

**National Action Plan for Health
Sector Response on Prevention and
Management of Gender Based
Violence (GBV) in Sri Lanka**

National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka

Gender and Women's' Health Unit,

Family Health Bureau, Ministry of Health

Sri Lanka

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Table of Content

i. Preface.....	3
ii. Acknowledgements	4
iii. Message from the Director General of Health Services	5
iv. Message from UNFPA Representative in Sri Lanka	6
v. Acronyms and Abbreviations	7
1 Background.....	8
1.1 Process of development of Plan of Action;.....	11
1.2 SWOT Analysis of the Health Sector Response to GBV including DV	12
2 The Action Plan for Health Sector Response to GBV.....	15
2.1 Health Sector Strategic Plan	16
2.2 Health Sector Operational Plan.....	25
2.3 Health sector Plan: Estimated Budget.....	46
3 Mode of monitoring and evaluation of National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka.....	64

i. Preface

This action plan has been developed by the Ministry of Health (MoH) Sri Lanka, in order to streamline its' response to Gender Based Violence (GBV). Response to GBV is inclusive of prevention of GBV, responding to survivors and addressing perpetrators in an effective and a responsive manner using a survivor centred approach which is institutionalized within the existing structure of the MoH in a sustainable manner.

MoH of Sri Lanka initiated its' first activity to address GBV through a pilot project in a small scale and thereafter gradually up scaled to cover different dimensions of prevention and management of GBV such as community based preventive activities, establishing hospital based service points, developing sustainable resources for capacity building and ensuring integration of GBV response in the routine health delivery process. Later on, the Ministry of Health recognized the need of a national level comprehensive plan for the health sector to design different strategies and activities to ensure a sustainable and effective response to GBV. The development of this Plan commenced at this point.

Coincidentally the need of a National Plan to address Sexual and Gender based Violence for Sri Lanka was recognized by the Ministry of Women and Child Affairs in 2015 and initiated the development of the multi-sectoral plan to address Sexual and Gender Based Violence (SGBV) in Sri Lanka. These two activities enhanced and strengthened "National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka" and is represented in the multi-sectoral plan; "Policy Framework and National Plan of Action to address Sexual and Gender Based Violence (SGBV) in Sri Lanka, 2016-2020".

"National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka" was developed after much consultation with stake holders from grass root level to policy maker level including experts of the subject. The Action Plan follows an overarching framework consisting of "Prevention", "Intervention" and "Policy and Advocacy" and presents the following: a SWOT analysis of the health sector response by the MoH, a strategic plan, an operational plan and an estimated budget. The plan has considered priority areas and identified activities to be implemented in the first and second years as precedence.

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ii. Acknowledgements

The Family Health Bureau of the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka as the directorate responsible for women's health, would like to sincerely acknowledge all those who contributed towards the development of this Action Plan. They are too many to be identified by name. However we would be failing in our duty, if those central to the activity are not mentioned here.

We acknowledge with gratitude the support and guidance of Director General of Health Services; Dr. Anil Jasinghe and former DGHSs; Dr. Jayasundara Bandara and Dr. Palitha Mahipala. We convey our gratitude to the deep commitment of the technical consultants, Dr. Lakshmen Senanayake and Dr. Manoj Fernando who provided their technical expertise and facilitation of the process of the formulation and finalization of the action plan, without whose commitment and profound involvement this endeavour would not have been a success. We are thankful to the steering committee and sectoral sub-committees on development of action plan and for those who participated at the national consultation on health sector response to Gender Based Violence.

We value the assistance of UNFPA: the United Nations Population Fund in Sri Lanka, for providing financial assistance while appreciating the support given by Mr. Jayan Abeywickrama, of UNFPA, Colombo.

The leadership and direction provided by the former and present Directors of Maternal and Child Health; Dr. B. V. S. H. Benaragama and Dr. Priyane Senadheera is highly esteemed. The assistance and support given by the Consultant Community Physicians of Family Health Bureau is greatly cherished. Also we would like to thank Dr. Dinusha Perera (Senior Registrar in Community Medicine) and all other members of the Gender and Women's Health Unit of Family Health Bureau, who contributed actively towards the completion of the action plan.

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iii. Message from the Director General of Health Services

Gender based violence is a global, public health and a clinical concern. It is also a gross violation of human rights. GBV affects the health and wellbeing of women and their children, with massive social and economic costs. Its adverse physical, mental, sexual and reproductive health outcomes lead survivors to make extensive use of health-care services and resources. Health-care providers frequently, and often unknowingly, encounter survivors of GBV. The health-care system can provide survivors a safe environment where they can confidentially disclose experiences of violence and receive supportive responses and services. Furthermore, survivors subjected to GBV identify health-care providers as the professionals that they trust with disclosure of abuse.

I am very pleased that the Family Health Bureau of Ministry of Health as the directorate responsible for women's health, initiated health sector response to address GBV in Sri Lanka covering different dimensions of prevention and management of GBV. This "National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka" would streamline its' response in a sustainable manner. I would like to express my heartfelt gratitude to all the stake holders and key professionals for collaborating with the Family Health Bureau to make this effort a success.

I will pledge my fullest support in implementation of this action plan and I am confident that it will further enhance the quality of care provided by Health sector to citizens of Sri Lanka.

Dr. Anil Jasinghe

Director General of Health Services

Ministry of Health, Nutrition and Indigenous Medicine

iv. Message from UNFPA Representative in Sri Lanka

The United Nations Population Fund (UNFPA) is happy to support the *National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence in Sri Lanka* compiled by the Family Health Bureau of the Ministry of Health, Nutrition, and Indigenous Medicine.

UNFPA is one of the UN's lead agencies working to further gender equality and women's empowerment, and to address the physical and emotional consequences of gender-based violence (GBV). As part of the response to GBV, UNFPA's programmes offer psychosocial assistance, medical treatment and rape kits to survivors, and promote the right of all women and girls to live free of violence and abuse.

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women experience physical or sexual abuse in her lifetime. GBV undermines the health, dignity, security and autonomy of its survivors, yet it remains shrouded in a culture of silence. Survivors of violence can suffer from sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, sexually transmitted infections including HIV, and even death.

While Sri Lanka has not conducted a comprehensive national prevalence study on GBV, small-scale studies and research confirmed that many forms of violence including domestic and intimate partner violence, sexual harassment in public transport, sexual and gender based violence in universities are prevalent. The health sector response to GBV plays a key role in ensuring that affected women have access to multiple services and information on their rights as it is often the first point of contact for GBV survivors. UNFPA has supported to establish hospital-based GBV care centers, around the country, over the last decade in order to prevent and respond to cases of violence.

This National Action Plan, which contributes to the 'Policy Framework and National Plan of Action to address Sexual and Gender-based Violence in Sri Lanka', will ensure the scaling up of this intervention and will integrate it to the reproductive health care delivery system of the country. We hope that this national-level plan will significantly contribute towards upholding the universal human rights of all women and girls in Sri Lanka. We pledge our continuous support to the Ministry of Health, Nutrition, and Indigenous Medicine, in implementation and monitoring of the important National Action Plan over the coming years to ensure every GBV survivor can have needed quality care and support. This is part of the commitment under the 2030 Agenda for Sustainable Development to leave no one behind in Sri Lanka.

