators and would be held responsible for the progress of the work.

(16) **Major Activities:**

Activities *(only major activities)*	Expected Results	Process Indicators

A Focal Point established in the MDPU to co-ordinate activities related to Health Legislation and regulation	A Focal Point established in the MDPU	Establishment of a functional focal point
A Focal Point established in the offices of Provincial Directors to co-ordinate activities related to Health Legislation and regulation	A Focal Point established in the offices of Provincial Directors	Establishment of a functional focal point
Train those that are appointed to these units to facilitate the functioning of the unit	The unit members are trained and the unit become functional maximally	# trained
Carryout a study to identify areas of Health Legislation that needs amendments/ or areas that need new legislation	Areas of Health Legislation that needs amendments/ or areas that need new legislation identified.	List of legislation
Periodic reviews of selected Health Legislation (20 Numbers) 20	Selected Health Legislation reviewed periodically	# reviewed
Research the deficiencies that exist in the enforcement of the legislation at the National and Provincial levels.	The deficiencies that exist in the enforcement of the legislation at the National and Provincial levels identified	List of legislation

5.4 STRENGTHENING OF HEALTH INFORMATION SYSTEM PROGRAMME

(1) **Project Title:**	Development of a National Policy, implementing Guidelines and Plans for Health Information System for Public & Private Sectors	(2) **Project No.:**	5.4.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	DDG/P	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	■ Director/Information (Coordinator) ■ Health Information Steering Committee ■ Health Information Coordination Committee	(7) **Project Duration:**	5 years

Project Summary

Without information, where will management and stewardship of the health sector be? Without information, how will the implementation of the Health Master Plan be monitored and evaluated? Without a policy on health information, what will happen to information and information systems?
The objective of the Project is to generate quality and useful information for better stewardship and management of the health sector in general and for efficient implementation of the Health Master Plan. To achieve the objective, a Health Information Policy and its Implementation Guidelines will be formulated that will clearly specify the process in defining the minimum data sets, mechanisms to foster the use of information and the fundamental principles in generating quality information. Consensus among stakeholders will be built. Also, existing relevant national level and ministry policies on information, communication and health information will be analysed. A study to review options for developing the institutional capacities of the central and provincial MoH in managing health information systems will be conducted.
Beyond policy formulation, the Project will facilitate coordination within and outside of the MoH. It will support the transformation of existing information systems to conform to the approved Policy and Guidelines. It will assist the development of new subsystems particularly the Implementation of the Health Master Plan as well as those for better management of drugs and other medical supplies, medical equipment, logistics, and vehicle. More importantly, it will promote the use of information among priority users within and outside of the Ministry of Health.

(8) **Target Areas & Beneficiaries:**

The Project will facilitate the formulation of policies on health information for both the public and private sectors, central and provincial levels, and offices and hospitals. When it comes to policy implementation, the Project will support primarily the activities of the central Ministry of Health because there is another Health Master Plan Project intended for the development of a Provincial HIS (Project No. 5.4.2: "Initial Implementation of Provincial HIS in Two Project Sites").

To be effective, the Policy on Health Information should include at least the following:

- mechanisms of fostering the use of information; list of priority users of information;
- process of defining the minimum datasets and the degree of data aggregation;
- principles in designing the flow of information;

- fundamental skills (e.g. medical record-keeping, writing diagnosis, coding using the International Classification of Diseases) that must be incorporated in medical schools as well as in all the basic and post-basic training programmes (e.g. Nurses Training) conducted by the MoH.;
- mechanisms for funding and allocating key resources (hardware, software, human resources) for the development and maintenance of health information systems;
- role of technology (e.g. communication technology, Geographic Information System, electronic patient-record, telematics) in the development of information for health policy-formulation, planning, and management of institutions, programmes and patients; and
- promotional and other career development programmes for those who are involved in medical record-keeping and health information management.

The Project beneficiaries will be the following:

- Users of information will receive data/information that will be according to their specifications;
- Managers of information will have common directions in overseeing and developing their systems while coordination among them will be smoother;
- Producers of information will be more conscientious when they receive feedback or become primary users of information; and
- Patients will benefit from evidence-based decisions, be they technical or managerial.

(9) **Justification:**

Without information, where will management and stewardship of the health sector be? Without information, how will the implementation of the Health Master Plan be monitored and evaluated? Without a policy on health information, what will happen to information and information systems?

One of the major problems related to Health Information System (HIS) is the absence of clear policies on the minimum data set, coordination among existing information systems, use of information, and strategies to develop HIS. Many of the existing subsystems and modules were designed independently and have remained as such even in their implementation. The existing system for information generation has not accounted fully for reforms in governance, such as decentralization and regulation of private sector, reforms in health sector and technological innovation.

In general, existing information is inadequately used in formulating policies and in making management and clinical decisions. This is so because of limited availability of essential information/data required for planning, monitoring and implementation. The minimum essential data/information has to be produced by the systems and the products have to be promoted among users to re-establish the trust on information system. Evidence-Based

Medicine (EBM), Medical Auditing and Evidence-Based Decision-making culture have to be inculcated in the stewardship and management of the health sector.

(10) **Important Assumptions/Risks/Conditions:**

- Peace will prevail so there will be continuity in information flow as well as in the development of health information system.
- Trade actions will not significantly affect the flow and management of information.
- Cadre will be sufficient and vacancies filled up to operate and manage the health information system.
- The Policy and Implementation Guidelines on Health Information will be approved on schedule.

(11) **Project Objective:**

The ultimate goal of the Project is to strengthen the stewardship and management functions of the health system through improvement in the use of quality information for improve health care, enhanced client satisfaction as well as affordable, efficient and equitable health services. Considering the involvement of multiple stakeholders with different and at times conflicting interests, this Project will be focused on laying down the fundamental principles and supporting the transformation of existing information systems to comply with these principles in management and development of a system for health information.

Objective	Indicators	Means of Verification
■ To generate quality and useful information for better stewardship and management of the health sector in general and for implementation of the Health Master Plan	% of information required by priority users that are generated by the information system	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of priority health conditions that are regularly monitored through an information subsystem [evidence-based management of patients/clients]	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of health and health-related policies, regulations, legislations that have been submitted to the Cabinet, Parliament, Provincial Councils and are supported by data/information collected through an information system of the MoH (evidence-based policy-making)	▪ Mid-term evaluation ▪ End-of-project evaluation
	▪ % of plans and budget requests that are supported by data/information collected through an information system (evidence-based planning) ▪ % of information used in randomly selected annual plans, reports and proposals of key offices in the central MoH that were generated by existing information subsystems	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of personnel appointment, movement or assignment for training that are supported by data/information (evidence-based management of personnel)	▪ Mid-term evaluation ▪ End-of-project evaluation

	% of major procurement of medical supplies, equipment and logistics at the national and provincial levels that are supported by data/information (evidence-based management of funds and other resources)	▪ Mid-term evaluation ▪ End-of-project evaluation

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Detailed Project Implementation Plan (PIP) that is used for Project Management, Monitoring & Evaluation	▪ % of PIP indicators that were used, analysed and discussed in project management, monitoring & evaluation reports	▪ Mid-term evaluation ▪ End-of-project evaluation
Minimum data sets adopted and reviewed	▪ % of items in the minimum data sets that are generated by the entire information system ▪ % of items in the minimum data sets that are modified during the midterm and end-of-project evaluation	▪ Mid-term evaluation ▪ End-of-project evaluation
National HIS Policy and Guidelines approved, implemented, reviewed, and amended if required	▪ % of major items in the HIS Policy and Guidelines that are being implemented for the utilisation of information as well as for the management and continuous development of the HIS	▪ Mid-term evaluation ▪ End-of-project evaluation
Priority users of information who supports a strengthened information system	▪ % of total expenditure of line ministry and decentralized units/institutions that were used for HIS capital and recurrent costs	▪ Mid-term evaluation ▪ End-of-project evaluation
Strengthened offices or units that are responsible for managing health information in the central MoH	▪ % of offices or units that are responsible for managing the health information in the central MoH and that	▪ Mid-term evaluation ▪ End-of-project evaluation
Coordinated subsystems of information	▪ Number of data items that are collected through more than one subsystems (duplication of items)	▪ Mid-term evaluation ▪ End-of-project evaluation

(13) **Related Projects**

Project No.	Project Title
1.1.1 to 5.6.2	All the Projects of the Health Master Plan because this project will include the establishment of an information system for monitoring and evaluation.
	Pilot-testing of Hospital Management Information System
	Pilot-testing of Computerized and Integrated Government Accounting System (CIGAS)

(14) **Relevant Agencies to be Coordinated:**

- Parliamentary Consultative Committee on Health and Provincial Councils Consultative Committees on Health
- Ministry of Finance and Planning, Ministry of Policy Planning, Census Department and other statistics, information or planning offices at central and provincial levels

- Government agencies responsible for the management of information or communication as well as the development of technology
- For-profit and not-for-profit private institutions and organisations that will be involved in the formulation and implementation of the HIS Policy
- International development partners that will benefit from having quality information or those that are interested in supporting the strengthening of health information system

(15) **Monitoring & Evaluation:**

Who?	When?	Actions?
Director/Information Health Information Coordination Committee (**HICC**)	Monthly	Report to the Health Information Steering Committee (on the formulation and review of Policy and Guidelines, implementation outside of the central MoH and progress of Project) Report to the Health Information Coordination Committee (on the implementation of Policy and Guidelines within the central MoH and progress of Project)
Health Information Steering Committee (**HISC** which includes the Project focal point)	Quarterly	Assess achievement of Expected Results and Process Indicators of appropriate Activities Make decisions to ensure success of Project Activities
Joint meeting of the HICC and the HISC	Annually	Recommend to DG, Secretary and Minister (on minor adjustment in the Project Implementation Plan on an annual bases and the major adjustment based on the result of the mid-term evaluation)
Team of evaluators to include the Project Focal Point, representative of the HICC, representative of the HISC, and an external evaluator	Midterm Evaluation	Assess the achievement of Project Output/Product Recommend to DG, Secretary and Minister (on major adjustment in the Project Implementation Plan)
Joint meeting of the HICC and the HISC	End-of-Project Evaluation	Assess the achievement of Project Output & Objective Recommend amendment to the Health Information Policy and Implementation Guidelines

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**

Activities	Expected Results	Process Indicators
1. **Preparatory Phase**	▪ Health Information Steering Committee is organised and remains functional until the approval of the Policy & Implementation Guidelines	▪ % of meetings of Steering Committee with approved minutes/record ▪ % of members of the Steering Committee who attend the meetings until the Policy & Implementation Guidelines are approved
	▪ Detailed Project Implementation Plan is approved	▪ Number of weeks required for the Project Implementation Plan to be approved
2. **Formulation of Minimum Data Sets**	Consensus on Minimum Data Sets is built among stakeholders	▪ % of stakeholders who are satisfied with the participatory and evidence-based process
3. **Formulation of the Policy Document & Implementation Guidelines**	▪ Policy Document and Implementation Guidelines are formulated, approved and disseminated to priority stakeholders	▪ % of studies completed within targeted period and having achieved all their objectives ▪ % of stakeholders who are satisfied with the participatory and evidence-based process to formulate the Policy & Implementation Guidelines ▪ % of priority stakeholders who received the Policy Document and Implementation Guidelines
4. **Fostering Coordination within and outside of the MoH**	▪ Health Information Coordination Committee is organised and remains functional during the Project duration	▪ % of meetings of Coordination Committee with approved minutes/record ▪ % of members of the Coordination Committee who attend meetings
	▪ All existing information subsystems within the MoH comply with the Policy	▪ % of existing information subsystems that have submitted Compliance Plans to the Health Information Coordination Committee ▪ % of existing information subsystems that have been certified by the Coordination Committee as having complied with the Policy
	▪ The MoH exchanges information with other government agencies on schedule.	▪ % of targeted government agencies that have entered into a Memorandum of Understanding with the MoH ▪ % of partner government agencies that receive information from the MoH on schedule ▪ % of partner government agencies that send information to the MoH on schedule
	▪ Medical and paramedical schools train their students on medical record-keeping and use of computers	▪ % of medical & paramedical curricula that includes basic computer skills as well as medical record-keeping, diagnosis and coding ▪ % of medical & paramedical schools that use lesson plans and aids developed by the Project

Activities	Expected Results	Process Indicators
	▪ The MoH exchanges information with both for-profit and not-for-profit private sectors on schedule.	▪ % of targeted institutions in the private sector that have entered into a Memorandum of Understanding with the MoH ▪ % of targeted institutions in the private sector that receive information from the MoH on schedule ▪ % of targeted institutions in the private sector that send information to the MoH on schedule
5. **Strengthening of Organisational Capacity to Manage the entire Central MoH HIS**	▪ Organisation for managing the entire HIS at the central MoH is provided with clear mandate and structure, sufficient number of skilled human resources and appropriate space, hardware and software	▪ Availability of Ministry circular or document that clearly states the mandate and structure for managing the entire HIS at the central MoH ▪ % of the staff responsible for managing the HIS at the central MoH have been briefed on their job description ▪ % of offices responsible for managing the information system and subsystems within the central MoH that have cadres according to norms ▪ % of cadres for HIS filled up ▪ % of staff who are trained ▪ % of staff who are qualified ▪ % of offices responsible for HIS management that are provided with the space, hardware (computer system, office furniture, telephone lines) and software (computer programmes, manuals, registries, forms) according to norms ▪ % of hardware that are functional
6. **Development of Integrated Information Subsystems to Generate the Minimum Data Sets for Priority Users**	▪ New information subsystems are developed	▪ % of designs of new information subsystems that were approved for implementation ▪ % of new information subsystems whose hardware and software requirement have been installed
	▪ Trainers, managers and producers of information are trained	▪ % of information trainers, managers and producers who are satisfied with the training ▪ % of managers who completed the training programme with at least satisfactory evaluation
7. **Supporting the Implementation of the Health Master Plan**	▪ Information processed, analysed and reported to Project Implementing Agencies according to their approved Project Implementation Plans	▪ % of ongoing Projects whose indicators have been finalised ▪ % of ongoing Projects that receive all the information according their approved Project Implementation Plans

Activities	Expected Results	Process Indicators
8. **Promoting the Culture of Using Information**	▪ Priority users of information are trained	▪ % of priority users who satisfied with the training ▪ % of priority users who completed the training programme with at least satisfactory evaluation
	▪ Health bulletins or reports are produced & disseminated	▪ % of priority users who received the health bulletins or reports on time ▪ % of priority users who received information on the benefits of using information and strengthening the information system ▪ % of randomly selected reports submitted that are in accordance with quality standards
	▪ Hardware/software for better access to and exchange of information are installed	▪ % of target installed on schedule
	▪ System to monitor the use of information in all central MoH offices is established	▪ % of targeted central MoH offices that are monitored
	▪ System to monitor the use of information in the implementation of the Health Master Plan is established	▪ % of Health Master Plan projects that are being implemented and the use of information is being monitored
9. **Monitoring and Evaluation**	Monitoring & evaluation completed	▪ % of information managers that were briefed on the terms of monitoring and evaluation ▪ % of monitoring and evaluation activities that were conducted on time ▪ % of monitoring and evaluation recommendations that were acted upon
10. **Reporting**	All reports submitted and used for further improvement of the Policy, Guidelines and HIS itself	▪ % of members of the Health Information Steering and Coordination Committees who attended the presentation and discussion of Annual & Final Reports ▪ % of End-of-Project recommendations that were incorporated in the revision of Policy Document & Guidelines

<table>
<tr><td>(1) Project Title:</td><td>Strengthening of the Provincial Health Information System in Less Developed Areas Initially and Nationwide Thereafter</td><td>(2) Project Number: 5.4.2
(3) Project Priority: Anchor Project</td></tr>
<tr><td>(4) Focal Point:</td><td>DDG/P</td><td>(6) Starting Fiscal Year: 2004</td></tr>
<tr><td>(5) Implementing Agencies:</td><td>D/Information
Provincial Directors of Health Services in Project Sites</td><td>(7) Project Duration: 5 years (The 1st 3 years will be for the initial implementation in 2 provinces. On the 3rd year, the preparatory phase of the nationwide implementation will commence. The last years will be for the other 7 provinces.)</td></tr>
</table>

Project Summary

Improving the use, generation, processing, analysis, and exchange of information is fundamental to strengthening the health system in Sri Lanka. With decentralization, the provinces acquired broader responsibilities in policy-formulation, planning and management for the health sector.
The goal of the Project is to improve the total quality of health care delivery in two provinces during the initial implementation and all other provinces during the nationwide implementation. Its objective is to implement a new Provincial Health Information System that is responsive to the information needs of priority users.
The provinces with health statistics that are below the national average will be given preference in the selection for the initial implementation phase. The new Provincial HIS will be built on existing systems, procedures and resources. It will reflect the lessons gained in previous and ongoing pilot-testing of systems for human resources, hospital management, financial management, surveillance of notifiable diseases, and primary health facilities. It will introduce information subsystem for better management of logistics, medical equipment, drugs, and other medical supplies. It will strengthen institutional and individual capacities of users, producers and managers of information through sustainable mechanisms. It will support the requirements for additional hardware, software, human resources, and finance. As a pilot, it will emphasise documentation not only of Project milestones but also of capacity-enhancement activities. Above all, it will try out options in propagating the culture of Evidence-Based Medicine (EBM) and Evidence-Based Decision-making.

