

Chapter 2

STAKEHOLDERS

Key Messages

- ▶ Both governmental and non governmental organizations are essentially important stakeholders in the health sector, and their roles vary from promotion to primary, secondary and tertiary prevention of chronic NCD and trauma.
- ▶ The survey on stakeholders is mainly to explore the contribution of important stakeholders in the field of NCD.
- ▶ The NCD directorate will develop a national action plan while at the local level NCD programmes will be integrated in the district plans.
- ▶ Most of the external development partners directly or indirectly support the MoH to formulate plans or policies and implement programmes for the prevention and management.

Who are the key stakeholders? What have they done in Sri Lanka? What has been the response to address the growing burden of NCDs? This Chapter will describe in brief the stakeholders and their programmes or projects related to both chronic NCD and trauma.

2.1 GOVERNMENT STAKEHOLDERS

The MoH established a separate directorate to launch a comprehensive NCD programme throughout the country. The NCD Directorate conducts programmes using the existing health infrastructure so that these activities will be sustainable and have long-term effects. At the provincial level, it implements the national programme through a Medical Officer (Non-Communicable Diseases).

The Non-communicable Diseases Director serves as the secretary of the National Committee for the Prevention of Injuries (NCPI), which is chaired by the Director General for Health Services. The members of the NCPI function as lead agencies for the following major concerns:

- ▶ Road Traffic Injuries – Police Department, together with transport and highways departments;
- ▶ Poisoning (suicides) – Health Department, together with education, social, trade, agriculture, police, youth affairs departments, and the National Poisons Information Centre;
- ▶ Burns – Health Department, together with education and social departments;
- ▶ Occupational Injuries – Labour Department, together with industries and health departments;
- ▶ Sports Injuries – Sports Department, together with health and education departments; and
- ▶ Home Accidents – Health Department, together with education and social departments.

The NCD Directorate spearheads the NCD subcomponent of the Health Sector Development Project (HSDP) that has a US\$1.92 million budget aimed at launching key activities for the prevention and control of heart diseases, hypertension, stroke, and diabetes. The baseline risk factors survey is going on. A social marketing campaign is scheduled to be initiated in 2007. The HSDP also includes activities that in one way or the other are related or refer to NCD. The subcomponent on “Improving Hospital Efficiency and Quality”

NCD Directorate Priorities:

- ▶ Social marketing
- ▶ Screening

Legislations on Alcohol & Tobacco:

- ▶ National Authority on Tobacco & Alcohol Act No. 27 of 2006
- ▶ Regulation No 2004/21 Ministry of Education
- ▶ Railways Ordinance No. 9 of 1902, Transport Board 19/1978, Private Omnibus Services Act 44/1980, Sri Lanka Railways Authority Act 60/1993
- ▶ Motor Traffic Act Sec. 151
- ▶ Public Administration Circular No. 08/99
- ▶ Tobacco Tax Act 8/1999

has a budget of US\$3.49 million that was partly used for developing and implementing best practice guidelines for the management of selected diseases and conditions. The other subcomponents are being coordinated by the other units of the ministry such as the Mental Health, Nutrition, Family Health Bureau (FHB), Epidemiology, Health Information, and Medical Statistics. Support is also provided for strengthening the Registrar General's Department.

The National Cancer Control Programme (NCCP), established in 1980, has six approaches in reducing cancer incidence and mortalities: primary prevention of cancer; secondary prevention of cancer; tertiary cancer care; palliative care; cancer registry, maintaining the studies on epidemiology; and cancer research. Its aim is to increase people's awareness regarding prevention as well as to reduce the incidence and mortalities from cancers. Some of its training activities include:

- ▶ Orientation training programmes for General Practitioners and Ayurvedic practitioners on prevention and early detection of cancer;
- ▶ One-day training programmes for primary healthcare workers on Well Woman Clinics with especial emphasis on improving the coverage of Well Woman Clinics;
- ▶ One-day training programmes for trainee teachers and school teachers of colleges of education and teacher training schools on hazards of tobacco and highlighting various aspects in prevention of cancer;
- ▶ Lecture demonstrations and practical training programmes for grass-root level health personnel (primary healthcare workers), community leaders and health volunteers on prevention and early detection of cancer;
- ▶ Educational programmes for school prefects, games captains and peer group leaders on hazards of tobacco and development of cancer;
- ▶ Provision of technical support in training of Public Health Nursing Sisters, Divisional Directors of Health Services & Medical Officers of Health in Well Women Clinics & establishment of Pap smear examination for the 300 Well Woman Clinics throughout the country;
- ▶ Training of cyto-screener on Pap smear examination in collaboration with the College of Pathologists of Sri Lanka. These cyto-screener are attached to the main hospitals of the country and are involved in screening of pap smear slides sent by the Well Woman Clinics; and
- ▶ Training of estate health staff and health volunteers on prevention and screening for oral cancer and conduction of screening clinics to identify pre-malignant oral lesions in the estate sector.