Ms. Ritsu Nacken

UNFPA Representative in Sri Lanka

v. Acronyms and Abbreviations

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
DV	Domestic Violence
FHB	Family Health Bureau
GBV	Gender -based Violence
GNO	Grama Niladhari Officers
HCP	Health Care Providers
IASC	Inter- Agency Standing Committee
INGO	International Non-Governmental Organizations
IPV	Intimate Partner Violence
MoH	Ministry of Health
MOH	Medical officer of Health
MOMCH	Medical Officer in Maternal and Child Health
MoWCA	Ministry of Women's and Child Affairs
OSCC	One Stop Crisis Centre
PHM	Public Health Midwife
RDHS	Regional Director of Health Services
RH	Reproductive Health
SGBV	Sexual and Gender -based Violence
SOP	Standard Operational Procedure
SWOT	Strengths, Weakness, Opportunities and Threats
ToR	Terms of Reference
UNDP	United Nation Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WDO	Women Development Officers

1 Background

The distinct roles and behaviours of men and women in a given culture, dictated by that culture's gender norms and values, give rise to gender differences. Not all such differences between men and women imply inequity, however some give rise to gender inequalities. Yet, gender norms and values are not fixed. They evolve over time, vary substantially from place to place, and are subject to change. Thus, the poor health consequences resulting from gender differences and gender inequalities can be changed. The knowledge regarding the presence of gender differences and inequalities, effect of those on individuals' health status and, strategies to minimize gender inequalities through healthcare settings among healthcare professionals is important to change the prevailing norms and values.

Gender-based Violence is the major negative consequence of gender inequality which results in great negative health impacts. Gender Based Violence (GBV) is recognized as a major health issue with a wide range of consequences to the survivors creating a negative impact on children, and acting as an inhibiting factor towards the family wellbeing. The WHO in a world report in 2004 has stated that GBV is a major cause of disability and death among women, and that every one-in-third woman all over the world suffers from intimate partner violence. Although this is a common problem, it is also considered a hidden problem as most of the women do not reveal about their sufferings due to reasons such as culture, fear of reprisal, and concern over children, shame and internalizing the violence. It is also an ever increasing burden to the health care services of the country. In addition, the social and economic burden to the country at national level due to Domestic Violence/GBV is tremendous and it is currently estimated to be more than that due to malignancies.

Gender Based Violence during pregnancy which is a common occurrence leads to many negative pregnancy outcomes including miscarriages, still births and maternal deaths. Also, GBV in one generation can influence the behaviour of the next generation by a process of learned behaviour. When children are exposed to violence between their parents, boys learn violence as a means of achieving control and eventually have a greater chance of being a perpetrator. On the other hand girls learn to accept violence as an inevitable helplessness and have a higher chance of being survivors in adult life.

It is also well recognized that women who present themselves to formal service delivery points such as health institutions or police posts are the minority, while many more suffer in silence and do not seek assistance due to the stigma and other social constraints related to Gender.

Health system and its providers are strategically placed and are very likely to come across these survivors and have a unique opportunity to provide solace and assistance to them because:

- Women are more likely to visit the health facilities more often than men for other RH service needs, such as maternity care, contraceptive services or immunization services.
- Health care providers are more likely to be entrusted with confidential and sensitive information
- They are more likely to recognize some injuries, occult and hidden instances of abuse even when it is not declared by the survivor
- Health facilities are spread cross cutting geographical and all social boundaries which links up to a wide network of service points
- Therefore health sector response within a country is often the initial, and very vital.
- As such, all countries in the region, including Sri Lanka, have addressed this issue through the health sector to a varying extent.

The policy response from the health sector towards addressing GBV had been strong and many health sector policies deal with the subject. The National Policy on Maternal and Child Health 2012 under the Goal 8 “ To promote reproductive health of men and women assuring gender equity and equality identifies the strategy b), which states “Ensure an effective response from preventive and curative health sector for prevention and management of GBV” The National Health development Plan 2013-2017 under main Strategy 6 has identified the specific objective “Promote reproductive health of men and women assuring gender equity and equality”. These are a few policy responses of the Health Sector to address SGBV.

The health sector in Sri Lanka has responded favourably by addressing GBV in the areas of prevention as well as in the response to the survivors, in an effective manner, cross cutting the health sector. Gender and Women’s Health Unit of the Family Health Bureau (FHB) is the nodal agency at National Level responsible for addressing GBV in health sector. The programmes implemented by Family Health Bureau include programmes which focus mainly on prevention of GBV, programmes concentrating on prevention and response to survivors of GBV and programmes centred mainly on provision of care for survivors of GBV.

Capacity building of curative and preventive health staff is also done at basic, in-service and post graduate level on GBV. Inclusion of a module on GBV in the curriculum of Medical Undergraduates on the responsibilities of a Medical Officer in responding to Gender Based Violence is one such programme.

Affirming the important and specific role that the national health system should play in responding to Gender-based Violence, Family Health Bureau, has taken a few significant steps forward in various aspects such as setting up of a network of dedicated service points of Gender Based Violence Care Centres called Mithuru Piyasa /Natpu Nilayam which is a tailor made programme to meet the needs of survivors of SGBV. These centres are dedicated to provide emotional and medical support to survivors of Gender Based Violence. This network of service

points are attached to the state health institutions managed by specifically trained hospital staff who provide medical, psycho-social support and other referral services which makes it a professional intervention. At present 56 such centres have been established. During the year 2016 a total of 7426 new survivors, mostly women and girls had accessed services from Mithuru Piyasa /Natpu Nilayam centres and the staff provided 17028 consultation sessions which includes survivors, family members and perpetrators. Capacity building of the care providers have been ensured by the incorporation of GBV module to the undergraduate curricula of all medical faculties and the pre -service curricula of preventive health staff Sexual harassment Policy Guideline for the state health sector is being drafted.

The preventive arm of the health sector response to GBV is delivered through the preventive health care providers who had been specifically trained using a pre-designed 4 day training module. A unique programme targeting newly married couples is being implemented nationally, with the assistance of Registrars of marriages through preventive health staff where the couples are given an opportunity to discuss issues related to family health and preventive dimensions of GBV face to face with the medical officer of health supported with a comprehensive information booklet.

Management of data on GBV within the health sector is in the early stages of establishment with data from service centres (Mithuru piyasa/ Natpu Nilayam) being collected on a monthly basis and information from the field health staff being channelled through the Health Management information System (HMIS) along with other health data. The institutionalization of GBV care in the state health care package, with state funds allocated through FHB budget is a major achievement and some countries such as Nepal, Maldives and Afghanistan had made study tours to share the Sri Lankan experience in addressing GBV in the health sector.

The target of the health sector is to provide GBV care in a patient centred and a responsive manner, and delivered in an effective and timely manner. These services have been provided free of charge as a part of routine healthcare. However the “gender blindness” of some of the health care providers and the health administrators which is common to many countries is a challenge. The Family health Bureau has addressed this issue through many sensitizing and capacitating programmes and presently an enabling environment is being created.

In order to streamline its’ response, inclusive of prevention of GBV, responding to survivors and addressing perpetrators in an effective and a responsive manner using a survivor centred approach which is institutionalized within the existing structure of the Ministry of Health and is sustainable, requirement of an Action Plan for Health Sector Response to Gender - based Violence (GBV) was envisaged and proposed. Coincidentally the Ministry of Women’s Affairs developed a National Plan to address Sexual and Gender based Violence for Sri Lanka involving nine sectors including the health sector.

In the proposed plan most of the existing programmes and service delivery are incorporated and made holistic. The plan has strategic interventions that are long termed and can be made sustainable within the health sector.

Gender Based Violence: Definition

While accepting that GBV affects predominantly women but men as well for the purpose of this document the following definition, adapted from IASC Guidelines [which is also used by the National Action Plan for Sri Lanka to address GBV which is being developed by the Ministry of Women and Child Affairs (MoWCA)] is used in this document to ensure policy congruence¹.

“GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed differences between males and females “

This Plan of Action recognizes that women and girls are the primary victims of GBV but acknowledges that men and boys may also be victims of GBV especially of sexual violence.

Duration

The Plan of Action would cover a period of five (5) years (2017-2021)

1.1 Process of development of Plan of Action;

The process was initiated by the Gender and Women's health unit of the Family Health Bureau (FHB) with the assistance of the UNFPA.