(8) Target Areas & Beneficiaries:

The target areas for the Project will be all the provinces. However, for the initial phase of implementation, they will be limited only to two provinces that have most of their health outcomes and activity indicators below the national average.

The Provincial Health Information System will involve offices of the Provincial Directors of Health Services, Deputy Provincial Directors of Health Services, Medical Officers of Health, hospitals, and other health institutions within the province. It will include in the design the institutions that are directly under the central Ministry of Health but are located within the provincial boundaries. It will be linked to the central information systems of the Ministry of Health and coordinated to those of other agencies.

The Project beneficiaries will be the following groups:

- Users of information will receive data/information that will be according to their specifications;
- Personnel responsible for collecting, processing, analysing, and disseminating data/information will receive feedback on the utilisation of information produced;
- Managers of information whose capacity will be strengthened and supported for better performance; and
- Patients and clients will benefit from evidence-based decisions, be they technical or managerial.

(9) **Justification:**

Improving the use, generation, processing, analysis, and exchange of information is fundamental to strengthening the health system in Sri Lanka. With decentralization, the provinces acquired broader responsibilities in policy-formulation, planning and management for the health sector. In general, existing information is inadequately used in formulating policies as well as in making management and clinical decisions because of limited availability of essential information/data. In the provinces, districts and divisions, the existing information systems do not sufficiently support the information needs of users partly because the systems have not accounted for changes in decision-making structures and processes that have been taking place or were supposed to take place within the context of decentralization.

Moreover, the flow of information needs to be reviewed so that the PDHS will receive all the information that concerns about his service area even if the institutions generating the information are administratively under the central Ministry of Health. In the provinces, the following subsystems have to be developed and/or integrated into the existing systems: Hospital Management Information System; Human Resources Information System; Public Health, Logistics, Drug Management, Bio-Medical Equipment Management, and Financial Management.

The Information Technology (IT) is changing and developing very rapidly and has become the prime mover for the development process. The whole world is adopting IT in all the fields including health care. IT is developing along with computer technology and the computer literacy is a must for the future generation. The health sector in Sri Lanka also must adopt IT and improve computer literacy among priority health care workers. Although maps are produced in many facilities, the use of Geographical Information System (GIS) and other information technology for planning and management to analyse spatial variations in health needs, equity in allocation of resources and utilization of services have not been optimised such that only the Epidemiology, Malaria Control and Filariasis Control have worked with it.

(10) **Important Assumptions/Risks/Conditions:**

- Peace will prevail so there will be continuity in information flow as well as in the development of health information system.
- Trade actions will not significantly affect the flow and management of information.

- ❑ Cadre will be sufficient and vacancies filled up to operate and manage the health information system.

(11) **Project Objective:**

The overall goal of the Project is to improve the total quality of health services in the two provincial project areas initially then nationwide eventually through the use of reliable, adequate and timely information for policy-formulation, planning, and management of institutions, patients, clients or consumers.

Objective	Indicators	Means of Verification
To establish a sustainable Provincial Health Information System (HIS) that is responsive to the information needs of priority users	% of provinces with the Strengthened Provincial HIS	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of health institutions within the province that have functional information systems	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of functional information systems that meet the standards of quality	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of randomly selected priority users of information who are at least satisfied with the information system	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of health institutions covered by the Provincial HIS that have received funding from either the national government or provincial councils to support the heath information system	▪ Mid-term evaluation ▪ End-of-project evaluation
	% of information managers who stay in their post for at least 2 years after training on information management	▪ Mid-term evaluation ▪ End-of-project evaluation

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Detailed Project Implementation Plan (PIP) by province used for Project Management, Monitoring & Evaluation	▪ % of provinces with detailed PIP ▪ % of PIP indicators that were used, analysed and discussed in project management, monitoring & evaluation reports	▪ PIP submitted to Implementing Agency ▪ Annual and Final Project Reports ▪ Monitoring & Evaluation Reports
Design, Manual of Standard Procedures, Training Manual, and Training Aids for the strengthened Provincial HIS approved, modified, reproduced, and distributed	▪ % of health institutions within the provinces that keep the Manual of Standard Procedures and Training Manual in the office of the information managers	▪ Mid-term evaluation ▪ End-of-project evaluation
Motivated, skilled and competent managers of information system	▪ % of managers of information system who perform well based on an approved competency checklist ▪ % of suggestions adopted for improving the Provincial HIS that come	▪ Mid-term evaluation ▪ End-of-project evaluation

Output	Indicators	Means of Verification
	from information managers	
Motivated, skilled and competent producers of information	▪ % of producers of information who perform well based on an approved competency checklist ▪ % of suggestions adopted for improving the Provincial HIS that come from information producers	▪ Mid-term evaluation ▪ End-of-project evaluation
Adequate and appropriate hardware, software and consumables for the Provincial HIS	▪ % of randomly selected producers and managers of information who assess positively the adequacy and appropriateness of the hardware, software and consumables for the information system	▪ Mid-term evaluation ▪ End-of-project evaluation

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
5.4.1	Development of Policy, Implementing Guidelines and Plans for Health Information System for Public & Private Sectors
1.1.1	Functional Rationalisation by Developing a New Health Services Delivery Plan
1.1.7	Emergency Preparedness and Response
1.2.1	Medical Supplies
1.2.2	Medical Equipment
2.2.1	Establishing a System of Improving People's Access to Regularly Updated Information on All Public & Private Facilities
4.2.1	Strengthening and Reorganizing the DDG Finance Office and DDG Planning for Health Service Delivery and Inter-sectoral Health Issues within the Context of Health Economic Reality and with Full Accountability
4.2.2	Strengthening and Reorganizing the Financial System and Capacity of the PDHS Office
4.2.3	Strengthening and Reorganizing the Financial System and Capacity of the DPDHS Office
5.2.1	Establishing an Improved Management Systems/s and Building the Capacities of Management Teams
5.2.2	Strengthening the Management Development and Planning Unit and the Planning Units at the Provincial and District Levels in Areas of Policy Analysis, Project and Plan Formulation, Monitoring and Evaluation, and Finance
5.2.3	Developing Systems and Capacities for Monitoring and Evaluation as well as Introducing System/s to Recognize Good Performance of Institutions, Individuals and Communities at National, Provincial, District, and Divisional Levels
5.5.1	Enhancement of Capacities in Health Research and Research Management at Central and Provincial MoH
5.6.2	Public-Private Partnership
	Pilot-testing of Hospital Management Information System
	Pilot-testing of Computerized and Integrated Government Accounting System (CIGAS)

(14) **Relevant Agencies to be Coordinated:**

- Provincial Councils from project sites
- Government offices within the project sites that are responsible for generation of health-related information as well as those that collect and use health information
- For-profit and Not-for-Profit Private sector that will participate in information generation as will be declared in the National Policy on HIS

- Development partners that have health programmes, projects or activities in the project sites

(15) **Monitoring & Evaluation:**

Activity	**Who**	**Purpose**	**Actions or Decisions**
1. Monthly Project Meeting in the Field	▪ D/Information ▪ PDHS, DPDHS & MOH ▪ Other managers of Information Systems in all health institutions ▪ Representatives of producers of information	*Once the design of the Provincial HIS is approved:* ▪ To highlight the progress and/or achievement of the Project ▪ To identify and discuss the implementation problems ▪ To share key techniques in managing HIS ▪ To monitor the updating of databases and analysis of data	Responding to operational problems
2. Quarterly Project Meeting	▪ DDG/Planning ▪ D/Information ▪ PDHS, DPDHS & MOH ▪ Other managers of Information Systems in all health institutions ▪ Guests from other agencies	*Once the Provincial HIS is operational:* ▪ To assess the use of information and discuss opportunities for optimising utilization ▪ To demonstrate other techniques of data analysis	
3. Annual Project Meeting	▪ Secretary, DG ▪ DDG/Planning ▪ D/Information ▪ PDHS	▪ To assess the progress of the Project and the design of the Provincial HIS	Should minor amendments to the Project Implementation Plan and HIS Design be introduced?
4. Mid-term Evaluation	▪ Secretary, DG ▪ DDG/Planning ▪ D/Information ▪ PDHS ▪ External evaluator	▪ To assess the progress of the Project ▪ To assess the need for modifying the design of Provincial HIS	Should major amendments to the Project Implementation Plan and HIS Design be introduced?
5. End-of-Project Evaluation	▪ External Evaluator (to organize field visits and workshop that will be participated in by representatives of information users, producers and managers) ▪ DDG/Planning ▪ D/Information	▪ To assess how the Project achieve its objective and outputs vis-à-vis the resources available and mobilized ▪ To identify the lessons in implementing a Provincial HIS ▪ To finalize	

Activity	Who	Purpose	Actions or Decisions
	▪ PDHS from project sites & other provinces	recommendations for nationwide implementation of the Provincial HIS	

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
11. **Preparatory Phase in Two Less Developed Provinces**	▪ Detailed Project Implementation Plans are formulated in 2 Provinces	▪ % of exposure visits that are rated positively by participants ▪ Number of weeks required to formulate the PIP after the conduct of exposure visits ▪ % of orientation meetings that achieved all their objectives
12. **Development of Design for the Provincial Health Information System**	▪ Design of Provincial Health Information System is approved	▪ % of studies completed within targeted period and having achieved all their objectives ▪ % of groups of priority users that participated in workshops on minimum data sets ▪ % of workshop participants who evaluated the workshop at least satisfactorily ▪ Number of weeks to get the Provincial HIS design approved by the Provincial Council and the central MoH from the time the first study is initiated
13. **Strengthening or Establishment of Institutions and Appointment of Personnel to Manage the Provincial HIS**	▪ Units for managing HIS are strengthened ▪ Personnel are appointed to permanent posts	▪ % of health institutions within the province that have expanded, upgraded or newly established units to manage their respective health information systems ▪ % of health institutions within the province that have adequate number of permanent personnel appointed to manage their health information systems according to the design ▪ % of information managers that have clearly defined authorities (including over finance)
14. **Hardware Acquisition and Installation** (Note: Hardware refers to office furniture, space, telephone lines, computer systems)	▪ Hardware are installed according to design and specifications	▪ % of hardware acquisition and installation that conform to design specifications and were completed on time
15. **Software Development, Modification and Installation or Distribution** (Note: Software refers to computer programme, registries,	▪ Software are developed, modified and installed or distributed according to design and specifications	▪ % of software development, modification and installation or distribution that conform to design specifications and were completed on time

Activities	Expected Results	Process Indicators
forms, Manual of Standard Procedures)		
16. **Hardware and Software Maintenance and Updating**	▪ Hardware & software are maintained regularly and updated immediately based on results of monitoring and evaluation ▪ Appropriate managers and producers of information are re-trained to handle the updated versions	▪ % of health institutions with personnel trained in preventive maintenance of equipment ▪ % of health institutions with preventive maintenance programme for hardware and software ▪ Average downtime of equipment for health information ▪ % of recommendations from Monitoring & Evaluation that were used to update hardware and software ▪ % of information managers & producers that were re-trained to handle updated versions
17. **Trainings for Information Users, Producers and Managers**	▪ Training programmes are conducted with the use of training manuals and aids, which were developed from an assessment of training needs	▪ % of targeted training manuals and aids that were produced ▪ % of training programmes that used the standard training manuals and aids ▪ % of priority information users trained ▪ % of information producers trained ▪ % of information managers trained ▪ % of trainees who received at least satisfactory marks ▪ % of training programmes that are evaluated at least satisfactorily by more than or equal to 80% of the trainees ▪ % of original trainees who attended a refresher course
18. **Promotion of Information Use**	▪ Priority users have access to relevant information and are involved in the review of the Provincial HIS design	▪ % of randomly selected priority users who are aware of available health information and their sources ▪ % of randomly selected priority users who received health bulletins at designated times ▪ % of groups of priority users who participated in workshops aimed at reviewing the minimum data set/s and Provincial HIS to achieve greater relevance
19. **Preparatory Phase in 7 Other Provinces**	▪ Similar to those for the initial implementation of the Project in two provinces	▪ Similar to those for the initial implementation of the Project in two provinces
20. **Implementation in 7 Other Provinces**	▪ Similar to those for the initial implementation of the Project in	▪ Similar to those for the initial implementation of the Project in two provinces

Activities	Expected Results	Process Indicators
	two provinces	
21. **Monitoring and Evaluation**	▪ Monitoring and evaluation completed on schedule and resulting to improvements in Project Implementation and Design of Provincial HIS	▪ % of monitoring and evaluation activities having been conducted on time ▪ % of monitoring and evaluation recommendations that have been acted upon
22. **Documentation, Recognition & Reports**	▪ Project process and achievements are documented, reported and discussed while the achievers are recognised	▪ Number of documentary audio-visual materials developed and used for promotional activities ▪ % of achievers who continue to be so ▪ % of under-achievers who become achievers ▪ % of Provincial Councils that discussed the Project Reports

5.5 HEALTH RESEARCH PROGRAMME

(1) **Project Title:**	Enhancement of Capacities in Health Research & Research Management at the Central & Provincial MoH	(2) **Project Number:**	5.5.1
		(3) **Project Priority:**	
(4) **Focal Point:**	DDG/ET&R	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	1. Medical Research Institute – Colombo. 2. National Institute of Health Sciences – Kalutara.	(7) **Project Duration:**	10 Years

Project Summary

The Health Research Programme project aims to provide evidence based results for the Ministry of Health and Provincial Ministries of Health with regard to planning, implementation, monitoring and evaluation of health services programmes for the people of Sri Lanka. This programme should include both the basic (Biomedical) and health systems research. The research what is most needed for the line ministry and provincial ministries of health is the Health Systems Research which will provide evidence based results for better management of health services for the needs and expectations of the people of Sri Lanka. Evidence based results received from health Systems Research should be the key approach for health planning. Research provides the direction and pathway for better utilization and management of health resources. With people of this country now enjoying long life as their life expectancy has increased and with the emergence of non communicable diseases to the forefront, management of resources for health becomes the most important subject in the health services in the years to come. Together with unconquered infectious diseases, and known infectious diseases emerging in other ways, and with the emergence of new infectious diseases, the mankind is facing large threats for survival along with the vast spectrum of non communicable diseases. Certainly the list of health problems and the threats for survival of the human beings will increase in the years to come. The answers to existing and forthcoming problems have to be resolved in the most cost effective way. Research is the only scientific pathway which can provide answers to health problems. Hence the Ministry of Health and Provincial Ministries of Health together have to join hands together with international, bilateral and non governmental agencies to develop and implement a sound Health Research Programme in Sri Lanka. This programme should encompasses

1. Establishment of a National Health Research Centre/Unit.
2. Establishment of linkages of this center/unit, with all other research centres nationally as well as internationally (where relevant)
3. Dissemination of results for policy makers to utilize the results, to improve health services.