For detection of pre-malignant lesions and early malignancies, the NCCP conducts mobile and out-reach screening clinics for working female and high risk as well as community-based oral cancer screening pilot project in selected MOH areas. In selected estates, there are pilot mobile Well Woman Clinics and screening clinics.

The NCCP is responsible for the publication of a hospital-based cancer registry and a pathology-based cancer surveillance system. It carries out multi-disciplinary mobile exhibitions that highlight

various aspects of prevention and early detection of cancer to the general public and schoolchildren. It has produced various types of educational materials: a) leaflets on breast cancer and breast self examination, cervical cancer and Pap test; b) flash cards on breast self-examination; c) booklets on cervical cancer; d) a manual for cyto-screener for Pap smear examination; e) triplicate books for Pap smear reporting; f) a poster on Well Woman Clinics that were distributed to the primary healthcare workers and to cyto-screener.

Aside from collaborating with the NCCP in providing screening services for clients of the Well Woman Clinic, the Family Health Bureau (FHB) is also engaged in promoting antenatal care that contributes to minimising the risks due to early life factors. It started the School Health Programme (SHP) to ensure that children are healthy as well as capable enough to promote their own health as well as that of the family and community along with reaping optimal benefits from educational opportunities. The SHP, a Mid-Day Meal Programme was launched in January 2006 to improve the nutritional status of children so that the incidence of malnutrition could be brought down. It inculcates good eating practices, promotes healthy food choices and other health habits. It also supports the education objectives as better attendance of school children has been noticed.

The FHB conducted a pilot project on Health Promoting School at the Royal College of Colombo. Its main objectives were advocacy to parents, teacher motivation, parent participation, creating supportive environment and knowledge transfer about the concept of health promotion. Through the pilot project, the common nutritional problems of school children were discussed. A health promoting “Community Advisory Committee” was established to ensure the sustainability of the activities. This committee has already started a “kolakenda programme” that put up posters

MoH Offices with NCD-related Activities:

- ▶ NCD Directorate
- ▶ National Cancer Control Programme
- ▶ Mental Health Directorate
- ▶ Family Health Bureau
- ▶ Youth, Elderly and People with Disability
- ▶ Health Education Bureau
- ▶ Trauma Secretariat
- ▶ Nutrition Coordination Unit
- ▶ Nutrition Unit

5 Components of a School Health Programme:

- ▶ Health-related practices
- ▶ School medical services
- ▶ Healthy school environment

promoting healthy foods, and introduced green gram and red rice in place of fast foods.

The Directorate for the Youth, Elderly and People with Disability initiated a programme entitled “Promotion of Active Ageing” to improve the health of elders in the communities and to ensure that they are well enough to carry out their daily activities. From 2000 to 2006, the programme has expanded to 252 MOH areas. Aside from training of the MOH and staff, the programme includes training of volunteers in MOH areas for care of elderly, establishment of day centres, promotion of healthy ageing in MOH areas with government initiatives and supported by community and NGOs, and mobile screening clinics for early detection of NCD. The day centres are encouraged to provide healthy meals, physical exercise programme, and recreational facilities. Volunteers are trained to carry out various responsibilities such as to be in charge of the place, to conduct exercise programmes, and to prepare healthy and balanced meals. The Directorate for Youth, Elderly and People with Disability also conducts a “Pre-Retirement Awareness Programme” to tackle issues after retirement, to offer solutions to the concerned party and to promote healthy post-retirement life style.

The Information Unit has been collaborating with other health institutions in strengthening the information system. With the Polonnaruwa District, for example, a model hospital information system is envisioned to support the needs of clinicians, continuity of care and avoid repetition of laboratory and radiological investigations, thereby, saving money, time and lives. Its strategy is to develop and use a single record for each patient that will be retrieved every time a consultation or admission is required. The model information system will benefit not only the health system but also the patients. It has a module on clinic management for scheduling of appointments that will reduce overcrowding often seen in many hospitals, and ensure provision of timely services. It has another module that seeks to improve the efficiency in the management of drugs in government hospitals. Out of the annual 30 billion rupees total health expenditure, 20% is more or less allocated to drugs and other related supplies. The present information system is hard put at minimising the incidence of stock-outs, overstocking, expired drugs, leakages, and misallocation (e.g. having intravenous chloroquine in a hospital without a history of having a case of cerebral malaria). To date, the module on regional supply of drugs has been introduced also to other districts specifically at the Anuradhapura General Hospital, Kurunegala Teaching Hospital, Vavuniya General Hospital, and Mannar General Hospital.

With the mandate of undertaking surveillance of communicable and non-communicable diseases except malaria, filariasis, tuberculosis, leprosy, STD/AIDS and cancer, for which there are special campaigns, the Epidemiology Unit worked together with WHO in piloting a multi-disease surveillance system in some health institutions. It also undertakes surveys and studies in the country on epidemiologically important subjects. It is responsible for control of vaccine-preventable diseases, diarrhoeal diseases, acute respiratory infections, dengue fever, dengue haemorrhagic fever and Japanese encephalitis and other emerging and re-emerging diseases. The Epidemiology Unit has provided technical support to the Mental Health

Directorate and the North Central Province in developing systems for their specific requirements.