A technical expert and a consultant were selected.

A steering committee comprising of relevant experts was established with a precise ToR.

Prior to the formulation of the plan, a SWOT analysis was conducted on the different health sector responses to address GBV by means of national and sub national consultations, interviews, field visits and perusing available literature related to the health sector response.

The analysis was used as an input to the formulation of the plan and is lined up below:

¹ Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (SGBV) in Sri Lanka, 2016-2020

1.2 SWOT Analysis of the Health Sector Response to GBV including DV

Strengths of the response

GBV has been integrated to Policies and Plans of the Government:

- Population and Reproductive Health Policy-1998
- Health Master Plan 2007 -2016
- Maternal and Child Health Policy- 2013
- Prevention of Domestic Violence Act-2005

Family Health Bureau has been identified as the Directorate responsible for health sector response to GBV and a Consultant Community Physician is appointed as the National Programme Manager to coordinate the response as the focal point for Gender and Women's Health.

Training tools including training packages with modules and training material have been developed to train both curative and preventive staff.

Pool of expert trainers have been developed through ToT conducted to expand the capacity building capability at national level.

Training of all MO-MCHs, MOHs in the preventive sector has been conducted at national level.

A specifically designed module has been incorporated in to the Midwives curriculum. Training of institutional health staff conducted at all hospitals where GBV service centres (Mithuru Piyasa / Natpu Nilayam) have been established.

Preliminary steps in addressing sexual harassment in the health institutions have been planned, IEC material developed and circular drafted.

Sensitization of the newly married couples on some important topics such as ways of maintaining a good marital relationship, maintaining a healthy sexual relationship, benefits of non-violence etc. which would enable them to lead a happy and healthy married life has been included into the pre-conception care package delivered through the field health services.

GBV has been incorporated in to the curricula of the medical undergraduates and a facilitator manual with training material developed.

GBV has been included in the sensitization programme targeting women seeking foreign employment.

Service provision to survivors has been institutionalized within MoH by establishing service points tailor made to local needs in the lines of OSCC named Mithuru Piyasa /Natpu Nilayam in 56 hospitals.

In order to learn from the experiences of Mithuru Piyasa /Natpu Nilayam and for positive reinforcement of the staff workshops such as experience sharing and refresher training has been conducted annually.

Mechanism to collect data from the Mithuru Piyasa /Natpu Nilayam has been established at the FHB.

External and internal mechanisms to monitor and support the (Mithuru Piyasa /Natpu Nilayam) centers have been established.

Challenges facing the health sector response to addressing GBV

Lack of a National level Plan of Action on health sector response to GBV in order to streamline the response and improve quality of the response

Difficulty in prioritizing activities within the existing constraints of human resources and funding.

Lack of National level Guidelines/ SoPs, which would ensure clarity of actions to be taken at provider level and focus the national response towards a survivor centred and a responsive approach.

Lack of awareness and apathy among high level policy makers and the resultant negative prioritization of GBV in health sector programming.

Opportunities available

Many other RH programmes are being conducted by the FHB and other agencies of the MoH and sensitization on GBV may be integrated to most of them.

Many services available at the District Secretary's Office and Divisional Secretary's Office can be linked to the referral services of the Mithuru Piyasa /Natpu Nilayam

Can utilize every opportunity to integrate GBV in to medical and paramedical curricula such as; the orientation programme for the medical graduates and other formal training courses.

Island wide coverage of the families by the field health services and the network of hospitals in of the MoH provides a unique opportunity to initiate additional preventive responses.

Threats

Limited availability of funds from donor agencies and INGOs on the face of the improved socio economic status of the country.

Prioritization issues of the limited funding through state sources.

Table 1 Plan for expansion of Mithuru Piyasa/ Natpu Nilayam centres

	Teaching Hospitals/ PGH	Maternity Hospitals	DGH	Base Hospitals Type A	Base Hospitals Type B	Total
Total number of Health institutions	14	4	18	21	43	100
Already established	14	4	10	11	17	56
To be established						
Year 1	-	-	2	3	6	14
Year 2	-	-	2	3	5	16
Year 3	-	-	2	3	5	13
Year 4	-	-	2	1	5	01
Year 5	-	-			5	0
Total	-	-				100

It is suggested that expansion of the service centres be done gradually, over the next four years in order to cover all hospitals at and above the category of base hospitals. As the larger hospitals attract larger number of patients it is suggested that they be given priority and all TH/PGH are covered in the first two years. In order to facilitate the establishment procedure, a policy directive in the form of a circular be issued to all hospitals. Selection of the individual hospital within the number allotted for the year for the respective category would be done on the willingness of the administration of the hospital and the availability of a "Champion" who facilitate the process.

2 The Action Plan for Health Sector Response to GBV

The Action plan is described in the following manner.

Overarching framework: A three pronged approach

The Action plan is presented within an overarching framework consisting of Prevention, Intervention and Policy and Advocacy.

Prevention: Prevention is aimed at taking measures before GBV occurs and addressing the underlying causes of gender based violence as well as creating changes in factors that support or condone GBV at individual, family, community, and societal levels.

Intervention: Intervention includes responses to issues of survivors of GBV. These incorporate establishing service points and temporary shelters to provide services and protection for the victims and their children; hold the perpetrator to account; and provide psycho social and other support to the victims and others affected.

Advocacy and formulation of policies and laws: This involves bringing about policies, laws, regulations and establishing practices to address the issues of GBV

Strategic Plan:

Describes Vision, Mission, Objectives, and Focus on Strategies, Outcomes, Activities and output indicators

Operational Plan:

Describes Sub activities, Key indicators, Means of Verification and implementing Agencies in relation to outcomes and activities

Estimated budget:

Detailed estimates for implementing the activities

2.1 Health Sector Strategic Plan

Vision:

A health system that ensures a holistic response to GBV

Mission:

Creating a responsive and caring health system through capacitating service providers and instituting effective interventions

Objectives:

- 1: Improve public awareness on GBV in relation to health and welfare of the family and individuals
- 2: Mainstream GBV in to health policy responses at all levels and ensure effective implementation
- 3: Address GBV through reproductive health interventions in the curative and public health sectors
- 4: Availability of mechanisms to manage data on GBV and integrate findings in policy and programme formulation

Table 2 Health Sector Strategic Plan

(This has been Included in the Policy Framework and NPoA to address SGBV in Sri Lanka developed by MoWCA)

	Strategies	Outcome	Key Activities	Output Indicators
	Prevention			
	Focus area1:			
Capacity Development on Gender and GBV of health sector professionals	<p>1.1 Capacitate and empower Preventive Health Care staff to facilitate a positive family environment, free of violence</p> <p><i>(Ref. Opposition Leaders Report Recom. No.20 pg.74)</i></p>	<p>1.1. Families and communities served by public health staff better understand the value of non-stereotyping, violence free relationship building, importance of male participation and address underlying causes of GBV.</p>	<p>1.1.1 Develop SOPs and directives for preventive health staff to promote non-stereotyping and engaging males to prevent GBV at individual, family and community level.</p> <p>1.1.2 Develop a module on positive interaction and communication to capacitate PHMs to prevent and respond to GBV.</p> <p>1.1.3 Conduct training for trainers of preventive health staff through GBV preventive health module.</p> <p>1.1.4 Conduct training programmes for MO-MH on gender and GBV.</p> <p>1.1.5 Advocate and introduce a module on GBV into the training curriculum of nursing officers</p>	<p>SOPs available for use by categories of PH staff.</p> <p>Positive interaction module available.</p> <p>Coverage of PHM and MOH staff capacity development</p> <p>Coverage of MO-MH staff.</p> <p>Module on gender and GBV available in nursing curriculum</p>

			1.1.6 Sensitization on gender and GBV for health staff at entry points orientations at national and institutional level. Eg: Good Intern programme	Gender and GBV incorporated into orientation programmes for interns.
1.2 Capacity development of non-health sector officials to build awareness on health aspects of GBV. <i>(Ref. Opposition Leaders Report Recom. DV and IPV against women pg.60)</i>	1.2 Effective service delivery to GBV survivors through improved collaboration with non-health sector officials.	1.2.1 Conduct training programmes for non- health sector service providers such as Women Development Officers, Child Development officers, counselling assistants and police officers.		Number of non-health staff sensitized on GBV and health sector response
1.3 Mainstream gender and GBV to all existing RH programmes (including MCH)	1.3 Gender and GBV is addressed through all RH programmes.	1.3.1 Initiate a dialogue with RH programme managers to integrate GBV in RH programmes.	1.3.2 Develop a module to facilitate integration of GBV to other RH capacity building programmes	Gender and GBV module specified for RH programmes available.