(8) **Target Areas & Beneficiaries:**

Target Areas

I. Hospital Services
II. Public Health Services
III. Laboratory Services
IV. Administrative Services
V. Financial Services
VI. Human Resources for Health
VII. Logistical Services

Beneficiaries

Ministry of Health
Provincial Ministries of Health

(9) **Justification:**

Research is the scientific pathway for improvement and development. Large number of health problems in Sri Lanka today remain unanswered due to lack of evidence. Policy makers together with politicians and health planners take decisions on important health problems on an ad hoc basis due to lack of scientific evidence. Most of the health problems and very especially diseases per see, today show low mortality pattern but the morbidity pattern remains static or in some diseases it is increasing. Mortality may be reduced due to better management of the patient even at very high cost, but the morbidity to be reduced requires large amounts and diverse inputs.

The disease burden from communicable, non communicable and health related events are increasing. Very especially in non communicable diseases and health related events, the management requires highly sophisticated equipment and care. The ever increasing cost is a very big burden to the national budget of Sri Lanka. Hence ways and means have to be sorted out mainly in disciplines of prevention and promotion. What is best suited for the needs of the people of Sri Lanka, what is affordable to the country and people, what is most acceptable to the people (socially and culturally), what is the best intervention at low cost are important issues that always traverses through the minds of health planners. To obtain answers for the above questions, the Ministry of Health together with Provincial Health Ministries must embark on an early Health Research Programme for the country. Hence there is a definite need to develop a Health Research Programme Project in Sri Lanka for the improvement all aspects of health services management.

(10) Important Assumptions/Risks/Conditions:

Important Assumptions

The Ministry of Health together with Provincial Health Ministries must understand the great need to commence this health research programme. It should be a policy decision to embark on this mission.

Risks

Once the policy decision is taken highest commitment should be given to all aspects of the project by the relevant authorities.

Conditions

Once the commitment is established, all aspects of the development, maintenance, sustainability and further improvement of the project should be undertaken by the Ministry of Health together with assistance from donor, multilateral, bilateral, and non governmental agencies where ever possible.

(11) Project Objective:

Objective	Indicators	Means of Verification
■ To improve all aspects of health services to the needs	1. Establishment of a health research centre.	1. Presence of a well defined Health Research Centre.

Objective	Indicators	Means of Verification
and expectations of people of Sri Lanka through evidence based research.	2. Availability of all resources to this centre.	2. Presence of a) Manpower in sufficient numbers. b) Finance flow to the centre. c) Availability of logistical supplies. d) Linkage with other national and international research centres/units.
	3. Execution of needy research projects on national priority basis.	3. (i) Number of research projects executed (in completed form) or in progress at any point in time or with in a given period. (ii) Availability of results of completed research projects.
	4. Dissemination of research results to the needy community.	4. Publication of research results in (i) Respective Journals (ii) Report form (iii) News-letter form (iv) Electronic and Printed Media. (v) Books and Journals form (vi) Handouts and leaflets for the use of community.
	5. Utilization of research results by the relevant authorities for improvement of services.	5. (i) List of research results accepted by the policy makers/health planners for implementation. (ii)Availability circulars/letters/orders sent by the health policy makers/health planners for implementation. (iii) Availability of above (ii) for perusal. (iv) Entry / Exit / Periodical / Questionnaire / Survey at community level to assess the degree of implementation of research results. (came in the form of circulars / letters / orders to the community level).

Objective	Indicators	Means of Verification
	6. Increased utilization of services by the community provided by the department of health services.	6. Entry / Exit / Periodical / Questionnaire / Direct interviewers / casual interviewers / Surveys at community level to assess (i) the utilization of modified services at health centre level by the community. (ii) knowledge attitudes and practices of the community towards new (modified) implemented services.

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Decide and formulate guidelines for the establishment of a National Research Centre.	Establish a fully equipped research centre	Availability of a fully equipped research centre
Decide and formulate all guidelines / rules and regulations with regard to resources to the centre.	Establishment of guidelines / rules and regulations in all aspects to the research centre.	Availability of guidelines / reports and rules and regulations in all aspects.
Execution of health research on National Priority Research areas	Information on completed and on going research.	Availability of reports on completed research and information on ongoing research.
Implementation of research findings into the health services	Establish a mechanism for implementation of research findings.	Availability of circulars / letters services at the health centre and community level.
Acceptance of the enhanced services by the community.	Establish a system to deliver the improved services.	Increased community participation at the health centre / community level.

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
(i)	National Health Research Council a) Capacity building b) Funding for health research. c) Conduction of workshops in research management and identification of National Health Research priority areas.
(ii)	National Institute of health Sciences in a) Capacity building – Training of personnel in Research Methodology. b) Executing research proposals in health systems research. c) Research to improve teaching and training skills in educational science. d) Research relevant to development of faculty staff.

(14) **Relevant Agencies to be Coordinated:**

Governmental

Ministry of health

Health Ministries of Provincial Councils

Ministry of Higher Education

Non Governmental

World Health Organization

U. N. I. C. E. F.

J. I. C. A.

World Bank

S. I. D. A.

SARVODAYA

(15) **Monitoring & Evaluation:**

1. Who?

   Ministry of Health

   Health Ministries of Provincial Council

   National Health Research Centre

   Universities of Sri Lanka

2. When?

   Annually – Reports / Surveys

   Periodically – Reports / Surveys

   Ad Hoc – Surveys / Published Information.

5. What actions to be taken based on results of monitoring & evaluation?

   (i) Identification of deficiencies and shortfalls.

   (ii) Rectification of deficiencies and shortfalls.

   (iii) Revision of relevant rules and regulations.

   (iv) Establishment of a better system for better results.

(16) **Major Activities:**

Activities *(only major activities)*	**Expected Results**	**Process Indicators**
(i) Formulation of a policy and development of guidelines for the creation of a National Health Research Centre / Unit.		
(ii) Establishment of a National health Research Centre / Unit.		
(iii) Formulation of a policy, and development guidelines, rules and regulations for the allocation of resources to the centre. (Men, Material and Money).		
(iv) Monitoring of the performance of the work at the centre with regard to a) Execution of prioritised research work. b) Documentation and dissemination of research results. c) Implementation of research results. d) Provision of evidence to change health interventions from time to time when required.		
(v) Depending on the results implemented through research results, to undertake further research if necessary for further betterment of the services.		
(vi) To undertake regular reviews / workshops / conferences / meetings / press conferences / to target audiences to a) explain how research has changed health policy. b) how research has modified / changed delivery of health services / health interventions. c) how research has modified usage o health centres by the community. d) how health research has altered the knowledge, attitudes and practices of people of Sri Lanka.		

5.6 INTER-SECTORAL PROGRAMME

(1) **Project Title:**	Strengthening the Existing Health Development Network at National, Provincial & Local Levels	(2) **Project Number:**	5.6.1
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Line and Provincial ministries of Health	(7) **Project Duration:**	10 Years

Project Summary

Health services are mainly administered through the central & provincial ministries. Still, the significant improvements in health indices are not only due to the effectiveness of the national health services, but also due to the contributions made by other sectors such as related other government ministries, private sector, Non governmental organizations, international and UN agencies, and Community Based Organizations. Continuous socio-economic development itself has contributed to the betterment of the health status of the community. Various sectors including the health sector have contributed for socio-economic development. Inter-sectoral action for health is now considered as a major process in developing health care programmes. Meaningful cooperation between all related public sectors, NGO, International agencies, and community is essential in achieving the health goals. At present, the health ministry has taken an initiative to develop formal inter-sectoral coordinating mechanisms in the form of National Health Committee, Health Advisory Council, and National Health Development Committee etc. In recognising the close links between health and other development areas, the multi-sectoral involvement in health development will be a useful approach.

(8) **Target Areas & Beneficiaries:**

Target area- Ministry of health & other ministries (central and Provincial), Private sector, NGO, International and UN agencies, CBO

Beneficiaries- Society as a whole

(9) **Justification:**

Health of a nation is not the sole responsibility of the institutions directly involved in the betterment of health status of the people. Thus, in order to be effective, most health strategies require an increasing coordination and collaboration between different sectors of the society. There is a large number of actors involved in health care provision, for example central and provincial health ministries, NGO, International and UN agencies, private sector and the beneficiaries, the general public as well. This means that complicated networks of formal and informal organizations are established around different categories of health problem areas. The work of these organizations must be coordinated, or they must find ways of cooperation and collaboration. It has been proved that such coordinated and collaborated action helps to improve the health gains of a nation. Coordination between different sectors minimizes the duplication of works with reducing costs and overheads. Another aspect is, through inter-sectoral collaboration the responsibilities are shared, thus reducing the workload of individual organizations involved in health. Apart from that the involvement of the community enhances

the empowerment of the people partly in taking care of their own development. Therefore it is imperative to establish a national policy and an implementation plan for inter-sectoral collaboration and co-ordination in health related activities.

(10) Important Assumptions/Risks/Conditions:

Assumptions:

- Regular and continuous active participation of all partners at all levels is feasible
- The activities will be sustainable over time.
- The decisions made are flexible and shall be subjected to alterations
- Funds will be available, if not, can be raised in adequate amounts and disbursement and utilization will be timely.
- Monitoring and evaluation will be done regularly and the results will be used to make adjustments to improve the coordinated involvement.

Risks:

- Alteration of policy due to regime change (political or otherwise).
- Shortage and inability to raise adequate amount of funds, inequitable distribution and underutilization of funds at different levels
- Different views at different levels of decentralization (Differences between National and provincial, or even further down, differences between the provinces or within a province
- Disagreements between partners on issues
- Shortage of technical skills, human resources at sub national levels (cooperation, working as a team, public relations, critical assessment etc.)
- Non-availability of partners at peripheral levels
- Inactivity or poor response from the beneficiaries

Conditions:

- A national policy and implementation plan: all counterparts agreed shall be in place
- Regime change (political or otherwise) shall not allow major deviations in policy and implementation plan
- The decentralized authorities shall abide by the national policy and implementation plan
- The health gains shall be assessed in terms of out-put, out-come, and impact over time

(11) Project Objective:

Objective	Indicators	Means of Verification
To strengthen the health development network at different levels in order to obtain inter-sectoral cooperation to achieve a better health status	Number of active inter-sectoral committees at different levels	Periodic evaluation reports
	Average number of coordinating meetings held annually	Minutes of the meetings
	Average number of coordinated health related activity involvement annually	Survey, Activity reports
	Level of active client (Community) involvement	Community survey

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Existing inter-sectoral, coordination and collaboration mechanisms at national, provincial, district and divisional levels were assessed	Establishment of MoU (Memorandum of Understanding) for all levels of inter-sectoral coordination	MoU, Evaluation report
Other areas where, multi-sectoral coordination is essentially needed, and relevant sectors to be incorporated were identified	Establishment of guidelines for coordinated collaboration for multi-sectoral involvement	Documented guidelines, activity and field survey reports

(13) **Related Projects:**

Project No.	**Project Title**
	NIL.

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health, N & W, other related Ministries (Education, Planning, Agriculture, etc), NGO, international agencies, UN, CBO, Private sector

(15) **Monitoring & Evaluation:**

1. Monitoring will be done by a group of personnel from the inter-sectoral coordinating committee at different levels.

   Evaluation is preferable to be done by an independent authority, which has no involvement in implementation activities.

2. Monitoring will be done on a quarterly basis. Reports will be delivered to the relevant committee.

   Evaluation will be done as an on going activity (process) as well as at the end of every year. Reports on surveys will be submitted to the central body.

3. Monitoring and evaluation reports will be used to make corrective measures, by improving concerted activities of the network.

   The aim is to reach the targets quantitatively as well as qualitatively.

   Necessary measures well be taken to revise and establish regulations and guidelines, and simultaneously, training curricula will be established and revised accordingly.

   Real and special emphasis as well a s attention will be directed at, in obtaining the active commitment form all the stake holders.

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
1. Assessment of the roles, responsibilities, of the currently available inter-sectoral mechanisms at national, provincial, district and divisional levels	Coordinated action for health by all stakeholders at all levels	Alteration of the level of activities and improvement in the inter-sectoral coordination
2. Survey at the grass-root (consumer) level to assess the effect of current coordinating mechanism	Establishment of means and methods for better coordination for health	Improved inter-sectoral participation at all levels
3. Assess the actions taken on the decisions made by the coordinating bodies at different levels	Better decision making for betterment of health at all levels	Appropriate and timely action taken on health related matters
4. Identification of the strengths and weaknesses of the existing mechanisms	Establishment of a fool-proof, still flexible inter-sectoral mechanism for health at all levels	Coordinated work done according to the established guidelines
5. Identification of the uniquely related issues where inter-sectoral action is essential	Equal distribution of coordinated health interventions at all levels according to the identified needs	Formation of coordination teams at all levels
6. Strengthen the capacity of the counterparts in participation of inter-sectoral coordination for health	Qualitatively managed, equitably distributed, and coordinated health related action at all levels	Number of trainers and trainees, monitoring and evaluation reports of coordinated action for health at all levels
7. Established monitoring and evaluation mechanisms	Identification of gaps and shortcomings	Monitoring and survey reports

(1) **Project Title:**	Public-Private Partnership Development at National, Provincial and Local levels And Information System	(2) **Project Number:**	5.6.2
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	Director private health sector development	(6) **Starting Fiscal Year:**	2004
(5) **Implementing Agencies:**	Private health sector executive council	(7) **Project Duration:**	10 yrs

Project Summary

Private health sector is a major component in Sri Lankan health care shearing 60% of OPD care and 10-15% of inward care. At present private health sector is not included in National statistics. The successive Governments POLICY was to give priority for private sector.
There is a new private medical institutions bill finalized by the ministry and legal draftsman. It is proposed to manage the private sector by an executive council
It is a necessary to consider the existence of legal frameworks in a master plan and take appropriate steps to make the Act work. If we were to achieve Government concerns for health such as Efficiency, effectiveness, Quality, stability Equity, Sustainability and affordability we should develop the partnership rather than being in different compartments.
At present there is not much coordination between public and private sectors except for shearing some resources.