The Health Education Bureau is the national centre of excellence for health education and health promotion. Its major responsibility is to bring about improved standards of health and well being through health education/promotion. Its goal is the promotion of the health status of the community through information, education and communication (IEC), advocacy, social and community mobilization, social marketing and capacity building using the different health promoting settings. It has supported various health programmes of the Department of Health Services such as educating the public on health and environmental issues to enable them to play their role in promoting individual and community health.

The national nutrition policy aims to achieve the optimal state of nutrition for the people in Sri Lanka. The Nutrition Coordination Division plays a major role in making that goal a reality. It identifies the appropriate nutrition intervention programmes and resources needed to be mobilized. It introduces an effective coordination system for efficient implementation of programmes.

The Nutrition Unit is working with various organizations to address nutrition related-problems in Sri Lanka. It has worked with the Sri Lanka Medical Association in increasing people's awareness on the role of diet in diseases. It had close links with the World Food Programme in implementing the drought relief programme and developing the maternal and child nutrition programme. Food based dietary guidelines were completed and distributed to the health sector and other nutrition related sectors.

The Nutrition Department of the Medical Research Institute was set up in 1952 to carry out research and investigations on the nutritional aspects of health in Sri Lanka. It is mainly responsible for food analysis. It monitors the levels of protein malnutrition as well as of iodine, vitamin A and iron among specific population groups. It has been involved in developing dietary guidelines and drafting the national nutrition policy which has promoted rice-based products and traditional Sri Lankan diet. It has sought the support of media to promote correct food habits and the importance of lifestyle changes. It provides training on nutrition for its staff and also for primary health care personnel. It advocates for the 'once-use' of coconut oil for cooking which has been proved to reduce cardiac problems that may arise as a result of using the same oil repeatedly for frying.

Several local health authorities and institutions have established units for and organised activities on health promotion. They have mobilised their staff to work together with the schools, workplaces and communities. They have carried out several education programmes on risk factors in several settings.

The Castle Street Hospital for Women regularly conducts a physical activity programme for pregnant women. The programme for pregnant women is composed of 5 parts. The first part is an introduction to the hospital. The second part emphasizes the importance of proper diet and achieving the ideal weight gain of 12 kg/term. The third part of the workshop is aimed at clarifying fallacies about pregnancy, diet and exercise. The fourth part is about antenatal and postnatal exercises as well as ideal level of activity and

exercise. Finally an insight to delivery, postnatal, neonatal care and breast feeding and family planning is given to the parents.

Government hospitals attend to trauma victims. A few tertiary hospitals have Emergency Treatment Units or Preliminary Care Units provided with observation beds but often the medical staffs have not been trained on emergency care. The Colombo South Teaching Hospital has an Accident Services with a General Surgeon on duty during the day and an operating theatre. The Accident and Orthopaedic Service (AOS) of the National Hospital of Sri Lanka is the only government facility that has a trauma staff all the time. The AOS treats more than 100,000 patients annually.

Table 2- 1 is a simplified categorisation of the roles of some of the government offices as they relate or refer to both chronic NCD and traumas. As expected, it is not comprehensive or complete.

TABLE 2- 1: NCD-RELATED ROLES OF SOME GOVERNMENT INSTITUTIONS

Levels of Prevention	Chronic NCDs	Trauma & Other Injuries
Primordial	<ul style="list-style-type: none"> • Ministry of Health <ul style="list-style-type: none"> ➢ DDG (Planning) ➢ D/ Nutrition ➢ D/Non-Communicable Diseases (NCD) ➢ D/Youth, Elderly, Disabled and Displaced (YEDD) Development of policies and guidelines, try to maintain good health habits related with NCDs Review and promotion of healthy traditional diets • Ministry of Youth and Sports • Ministry of Women's and Child's affairs 	<ul style="list-style-type: none"> • Ministry of Highways <ul style="list-style-type: none"> ➢ Programme on safe roads with alarms when constructing new roads • Ministry of Transport <ul style="list-style-type: none"> ➢ Reduce importation of unnecessary vehicles
Primary	<ul style="list-style-type: none"> • Ministry of Health <ul style="list-style-type: none"> ➢ D/NCD ➢ All MOHs ➢ D/Health Education Bureau (HEB) ➢ D/Information ➢ Chief Epidemiologist ➢ D/Nutrition ➢ D/YEDD ➢ D/National Cancer Control Programme (NCCP) Policy formulation Development of the health information Health promotion NCD surveillance Coordination with other sector 	<ul style="list-style-type: none"> • Ministry of Health <ul style="list-style-type: none"> ➢ DDG (Medical Services) ➢ - National Hospital Deputy Director (Accident services) ➢ D/HEB ➢ D/Information ➢ Chief Epidemiologist Policy formulation Development of the health information Health promotion Injury surveillance Coordination with other sector • Ministry of Highways <ul style="list-style-type: none"> ➢ Section on road traffic