Focus area 2:

Public awareness and sensitization on gender, GBV and health	2.1. Build an awareness and perspective on gender norms, gender issues and the negative consequences of gender stereotyping and GBV on the health of children and family wellbeing.	2.1 Positive change in attitudes towards healthy family relationship and non-violent conflict resolution.	2.1.1 Development and dissemination of IEC material at national level such as brochures, feature films etc.	IEC materials available
			2.1.2 Telecast "Samanala palama" via state/ non state media for sensitization and creating awareness among public on GBV	# of interactions and film shows conducted through public media

(Ref. Report of Leader of opp. Rec.No.19 pg.74)

2.2
Effective implementation of Behavioural Change Communication Strategy Guide with health staff.

2.3
Ensure pre-marital education on Gender/GBV and health to promote healthy relationship.

2.3
GBV is reduced through better marital relationship

2.1.3
Disseminate "Samanala palama" to health education units of all hospitals, MOH offices and other departments conducting training on GBV

2.2.1
Engagement of men through empowering PHI, MOH , PHM, PHNS, towards zero tolerance of GBV

2.2.2
Sensitize and empower families in the community through PHC workers to promote healthy relationship with zero tolerance to violence

2.3.1
Advocate and formalize with the Registrars to communicate the provision of preconception programmes offered by MOH offices to new couples.

2.3.2
Develop a SOPs for primary health staff to implement the preconception services

of health education units using " Samanala Palama" for awareness building.

of married couples accessing preconception programmes

of Mithuru Piyasa/ Natpu Nilayam centres established

Intervention

Focus area 3:

Effective response to GBV survivors

3.1
Enhancement of the Mithuru Piyasa/Natpu Nilyam services and collaborates with district

3.1
GBV survivors have Easy access to services through Mithuru Piyasa and other

3.1.1
Progressive expansion of the (Mithuru Piyasa /Natpu Nilyam) centres to all specialist level hospitals

mechanisms to redress GBV.

(Ref. Opposition Leaders Report Recom. No.27/28 pg.75)

mechanisms- and non-health.

health

3.1.2

Continue with skill development of MP staff on giving psycho-social support for survivors

of Mithuru Piyasa/ Natpu Nilayam staff trained on giving psycho-social support

of GBV survivors accessing Mithuru Piyasa/ Natpu Nilayam services

3.1.3

Establish formal links between MP and the MoW/Women and Child Unit at District and Divisional level to utilize the available services

3.1.4

Establish temporary shelters within selected health institutions to support Mithuru Piyasa centres to offer temporary accommodation
(Ref. Opposition Leaders Report Recom. DV and IPV against women pg.60,42)

Availability of a national guideline on management of temporary shelters in health institutions

3.1.5

Conduct a TOT to re-vamp the National resource pool on health and GBV.
(Ref. Opposition Leaders Report Recom. No.20 pg.74)

3.1.6

Conduct training of core staff of newly established Mithuru Piyasa centers.

3.1.7

Create a cadre for medical Officers Mithuru Piyasa /Natpu Nilayam in the MoH

			3.1.8 Strengthen formal linkages with relevant ministries and operationalize the collaborative mechanism.	Guidelines/directive on collaboration among agencies
3.2 Facilitate survivor care through survivor-centred services and referrals <i>(Ref. Opposition Leaders Report Recom. Rape and Sexual Violence)</i>	3.2 GBV survivors have Easy access to services through Mithuru Piyasa and other mechanisms- health and non-health.	3.2.1 Develop and disseminate a National Guideline targeting the first contact health care providers including medical officers on providing survivor-centred and effective care. <i>(Ref. Opposition Leaders Report Recom.No.20)</i>	3.2.2. Strengthen the implementation of the National Guidelines on Medico legal care for survivors of rape and sexual abuse	Guidelines/directives for first contact point health professional made available
		3.2.3 Screening for GBV be instituted in selected departments such as Burns Units ,Accident service NHSL, with Screening instruments and Guidelines developed for screening and protocols developed for positives identified		Tool for GBV screening # of units which screen for GBV

Policy issues & Advocacy

Focus area 4:

Policy response to address GBV within health sector	4.1 Lobby with policy makers and political leaders to advocate for better policy response to address GBV.	4.1 Strong policies and commitment from decision makers in addressing GBV.	4.1.1 Conduct an advocacy and policy workshop with political leaders to obtain their support	# of workshops # of policies to address GBV endorsed # of policy statements by decision makers
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		4.1.2. Conduct annual workshops for high level administrators to update on the progress and the way forward.	
4.2 Develop relevant policies and guidelines to address GBV	4.2 Strong policies and commitment from decision makers in addressing GBV.	4.2.1 Implement the policy guidelines developed by FHB and SLMA on prevention and responding to sexual harassment in workplace in health sector.	Policy guideline on sexual harassment agreed upon by MoH A focal point appointed at MoH A committee formed for monitoring purposes # of hospitals implementing the sexual harassment guidelines # of capacity building programmes
		4.2.2 Capacitate the officials such as inquiring officers, sexual harassment investigation committee through workshops.	
		4.2.3 Issue a circular directive through the Secretary MoH formally recognizing Sexual harassment at work place as a health issue	Circular letter issued

Focus area 5:

Institutional mechanism within the health sector to address GBV

5.1 Strengthen the FHB as the focal directorate to address GBV through health sector.	5.1 A resource base is sustained within health sector through FHB to support GBV redress mechanisms	5.1.1 Strengthen the gender unit of FHB to function as the national resource hub on gender and GBV in the health sector.	FHB resource centre with adequate resource/staff
		5.1.2 Establish and maintain an E resource centre and a Reference Library to make a knowledge base on GBV available	E-reference library available # of library users.
5.2 Strengthen the data base at FHB and streamline the information, dissemination mechanism (Ref. <i>Opposition Leaders Report Recom. No.22,23 pg.75</i>)	5.2 An information system on GBV is institutionalized within health sector.	5.2.1 Develop a computerized database networking the Mithuru Piyasa centres and health and non-health GBV information (Ref. <i>Opposition Leaders Report Recom.No.22</i>)	Updated computerized data base on GBV # of Mithuru Piyasa linked to data base
		5.2.2 Include data from Mithuru Piyasa and the field in the Annual Health Report	Annual Health Report with GBV information
		5.2.3 Publish an updated directory of services providers at all levels and make it available to all health professionals and collaborating Agencies.	Presence of the service directory
5.3 Research on broader aspects of GBV and health to support health policies	5.3 Information on health impact of GBV is available for policy input.	5.3.1. Conduct a national study on prevalence and impact of DV including the costing of health services.	Research report on national study