(8) Target Areas & Beneficiaries:

General public, private medical institutions, Government, Training institutes, Medical professionals in the private sector, Private health sector employees

(9) Justification:

In Sri Lanka production of health care is both by private and public sectors. Funding for health care is both public and private sectors. A public private partnership could ensure quality, efficiency, equity, stability market with minimal failures and sustainability

(10) Important Assumptions/Risks/Conditions:

Successive Sri Lankan Governments will pursue an open market economic policies

(11) Project Objective:

Objective	Indicators	Means of Verification
■ To make the public private partnership.	Development of a facility for private sector executive council to operate	Checking on the steps of proposal development, submitting to ERD, Awarding the contracts opening the facility
	Registration of institutions	Number of institutions registered
	Development of management guidelines	Checking on the number of guidelines produced

	Developing an information system	Checking on the information proposed to be collected and the % of actual information available
	Cross training of staff-Numbers trained	Numbers trained in public and private sectors
	Public funding for private services(out sourcing)	Number of contracts given
	Private funding of public services	Number of paid jobs done
	Development of a quality assurance programme	Checking on inputs –process and the out put
	Regulation development	Number of Areas covered by regulations

(12) **Project Output/Product:**

Output	**Indicators**	**Means of Verification**
A facility for the functioning of the executive council	Facility development steps	Checking the completion
Registered medical institutions	Number of institutions registered	Registration files
Development of management guidelines	Number of guidelines produced	Guideline formats
Developing an information system Cross training of staff-Numbers trained	Number of individual systems	Checking system
Public funding for private services(out sourcing)	Number of contracts and total finances	Checking on files
Private funding of public services	Number of jobs and the finances	Checking of files
Development of a quality assurance programme	Number of places installing a quality assurance programmes	Number of failures reduced
Regulation development	Number of areas covered	Number of gazettes implemented

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	**Project Title**
	All project profiles which are having a health impact

(14) **Relevant Agencies to be Coordinated:**

Executive council for Private health sector

Private medical institutions

Ministry of health

Medical professional associations

Financial institutions

It companies

(15) **Monitoring & Evaluation:**

1. Who- Private health sector executive council?
2. When- 2004 on wards
3. What actions to be taken based on results of monitoring & evaluation- remodelling of the activities

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Facility development for the regulatory executive council to operate	Better coordination of private sector To ensure Gov. concerns for health Equity, efficiency, effectiveness, quality, stability sustainability and affordability	Checking on the steps, proposal development, submitting to ERD, Awarding the contracts opening the facility
Registration of institutions	All institutions to be registered and to eliminate quacks	Formats: produced Number institutions registered
Development of management guidelines	Make the health care efficient and humane	Number of guidelines produced
Developing an information system	To include private sector data in national health statistics	Checking on the information proposed to be collected and the % of actual information available
Cross training of staff	Suing the resources optimally and trained man power for both sectors	Numbers trained in public and private sectors
Public funding for private services(out sourcing)	Efficiency uninterrupted by industrial actions of public health sector staff	Number of contracts given
Private funding of public services	More fund flow to Government and prevent avoidable duplication of resources	Number of paid jobs done
Development of a quality assurance programme	Better quality health care	Checking on inputs –process and the out put
Regulation development	Streamlining of care	Number of Areas covered by regulations

6.1 STRENGTHENING STEWARDSHIP AND MANAGEMENT FUNCTIONS IN ISM

(1) **Project Title:**	Organizational Development of Ministry of Indigenous Medicine (MIM)	(2) **Project Number:**	6.1.1
		(3) **Project Priority:**	Anchor Project
(4) **Focal Point:**	Secretary MIM	(6) **Starting Fiscal Year:**	1st year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine, Department of Ayurveda, BMARI, NITM, Universities, Provincial Ministries responsible for Ayurveda Subject, Provincial Department of Ayurveda, Local Authorities	(7) **Project Duration:**	5 years

Project Summary

Restructuring of MIM Project aims to restructure and reinforce the capacity of MIM in order to deliver better health services to the public through ISM. Following outputs will be realized.

- ☑ National ISM Policy functional
- ☑ Establishment of a Task Force to initiate activities
- ☑ Establishment of the Planning, Monitoring & Evaluation Unit
- ☑ Establishment of the Project Management Unit
- ☑ Restructuring of Department of Ayurveda
- ☑ Strengthening of management of provincial hospitals
- ☑ Establishment of the Ayurvedic Drugs, Cosmetics and Devices Authority
- ☑ Establishment of a Health Promotion Bureau for ISM
- ☑ Development of a MIS in MIM
- ☑ Restructuring the National Institute of Traditional Medicine (NITM)
- ☑ Provision of necessary legislations for the ISM in Sri Lanka
- ☑ Formulation of legislations for restructuring the BMARI
- ☑ Assisting the implementation of new legislations for IPR on traditional knowledge

(8) **Target Areas & Beneficiaries:**

Ministry Indigenous Medicine, Department of Ayurveda, Ayurveda Research Institute, NITM, BMARI, Universities, Provincial Ministries of IM, IM Dispensaries under Local Authority, SLADC, General Public and Private Sector

Justification:

Present organization needs to be strengthened to enhance the services of ISM in the healthcare delivery system of the nation. As such planning, monitoring and evaluation, project management, health promotion have to be developed to meet the needs by establishing separate units. Research on ISM and proper regulations of drugs, cosmetics and devices need to be made more effective by setting up statutory bodies. HRD activities need to be strengthened. New legislation is required to facilitate the implementation of the project activities.

(9) **Important Assumptions/Risks/Conditions:**

- Adequate financial support assured
- Cadre positions made available
- National IM Policy available

(10) **Project Objective:**

Objective	Indicators	Means of Verification
To restructure and reinforce the capacity of MIM in order to deliver better health services to the public through ISM	Accepted National policy	Database
	Accepted drawn up plan	Periodic Reports
	Coordination Network	Questionnaire survey
	No of new units established	Repeal of existing policies Implementation of new policies
	Guidelines of monitoring and evaluation	Reports of M&E
	No of new laws enacted	Legislations
	No. of new posts created	Recruitments

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
IM National Policy Functional	Activities in conformity with IM National Policy	Review
A Functional Planning, Monitoring and Evaluation Unit (PMEU) in MIM Established	Plans for the development of ISM	M & E Guidelines / Reports IA reports PR reports Periodic Plans
MIS in MIM in operation	Information collection and retrieval system	Software Database
Project Management Unit (PMU) in MIM established	Effective management of Projects	Progress and Evaluation Reports
Management of provincial hospitals Strengthened	Effective ISM healthcare services at provincial levels	Progress and Evaluation Reports
Ayurvedic Drugs, Cosmetics and Devices Authority (ADCDA) Established	Regulation of Ayurvedic Drugs, Cosmetics and Devices	Standards / QC measures GMP guidelines
Ayurvedic Health Promotion Bureau (AHPB) Established	Increased enhancement of health through ISM	Impact Assessments Survey reports
National Institute of Traditional Medicine (NITM) restructured	New Work Plans and Programmes for HRD	Progress and Evaluation Reports
BMARI incorporated as a statutory body	Effective management of institute and research programme	Progress Reports Periodic Reviews
Department of Ayurveda Restructured	Effective institutional mechanism	Progress Reports Periodic Reviews

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
	Human Resource Development

	Research and Development
	Service Delivery
	Facility Development
	Health Promotion
	Non-formal Knowledge Base
	Development of Pharmaceuticals
	Planned Development of Private Sector Partnership
	Pharmacopoeia Commission
	Conservation and Sustainable Use of Medicinal Plants
	Home based Care
	Rehabilitative Care Services

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health, Ministry of Education and Higher Education, Ministry of Tertiary Education and Training, Universities, Ministry of Finance, Ministry of Indigenous Medicine of Provincial Councils, Ministry of Trade, Department of Legal Draftsman

(15) **Monitoring & Evaluation:**

1. Who? MIM
2. When? Periodic, Quterly at provincial level, annually, 5 yrs, 10 yrs
3. What actions to be taken based on results of monitoring & evaluation?

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Implementation of IM National Policy	Approved National Policy	Submission to the cabinet
Appointment of a Task Force (TF) to plan and develop restructuring activities	TF Report and Recommendations	Meetings and Minutes / Records
Establishment of Planning, Monitoring & Evaluation Unit (PMEU)	PMEU established and operated in full capacity	Meetings and Minutes / Records
Establishment of Project Management Unit (PMU)	Approved cadre	Meetings and Minutes / Records
Strengthening of management of provincial hospitals	Efficient ISM HSPIs	ToR Guidelines Work plan
Enactment of necessary legislations for Ayurvedic Drugs, Cosmetics and Devices Authority (ADCDA)	Approved ADCD Act	Submission to the cabinet and Presentation to the parliament
Establishment of Ayurvedic Drugs, Cosmetics and Devices Authority (ADCDA)	Plan for expansion	Survey Report
Establishment of Ayurvedic Health Promotion Bureau (AHPB)	ISM in IEC for health promotion	Reviews IA reports

Activities	Expected Results	Process Indicators
Conduct Survey of present day service and need for expansion and diversification	A strategic plan	Survey Reports Analysis Reports Data sheets
Development a MIS in MIM	Innovative system for retrieving data and information into planning and decision making	Database Reports Plans
Restructuring the National Institute of Traditional Medicine (NITM	Approved Act in operation	Enactment Plan of Action
Enactment of legislation to make BMARI a corporate body	Approved Act in operation	Presentation to the Parliament
Formulation of a new legislation for IPR on traditional knowledge	A Plan for Restructuring BMARI and a comprehensive research programme	Minutes of Board Meetings
Assisting the implementation of new enactments for IPR on Traditional Knowledge (TK) / Indigenous Knowledge (IK)	Protection of IPR on TK / IK	TK Registry Regulations Database
Restructuring of Department of Ayurveda	Institutionalisation of ISM services	Strategic Plan

(1) **Project Title:**	Setting up of an Ayurveda Pharmacopoeia Commission	(2) **Project Number:**	6.1.2
		(3) **Project Priority:**	
(4) **Focal Point:**	Ministry of Indigenous Medicine	(6) **Starting Fiscal Year:**	FY 2004
(5) **Implementing Agencies:**	Department of Ayurveda	(7) **Project Duration:**	5 years

Project Summary

Setting up of an Ayurveda Pharmacopoeia Commission Project aims to revise and update the Ayurveda Pharmacopoeia and publish a formulary to be official references to guide the manufacture, quality control and formulation of products of specified standards. Following activities are to be implemented by the MIM to realise the outputs.

- ☑ Appointment of members to the commission
- ☑ Provision of resources for setting up an office
- ☑ Preparation of TOR
- ☑ Appointment of subcommittees
- ☑ Preparation of monographs
- ☑ Review of monographs on plants and products
- ☑ Preparation of a formulary
- ☑ Preparation of the Pharmacopoeia for printing
- ☑ Continuation of updating with the preparation of addenda

(8) Target Areas & Beneficiaries:

Indigenous practitioners, ISM Drug manufacturers

Researchers, Teaching staff

Regulatory bodies responsible for registration and quality control of drugs

General public

(9) Justification:

The Ayurveda Pharmacopoeia was published about thirty years ago and is in need of a drastic revision. Effective use and control of the quality of drugs depends on a valid pharmacopoeia. Every Pharmacopoeia has to be updated continuously with supplements and revised once at least in 10 years. The proposed Pharmacopoeia will encompass details of the raw materials, constituents of recipes, methods of production, quality specifications if any, substitutes permitted, and modern research work reported and the chemical constituents. The Commission to be set up will have the responsibility of revising the present Pharmacopoeia and preparing supplements and a formulary as and when necessary. Like in other countries this commission has to be a permanent office within the Ministry.

(10) Important Assumptions/Risks/Conditions:

Availability of infrastructural facilities, staff and funds

(11) Project Objective:

Objective	Indicators	Means of Verification
To revise and update the Ayurveda Pharmacopoeia and publish a formulary to be	No. of Editions / Updates	Records/ Reports
	No. of Formulae	Records/ Reports
	No. of Monographs	Records/ Reports

official references to guide the manufacture, quality control and formulation of products of specified standards	No. of Addenda	Records/ Reports
	No. of Meetings	Minutes
	No. of Copies	Records/ Reports
	No. of Reviews	IA Reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Monographs on medicinal plants prepared	Collection of data required for revision	Reports of meetings
Monographs on Ayurvedic products prepared	Collection of data of official products for revision	Reports
A new Ayurveda Pharmacopoeia published	Proofs of printed monographs and products	Draft for printing
Formulary of official products prepared	Preparation of approved recipes of products	Minutes of meetings

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Research and Development
	Organizational Development of MIM
	Development of Pharmaceuticals
	Development of Pharmaceutical Industry
	Service Delivery

(14) **Relevant Agencies to be Coordinated:**

MIM, Department of Ayurveda, Universities, MOH, ADCDA

(15) **Monitoring & Evaluation:**

1. Who? MIM
2. When? Biannually
3. What actions to be taken based on results of monitoring & evaluation?
    a. Corrective actions

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Appointment of members to the commission & Provision of resources for setting up an office	Commission instituted	Minutes of meetings
Appointment of subcommittees	Sub Committees appointed	Minutes of meetings
Preparation of monographs	Drafts for review	Minutes of meetings
Review of monographs on plants and	Final Draft for printing	Corrections of drafts

Activities	Expected Results	Process Indicators
products		
Preparation of a formulary	Draft for review	Minutes of meetings
Preparation of the Pharmacopoeia for printing	Printed Pharmacopoeia	Corrected draft
Continuation of updating with the preparation of addenda	Addenda	Revised monographs

(1) **Project Title:**	Planned Development of Private Sector Partnership in ISM Project	(2) **Project Number:**	6.1.3
		(3) **Project Priority:**	
(4) **Focal Point:**	MIM	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	PMEU of MIM, DoA, BMARI. NITM,	(7) **Project Duration:**	5 Years

Project Summary

Planned Development of Private Sector Partnership in ISM Project aims to enable the private sector participation and contribution for ISM healthcare service in a responsive and effective way. This can be accomplished by establishing a system for assisting and regulating the services of private health care providers. To realize the outputs of the project, following key activities are to be carried out:

- Preparation of a directory of private sector / non-formal local health care providers and institutes
- Development and implementation of standards and guidelines to monitor private sector involvement
- Promotion of investments of private sector in different ventures
- Develop strategies for HRD taking into consideration private sector needs
- Provision of practice support to enhance quality of service
- Identification of areas for reciprocal relationship with private sector
- Liaison with state agencies to promote private sector enterprises internationally
- Development of a strategy for encouragement and reorganization of marketability of ISM related services

(8) Target Areas & Beneficiaries:

Tourist Industry /

Private Sector / General Public /

(9) Justification:

Private sector health care providers have cared for the sick for long periods without a proper structure and support. Expanded, restructured, strengthened, & rationalized health care service network for Indigenous System of Medicine (ISM) / Traditional Medicine (TM) in private sector can be more efficient in delivering services. The quality of the ISM/TM health care services has to be enhanced to be responsive to the needs of the public. Therefore to increase public confidence and patient / client satisfaction in the health services, planned development of the private sector partnerships and need to be introduced. This will result in an efficient health service delivery. The health care institutions too need to be strengthened and regulated to provide effective and quality care. The demand of tourists for ISM health care is increasing and these services are mainly provided by the private sector hotel based health resorts. These services need to be improved to meet national and international demands conforming to acceptable standards.

(10) Important Assumptions/Risks/Conditions:

- ☑ Enabling environment for incentive schemes for investments
- ☑ Official mandates for private sector participation in ISM R&D

(11) Project Objective:

Objective	Indicators	Means of Verification
To enable the private sector participation and contribution for ISM healthcare service in a responsive and effective way by establishing a system for regulating the services of private health care providers	Strategic plan	Workshop reports
	No. of healthcare service providers (HSP)	Inventory
	No. of registered / approved HSPs in private sector	Regulations Performance reports
	Plan of action	Guidelines
	No. of new projects / investors	Value of investments
	No. of joint ventures	Reports
	No. of skilled workers	Training programmes
	No. of quality certificates	Quality standards
	No. of awards	Certification criteria

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Special skills of private sector / non-formal local health care providers (HSP) and institutes recognized, and utilized	No. of Identified skills / services / Local ISM HSPs	Concept Paper Survey Report Inventory of Services
Private sector participation in all aspects of service delivery enhanced	Service Categories	Protocols Guidelines
Investments for development of ISM related services encouraged	No. of Projects Value of Investments	Project reports Reviews Impact assessments
The role of ISM family physicians strengthened to improve their effective participation in the health delivery system	No. of ISM practitioners trained as family physicians	Patients' records Practice guidelines
Quality of ISM services in private sector enhanced	No. of Institutes approved	QA Certification Registration Procedures
Services Made available to meet national and international demands conforming to acceptable standards	No. of new products No. of service providers	Product Profiles Registrations Service guides Market Information Clients' responses

(13) **Related Projects (include ongoing projects & projects under the Health Master Plan):**

Project No.	Project Title
	ISM Research & Development
	ISM Human Resource Development
	ISM Service Delivery
	Development of ISM Pharmaceuticals
	ISM Health promotion
	Organizational Development of MIM

(14) **Relevant Agencies to be Coordinated:**

Ministry of Trade, Ministry of Tourism, Universities, Board of Investments,

(15) **Monitoring & Evaluation:**

1. Who? PMEU of MIM
2. When? Periodic / Biannual / Annual
3. What actions to be taken based on results of monitoring & evaluation?