Levels of Prevention	Chronic NCDs	Trauma & Other Injuries
	<ul style="list-style-type: none"> • Ministry of Education <ul style="list-style-type: none"> ➢ Programmes on health Education & Nutrition with the collaboration of Health ministry • Department of Excise <ul style="list-style-type: none"> ➢ Brand of illegal arrack ➢ Strengthen rules and regulation • Ministry of Law and Justice <ul style="list-style-type: none"> ➢ Strengthen laws related to alcohol and smoking • Ministry of Labour <ul style="list-style-type: none"> ➢ DDG (Health) ➢ Chief Factory Engineer Education programmes on good health habits • Plantation Ministry <ul style="list-style-type: none"> ➢ Alcohol control programme • Ministry of Environment, Environment Authority and Environment Foundation <ul style="list-style-type: none"> ➢ Programmes on genetically modified food, air pollution etc 	<p>accident and road safety</p> <p>Road safety programmes</p> <ul style="list-style-type: none"> • Ministry of Transport <ul style="list-style-type: none"> ➢ Reform laws & regulations ➢ Unsafe vehicles • Ministry of Education <ul style="list-style-type: none"> ➢ Education programme on safe road usage • Ministry of Defence <ul style="list-style-type: none"> ➢ Police department- DIG (Traffic) <p>Maintain proper law and order for accident and injuries like violence</p> <p>Share information with other Ministries like health ministry</p> • Department of Excise <p>Proper law and order</p> • Ministry of Law and Justice <ul style="list-style-type: none"> ➢ Proper law and order related to accidents • Ministry of Labour <ul style="list-style-type: none"> ➢ DDG (Health) ➢ Chief factory Engineer <p>Proper notification of accidents related to occupational activities</p> <p>Health promotion programmes related to occupational injuries</p> • Ministry of Transport <ul style="list-style-type: none"> ➢ Motor traffic department <p>Remove non road friendly vehicles</p> • Registrar General Department <ul style="list-style-type: none"> ➢ Information sharing
Secondary	<ul style="list-style-type: none"> • Ministry of Health <ul style="list-style-type: none"> ➢ Tertiary care hospitals (MS) ➢ D/Cancer Institute of Maharagama <p>Strengthening of existing curative care institution</p> <p>Proper referral system</p> <p>Training programmes</p> 	<ul style="list-style-type: none"> • Ministry of Health <ul style="list-style-type: none"> ➢ DDG (MS) ➢ DD/ Accident service ➢ MS Base Hospitals and above <p>Strengthening of Emergency management units</p> <p>Training programmes on Emergency management</p> <p>Establishment of a separate unit in MoH for</p>

Levels of Prevention	Chronic NCDs	Trauma & Other Injuries
		emergency management and disaster preparedness Development of protocols • Ministry of Disaster preparedness ➤ Formulation of policy
Tertiary prevention	• Ministry of Social Welfare ➤ D/ Rehabilitation Hospital Ragama Rehabilitation activities with the Ministry of Health	• Ministry of Social Welfare ➤ D/ Rehabilitation Hospital – Ragama Rehabilitation activities with the Ministry of Health

2.2 EXTERNAL DEVELOPMENT PARTNERS

Most of the external development partners directly or indirectly support the MoH with respect to the formulation of policies or plans and implementation of prevention and management programmes/projects. The Health Sector Development Project (page 2-3) is supported by the World Bank. In the case of WHO, its three strategic objectives from 2006-2011 are as follows: a) Support prevention and control of major NCDs and related priorities (cardiovascular disease, cancer, diabetes, psychosocial and mental health, alcohol and substance abuse, violence and injuries particularly road traffic and occupational accidents); b) Promote integrated and cost effective approaches for prevention and management of the major NCDs; and c) Support surveillance of the NCD risk factors and their determinants. The WHO will support the MoH in the following areas:

- ▶ Development of an evidence-based position paper on prioritizing NCDs for action;
- ▶ Development and implementation of national policies and strategic plans on NCDs;
- ▶ Production of evidence-based guidelines and protocols to promote integrated approaches to management with the end view of improving health outcomes of priority NCDs at the community level;
- ▶ Development and implementation of an integrated surveillance system which will cover both communicable and non-communicable diseases;
- ▶ Promotion of operational research to identify the types of cancers amenable to public health preventive efforts;
- ▶ Implementation of the framework convention on tobacco control; and
- ▶ Emphasising community-based mental health initiatives as a way to ensure the implementation of the new mental health policy.

The World Health Organization and the United Nations Fund for Population Activities provide financial and technical assistance to the National Cancer Control Programme.

The Japan International Cooperation Agency (JICA) also carried out, apart from the EBM Study, another project entitled “Study on the Urban Transport Development of the Colombo Metropolitan Region in the Democratic Socialist Republic of Sri Lanka”. The urban transport study identified the high-risk areas that require better road designs, lighting or repair of road defects. It analysed the perspective of pedestrians. JICA is also collaborating with the University of Peradeniya on a research regarding NCD risk factors.