		5.3.2	Conduct a prospective national study on medical social impacts of DV among pregnant mothers	Research reports	
		5.3.3	Include Domestic Violence in to the National Demographic and Health Survey	DHS survey report	
5.4	5.4	5.4.1	Develop and implement an effective coordination, monitoring and evaluation mechanism of the health sector response to GBV.	Health sector NAP on GBV is effectively monitored for effective implementation.	Monitoring committee Minutes of monitoring committee Monitoring reports
		5.4.2	Monitoring committee established in FHB to monitor and coordinate the health sector NAP to address GBV.	Experience sharing workshops covering all the Mithuru Piyasa centres	
		5.4.3	National level experience sharing workshops with Mithuru Piyasa staff.	Visits covering all the Mithuru Piyasa centres	
		5.4.4	Supervision and monitoring visits to Mithuru Piyasa centres and at field level	# of reviews conducted	
			Conduction of periodic reviews at district and national level		

2.2 Health Sector Operational Plan

*(Detailed estimates of the budget is given on page 46)

Table 3 Health Sector Operational Plan to Address GBV

Outcome	Activity	Output Indicators	Sub Activity	Means of Verifications	Budget*	Time Frame 2017- 2021					Implementing Agencies
						1	2	3	4	5	
Prevention						1	2	3	4	5	
1.1 Families and communities served by public health staff better understand the value of non-stereotyping, violence free relationship building, importance of male participation and address underlying causes of GBV.	1.1.1 Develop SOPs and directives to preventive health staff to address gender inequalities and stereotyping and promote male participation and healthy family relationship at individual, family and community level.	SOPs available for use by categories of PH staff.	1.1.1.1 Develop SOPs for staff with the assistance of a technical expert	Availability of SOPs	Page.	X	X				FHB MoH
			1.1.1.2 Edit & Print the SOPs								
			1.1.1.3 Disseminate the SoPs to all levels of preventive health care personnel								
	1.1.2 Develop a module on positive interaction and communication to capacitate PHMs to prevent and respond to GBV.	Positive interaction module available	1.1.2.1 Use the services of communication specialist and GBV expert to develop a module on positive interaction to capacitate staff	Availability of a module		X	X				FHB HEB INGOs

		1.1.2.2	Conduct a ToT for MoMCH /MOHs on the module in combination with the technical experts communication /Health promotion experts		X					FHB HEB INGOs
		1.1.2.3	Institute a planned training programme to cover all preventive health staff		X	X	X	X	X	FHB INGOs
1.1.3	100% coverage of capacity development of trainer of preventive health staff	1.1.3.1	Conduct an assessment to identify trainers of preventive health staff who had not gone through a training and plan training on the module available	Reports of the trainings	X	X				FHB
1.1.4	Conduct training programmes for MO-MH on gender and GBV.	1.1.4.1.	Conduct a training on the two day module already developed. 3 x 40 programmes a year A total of 12 programmes	Training reports	X	X				FHB

<p>1.1.5 Advocate and introduce a module on GBV into the training curriculum of nursing officers</p>	<p>1.1.5.1 Advocacy meetings with the relevant officials of MoH and NTS to include GBV in the curriculum 2 meetings x 10</p>	<p>GBV included in the nursing curriculum</p>	<p>X X</p>	<p>FHB MoH (Training units) NTS</p>
	<p>1.1.5.2 Develop a module with training tools to be included with technical assistance</p>			
	<p>1.1.5.3 Print 250 copies of module with a CD</p>			
	<p>1.1.5.4 Conduct a workshop to introduce the module to lecturers of the NTS. One workshop x 60</p>			
<p>1.1.6 Sensitization on gender and GBV for health staff at entry points orientations at national and institutional level. Ex: Good Intern programme</p>	<p>1.1.6.1 Develop a very brief presentation (maximum 45 minutes) to introduce GBV and GBV services to be utilized at national level and institutional level programmes</p>	<p>Presentation available.</p>	<p>X X X X X</p>	<p>FHB</p>

			1.1.6.2 Disseminate the module to institutions where orientations will be held. Where MPs are available staff may do the orientation. Transcript the module into DVDs and distribute to all Mithuru Piyasa centres and hospitals. At national resource from FHB may do it.							
1.2 Effective service delivery to GBV survivors through improved collaboration with non-health sector officials.	1.2.1 Conduct training programmes for non-health sector service providers such as Women Development Officers, Child Development officers, counselling assistants and police officers.		1.2.1.1 Develop a 2 day training module targeting these providers	Module Available	X	X	X	X	X	FHB INGOs
			1.2.1.2 Conduct training utilizing members of the National Training Pool 3 x 40 programmes per year for 5 years	Workshop reports						
1.3 Gender and GBV is addressed as a cross cutting issues in RH programmes.	1.3.1 Initiate a dialogue with RH programme managers to integrate GBV in RH programmes.	No of meetings conducted	1.3.1.1 Conduct a discussion with RH programme managers and other relevant officials to advocate for inclusion of GBV. 1 meeting 30 participants.	Minutes of the meetings	X	X				

	1.3.2 Develop a module to facilitate integration of GBV to other RH programmes		1.3.2.1 Develop a core module that deals with GBV and RH which could be selectively used in any component of RH training	Core module available		X	X	X			
2.1 Positive change in attitudes towards healthy family relationship and non-violent conflict resolution.	2.1.1 Development and dissemination of IEC material at national level such as brochures, feature films etc.	No: of posters/ brochures available. No: of posters disseminated	2.1.1.1 Develop posters, a brochure to be used in health care settings both institutional and preventive care utilizing GBV and BCC expertise.	Copy of the materials.		X	X	X	X	X	FHB MoH Relevant Health Education units INGOs
	2.1.2 Telecast "Samanala palama" via state/ non state media for sensitization and creating awareness among public on GBV		2.1.1.2 Print and disseminate posters X 10,000 posters X 50,000 brochures	Records on dissemination							
			2.1.2.1 Advocate with media Unit, MoH , Media Ministry and other state and non-state agencies for broadcasting the film X1 meeting 40 participants	Returns of Health Education units		X	X	X			FHB MoH Media Ministry INGOs MoWCA

		2.1.2.2 Broadcast the film at least once through 3 TV channels					
	2.1.3 Disseminate “Samanala palama” to health education units of all hospitals, MOH offices and other departments conducting training on GBV	2.1.3.1 Disseminate a copy of the film to all hospitals above hospitals to be used in the education programmes either through post or Courier		X	X	X	FHB MoH HEB
2.2 Effective implementation of Behavioural Change Communication Strategy Guide with health staff.	2.2.1 Engagement of men through empowering PHI, MOH , PHM, PHNS, towards zero tolerance of GBV	2.2.1.1 Develop a guide on how engagement of men can be achieved	IEC material available	X	X	X	FHB MoH INGOs
		2.2.1.2 Print 500 copies					
		2.2.1.3 Conduct ToTs for MoMCH on the Guide (X2 workshops 50 each)	Training reports				
2.3 GBV is reduced through better marital relationship	2.3.1 Advocate and formalize with the Registrars to communicate the provision of preconception	2.3.1.1 Conduct Discussions with Registrar General and other stake holders(X2 meetings with 10 participants)		X	X	X	FHB MoH

programmes offered by MOH offices to new couples.