   Remedial Measures to be taken

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Preparation of a directory of private sector / non-formal local health care providers and institutes	Directory	No: of Recognised service personnel
Development and implementation of standards and guidelines to monitor private sector involvement	Standards Guidelines	Reports of Monitoring & Evaluation Process
Promotion of investments of private sector in different ventures	Expanded investments in ISM	No. of new projects / Value of investments
Develop strategies for HRD taking into consideration private sector needs	Well qualified / skilled technical staffs in Private sector	Need assessment Trainings
Provision of practice support to enhance quality of service	Quality of service	Guidelines Practitioners' Manuals
Identification of areas for reciprocal relationship with private sector	Well coordinated reciprocal relationship	No. of integrated projects Review reports
Liaison with state agencies to promote private sector enterprises internationally	International Promotion of ISM related entrepreneurship	No. of overseas projects Foreign exchange
Development of a strategy for encouragement and reorganization of marketability of ISM related services	Promotion of Marketability of ISM related services	No. of initiatives Project reports Review reports

6.2 STRENGTHENING OF SERVICE DELIVERY IN ISM

(1) **Project Title:**	Development of ISM Pharmaceutical Industry	(2) **Project Number:**	6.2.1
		(3) **Project Priority:**	
(4) **Focal Point:**	Bandaranaike Memorial Ayurveda Research Institute (BMARI)	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine, Ayurvedic Drugs, Cosmetics & Devices Authority (ADCDA)	(7) **Project Duration:**	5 Years

Project Summary

Ayurvedic drugs available in the market for public use are not subjected to quality control due to the absence of specifications and the necessary legislation. The production processes used are traditional and could be improved to be more cost effective to produce products of consistent standards by introducing modern technologies where appropriate. The Ayurvedic Drugs, Cosmetics & Devices Act is awaiting legal enactment will provide the legal basis for quality control. There is a serious lack of raw material for manufacture of Ayurvedic drugs and cultivation of medicinal plants on large scale has to be undertaken Most of the raw material needed are imported and not quality controlled. The project aims to develop the Industry to make available good quality Ayurveda Pharmaceuticals to meet national & international demands in conformity with acceptable standards. It is expected to conduct activities to achieve the following outputs:

- Research on use of Modern appropriate technology for drugs production conducted
- Quality specifications for commonly used products established
- Modern technologies where appropriate for traditional production processes and quality specifications introduced to Industry
- Investments by the Ayurvedic pharmaceutical industry promoted and encouraged
- Systematic cultivation of commonly used medicinal plants promoted.
- Market opportunities for export of products negotiated
- Ayurvedic Drugs, Cosmetics & Devices Authority (ADCDA) regulations implemented

(8) **Target Areas & Beneficiaries:**

- Pharmaceutical industry
- General public
- Ayurveda practitioners
- Industrialists

(9) **Justification:**

Ayurvedic / Indigenous drugs that are in the market are not standardized and at present there are no mechanisms for the control of their quality. Furthermore the stability of the products should be ensured until they are used. The production processes too have to be optimized. The industry needs inputs to develop the production processes so that it could produce products of acceptable quality and stability. Development work is needed to propose the use of appropriate technology for production without altering the effectives of products. There is also an urgent need to regulate these products in terms of their standards and acceptable quality. GMP guidelines for production have to be introduced. A legal framework for these controls has to be introduced.

(10) **Important Assumptions/Risks/Conditions:**

Necessary legislation to ensure that Ayurvedic preparations that are available in the market conform to specified standards & safety.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To develop the Industry to make available good quality Ayurveda Pharmaceuticals to meet national & international demands in conformity with acceptable standards.	No. of New Ventures	Records
	No. of Factories Registered	Reports
	No. of ISO Quality Awards	Certificates
	No. Standardized Products	Records / Reports
	No. of New Products	Product Data sheets
	No. of Patents	Certificates
	No. of Investments	Records
	No. of Exports	Records

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Research on use of Modern appropriate technology for drugs production conducted	Process protocols	Standard operating procedures for industry
Quality specifications for commonly used products established	Research reports	Developed specifications
Modern technologies where appropriate for traditional production processes and quality specifications introduced to Industry	Production packages	Meetings with industry
Investments by the ISM pharmaceutical industry promoted and encouraged	Incentives offered	Minutes with the banks & treasury
Systematic cultivation of commonly used medicinal plants promoted.	Agronomic packages	Meetings with growers
Market opportunities for export of products negotiated	Strategies for marketing	Data on markets and contacts
Ayurvedic Drugs, Cosmetics & Devices Authority (ADCDA) regulations implemented	Publication of gazette notification	Activities of inspectors

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Development of Pharmaceuticals
	Research and Development
	Planned Development of Private Sector
	Pharmacopoeia Commission
	Human Resource Development

(14) **Relevant Agencies to be Coordinated:**

- Factories manufacturing Ayurvedic drugs
- Companies importing raw material (herbs)

(15) **Monitoring & Evaluation:**

1. Who? PMEU / MIM, DoA, Provincial DoA
2. When? Bimonthly, Quarterly, Annually
3. What actions to be taken based on results of monitoring & evaluation?

   Action research for planning and costing

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Conduct research & development work on use of Modern appropriate technology for drugs production	Production packages	Process protocols
Development of Quality specifications for commonly used products	Approved specifications	Research reports
Establishment of links with industry to introduce the developed production processes and quality specifications	Quality products with enhanced shelf life and cost-effectiveness,	No. of factories using new technology
Promotion of investments to the pharmaceutical industry	Incentives for industry	Minutes of meetings
Promotion of cultivation of commonly used medicinal plants in large scale.	Systematic cultivations with adequate supply of raw material	No. of cultivated acres.
Negotiation of Market opportunities for export of products	Increase export of products	No of Market contacts established
Controlling the quality and stability of products in conformity with Ayurvedic Drugs, Cosmetics & Devices Authority (ADCDA) regulations	Quality drugs for sale	No. of inspections for standards

(1) **Project Title:**	Development of ISM Pharmaceuticals	(2) **Project Number:**	6.2.2
		(3) **Project Priority:**	
(4) **Focal Point:**	Bandaranaike Memorial Ayurveda Research Institute (BMARI)	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine, Department of Ayurveda, Cosmetics & Devices Authority (ADCDA), Sri Lanka Ayurvedic Drugs Corporation (SLADC)	(7) **Project Duration:**	5 Years

Project Summary

Development of ISM Pharmaceuticals Project aims to make available ISM products and analytical services to meet national and international demands conforming to acceptable standards. To accomplish this objective National Quality Assurance Laboratory (NQAL) for ISM and the BMARI has to be well-equipped, supplied with necessary materials and provided with trained staff. In order to assist the quality control of ISM pharmaceuticals specifications have to be developed. Work relating to the development of new dosage forms / products is to be undertaken followed by pilot scale production. To assist the cultivation of medicinal plants agronomic packages on selected plants species will be developed.

(8) **Target Areas & Beneficiaries:**

- ISM Pharmaceutical industry
- Ayurveda practitioners
- Healthcare Service Providers
- General public
- Growers and Suppliers of raw material

(9) **Justification:**

There is an urgent need of assuring the quality of ISM pharmaceuticals that are available in the market and hence a need to prepare standards for ISM pharmaceuticals. The production processes have to be upgraded and new formulations and products developed. Hence, the laboratory and the pharmacy have to be strengthened in terms of equipment and trained personnel. This would ensure the availability of quality products in adequate quantity at an affordable price.

(10) **Important Assumptions/Risks/Conditions:**

- Implementation of ADCDA regulations
- Allocation of adequate resources

(11) **Project Objective:**

Objective	Indicators	Means of Verification

Objective	Indicators	Means of Verification
To make available products & analytical services to meet national & international demands at acceptable standards	Availability of standards and specifications	Reports / Feedbacks
	New formulations	Data sheets / Records
	No. of Dosage forms	Data sheets / Protocols
	No. of New formulations	Documents / Feedbacks
	No. of Agronomic Packages	Feedbacks / M & E reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Fully functional National Quality Assurance Laboratory (NQAL) for ISM pharmaceuticals	Procurement of equipment Recruitment and training of staff	Laboratory manuals Records
Specifications for the production of high quality standardized drugs	No. of experimental plots	Agronomic packages
New products and processes developed	No of new products and processes	Product profiles Validated procedures

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Research and Development
	Conservation and Sustainable Use of Medicinal Plants
	Pharmacopoeia Commission
	Service Delivery

(14) **Relevant Agencies to be Coordinated:**

- Department of Ayurveda
- Factories manufacturing ISM pharmaceuticals
- Companies importing / raw material
- Medicinal plants growers / suppliers
- Hospital Pharmacies
- Universities
- Other Research Institutes

(15) **Monitoring & Evaluation:**

1. Who? PMEU / MIM, DoA, Provincial DoA
2. When? Bimonthly, Quarterly, Annually
3. What actions to be taken based on results of monitoring & evaluation?

   Action research for planning and costing

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Procurement of all requisite equipment and provision of chemicals and services for NQAL	Fully equipped NQAL	Procurement plan Inventory
Recruitment and training of staff for NQAL	Fully functional NQAL	No. of staff
Selection of plant species for experimental cultivation	List of plants	Reports Data
Conduct agronomic studies on selected plant species	Agronomic packages	Reports Records Technoguides
Conduct experimental studies for development of quality specifications	Sets of specifications	Reports Profiles
Study of suitable areas for development of new dosage forms / products	List of products to be developed	Records
Conduct experimental work including pilot plant scale production	Standard Operating Procedures (SOP) for new products	Profiles Records Manuals

(1) **Project Title:**	Facility Development Project	(2) **Project Number:**	6.2.3
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary MIM	(6) **Starting Fiscal Year:**	FY 2004
(5) **Implementing Agencies:**	Commissioner for Ayurveda, Provincial Commissioners, Director Teaching Hospital, Medical Superintendent of Provincial Hospitals.	(7) **Project Duration:**	5 Years

Project Summary

Facility Development Project aims to expand, restructure strengthen & rationalize health care services network for Indigenous System of Medicine (ISM) by supporting the infrastructure development of ISM Health Service Providing Institutes (HSPI). In order to provide a quality healthcare of the people there is need to restructure / rehabilitate facilities and facilities network to be more be responsive to people's needs and adequate for proposed programmes. The project would achieve following outputs.

- ☑ Infrastructure facilities of three teaching hospitals funded and developed
- ☑ Infrastructure facilities of one provincial hospital for each province funded and developed
- ☑ Infrastructure facilities of one district hospital/ central dispensary for each district funded and developed
- ☑ One central Ayurvedic dispensary for a population of 20,000 people in the A G A division established
- ☑ A model National Ayurvedic Hospital Complex (NAHC) Established with specialised units. (Yoga, Panchakarma, massage and rehabilitation) for in and out patients
- ☑ ISM Primary Health Care Units (PHCU) established according to the needs incorporating 2 or 3 AGA Divisions.
- ☑ Drug Processing and Manufacturing Unit (DPMU) established in each province for supplying quality ISM medicine
- ☑ Infrastructure for storing facilities provided for all ISM / HSPI
- ☑ Cultivation plots for selected medicinal plants developed and maintained

(8) Target Areas & Beneficiaries:

Ministry of Indigenous Medicine in general with all its health facilities and finally the patients will be benefited by quality health care.

(9) Justification:

Health Services Quality has been compromised by structure and equipments that are not adapted to needs and scarcity of trained personal and the unavailability of Drugs and Pharmaceutical supply or preparations of unknown quality and shelf life.

The available health care facilities are unevenly distributed across regions. There are 3 teaching hospitals, 46 hospitals, 121 Central Ayurvedic dispensaries and 230 free Ayurvedic dispensaries functioning in Sri Lanka under Indigenous Medical sector. Lack of health network to link the above institutions for its effective functioning is a challenge for the progress and development of the sector.

Better performance of ISM services in health sector development could be achieved only when the required facilities and resources are made available.

(10) **Important Assumptions/Risks/Conditions:**

- Adequate financial allocations
- A strategic plan for resource allocation
- MIM approval with the cabinet concurrence for National Ayurvedic Hospital Complex Project

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To expand, restructure strengthen & rationalize health care services network for Indigenous System of Medicine (ISM) by supporting the infrastructure development of ISM Health Service Providing Institutes (HSPI)	No. of ISM/HSPI developed / supported / strengthened	A strategic plan Performance reports
	No. of ISM/HSPI relocated / restructured	Review report Progress reports
	New Hospital complex	Project report
	Value of financial allocation	Procurement plan
	Financial Progress / Expenditure / Disbursements	Progress report Audit reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Units established at national and regional levels based on newly identified needs.	Strategic Plan No. of units established	Need Assessment Map of locations
Infrastructure facilities of Three teaching hospitals funded and developed	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
Infrastructure facilities of one provincial hospital for each province funded and developed	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
Infrastructure facilities of one district hospital/ central dispensary for each district funded and developed	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report

Output	Indicators	Means of Verification
One central Ayurvedic dispensary for a population of 20,000 people in the A G A division established	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
A model National Ayurvedic Hospital Complex (NAHC) Established with specialised units. (Yoga, Panchakarma, massage and rehabilitation) for in and out patients	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
ISM Primary Health Care Units (PHCU) established according to the needs incorporating 2 or 3 AGA Divisions.	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
Equipment based on practice needs made available	No. of equipment No. of trained personnel	Procurement plan Operational manuals
Drug Processing and Manufacturing Unit (DPMU) established in each province for supplying quality ISM medicine	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
Infrastructure for storing facilities provided for all ISM / HSPI	Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Project report Procurement plan / Inventories Audit report Financial progress report
Cultivation plots for selected medicinal plants developed and maintained	Amount / value of harvest Value of financial allocations Disbursement for procurements Expenditure / Operational cost Achievement of financial targets	Records Project report Procurement plan / Inventories Audit report Financial progress report

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title

	Restructuring the MIM
	Human Resource Development Project
	Service Delivery
	Development ISM Pharmaceuticals
	Strengthening Research and Development

(14) **Relevant Agencies to be Coordinated:**

Ministry of Indigenous Medicine, Ministry of Health, Ministry of Tertiary Education

Provincial Ministry of Health & Indigenous Medicine, Provincial Councils

(15) **Monitoring & Evaluation:**

1. Who? MIM, Provincial MIM
2. When? Monthly / Quarterly / Annually
3. What actions to be taken based on results of monitoring & evaluation?
   - Remedial measures for inequities of resource allocations
   - Further development of physical resources
   - Achievement of optimum output of the service performance
   - Assurance of optimum utilization of the financial resources

(16) **Major Activities:**

Activities	**Expected Results**	**Process Indicators**
Appointment of a Task Force (TF) for planning, monitoring and evaluation of ISM Infrastructure Development	TF report with recommendations A plan of action	Minutes of meeting
Conduct need assessment related to promotive, preventive, curative, rehabilitative and palliative services	Need Assessment (NA) for planning and designing	NA Report
Establishment of Units at national and regional levels based on newly identified needs.	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Develop and test an institutional model based on ISM	Conceptual framework Ayurvedic Institutional Model	Concept paper
Identification of underutilized units island wide	A descriptive list and a map of underutilized units	Report
Relocation of identified underutilized units	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Establishment of units in areas with low-accessibility to health	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Identification and provision of equipment based on practice need	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Development of infrastructure facilities of	Clinical training	Students' records