2.3 OTHER STAKEHOLDERS

Professional Organisations, unions, non-governmental organisation, research and academic Institutions, media and other stakeholders have initiated NCD-related activities. **Table 2- 2** lists some of the NGOs involved in the prevention and control of chronic NCDs and traumas.

TABLE 2- 2: ROLES OF SOME NON-GOVERNMENT INSTITUTIONS

Levels of prevention	Chronic NCDs	Traumas
Primary prevention	<ul style="list-style-type: none"> • NGO <ul style="list-style-type: none"> ➢ Alcohol and Drug Information Centre (ADIC) ➢ Sri Lanka Anti-Narcotic Association (SLANA) ➢ Foundation for Health Promotion (FHP) <p>Carry out their programmes with the collaboration of the government and other non-governmental organisations</p>	<ul style="list-style-type: none"> • INGO/NGO <ul style="list-style-type: none"> ➢ St John Ambulance ➢ North West Medical Team International ➢ IFRC/ Sri Lankan Red cross ➢ American Jewish Joint Distribution Committee (JDC) ➢ AmeriCares ➢ Johannitor International Assistance <p>Development of pre hospital care programmes</p>
Secondary prevention	<ul style="list-style-type: none"> • Sri Lanka Diabetic Association <ul style="list-style-type: none"> ➢ Development of protocols ➢ Coordination with other NGOs to develop diabetic prevention programmes • College of Oncologists • College of Physicians <ul style="list-style-type: none"> ➢ Development of guidelines and protocols 	<ul style="list-style-type: none"> • College of Surgeons • College of Anaesthesiologists • Sri Lanka Medical Association <ul style="list-style-type: none"> ➢ Development of protocols
Tertiary prevention	<ul style="list-style-type: none"> • INGO <ul style="list-style-type: none"> ➢ Handicap International <p>Process of rehabilitation</p>	<ul style="list-style-type: none"> • INGO <ul style="list-style-type: none"> ➢ Handicap International <p>Process of rehabilitation</p>

Below are three examples of initiatives being undertaken by the Air Force and two non-governmental organisations (i.e. ADIC and Mel Medura) are described. A diet and physical activity programme was initiated at the Sri Lanka Air Force that targets young adults who are or with a risk to be overweight. Its main goal is to reduce the NCDs by changing the lifestyle of young adults. Its specific behavioural objectives are for the participants to engage in exercises so as to convert the sedentary life style into an active one, and to change food habits into healthy and nourishing ones. To sustain the benefits of the ongoing programme, there is a need for a review process, for additional trainers, for expansion in target coverage, for a refresher course, and practical sessions on individual counselling that can complement the existing awareness programmes.

The Alcohol and Drug Information Centre (ADIC) started its health promotion approach in 1989. The approach requires facilitation of the

young people, to explore the idea that alcohol increases happiness but limits the enjoyment of life. It motivates social drinkers to critically analyze their alcohol use even while drinking. It also asks young people to observe alcohol users' enjoyment of life as well as to compare alcohol or tobacco users' early life with his present life. In the end, the participants perceive alcohol users not as bad people but as people who limits their repertoire when they understand that the limitless chances of seeking happiness have been limited now because of indulgence in drinking, the craving for these habits would diminish a great deal. The ADIC participants are facilitated to uncover the strategies of the tobacco and alcohol industries that attach alcohol use with all fun activities and positive feelings. The young people are made aware that the industries try and condition the mind of the non-users to this image of "enjoyment equals the use of alcohol". Through the experience of ADIC, at least three lessons have been learned: always use simple, fun and attractive activities; recruit people who like to enjoy life as community mobilisers; and the approach is not recommended to people with firm convictions.

The Mel Medura has two major programmes that pertain to substance abuse: In-House and Outreach. The In-House Programmes are Day Care activities, "Strengthening the Family Members" and "Poya Day Awareness Programme". Focus group discussions, community outreach interventions and supports group formation are the Outreach Programmes. Mel Medura strives to improve quality through the development and use of manuals and documents, staff training, evaluation and management, and clearly defining implementation mechanisms.

2.4 SURVEY: ROLE OF STAKEHOLDERS IN NCD

2.4.1 OBJECTIVE

One of the objectives of the EBM Study is to understand the roles and contributions of and challenges faced by important stakeholders in the field of NCD in Sri Lanka in order to facilitate a collaborative effort towards effectively managing NCD in the future. The focus is on two major types of NCD. The acute NCD includes trauma and other types of injuries, poisoning and violence. Examples of chronic NCD are diabetes mellitus, cardiovascular diseases (including hypertension, ischemic heart diseases and stroke), chronic renal diseases, mental health and cancer.