2.3.1.2
Issue a formalized communication /Circular to all Registrars of Marriages.

Circular available

2.3.1.3
Conduct awareness programmes to Registrars of Marriages through Mithuru Piyasa/ Natpu Nilayam staff

2.3.2
Develop a SOPs for primary health staff to implement the preconception services

2.3.2.1
Develop an SOP for preventive health care workers with technical assistance

SOPs available

X X X

FHB

2.3.2.2
Disseminate the SoPs to all Preventive health care providers

2.3.2.3
Conduct ToT on the implementation of SoPs (in combination with 2.2.2.2.)

Intervention											
3.1 -3.2 GBV survivors have easy access to services through Mithuru Piyasa/ Natpu Nilayam and other mechanisms- health and non-health.	3.1.1 Progressive expansion of the (Mithuru Piyasa /Natpu Nilyam) centres to all specialist level hospitals	No:of advocacy meetings conducted.	3.1.1.1 Develop a plan for expansion								
		No: of training programmes conducted	3.1.1.2 Conduct advocacy discussions								
		No: of Mithuru Piyasa/ Natpu Nilayam centres established.	3.1.1.3 Conduct 4 day training for core staff and representatives of relevant units of Mithuru Piyasa/ Natpu Nilayam								
			3.1.1.4 Conduct Launching meetings								
			3.1.1.5 Review meetings every three months								
	3.1.2 Continue with skill development of MP staff on giving psycho-social support for survivors		3.1.2.1 Develop training module for revamping of psycho-social support skills of MP staff			X	X	X	X	X	FHB MoH INGOs

		3.1.2.2 Conduct training programmes by an expert resource for MP staff 4 programmes a year With 40 participants each 20 programmes in total								
3.1.3 Establish formal links between MP and the Mo/Women and Child Unit at District and Divisional level to utilize the available services	Number of meetings held	3.1.3.1 Conduct discussions with MoW and MoH officials (X3 meetings 10 persons.)			X	X			MoH/ FHB MoWCA	
		3.1.3.2 Issue a Circular/ Guideline on service linkages and promoting collaboration between Mithuru Piyasa/Natpu Nilayam and Gender Unit at District Secretariat supported by MoW								
		3.1.3.3 Disseminate the circular and conduct joint meetings at provincial level (x 9 meetings 60 persons.)	Training module available		X	X	X	X	X	FHB MoH INGOs

<p>3.1.4 Establish temporary shelters within selected health institutions to support Mithuru Piyasa centers to offer temporary accommodation</p>	<p>Circular issued Guideline developed No: of meetings with hospital administration No: of temporary shelters established.</p>	<p>3.1.4.1 Develop a Guideline for the management of shelters providing temporary accommodation for survivors of GBV in Government Hospitals</p>	<p>Copy of the guidelines Minutes of the meetings</p>	<p>X X X X</p>	<p>FHB MoH MoWCA</p>
		<p>3.1.4.2 Select a suitable underutilized hospital and conduct discussions with authorities X 3 meetings for one shelter 04 shelters in next 5 years</p>			
		<p>3.1.4.3 Refurbishment to institute essential requirements</p>			
<p>3.1.5 Conduct a TOT to re-vamp the National resource pool on health and GBV.</p>		<p>3.1.5.1 Identify resource persons to be included (Availability to be included as criteria for selection.</p>			

		3.1.5.2 Conduct a ToT to develop their skills to conduct training on any of the modules mentioned above								
3.1.6 Create a cadre for medical Officers Mithuru Piyasa /Natpu Nilayam in the MoH	A cadre for MO Mithuru Piyasa created	3.1.6.1 Hold advocacy Meetings with DDG-MS and relevant groups GMOA etc.	Directive from the MOH		X					FHB MoH
3.1.7 Strengthen formal linkages with relevant ministries and operationalize the collaborative mechanism.		3.1.7.1 Conduct annual meeting at policy maker level with all collaborating agencies to share progress and advocate for necessary assistance 5 meetings for 40 participants	Minutes of the meetings		X	X	X	X	X	FHB MoH MoWCA
3.2.1 Develop and disseminate a National Guideline targeting the first contact health care providers including	Guideline printed and published.	3.2.1.1 Develop Draft guideline with support of a technical expert	Availability of the copy of the guideline		X	X				FHB MoH College of Forensic Pathologists/ Obstetricians

medical officers on providing survivor-centred and effective care.

3.2.1.2
Hold consensus building workshops x2
40 participants each

3.2.1.3
Edit guideline and print 1000 copies

3.2.1.4
Disseminate guideline to all hospitals

3.2.2
Strengthen the implementation of the National Guidelines on Medico legal care for survivors of rape and sexual abuse

No: of workshops conducted.

3.2.2.1
Facilitate workshops x2 for JMOs/Prosecutors

50 participants each

Workshop report

X X

FHB
MoH
College of
Forensic
Pathologists

3.2.3
Screening for GBV be instituted in selected departments such as Burns Units ,Accident service at NHSL, Antenatal Clinics in Maternity Hospitals with Screening instruments and Guidelines developed for screening and protocols developed for positives identified

No: discussions held.

Guideline developed.

No: of trainings conducted

Analyzed data available

3.2.3.1.
Conduct discussions with Consultants and Officials from the selected hospitals and units

X 8 meetings with 10 persons

Minutes of the meetings

X X X

FHB
Relevant
Hospital
administration
and consultants

3.2.3.2
Develop Screening instruments, Guidelines through a technical expert

Copy of the guidelines

3.2.3.3
Conduct training for staff involved in screening

Training reports

3.2.3.4
Data entry and analysis through Research Assistant/outsource

3.2.3.5
Publish the findings in annual health bulletin

Published findings.

Policy and Advocacy						
4.1 – 4.2 Strong policies and commitment from decision makers in addressing GBV	4.1.1 Conduct an advocacy and policy workshop with political leaders to obtain their support.	One workshop held. Consensus statement condemning GBV released.	4.1.1.1 Develop an advocacy pack	Workshop report.	X	FHB MoH MoWCA NCW
			4.1.1.2 Conduct half a Day workshop for 75 Nos.	Consensus statement.		
			4.1.1.3 Asses feedback through an evaluation.			

4.1.2. Conduct annual workshops for high level administrators to update on the progress and the way forward.	No: of workshops held	4.1.2.1. Conduct 4 workshops for 50 participants	Workshop Reports	X	X	X	X	X	FHB MoH Provincial Health Ministries
		4.1.2.2 Record proceedings disseminate							
4.2.1 Implement the policy guidelines developed by FHB and SLMA on prevention and responding to sexual harassment in workplace in health sector.	National consensus workshop held and consensus achieved	4.2.1.1 Conduct national level Consensus building workshop 50 Nos.	Workshop reports	X	X				FHB MoH SLMA Provincial Health Ministries
	Guidelines printed and published.	4.2.1.2. Finalize document and print 1000 copies	Printed copy of the guideline						HR Commission MoWCA
		4.2.1.3 disseminate copies to all health institutions							
4.2.2 Capacitate the officials such as inquiring officers, sexual harassment investigation committee through workshops	Training module available	4.2.2.1 Develop a training module	Training module	X	X	X			FHB MoH SLMA Provincial Health Authorities
	No: of workshops held.	4.2.2.2 Conduct 6 training workshops, two in Colombo and 4 in provinces 40 participants for each workshop.	Workshop report						

4.2.3	Issue a circular directive through the Secretary MoH formally recognizing Sexual harassment at work place as a health issue	Consensus building meeting held Circular issued	4.2.3.1 Draft a Circular on Sexual Harassment at work places 4.2.3.2 Discuss draft of the circular at a meeting of higher officials No. 20 4.2.3.3 Send Circular to all health institutions.	Minutes of the meeting Copy of the circular	X						FHB MoH
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5.1	A resource base is sustained within health sector through FHB to support GBV redress mechanisms.	No: additional clerks appointed. Designated research assistant appointed. Additional 3 computers available	5.1.1.1. Advocate with MoH to increase the clerical cadre by two additional posts. 5.1.1.2 Employ a Research Assistant to support research , documentation support E resource centre (5.1.2) 5.1.1.3 Purchase additional 3 computers/one printer to enhance the capacity of documentation and other work	Appointment letter Attendance register Physical verification of computers/ one printer	X	X	X	X	X		MoH FHB UN Agencies INGOs
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	5.1.2 Establish and maintain an E resource centre and a Reference Library to make a knowledge base on GBV available	Resource centre established.	5.1.2.1 Identify a space for resource centre	e-reference library available	X	X	X	X	X	MoH FHB UN Agencies INGOs
			5.1.2.2 Establish a resource base with three computer points available for referencing and research							
			5.1.2.2 Establish a reference library of IT resource material, circulars and other material useful to health care providers.							
5.2 An information system on GBV is institutionalized within health sector.	5.2.1 Develop a computerized database networking the Mithuru Piyasa centres and health and non-health GBV information	Data base available at FHB No: Mithuru Piyasa centres linked and uploading to the data base. % of Mithuru Piyasa centres which have conducted trainings.	5.2.1.1 Develop a data management system including necessary instruments by a technical expert	Physical verification of data management system	X	X				MoH FHB UN Agencies INGOs
			5.2.1.2 Develop computer software to support.	Availability of the relevant software						
			5.2.1.3 On site training for FHB staff and selected Mithuru Piyasa staff	Schedule of training programmes						