Activities	Expected Results	Process Indicators
three existing teaching hospitals to accepted international standards	Clinical research Effective service Optimum performance Responsiveness	Publications Patients' records Service records Inventories
Planning, designing and construction of a model national Ayurveda hospital complex to include all described functions	A project report	A plan of action Procurement plan Design
Establishment of a model national Ayurveda hospital complex	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Development of infrastructure of selected ISM service canters with special emphasis on regional institutions	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Establishment of one central Ayurvedic dispensary for a population of 20,000 people in the A G A division	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Establishment of ISM Primary Health Care Units (PHCU) according to the needs incorporating 2 or 3 AGA Divisions	Effective service Optimum performance Responsiveness	Patients' records Service records Inventories
Establishment of Drug Processing and Manufacturing Unit (DPMU) in each province for supplying quality ISM medicine	Continuous supply of quality medicines Responsiveness to needs	List of medicines SOPs Inventories Work plan Progress reports
Provision of infrastructure for storing facilities for all ISM / HSPI	Facilitation and maintaining of good storing conditions	Records Feedbacks
Development and maintenance of Cultivation plots for selected medicinal plants	Authenticated genuine medicinal plant raw material supply	Records Feedbacks

(1) **Project Title:**	Development of the Service Sector of Indigenous Systems of Medicine (ISM).	(2) **Project Number:**	6.2.4
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary of MIM	(6) **Starting Fiscal Year:**	1st year (FY 2004)
(5) **Implementing Agencies:**	Provincial IMs, MoH	(7) **Project Duration:**	10 years

Project Summary

Development of the Service Sector of Indigenous Systems of Medicine Project aims to enhance the quality of ISM health care services to ensure their responsiveness to the public needs and thereby increase public confidence and patient / client satisfaction There is need to make available ISM services and medicines commonly used at affordable cost. At three levels and improve the services to provide the best ISM practices. In this regard activities will be undertaken to achieve the following outputs:

- Health institutions reorganized into three service levels with standards of minimum services to be provided
- Utilization of existing service facilities Enhanced
- Mechanism for referral and counter- referral system established
- Strategies introduced to develop and integrate preventive & curative services of both allopathic and indigenous systems to be patient-cantered using health team approach
- ISM Integrated into the proposed HIS
- Quality of services enhanced through adoption of best ISM practices
- Rational prescribing, dispensing and use of medicine continually promoted in the public and private sectors
- Responsiveness to clientele of ISM increased
- Confidence of the public, dispensers and prescribers on the quality of medicine sales outlets generated and sustained
- Client satisfaction assured
- The role of ISM within the proposed National health charter identified and incorporated
- Mediatory mechanism established for conflict resolution at ISM institutions
- Community accountability through participatory involvement initiated

(8) **Target Areas & Beneficiaries:**

Primary / secondary / tertiary ISM healthcare service /

Public, ISM Practitioners, ISM healthcare service providers, Supportive staff,

(9) **Justification:**

IM in the public sector in Sri Lanka has not been fully utilised for health care delivery. This is due to the demands for ISM services not being adequately met. Hence improvement of services is to be achieved by establishing units for promotive, preventive, curative, rehabilitative and palliative services conforming to the best practices and standards of ISM to provide quality service, responsive to people’s needs.

Integration of the services of both Allopathic and Indigenous sector is expected to be carefully done in relevant areas with the understanding and consent of both sectors purely based on the benefit of the patients without contradictions in the basic concepts of both systems of Medicine.

(10) **Important Assumptions/Risks/Conditions:**

- Total Quality Circle
- Revision and/or Establishment of Acts/Circulars/Regulations/Guidelines,
- Revision and/or Establishment of Training Curriculum
- MIM will be reorganized to handle the technical and managerial challenge of the implementation
- IM practitioners continue to be motivated for the change

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To strengthen the promotive, preventive, curative, rehabilitative and palliative services executed according to the best practices and standards, seeking to make the services more appropriate, high quality while being affordable, equitable and responsive to the needs of people to increase public confidence and patient / client satisfaction	No. circulars No. of regulations	Document
	No. of integrated units No. of references	Circulars MOUs
	Good Dispensing Practices Best practice standards	Guidelines SOPs
	No. of UG/ PG/ CPD / CME programmes	Revised curricula Students' records
	Quality medicine Effective Service	Patients' records Total quality circle
	MIS Database	Work plans Plan of actions
	No. of new recruitments No. of skilled staff	Job descriptions Performance records
	No. of cases / entries	Progress reports Annual reviews
	No. of Best practices No. of clinical research	Reports of medical audits Technical publications
		Committee minutes

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Health institutions reorganized into three service levels with standards of minimum services to be provided	No. of units in each level	Descriptive catalogue of reorganized units
Utilization of existing service facilities Enhanced		
Mechanism for referral and counter- referral system	No. of referred cases No. of counter-referred cases	Feedbacks Review reports

Output	Indicators	Means of Verification
established		Patients' records
Strategies introduced to develop and integrate preventive & curative services of both allopathic and indigenous systems to be patient-cantered using health team approach	No. of discussions No. of meetings No. of workshops No. of writeshops	Minutes Strategic plan MOU Guidelines Circulars Patients' records Impact assessments Report of monitoring and evaluation
ISM Integrated into the proposed HIS	No. of entries No. of modules in MIS	Data formats Datasheets MIS Operational manual User guides to MIS
Quality of services enhanced through adoption of best ISM practices	No. of best practices No. of skilled personnel	Protocols Guidelines Datasheets Study reports
Rational prescribing, dispensing and use of medicine continually promoted in the public and private sectors	No. of trained personnel	Guidelines Manuals Feedbacks
Responsiveness to clientele of ISM increased	No. of cases treated	Annual Bulletin MIS reports Clinical protocols
Confidence of the public, dispensers and prescribers on the quality of medicine sales outlets generated and sustained	No. of responses No. of sales outlets	Feedbacks
Client satisfaction assured	No. of responses	Feedbacks
The role of ISM within the proposed National health charter identified and incorporated	No. of ISM elements in health charter	Concept paper Minutes of discussions
Mediatory mechanism established for conflict resolution at ISM institutions	No. of cases No. of remedial measures / mediatory actions	Reports
Community accountability through participatory involvement initiated	No. of committees / organizations / teams / groups No. of ISM/HSP institutes	Minutes Progress reports

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
	Organizational Structure
	Facility Development
	Research
	Health Promotion

	Private Sector Partnership
	Human Resource Development

(14) Relevant Agencies to be Coordinated:

MoH, DoA, Provincial DoA, Universities, BMARI, NITM

(15) Monitoring & Evaluation:

1. Who? MIM, Provincial MIM,
2. When? Monthly, Quarterly, Annually
3. What actions to be taken based on results of monitoring & evaluation?

(16) Major Activities:

Activities	Expected Results	Process Indicators
Conduct need assessment related to promotive, preventive, curative, rehabilitative and palliative services at Health Institutions	Reorganisation into three levels	Need Assessment Report
Provision of additional service facilities to existing institutions	Effective service	Records
Develop a strategy for meaningful integration and a referral/ counter-referral system with mainstream health sector	Effective service	Strategic plan Guidelines
Establishment of information centres nationally and regionally and integration to proposed HIS	MIS Information network LAN / WAN	Database
Establishment of units in areas with low-accessibility to health	Enhancement of ISM availability and accessibility	Reports Patients' records
Promotion of the responsiveness and client satisfaction by increasing efficiency of ISM	Transparency and accountability	Directory of information
Enhancement of the public confidence and creation of client friendly environment in ISM healthcare services	Better quality of service	Practice guidelines Feedbacks Code of ethics Declaration of client's rights
Broad base ISM healthcare services by Health team approach initiatives	Effective service Responsiveness	Operational manuals User guides Service manuals
Strengthening of supportive service based on client oriented approach	Ayurvedic Classification of Diseases (ACD)	Manual of ACD Research papers

(1) **Project Title:**	Non-formal (P*aramparika*) Knowledge Base Project	(2) **Project Number:**	6.2.5
		(3) **Project Priority:**	
(4) **Focal Point:**	Planning Division of MIM, NITM	(6) **Starting Fiscal Year:**	FY 2004
(5) **Implementing Agencies:**	Department of Ayurveda, Ayurvedic Medical Council, BMARI, Deshiya Chikitsa Departments of IIM and GWAI, Provincial Department of Ayurveda, National Intellectual Property Office, Sri Lanka Ayurvedic Medical Association, Relevant NGOs	(7) **Project Duration:**	5 years

***Project Summary*:**

It is well known that a medical knowledge base and traditional practices outside the Ayurveda exist in Sri Lanka. The documented segment of this knowledge is found embedded in the numerous ola leaf manuscripts, which are not well preserved. Such knowledge should be preserved and harnessed to the benefit of the public. Therefore this Non-formal Knowledge base project aims to obtain optimum inputs from non-formal (*paramparika)* healthcare providers by establishing a mechanism for harnessing their special skills and knowledge relating to ISM. To accomplish this following activities are to be carried out.

- Inventorization of available traditional knowledge and skills of *paramparika* practitioners
- Surveying practitioners for current utilization by patients and therapeutic effectiveness
- Development of a strategy for application of traditional knowledge and skills
- Accreditation of genuine traditional practitioners (TP) by Rescheduling the registration procedure
- Use of the services of identified best practices into clinical practice
- Implementation of Guru Kula education system for apprenticeship
- Collection of possible palm-leaf medical manuscripts available in the country
- Preparation of a descriptive catalogue on inventorized medical manuscripts
- Establishment of a national database on traditional resources available
- Collection of ethnomedical and ethnobotanical knowledge

(8) Target Areas & Beneficiaries:

Traditional Physicians who are not involved in active participation in national healthcare service providing

Population suffered from health problems and ailments manageable by traditional medicine

(9) Justification:

Non-formal knowledge base in traditional medicine in Sri Lanka is called Paramparika Vedakama or Deshiya Chikitsa, which is, inherited indigenous knowledge in this country. Over thousands of years, this knowledge system had thrived within the territory of Sri Lanka nurtured by various cultural values and norms. This has three major sources like written, oral and practice. The written segment is small and these literary sources had been exploited or destroyed by invaders several times. Most of the remaining manuscripts are not well-preserved and kept in temple libraries or personal custodies. Hence there is a need to inventorize this valuable knowledge before it get lost. Therefore, it is a prerequisite to carry out a national census on

non-formal knowledge base of traditional medicine. The most important and valuable part of this knowledge, is not written and kept as family treasures. These traditional medical practitioners had served the community with the royal honour in ancient societies. No proper measure was taken for preservation of such applicable and time-tested knowledge and practices during last decades. Now there is a critical issue on transcending this knowledge in a sustainable manner and preserving as a systematic knowledge-base. Thereafter a mechanism is needed for utilizing this knowledge in clinical, educational and research purposes.

(10) **Important Assumptions/Risks/Conditions:**

- A national policy for recognition of plurality of healthcare systems
- Rescheduling registration procedures for TMPs
- Redefining Indigenous Knowledge (IK) in Traditional Medicine (TM)
- Strategy for mainstreaming IK on TM in health system

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To obtain optimum inputs from non-formal (*paramparika)* healthcare providers by establishing a mechanism for harnessing their special skills and knowledge relating to ISM	No. of Best Practices identified	Survey / Database
	No. of specialities	Survey / Inventory
	No. of non formal practitioners	Resource base
	No. of new Acolytes	Annual reviews
	No. of Palm leaf manuscripts	Census report / inventory
	No. of specimens	Datasheets / Herbarium sheets
	No. of field manuals	Workshops
	No. of Clinical practices	Protocols / feedback Reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Special skills of private non-formal local health care providers recognised	No. of Resource Personnel identified No. of Specialities	Inventory Database
A Mechanism for harnessing non-formal knowledge relating to ISM Established	Availability of Mechanism	Document Periodic Review of Implementation
Services of recognised non-formal healthcare providers utilised.	Health care units	No: seeking Treatment
A system introduced for transcending TM knowledge	Availability of Guru Kula System officially recognized by the Government / MIM	No. of Teacher Physicians No. of trainees
Non formal knowledge base documented	Data base	Survey reports

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Service Delivery
	Human Resource Development
	Research and Development
	Health Promotion

(14) **Relevant Agencies to be Coordinated:**

Ayurvedic Medical Council

National Institute of Traditional Medicine

Provincial Commissioners of Ayurveda

Divisional Secretariats

Relevant Non-governmental Organizations

(15) **Monitoring & Evaluation:**

1. Who? Commissioner of Ayurveda / DoA
2. When? Periodic
3. What actions to be taken based on results of monitoring & evaluation?
   - Documentation of lesson learned
   - Exchanging information with mainstream healthcare service
   - Incorporating data into HIS for future planning
   - Introducing best practices to the field
   - Strengthening local level implementing process
   - Utilizing information in HRD programmes

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Inventorization of available traditional knowledge and skills of *paramparika* practitioners	An inventory	Survey report
Surveying practitioners for current utilization by patients and therapeutic effectiveness	A descriptive register	Survey report
Development of a strategy for application of traditional knowledge and skills	Strategic plan	Minutes Review Reports Modules
Accreditation of genuine traditional practitioners (TP) by Rescheduling the registration procedure	Official accreditation for Genuine TPs to contribute mainstreamed ISM	Registration procedure
Use of the services of identified best practices into clinical practice	Paramparika best practices introduced	Clinical Protocols

Activities	Expected Results	Process Indicators
Implementation of Guru Kula education system for apprenticeship	Effective system for transcending TK related to ISM	Annual reports
Collection of possible palm-leaf medical manuscripts available in the country	Census Report	Datasheets Data analysis
Preparation of a descriptive catalogue on inventorized medical manuscripts	Descriptive catalogue	Datasheets Report
Establishment of a national database on traditional resources available	National Database	Reports generated No. of accesses
Collection of ethnomedical and ethnobotanical knowledge	National Data base on traditional knowledge	Data sheets Survey Reports

<table>
<tr><td>(1) Project Title:</td><td>Conservation and Sustainable Use of Medicinal Plants Project</td><td>(2) Project Number:</td><td>6.2.6</td></tr>
<tr><td></td><td></td><td>(3) Project Priority:</td><td></td></tr>
<tr><td>(4) Focal Point:</td><td>Project Management Unit, MIM</td><td>(6) Starting Fiscal Year:</td><td>1st year (FY 2004)</td></tr>
<tr><td>(5) Implementing Agencies:</td><td>Ministry of Indigenous Medicine, Provincial Department of Ayurveda, BMARI, NITM</td><td>(7) Project Duration:</td><td>5 years</td></tr>
<tr><td colspan="4"><u>Project Summary</u>

Conservation and Sustainable Use of Medicinal Plants Project focuses on creating an enabling environment to support the continuation of ongoing successful activities of existing Sri Lanka Conservation and Sustainable Use of Medicinal Plants Project after its phasing out period. This project will implement following activities.
❑ Establishment of a national policy for conservation and sustainable use of medicinal plants
❑ Enhancement of community participation inr in-situ conservation
❑ Promotion of cultivation of commercially viable medicinal plants
❑ Broad base Germplasm collection for ex-situ conservation
❑ Development of propagation techniques and agronomic packages for commercially viable MP
❑ Enhancement of community awareness of sustainable use of medicinal plants
❑ Strengthening the institutional capacity of ISM for MP conservational activities</td></tr>
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(8) Target Areas & Beneficiaries:

General public, ISM practitioners, Medicinal plant growers, Medicinal plants collectors, Raw material dealers, Pharmaceutical industry,

(9) Justification:

Sri Lanka Conservation and Sustainable Use of Medicinal Plants Project funded by GEF, implemented community participatory management process in 5 Medicinal Plants Conservation Areas (MPCAs) and supported national level institutional development for the last five years. It is in now in the phasing out period focusing on dissemination its experiences, lesson learnt, success stories at national and international levels. After the project period MIM is committed to continue its successful activities and replicate such in other areas for the benefit of the ISM and better healthcare of Sri Lankans. Medicinal plants are the mostly utilized natural resource for the production of medicines in the ISM, which is the freely available, easily accessible, traditionally accepted, time tested therapeutic method.