The main output of the survey is a database of the key stakeholders in the country that could be freely accessible to policy-makers, programme managers, implementing agencies and funding organizations. Once available, the database could assist in tapping the expertise and experiences of important players, promoting networking and partnerships to achieve synergy and avoiding unnecessary duplication. Furthermore, the database could also help in identifying interesting materials for developing case studies that would carry out analysis that is more detailed particularly on the lessons learned by the organizations in carrying out certain activities. Indeed, the database could help identify the gaps in the prevention and management of NCD, their risk factors and underlying determinants.

2.4.2 METHODOLOGY

The information for the stakeholder analysis was collected through a pre-tested questionnaire. It was given to a list of stakeholders who were selected purposively and not randomly. The stakeholders were categorised into the MoH, other government ministries, non-governmental

organizations, professional bodies and external development partners. Majority of the informants had post-graduate (77%) or university degrees (20%) (Figure 2-1).

The questionnaire focused on the contribution of the respective organizations towards the prevention and control of NCD in Sri Lanka. It looked at the current mechanisms of involvement, level of support, perceptions towards the NCD-related activities and the collaboration among organizations.

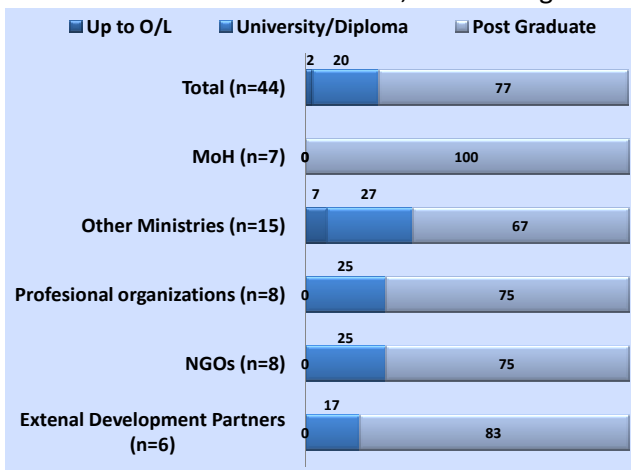


FIGURE 2- 1: EDUCATIONAL ATTAINMENT OF INFORMANTS

2.4.3 INVOLVEMENT

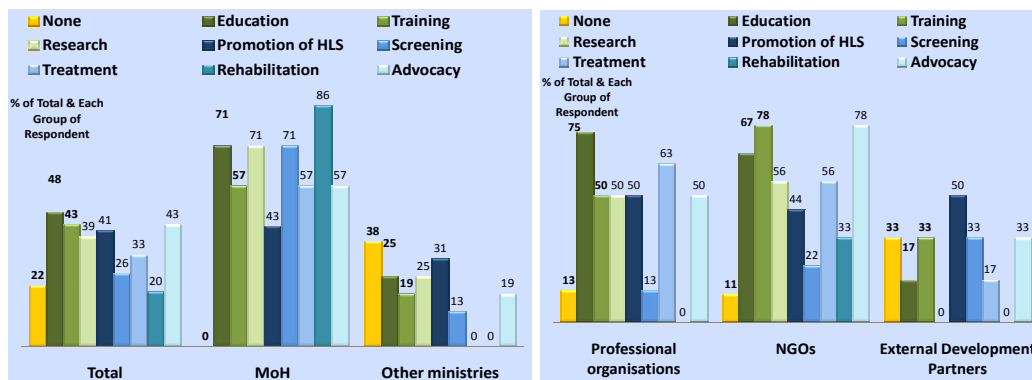


FIGURE 2- 2: TYPES OF ACTIVITIES – ALL RESPONDENTS, MoH & OTHER MINISTRIES

From the 46 organizations included in the study, only ten (22%) were not involved in NCD related activities at present. Three of them are satisfied with the ongoing activities of their organizations while 21 expect to commence further activities in addition to the ongoing work. Thirty three percent of organizations expect to do research in the future.

There were 36 organisations (78%) that were involved in NCD-related activities and 25 (52%) had more than one.

The MoH is involved in NCD related activities. The main role of MoH is providing rehabilitation (86%). They are also involved in education, research and screening activities to a great extent. 38% of other ministries included in the study are not involved in NCD related activities at present. Out of the rest 31% of them contribute towards promotion of HLS. But there are no involvement in the scope of treatment and rehabilitation by other ministries. Professional organisations are involved in a great amount of educational activities (75%). They also have their contributions in areas of treatment, training, research work and promotion of HLS to a considerable level. The main scopes of NGOs are training and advocacy (78% each). They also collaborate with the government in educational, research and treatment activities to a considerable level. The highest involvement of EDP is in promotion of HLS (50%).