	% of Mithuru Piyasa centers equipped with a computer and internet connection	5.2.1.4 Provide a computer with internet connection to each Mithuru Piyasa	Data base at FHB						
5.2.2	Include data from Mithuru Piyasa and the field in the Annual Health Report		Data published in Annual Health Report	X	X	X	X	X	FHB
5.2.3	Conduct a mapping of available GBV supportive service points in the state and NGO sector that could supplement the Health sector and publish an inventory of such services and distribute it to all hospitals and relevant departments and field health offices	Inventory of service providers at National Level available.	5.2.3.1 Conduct a search on service providers through available material, web searches, newspaper advertisements etc and compile a register of service providers through a technical expert	X	X	X			FHB MoH UN Agencies INGOs
		5.2.3.2 Edit and Print 1000 copies of the service directory							

5.2.3.3
Disseminate the directories to all Mithuru Piyasa centres, Outpatient departments and other relevant units

5.3 Research on broader aspects of GBV and health to support health policies	5.3.1 Conduct a national study on prevalence and impact of DV including the costing of health services.	5.3.1.1 Research to be planned with the assistance of an expert to be outsourced	A research report available and published.	X	X	FHB MoH INGOs	
		5.3.1.2 Appoint a steering committee					
		5.3.1.3 Develop and build consensus around a concept note and methodology and instruments					
		5.3.1.4 Conduct Research					
		5.3.1.5 Publish research findings and launch					
	5.3.2 Conduct a prospective national study on medical social impacts of DV among pregnant mothers	5.3.2.1 Research to be planned with the assistance of an expert to be outsourced		X	X	X	FHB MoH UN agencies/ UNFPA INGOs SLCOG

		5.3.2.2 Appoint a steering committee								
		5.3.2.3 Facilitate agreement on the concept and methodology and instruments								
		5.3.2.4 Conduct Research								
		5.3.2.5 Publish Research findings and launch								
	5.3.3 Include Domestic Violence in to the National Demographic and Health Survey		DHS survey report	X	X	X	X	X		FHB
5.4 Health sector NAP on GBV is effectively monitored for effective implementation.	5.4.1 Monitoring committee established in FHB to monitor and coordinate the health sector NAP to address GBV.	5.4.1.1 Establish Monitoring Committee with specific ToR		X	X	X	X	X		FHB MoH INGOs
		5.4.1.2 Conduct review meetings every three months 4x 15 a year and a total of 60 meetings								

	5.4.1.3 Mid-term Review meeting at the end of 02 years 1 meeting for 60 persons 1 Day								
	5.4.1.4 Disseminate findings conducting a National level meeting								
	5.4.1.5 Conduct end of term review								
	5.4.1.6 Report of the Review meeting circulated								
	5.4.1.7 Disseminate findings of end of term review								
5.4.2 National level experience sharing workshops with Mithuru piyasa staff.	5.4.2.1 Conduct three Experience sharing workshops per year for 4 years 60 participants each	Reports of workshops	X	X	X	X	X	FHB MoH INGOs UN agencies	
5.4.3 Supervision and monitoring visits to Mithuru Piyasa centres and at field level	5.4.3.1 Visits covering all the Mithuru Piyasa centres								

5.4.4
Conduction of periodic
reviews on Mithuru
Piyasa at district and
national level

5.4.4.1
Periodic reviews covering
all the districts

Reports of
the Review
meeting
circulated

5.4.4.2
National review meeting

2.3 Health sector Plan: Estimated Budget

Activity	Sub activity	Details	Rate	Cost SLR	Subtotal SLR
Prevention					
1.1.1 Develop SOPs and directives to preventive health staff	1.1.1.1 Develop SOPs for staff with the assistance of a technical expert	Technical support (15 days)	15000	225,000	
	1.1.1.2 Edit & Print the SOPs	Edit and print SOPs (x3,000)		300,000	
	1.1.1.3 Disseminate the SoPs to all levels of preventive HCPs	Disseminate SOPs		25,000	550,000
1.1.2 Develop a module on positive interaction and communication GBV.	1.1.2.1 Services of communication /Health promotion specialist and GBV expert	Technical support		200,000	
	1.1.2.2 Conduct a Two Day ToT for MO-MCH /MOHs on the module (2 workshops x 40 persons)	Refreshments (2 x 2x 40)	600	96,000	
		Accommodation for 50% of the participants (2 nights x2)	4000	320,000	
		Stationary (x2)	10000	20,000	
		Per diem (2x2x40)	500	80,000	
		Miscellaneous (x2)	1000	2,000	
		Resource fee (3x2x2)	1000	12,000	730,000

1.1.3 Training to preventive health staff to achieve high coverage.	1.1.3.1 Conduct 2 day TOTs for Public Health Trainers on the module available (3 trainings for x50 persons)	Refreshments (2x3x50)	600	180,000	
		Stationary (x3)	8,000	24,000	
		Per diem (2x3x50)	500	150,000	
		Miscellaneous (x3)	1000	3,000	
		Resource fee (3x2x3)	1000	18,000	
		Travelling for resources	5000	45,000	
		Fuel (3x3)			420,000

1.1.4 Conduct training programmes for MO-MH on gender and GBV	1.1.4.1. Conduct a two day training on the module already developed. (3 trainings for x40 persons)	Refreshments (2x3x40)	600	144,000	
		Stationary (x3)	8000	24,000	
		Per diem (2x3x40)	500	120,000	
		Miscellaneous (x3)	1000	3,000	
		Resource fee (3x2x3)	1000	18,000	
		Travelling for resources (3x3)	5000	45,000	
					354,000

1.1.5 Advocate and introduce a module on GBV into the training curriculum of nursing officers	1.1.5.1 Advocacy meetings with the relevant officials of MoH and NTS to include GBV in the curriculum (2 meetings x 10 persons)	Refreshments (2x10)	600	12,000	
		Stationary (x1)	2000	2,000	
	1.1.5.2 Develop a module with training tools to be included with technical assistance	Technical expert (10 days)	15000	150,000	

	1.1.5.3 Print 250 copies of module with a CD	Printing (x250)	250	62,500	
	1.1.5.3 Conduct a workshop to introduce the module to lecturers of the NTS. (1x60)	Refreshments (1x60)	600	36,000	
		Stationary (x1)	6000	6,000	
		Per diem (x60)	500	30,000	
		Miscellaneous (x1)	1000	1,000	
		Resource fee (x4)	1000	4,000	303,500
1.1.6 Sensitization on gender and GBV for health staff at entry points orientations at national and institutional level. Ex: Good Intern programme	1.1.6.1. Develop a very brief presentation (maximum 45 minutes) to introduce GBV and GBV services to be utilized at national level and institutional level programmes	FHB staff	xx	xx	xx
	1.1.6.2. Disseminate the module to institutions where orientations will be held. Where Mithuru Piyasa centers are available staff may do the orientation. Transcript the module into DVDs and distribute to all Mithuru Piyasa centres and hospitals.	Developing and producing the DVDs (x100)	200	20,000	20,000
1.2.1 Conduct training programmes for non- health sector service providers such as Women Development Officers, Child Development officers, counselling	1.2.1.1 Develop a 2-day training module targeting these providers	Technical expert (5 days)	15000	75,000	
	1.2.1.2 Conduct two day training utilizing members of the National	Refreshments (2x3x40x5)	600	720,000	

assistants and police officers.	Training Pool (3 trainingsx40 personsx5 years)	Stationary (3x5)	5000	75,000	
		Per diem (2x3x40x5)	500	600,000	
		Miscellaneous (3x5)	1000	15,000	
		Resource fee (3x2x3x5)	1000	90,000	
		Travelling for resources - Fuel(3x3x5)	5000	225,000	1,800,000