Sri Lanka is a country recorded as a hotspot in global biodiversity map for its medicinally valuable flora with 25% endemicity. Out of total flora more than 1600 plant species are reported to be medicinally used and around 600 are widely used in the ISM. Over 70 endemic species are recorded as threatened and some of critically endangered species need global support for conservation. It is agreed to carry out activities related to conservation and sustainable use of medicinal plants for better healthcare of the nation in an effective manner. To conserve and increase utilization of medicinal plants this project will encourage the community to enhance

the medicinal plants diversity in home gardens. Systematic cultivation of selected medicinal plants would be undertaken to supply the required raw materials fort the industry.

Traditional knowledge and practices related to utilization of medicinal plants for day-to-day health problems are rapidly being lost due to unavailability of important medicinal plants. Therefore it is obligatory to conserve the threatened plants by encouraging their cultivation. Sustainable use of these will be required for supporting and strengthening the resource base of ISM practices within the community.

(10) Important Assumptions/Risks/Conditions:

- A focal point for medicinal plants under MIM
- An effective network among stakeholder institutes
- A corporate strategy integrated with National Biodiversity Action Plan

(11) Project Objective:

Objective	Indicators	Means of Verification
To increase the availability of globally and nationally important medicinal plants (MP) by enhancing community participation and state patronage in terms of conservation and sustainable use for better healthcare	No. of new MP species identified	List of MP species / herbarium
	No. of commercially viable MP species cultivated	Protocols and procedures
	No. of institutes involved in conservation activities	Progress reports
	No. of growers involved	Harvesting records
	No. of technoguides published	User records
	No. of Herbal Gardens established / supported	Impact Assessment reports Progress Review reports

(12) Project Output/Product:

Output	Indicators	Means of Verification
A national policy for conservation and sustainable use of medicinal plants established	Policy in operation	Policy document Resource map Strategic plan
Community participation for *in-situ* conservation with the forest department enhanced	No. of institutes No. of NGOs / CBOs No. of MOUs / Agreements No. of conservation measures	Progress reports Constitutions / Minutes Documents / Progress reports Impact Assessment reports
Commercially viable medicinal plant cultivation promoted	No. of growers No. of MP species No. of plots / lands Annual income / turnover	Service records
Germplasm collection for *ex-situ* conservation broad based	No. of herbal gardens No. of MP species No. of endemic MP species No. of threatened MP species	Records

Promotion of propagation techniques and agronomic packages for commercially viable MP species furthered	No. of MP species No. of technoguides No. of Agronomic packages No. of researches No. of terminal reports	Records
Community awareness of sustainable use of medicinal plants enhanced	No. of manuals / field guides No. of health workers No. of ailments / conditions No. of home remedies	Feedbacks Records Reports
Institutional capacity of ISM for medicinal plants conservational activities strengthened	No. of training programmes No. of training modules No. of trainees / beneficiaries	IA Reports PR Reports

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Human Resource Development
	Research and Development
	Planned Developed Private Sector Partnership
	Non-formal Knowledge Base
	Development of Pharmaceuticals
	Health Promotion

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health, MIM Universities, BMARI, AHPB, NITM, Ministry of Indigenous Medicine of Provincial Councils, Department of Forest Conservation, Department of Wildlife Conservation, Provincial Departments of Agriculture, Agrarian Research Institutes, Ministry of Education, NIE

(15) **Monitoring & Evaluation:**

1. Who? MIM, DoA, Provincial DoA
2. When? Periodic, Biannually at provincial level, annually
3. What actions to be taken based on results of monitoring & evaluation?

   Any remedial action if needed

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Establishment of a national policy for conservation and sustainable use of medicinal plants	Functional National Policy and Strategic Plan for Conservation and Sustainable use of MP	Document Report
Enhancement of community participation in *in-situ* conservation with the forest department	An effective network in operations for *in-situ* conservation efforts realized in timely manner	MOUs Reports

Activities	Expected Results	Process Indicators
Promote commercially viable medicinal plant cultivation	An economically sound market system for locally produced herbal raw materials	Forward contracts Market network
Broad base Germplasm collection for *ex-situ* conservation	Gerplasm collections of globally and nationally important medicinal plants	Reports Records
Development of propagation techniques and agronomic packages for commercially viable MP species	Agronomic packages & Good Agricultural Practices	Reports
Enhancement of community awareness of sustainable use of medicinal plants	Utilization of MPs in sustainable manner	Impact Assessment (IA) Reports
Strengthening the institutional capacity of ISM for medicinal plants conservational activities	Planned and developed partnership of DoA in conservational interventions	Performance records Study Report IA Report

6.3 STRENGTHENING INTEGRATION OF ISM AND ALLOPATHIC SECTORS

(1) **Project Title:**	Development of Home-based and community based services	(2) **Project Number:**	6.3.1
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary of MIM	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	Department of Ayurveda, Provincial Commissioners of Ayurveda, NITM, PMEU/MIM, Consultant, AHPB	(7) **Project Duration:**	10 Years

Project Summary

IM in the private sector is largely home and community based (except some resorts mostly aimed at tourists). IM in the public sector has been limited to facility based care and needs to regain its position in the community. An attempt will be made to do so if possible in partnership with local traditional practitioners (*Paramparika*) in order to optimize the community participation. Development of Home-based and community based services Project aims to establish and run an ISM Long Term Care programme for identified problems in the communities and evolve community participation for such a programme. To realize the outputs of this project the following activities are to be carried out.

- ☑ Further conceptual development and planning of projected delivery methodology for long-term care management services specially in the areas of aging, mental health and motor handicapped
- ☑ Establishment and mobilization of stewardship groups at village level
- ☑ Incorporation of traditional knowledge of local healers available in the village
- ☑ Establishment of a mechanism to coordinate and supervise the home-based services at CD level
- ☑ Provide on going training for those involved in providing services
- ☑ Broad base services of CDs to include field and extension services related to home-based long-term care management

(8) **Target Areas & Beneficiaries:**

Community empowerment, Patients with Chronic disorders,

Traditional Physicians at Local Level, Primary Level Health Care Providers

(9) **Justification:**

One of the strengths of Ayurveda is the holistic approach. This project thus envisages an application of holism to long-term care. Given the fact that the ISM is people's medicine a mandatory element of IM should be home-based and community based care. ISM management techniques are seemingly cost-effective by means of home-based long-term care management whereas community participation is optimised. Detail study of treatment outcomes and cost will permit further popularisation of ISM methods.

(10) **Important Assumptions/Risks/Conditions:**

- Public service Commission will accept the need to create ISM health teams in the communities
- The strengthening of IM will permit to identify motivated trainees

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To establish and run an ISM Long Term Care programme for identified problems in the communities and evolve Community participation for such a programme	CBOs	Reports
	No. of cases	Records
	List of problems	Document
	Protocols for specific cases	Feedbacks
	Monitoring and evaluation mechanism	M & E reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Curricula for training of supervisors, organizers and community members possibly being *Paramparika* or TPs developed for necessary Human Resource Development in the project	No. of Modules introduced No. of Workshops conducted No. of Writeshops conducted No. of training programmes No. of trainees / participants	Progress Reports Records Review Reports Programme Feedbacks Programme Schedules Tutorials
Feasibility of approach and cost effectiveness Identified	No. of Technical Publications	Concept paper Study Report
Intervention outcomes of the programme evaluated	No. of new outcomes	Report

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	ISM Rehabilitation care
	Traditional Medicine
	ISM Health Promotion
	Human Resource Development

(14) **Relevant Agencies to be Coordinated:**

The stakeholders, aside from the Ministry of Health, who may directly or indirectly influence the project objective or output as well as who may assist in the project implementation.

(15) **Monitoring & Evaluation:**

1. Who? PMEU / MIM, DoA, Provincial DoA
2. When? Bimonthly, Quarterly, Annually
3. What actions to be taken based on results of monitoring & evaluation?

Action research for planning and costing

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Further conceptual development and planning of projected delivery methodology for long-term care management services specially in the areas of aging, mental health and motor handicapped	Conceptual Framework Methodology Protocols	Minutes Concept Paper Study Report Workshops Writeshops
Establishment and mobilization of stewardship groups at village level	Formation of mobilized Stewardship Groups at village level	Records Meetings
Incorporation of traditional knowledge of local healers available in the village	Utilization of best practices of TK	Protocols
Establishment of a mechanism to coordinate and supervise the home-based services at CD level (PMCUs)	Well coordinated home-based services	PMCU minutes Reports
Provide on going training for those involved in providing services	CPD Knowledge Translation Skilled Personnel	Training plan Modules Feedbacks
Broad base services of CDs to include field and extension services related to home-based long-term care management	Filed level service base	Records Review Reports

(1) **Project Title:**	ISM Health Promotion Project	(2) **Project Number:**	6.3.2
		(3) **Project Priority:**	
(4) **Focal Point:**	Proposed Ayurvedic Health Education Bureau	(6) **Starting Fiscal Year:**	1st year (FY 2004)
(5) **Implementing Agencies:**	MIM, Department of Ayurveda, NITM, Provincial Departments of Ayurveda, Health Education Bureau of MOH Universities, Ministry of Education,	(7) **Project Duration:**	5 years

Project Summary

ISM Health Promotion Project aims to incorporate traditional health promotive practices into mainstreamed health system. To provide an effective ISM health promotion service to the community for improving their quality of life in terms of positive health-seeking behaviour and avoid health risks of NCDs Following outputs are to be realized by the activities that are to be carried out by Central Ministry of Indigenous Medicine (MIM) with the assistance of Department of Ayurveda and Provincial Departments of Ayurveda:

- National policy on ISM health promotion services formulated
- Approved plan for implementing ISM health promotion services
- Experimental Health Promotion Units at primary level established
- Trainers for health promotion trained
- Healthy lifestyle including dietary regime (*Swastha vritha*) based on Ayurveda / traditional norms promoted
- Special programmes for mental well-being through ISM introduced
- Partnerships with civil society and NGOs in health promotion and prevention with regard to needed groups established
- Elements of ISM health promotion introduced into Ayurvedic curricula and CPD programmes
- IEC measures taken for promotion of health and changing lifestyle
- Field surveys on health promotion and its impact conducted

(8) Target Areas & Beneficiaries:

Primary Healthcare / Environmental Health / Occupational Health /

General public and particularly the following groups:

- School children
- Out of school youth
- Elderly people
- Housewives
- Occupational groups

(9) Justification:

Harmony of Body-Mind-Spirit relationship is well described in terms of positive health in ISM based on oriental holistic approach to achieve the quality of life. Considering all socio-cultural factors, ISM is more capable of adopting an effective health promotion intervention with innovative approaches. Specially using its traditionally accepted norms and value system in Sri Lankan context, ISM will convincingly provide a programme for promotion of positive health practices particularly in vulnerable groups and introducing health-seeking behaviour among them. The conceptual framework and practical perspectives of ISM health promotion

programme is accepted to be supported by modern IEC tools. There are some interventions to be carried out within mainstream HEB in order to disseminate the health messages in a synergistic model. It is necessary to establish a national Ayurvedic Health Education Bureau as a major outcome of this project specially to coordinate and monitor the policy planning and disseminating process. Adoption of a national level programme plan and policy guidelines should be a mandate of this mission to be succeeded at ground level with the meaningful inputs from provincial level agencies. Although Promotion of Health is in the heart of Indigenous Medicine, its practical application is yet to be seen within the practice. Therefore a major need here is to develop a comprehensive practical approach to health promotion in ISM by evolving units and personnel. This can be done at some selected centres and then expanded island wide. This will be significantly recognized by middle class population in terms of healthy life style for changing their dietary habits and physical mobility towards holistic health.

(10) **Important Assumptions/Risks/Conditions:**

- Establishment of Ayurvedic Health Promotion Bureau
- National level policy and planning of IEC network
- Coordination and meaningful cooperation with existing Health Education Bureau in mainstream health system
- Policy dialogue on integrative activities and complementing ongoing interventions in mainstream health system
- Standing committee to review and monitor integrated activities

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To provide an effective ISM health promotion service to the community for improving their quality of life in terms of positive health-seeking behaviour and avoid health risks of NCDs	Conceptual framework	Document
	National Policy and plan	Policy document
	Service areas	Descriptive list
	Promotion Guidelines	Document
	IEC Strategy	Document
	No. of Specific programmes	Proposals
	No. of Mini-projects	Project proposals
	Impact assessments (IA)	IA reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
National policy on ISM health promotion services formulated	Availability of Policy guidelines Availability of a national plan	Document of Conceptual Framework Document of Policy guidelines
Approved plan for implementing ISM health promotion services	Plan of action	Reports
Experimental Health Promotion Units at primary	Number of units established	ToR / Work Plan / Records

level established		
Trainers for health promotion trained	Numbers trained	Training manuals
Healthy lifestyle including dietary regime (*Swastha vritha*) based on Ayurveda / traditional norms promoted	No. of protocols available No. of field manuals available	Records
Special programmes for mental well-being through ISM introduced	No. of programmes	Records
Partnerships with civil society and NGOs in health promotion and prevention with regard to needed groups established	No. of programmes	Records
Elements of ISM health promotion introduced into Ayurvedic curricula and CPD programmes	No. of modules	No. of workshops No. of training programmes No. of tutorials
IEC measures taken for promotion of health and changing lifestyle	IEC measures and operational guidelines	Periodic reviews
Field surveys on health promotion and its impact conducted	No. of surveys / studies / research No. of Terminal Reports	Technical publications

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)***:**

Project No.	Project Title
	Service Delivery
	Restructuring
	Research
	Human Resource Development
	Private Sector partnership

(14) **Relevant Agencies to be Coordinated:**

Health Education Bureau, National Institute of Education, BMARI, Universities, Provincial Ministries of Education, Provincial Departments of Ayurveda

(15) **Monitoring & Evaluation:**

1. Who? MIM/Health promotion Bureau/ Standard Review Committees
2. When? biannually at provincial level / annually at national level
3. What actions to be taken based on results of monitoring & evaluation?
   - Exchanging information with mainstream health sector projects
   - Incorporating data into HIS for future planning
   - Introducing best practices to the field
   - Remedial action if needed

- Utilizing information in HRD programmes

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Preparation of a National Policy on Ayurvedic health promotion	Policy document	Minutes of meetings
Preparation of a National action paln for Aurvedic health promotion activities	Plan of action	Minutes
Establishment of Health Promotion Units at primary level	Well-equipped units with trained personnel and service centres capable of providing the services at optimum level	Need assessment Procurements
Development of human resources to provide standard and uniform services	Well trained identified personnel at work in full capacity for catering ISM promotive services	Training modules No. of trainees Workers Manuals Records of Performance
Promotion and introduction of programmes for Healthy lifestyle and mental well-being based on ISM for following target groups: School children Out of school youth Elderly people Housewives Occupational groups	A practical and effective promotional programme based on ISM concepts Specific Programmes for health promotion by changing life style for each target group	A list Protocols & Procedures Field manuals for Specific life style promotion programme
Establishment of Government Ayurvedic Health Resort (GAHR) for special activities such as *Yoga*, Meditation, *Abhyanga* etc.	A model heath resort for catering local and foreign demands for ISM based special promotive services	Records Progress reports Programmes
Monitoring of the above programmes through the proposed Ayurveda Health Promotion Unit	Monitoring report available	Report
Implementation of programmes through local authorities (Provincial Commissioner of Ayurveda)	Efficient coordination and productive corporation with provincial level authorities for field implementations	Plan and guidelines for provincial level implementations Programme protocols and formats
Development of Interventional strategies based on ISM concepts of *Gnana, Vignana, Dhairya, Smrithi, Samadhi*	Interventional Strategy for effective ISM promotive service	Minutes Report Concept paper
Incorporation of components of the above interventional strategies into undergraduate, postgraduate and CPD curricula	Promotion of Professional inputs into ISM promotive services by means of HRD	Modules Revised Undergraduate, Postgraduate and CPD curricula
Establishment of Partnerships with civil society and NGOs in health promotion and prevention	Number of partnerships	Programmes
Preparation of an officially approved field manual for self-care and health promotion	Field manual	Feedbacks

Develop national level Ayurvedic IEC strategies for the promotion of health and changing lifestyle	Documented and field tested Ayurvedic IEC strategies	Field Manuals Feedback formats
Conduct of field surveys on health promotion and its impact	New dimensions in ISM research sector to produce data and information into for supporting evidence-based programmes	Publications Database

(1) **Project Title:**	Systematization of ISM Rehabilitative Care Services	(2) **Project Number:**	6.3.3
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary of MIM	(6) **Starting Fiscal Year:**	1st year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine, Provincial Department of Ayurveda,	(7) **Project Duration:**	5 years

Project Summary

Systematisation of ISM Rehabilitation Care Services Project aims to expand and Strengthen Rehabilitation services for identified conditions by establishing Rehabilitation Service Units at all the provincial hospitals and teaching hospitals. For this following activities are proposed to be carried out.