Initiation of NCD related activities are done by all the organizations included in the study. NGOs have taken the leading role in initiating NCD related activities (75%), whereas government agencies are mainly involved in the activities initiated by another groups. But they also play a very important part in initiating and co-initiating NCD related activities. At present

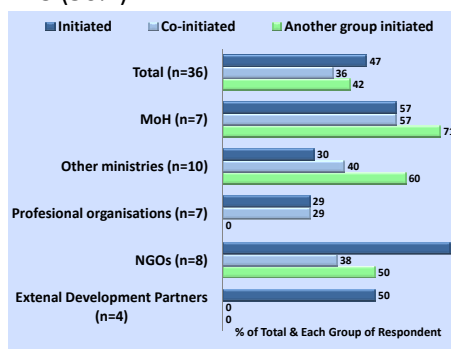


FIGURE 2- 3: ROLE OF INITIATING THE ACTIVITY

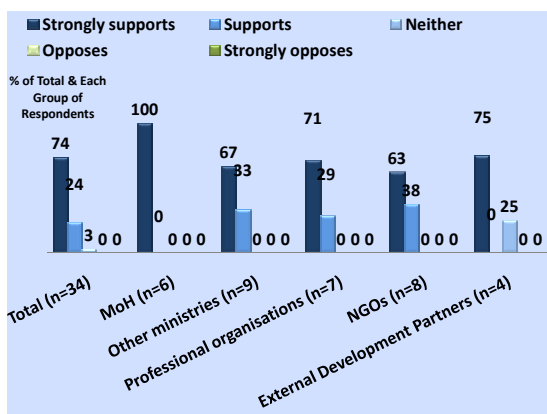


FIGURE 2- 4: ORGANISATIONAL OPINION ON PARTNERSHIP

professional organisations and EDP are keen on initiating and co-initiating activities but not participating in the activities initiated by another group. Planning and preparing action plans are mainly done by professional organizations and NGOs. Most of the government agencies have a limited role in planning.

Funds for NCD related work are mainly provided by NGOs and EDP. Most of the government agencies and professional organizations have a limited role in funding.

2.4.4 ADVANTAGES AND DISADVANTAGES

As far as organizational benefits are concerned, government agencies mainly gain benefits like technical support, research opportunities and foreign funds from NCD-related activities. But they have not gained any employment opportunities from the NCD-related activities.

NGOs are benefitted by technical activities, research opportunities and from the NCD- related activities whereas most of the professional organizations and EDP gain nothing.

Research opportunities, recognition and personal development are the most common individual benefits gained by respondents from government agencies. Employment opportunities are the least common benefits gain by them. Most of the individuals from professional organisations and NGOs are getting benefits like personal benefits, research opportunities and recognition whereas EDPs identify recognition as the only one individual benefit they get.

Most of the respondents believe that there are no disadvantages to their organizations and to individuals by involving in NCD related activities. Only a very few from government agencies think that it is a waste of resources and causes deviation from the set goals of their organizations. Excessive work load is the commonest individual disadvantage.

2.4.5 PARTNERSHIPS

All the organisations except few EDPs strongly support the idea of working with other organisations. Few respondents from EDP neither agree nor disagree about the idea.

Individual opinions of the respondents from government agencies and professional organizations either strongly agree or agree the opinion on partnerships. Few from NGOs and EDPs (25%) have neither agreed nor disagreed to the opinion.

2.5 SURVEY: ROLE OF STAKEHOLDERS IN SAFETY PROMOTION

The Trauma Secretariat of the Ministry of Healthcare and Nutrition, in collaboration with the Japan International Cooperation Agency (JICA), had explored the contribution of important stakeholders who are interested in the field of safety promotion and injury prevention, as an objective of “Evidence Based Management Study (EBM Study)”. The specific objectives of the stakeholder analysis were:

- ▶ To identify the institutions currently involved in activities related with safety promotion and injury prevention;
- ▶ To review existing programmes on safety promotion and injury prevention;
- ▶ To review the future scope of involving in activities related with safety promotion and injury prevention; and
- ▶ To identify the reasons for not involving in programmes related with safety promotion and injury prevention.

The study was done in Kalutara District and important stakeholders were identified during a consultative meeting with health professionals of the district. A pre-tested self-administered questionnaire was used for the data collection. The respondents were 14 stakeholders who have been involved or have the possibility of being involved in activities related with safety promotion and injury prevention. Data was analyzed using SPSS software. Among the important stakeholders, RDHS office Kaluthara, Base Hospital Horana, MOH offices, Pradeshiya Saba, Divisional Secretariats, District labour offices and Police stations were participated for the analysis but only Base Hospital Horana, MOH offices, Pradeshiya Saba and the Police were involved in activities related with safety promotion and injury prevention.