- ☑ Identification of types of rehabilitation services manageable by ISM
- ☑ Development of protocols
- ☑ Development of human resources to provide standard and uniform services according to protocols
- ☑ Identification and provision of physical resources and medicines
- ☑ Access expertise in relevant areas in the private and public sectors
- ☑ Undertaking close monitoring of each patient for physical and psychological progress
- ☑ Annual impact assessment (IA) of the overall performance of rehabilitative Care Services (RCS)

(8) **Target Areas & Beneficiaries:**

Three Teaching Hospitals, Provincial Level Base hospitals,

(9) **Justification:**

Rehabilitative methods used in ISM have been popular with the population. ISM regimes are available for treatment of specific disabilities for long-term care management of chronic illnesses. There is no organised system to deliver such services at present.. Furthermore using ISM methods is cost effective. . As rehabilitation work is time consuming it may be beneficial for the patients seek assistance from the ISM practitioners in units located provincially. Another valuable aspect of this service is the harnessing of local knowledge kept by the practitioners in their areas for the benefit of the clients.

(10) **Important Assumptions/Risks/Conditions:**

- Adequate expertise inputs and Technical Assistance from Universities and BMARI
- Establishment of rehabilitation care units
- Coordination among involved institutions and personnel
- Functioning Referral System (within and between the systems)

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To expand and Strengthen Rehabilitation services for identified conditions by establishing Rehabilitation Service Units at all the provincial hospitals and teaching hospitals	No. of Units established	Records of patients
	List of ISM Service available	Protocols and procedures
	No. of patients treated	Service Records
	Traditional Practices incorporated	Clinical Procedures
	Research and academic elements	Technical Publications Curricula modules
	Impact Assessments (IA) Progress Reviews (PR)	IA reports PR reports

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Rehabilitative Care Services in ISM at 11 centres island wide established	No. of patients treated	Patient and hospital records
Expertise in Rehabilitative Care Services in ISM developed	No. of trained personnel No. of patients successfully rehabilitated	Institutional records Patient and hospital records
Referral system with the mainstream established	No. of patients referred and counter-referred	Referral records

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
	Human Resource Development
	Research and Development
	Service Delivery
	Home Based Care services

(14) **Relevant Agencies to be Coordinated:**

Ministry of Health, MIM Ayurvedic Universities, BMARI, AHPB, NITM, Ministry of Indigenous Medicine of Provincial Councils,

(15) **Monitoring & Evaluation:**

1. Who? MIM, DoA, Provincial DoA
2. When? Periodic, Biannaually at provincial level, annually
3. What actions to be taken based on results of monitoring & evaluation?

Any remedial action if needed

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Identification of types of rehabilitative care services manageable by ISM	List available to practitioners and patients of conditions that can be taken care of at a given institution Overall list of condition for which services can be provided	National Survey Workshop
Development of protocols	Protocols available at units and training institutes	Expert panel Report
Development of human resources to provide standard and uniform services according to protocols	Teams fully-trained	Training Modules Training Workshops
Identification and provision of physical resources and medicines	Units fully-equipped and supplied	Procurement Plan Tender Documents
Access expertise in relevant areas in the private and public sectors	Records of such expertise being used	A list of experts A circular defining the procedure to be adopted
Undertaking close monitoring of each patient for physical and psychological progress	Availability of patient records	Feedback Forms Medical Audit Reviews
Annual impact assessment (IA) of the overall performance of rehabilitative Care Services (RCS)	Availability of National report on RCS National level IA team	Performance records Study Report IA Report

6.4 HUMAN RESOURCE DEVELOPMENT IN ISM

(1) **Project Title:**	Human Resources Development in the Indigenous System of Medicine	(2) **Project Number:**	6.4.1
		(3) **Project Priority:**	
(4) **Focal Point:**	Secretary of MIM	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine Ministry of Tertiary Education Provincial Councils	(7) **Project Duration:**	10 years

Project Summary

Human resources are one of the core assets of IM sector and the success of the health care delivery depends largely on the management of the Human resources. The present status of the development of Human Resources in the Indigenous system of medicine has to be strengthened for a meaningful development.

This project aims at first identifying the present status of HRD at various levels in the ISM sector, followed by the assessment of needs in personnel and in training and in the preparation of an action plan to solve the problems. The action plan envisages provision of training/postgraduate training for all health providers in public sector and selected providers in the private sector. Continuous training is required in different categories of personnel in the ISM sector in order to improve service delivery significantly and improve job satisfaction. It is also proposed to introduce performance appraisals and schemes for motivation at different levels among the service sector personnel.

(8) **Target Areas & Beneficiaries:**

- Tertiary Education Institutes dealing with the training of academic staff / trainers in the Indigenous system of medicine (ISM)
- Service Institution/hospitals, dispensaries in the Indigenous system of medicine. (ISM)
- Technical staff, paramedical staff, nurses, pharmacists and physiotherapists in the Indigenous system of medicine. (ISM)
- Government and Non-government ISM healthcare providers with Traditional physicians.

(9) **Justification:**

There is a shortage of qualified and experienced teachers in the ISM institutions dealing with the training of medical personnel. Also there are only few opportunities for postgraduate training or further training in some areas of specialization. Training programmes for Para-medical staff, Nurses, Physiotherapists, and Pharmacists are needed. Pre-employment and continuing education specific to IM is non-existent. The curricula need to be established. Health teams need to be built

(10) **Important Assumptions/Risks/Conditions:**

Establishment of a Unit / Programme for Human Resource Development at different levels, identified in the ISM sector

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To improve human resources needed to provide a high quality health care service to general public through ISM by providing opportunities for further training to academic staff in the teaching institutes, medical and paramedical service personnel, in ISM sector.	No. of New Cadre Positions	Recruitment Procedure
	No. of Training Programmes	Records / Feedbacks
	No. of Curricula Revisions	Document
	No. of New Enactments	Document
	No. of Circulars	Document
	No. of PG Personnel	Theses / Examinations
	No. of Seminars / Workshops	Records / Feedbacks
	Performance Evaluations	Reviews / Feedbacks
	No. In-service Courses	Records

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Current personnel at various levels of ISM and their qualifications and training requirements identified.	Number of Nurses and para-medical staff with IM qualification. IM practitioners with postgraduate in facility management, in ISM, in university	Database on personnel and their qualifications Need assessment
New cadre proposed & requested based on stated institutional needs	% stated needs included in cadre	Report and submission to Cabinet & Treasury
Curriculum for continuing education for all providers and support staff in State & public IM sector accepted	Curricula developed for specific groups	Reports
Training manuals and handbooks for providers and support staff created	Prepared manuals based on curricula	Publication of manuals
Curricula for pre-employment training of nurses and paramedical staff in IM approved	Curricula developed	Reports
Proposals for a Revised curriculum for IM physicians developed	Revision of curriculum	Submission of revisions to Universities
Action plan indicating the type of training, level of training, duration of training, place of training for each category, registration and re-registration requirements including national qualifying exams	Establishment of human resource development plan	Published plan
Implementation of training curricula for pre-employment training and qualifying exams approved	No. of qualified staff	Report on implementation and results

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
	Research and Development
	Service Delivery
	Restructuring MIM
	Health Promotion
	Non-formal Knowledge Base
	Planned Development of Private Sector Partnership
	Conservation and Sustainable Use of Medicinal Plants
	Home based Care
	Rehabilitative Care Services

(14) **Relevant Agencies to be Coordinated:**

Ministry of Indigenous Medicine

Ministry of Tertiary Education

(15) **Monitoring & Evaluation:**

1. Who?

Project implementation unit appointed by the Ministry of Indigenous Medicine and Tertiary Education

2. When?

Biannually

3. What actions to be taken based on results of monitoring & evaluation?

Identify weakness and failure and taking corrective remedial action after consultation with relevant agencies:

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Collection of data from the present cadres in service and identification of training needs	Database on personnel and their qualifications	List of data
Assessment of additional cadres required for proper functioning of institutions	Approved cadre positions	Cadre positions filled
Development of Curricula for continuing education for all providers and support staff in State & public IM sector	Approved curricula for continuing professional development	Published curricula
Preparation of Training manuals and	Approved Training	Published manuals

Activities	Expected Results	Process Indicators
handbooks for providers and support staff	manuals and handbooks	
Development of Curricula for pre-employment training of nurses and paramedical staff in IM sector	Approved Curricula for pre-employment training of nurses and paramedical staff	Published curricula
Preparation of proposals for a Revised curriculum for traditional physicians	Submission of Proposals to Universities	Report
Drawing up an action plan indicating the type of training, level of training, duration of training, place of training for each category, registration and re-registration requirements including national qualifying exams	Approved action plan	Reports Published curricula
Drawing up of an action plan for assessing and appraising Performance Management System (PMS)		

6.5 STRENGTHENING RESEARCH CAPACITY IN ISM

(1) **Project Title:**	Strengthening Research and Development in ISM	(2) **Project Number:**	6.5.1
		(3) **Project Priority:**	
(4) **Focal Point:**	Bandaranaike Memorial Ayurveda Research Institute (BMARI)	(6) **Starting Fiscal Year:**	1st Year (FY 2004)
(5) **Implementing Agencies:**	Ministry of Indigenous Medicine, Department of Ayurveda, Universities	(7) **Project Duration:**	5 Years

Project Summary

Research activities carried out in the fields of Ayurveda & Traditional medicine in Sri Lanka, have to be properly planned and strengthened. The major areas of research could be on clinical research to establish efficacy and safety for quality assurance of formulations, identification of medicinal plants and on literary research mainly to identify literature on effective remedies in ola manuscripts and traditional texts. The pharmacognosy unit should be organized for proper identification of medicinal plants and the quality control unit should be adequately staffed and fully equipped in order to assure the quality of the drugs used for clinical research. Traditional medicine in Sri Lanka is a treasure, which should be explored by means of clinical research. In order to follow accepted scientific methodologies for research, the National research institute i.e. the Bandaranaike Memorial Ayurvedic Research Institute should be staffed and well equipped with all the necessary instrumentation. The research activities would be multidisciplinary the BMARI should build up linkages with other research institutes and universities, local and abroad. The research findings should be disseminated by means of research publications and presenting the results at research for local and abroad. The researchers finding effective remedies / new inventions should be rewarded for their dedication.

(8) **Target Areas & Beneficiaries:**

Health benefits to the nation through research

- Ayurvedic practitioners
- General public
- Researchers

(9) **Justification:**

Clinical, Literary, Drugs, Agronomical, Epidemiological, and Social research are needed for the development of the ISM. Studies are to be conducted on complimentary use of different systems, clinical evaluation of treatment regimen. Cost-effectiveness, quality specifications for raw materials and products,

There is an urgent need to establish the safety & efficacy of ISM therapies & drugs on the basis of experimental evidence for the ISM to be integrated into the healthcare system in modern Sri Lanka.

(10) **Important Assumptions/Risks/Conditions:**

- The BMARI to be established as a statutory body under the MIM.
- BMARI will function in full capacity
- There will be adequate human resource / trained personnel for research.
- Mechanisms for collaboration are in place.

(11) **Project Objective:**

Objective	Indicators	Means of Verification
To strengthen the capacity in ISM research and development capacities.	No. of research projects	Reports
	No. of research papers	
	No. of publications	
	No. of MoUs	

(12) **Project Output/Product:**

Output	Indicators	Means of Verification
Existing national research institute (BMARI) restructured and strengthened.	Enacted legislation. Restructured BMARI. ToR. Strategic plan. No. of achievements.	No. of research publications. Look at legal enactments.
Mechanism for coordination among Ayurvedic university institutions, universities and other research institutions (national and international) established.	MOUs Joint ventures.	No.of MOU's/ Joint ventures/ Agreements No. of collaborative & multidisciplinary researches.
Research agenda developed and areas identified and prioritized	A document prioritizing research projects	Examination of documentation, periodic reviews of activities.
Research linkages between universities and state research institutions and industry established.	MOUs for linkages	No. of linkages. No. of Joint Projects No. of feed backs.
Unit for dissemination of information on research and research findings established.	Publication unit. Research publications.	No. of publications.
All research screened for ethical concerns.	Functioning ethical committee.	No. of screened proposals.
Necessary legislation for the ownership of research and research findings enacted.	Provisions available in legislation.	No. of patents.

(13) **Related Projects** *(include ongoing projects & projects under the Health Master Plan)*:

Project No.	Project Title
	Organizational Development of MIM

	Rehabilitative Care Services
	Non-formal Knowledge Base
	Health Promotion
	Service Delivery
	Planned Development of Private Sector
	Development of Pharmaceutical Industry
	Conservation and Sustainable Use of Medicinal Plants
	Development of Pharmaceuticals
	Human Resource Development

(14) **Relevant Agencies to be Coordinated:**

The stakeholders, aside from the Ministry of Health, who may directly or indirectly influence the project objective or output as well as who may assist in the project implementation.

(15) **Monitoring & Evaluation:**

1. Who? PMEU / MIM, DoA, Provincial DoA
2. When? Bimonthly, Quarterly, Annually
3. What actions to be taken based on results of monitoring & evaluation?

Action research for planning and costing

(16) **Major Activities:**

Activities	Expected Results	Process Indicators
Preparation of a plan for restructuring and strengthening BMARI	Enacted legislation. Restructured BMARI. **ToR.** Strategic plan. No.of achievements.	No. of research publications. Look at legal enactments.
Provision of resources as per plan	Well-equipped BMARI	Procurement plan
Establishment of Epidemiological, Sociogical, Agronomical research Units	A document prioritizing research projects	Units established No. of research projects
Development and prioritization of research programmes in; Clinical, Drug, Literary, Epidemiology, Sociology and Agronomy	Prioritized research plan and programme	No. of linkages. No. of Joint Projects No. of feed backs.
Conduct Scientifically acceptable clinical trials (4 trials annually)	Clinical trials	No. of publications.
Strengthening of the Library and Database at BMARI	Availability and accessibility of literary resources	No. of Books / Journals No. of accessions
Establishment of an Ayurveda Research Fund (ARF)	Financial Capacity in funding	No. of fund disbursements Amount of fund
Strengthening of human resource capacities in ISM research	Human Resource Development in ISM research	No. of Carder positions created / recruited
Encouragement of collaborative and multidisciplinary research programmes	Multidisciplinary approach in ISM research	No. of Projects No. Joint ventures

Activities	Expected Results	Process Indicators
at all level		No. Publications
Dissemination of research results / findings / outcomes	Utilization and application of research outcomes	No. of Publications No. of Papers No. Journals
Formation of an ethics committee for ISM research	Functioning ethical committee.	No. of screened proposals.
Protection of IPR of research and research findings	Provisions available in legislation.	No. of patents.