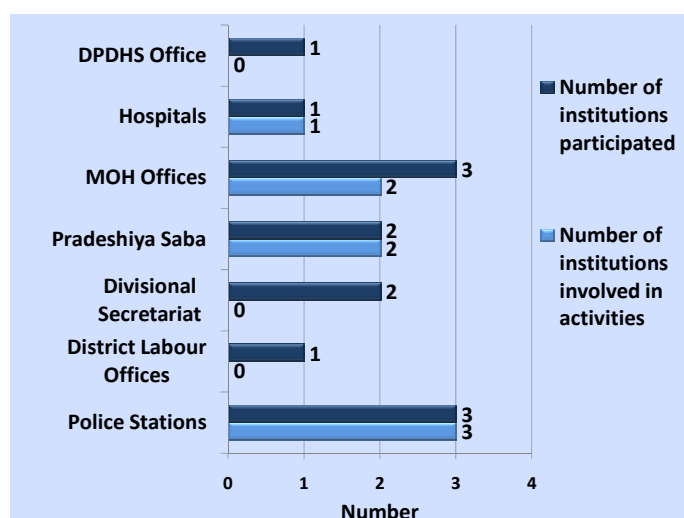


FIGURE 2- 5: PARTICIPATING INSTITUTIONS

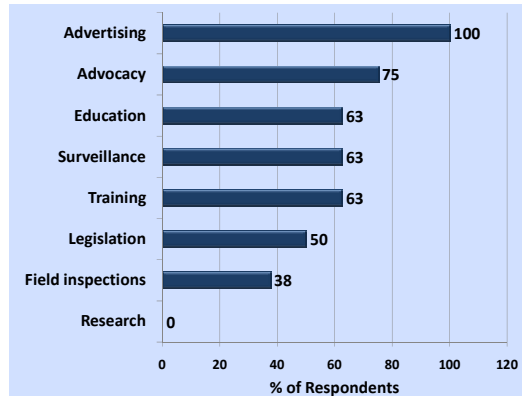


FIGURE 2- 6 : COMMON ACTIVITIES ON SAFETY PROMOTION & INJURY PREVENTION

2.5.1 POSITIVE ASPECTS OF SAFETY PROMOTION AND INJURY PREVENTION

Among the institutions that participated in the study, majority (57%) were involved in activities/programmes related to safety promotion and injury prevention. Improving the awareness of the public was a common goal among all the stakeholders with existing programmes on advertising. The other activities that were popular (more than 50% of the respondents) were: advocacy, education, surveillance, training and legislation.

Among the institutions that have activities, some had initiated more than one activity for safety promotion and injury prevention. 75% of them were able to initiate their own activities and also 75% of them joined with other institutions to initiate the activities. Regarding the role of the institutions in formulating the objectives and action plan, 75% of the time it was mainly the involved institution that formulated the objectives and action plan although they received assistance from another agency.

75% (6) of the institutions were planning to initiate training programmes and educational programmes and 62.5% (5) of them were planning to organize advocacy and advertising programmes in the future.

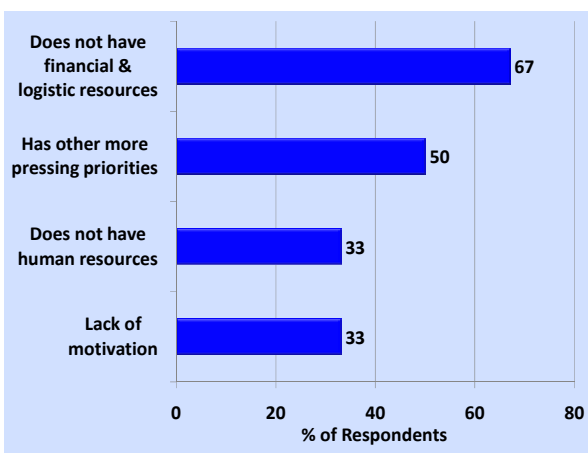


FIGURE 2- 7: REASONS FOR NOT HAVING ACTIVITY RELATED TO SAFETY PROMOTION OR INJURY PREVENTION

The benefits, which they were able to gain by involving in activities, were reviewed during the study. 77% of the respondents mentioned that they were able to gain experiences and 62% of them mentioned that they had learning opportunities to improve their knowledge. It was important that 54% of them had technical support from other institutions. Regarding disadvantages, majority (85%) of them did not have any disadvantage.

Coordination and collaboration are

essential in programmes related with safety promotion and injury prevention. During the study it was revealed that most of the institutions had the capability of working together, even though their mandate, vision, mission and objectives were different and all of the participants (100%) supported the idea of working together. Developing a coalition among all key stakeholders is important to formulate strategies for effective programmes on safety promotion and injury prevention.

Among the institutions that did not have any activities related with safety promotion and injury prevention, it was important to mention that all of them supported the idea of having activities the in future.

2.5.2 AREAS TO BE IMPROVED IN SAFETY PROMOTION AND INJURY PREVENTION

Frequent and regular field inspections are essential to prevent injuries and to promote safety, but according to the study only 37.5% of stakeholders were involved in field inspections.

Among the institutions that did not have any activity, majority (67%) of them did not have financial and logistic resources to formulate and implement effective activities or programmes, 50% had other more pressing priorities, and 33% did not have human resources or the motivation.

It was revealed that the involved institutions had a limited role in funding the existing activities and only 12.5% activities are solely funded by involved institutions. Therefore it is needed to be a collaborative action with governmental and non-governmental organizations those who have the capability of funding and providing technical support.