1.3.1 Initiate a dialogue with RH programme managers to integrate GBV in RH programmes.	1.3.1.1 Conduct a discussion with RH programme managers and other relevant officials to advocate for inclusion of GBV. (1 meeting x30 persons)	Refreshments (x30)	600	18,000	
		Stationary (x1)	3000	3,000	21,000

1.3.2 Develop a module to facilitate integration of GBV to other RH programmes	1.3.2.1 Develop a core module that deals with GBV and RH which could be selectively used in any component of RH training	Technical expert (5 days)	15000	75,000	75,000
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Intervention

2.1.1 Development and dissemination of IEC material at national level such as brochures, feature films etc.	2.1.1.1. Develop posters, a brochure to be used in health care settings both institutional and preventive care utilizing GBV and BCC expertise.	Expert group meetings	xx	xx	xx
		2.1.1.2 Print and disseminate posters	x 10,000 posters x 50,000 brochures	25 20	250,000 1,000,000

2.1.2 Telecast “Samanala palama” via state/ non state media for sensitization and creating awareness among public on GBV	2.1.2.1 Advocate with media Unit, MoH , Media Ministry and other state and non-state agencies for broadcasting the film (1 meeting x 40 participants)	Refreshments (1x40)	600	24,000	
	2.1.2.2 Broadcast the film at least once through 3 TV channels	X3 programmes	150,000	450,000	474,000
2.1.3 Disseminate “Samanala palama” to health education units of all hospitals, MOH offices and other departments conducting training on GBV	2.1.3.1 Disseminate a copy of the film to all hospitals above base hospitals to be used in the education programmes either through post or by Courier	x 200 copies	100	20,000	20,000
2.2.1 Engagement of men through empowering PHI, MOH , PHM, PHNS, towards zero tolerance of GBV	2.2.1.1 Develop a guide on how engagement of men can be achieved	Technical assistance (5 days)	15,000	75,000	
	2.2.1.2 Print 500 copies	Printing cost (x 500)	125	62,500	
	2.2.1.3 Conduct one day ToTs for MoMCH on the Guide (X2 workshops 50 each)	Refreshments (2x50)	600	60,000	
Stationary (x2)		5000	10,000		
	Per diem (2x50)	500	50,000		

		Miscellaneous (x2)	1000	2,000	
		Resource fee(4x2)	1000	8,000	
		Travelling for resources (4x2)	5000	40,000	307,500
2.3.1 Advocate and formalize with the Registrars to communicate the provision of preconception programmes offered by MOH offices to new couples.	2.3.1.1 Conduct Discussions with Registrar General and other stake holders (2 meetings x10 participants)	Refreshments (2x10)	600	12,000	
		Stationary (x2)	1000	2,000	14,000
	2.3.1.2 Issue a formalized communication /Circular to all Registrars of Marriages.		xx	xx	xx
			xx	xx	xx
	2.3.1.3 Conduct awareness programmes to Registrars of Marriages through Mithuru Piyasa staff				
2.3.2 Develop a SOPs for primary health staff to implement the preconception services	2.3.2.1 Develop an SOP for preventive health care workers with technical assistance	Technical assistance (6 days)	15,000	90,000	
		Printing the SoPs	70	210,000	
	2.3.2.2 Disseminate the SoPs to all preventive health care providers	Dissemination		30,000	
	2.3.2.3 Conduct a ToT on SOP	Refreshments (x20)			

	(one training x 20 participants)	600	12,000		
	Per diem (x20)	500	10,000		
	Miscellaneous	1000	1,000		
	Stationary	3000	3,000		
	Resource persons (x4)	1000	4,000	360,000	
		xx	xx		
3.1.1 Progressive expansion of the (Mithuru Piyasa /Natpu Nilyam) centres to all specialist level hospitals	3.1.1.1 Develop a plan for expansion by FHB staff				
	3.1.1.2 Conduct advocacy discussions / awareness for 62 hospitals x 40 participants	Refreshments (62x40)	600	1,488,000	
	3.1.1.3 Conduct 4 day training for core staff 62 hospitals	Refreshments (4x31x40)	600	2,976,000	
		Per diem (4x31x40)	500	2,480,000	
		Miscellaneous (x31)	1000	31,000	
		Stationary (x31)	3000	93,000	
		Resource persons (4x4x31)	1000	496,000	
	3.1.1.4 Conduct launching meetings for 62 hospitals	Resource persons (3x31)	1000	93,000	
		Refreshments (31x40)	600	744,000	
	3.1.1.5 Stakeholder meetings conducted by individual MP centres in every three months with all hospitals (100)	Year 1 – 38 x 4 Year 2 – 52 x 4 Year 3 – 68 x 4 Year 4 – 81 x 4 Year 5 - 100 x 4 1356 meetings for 5 years	10,000	13,560,000	29,029,000

3.1.2 Continue with skill development of MP staff on giving psycho-social support for survivors	3.1.2.1 Develop training module for revamping of psycho-social support skills of MP staff	Technical assistance (8 days)	15,000	120,000	
	3.1.2.2 Conduct one day training programmes by an expert resource for MP staff to cover all centres (8 trainings x5 years x40 participants)	Technical Resource x2	5000	400,000	
		(8x5x2)	600	960,000	
		Refreshments (8x5x40)	4000	320,000	
		Accommodation for resources	20,000	800,000	
		(2 x 1 x 8 x 5)	5000	200,000	
		Travel cost (8x5)	1000	20,000	
		Stationary (8x5)	500	800,000	3,500,000
		Miscellaneous (4x5)			
		Per diem (8x5x40)			
3.1.3 Establish formal links between MP and the MoWC Unit at District and Divisional level to utilize the available services	3.1.3.1 Conduct discussions with MoW and MoH officials (X3 meetings 10 persons.)	Refreshments (3x10)	600	18,000	18,000
	3.1.3.2 Issue a Circular/ Guideline on service linkages and promoting collaboration between Mithuru Piyasa and Gender Unit at District Secretariat supported by MoW		X	X	

	3.1.3.3 Disseminate the circular and conduct joint meetings at provincial level (9 meetings x 60 persons.)	Refreshments (9x60) Miscellaneous (x9) Stationary (x9)	600 1000 3000	324,000 9,000 27,000	378,000
3.1.4 Establish temporary shelters within selected health institutions to support Mithuru Piyasa centres to offer temporary accommodation	3.1.4.1 Develop a Guideline for the management of shelters	Technical assistance (5 days)	15,000	75,000	
	Consensus building meeting (One meeting x 40 persons)	Refreshments (x40)	600	24,000	
	3.1.4.2 Select a suitable underutilized hospital and conduct discussions with authorities		xx	xx	
	3.1.4.3 Refurbishment to institute essential requirements.			300,000	399,000
3.1.5 Conduct a TOT to re-vamp the National resource pool on health and GBV.	3.1.5.1. Identify resource persons to be included (Availability to be included as a criteria for selection.		xx	xx	
3.1.6 Create a cadre for medical Officers Mithuru Piyasa /Natpu Nilayam in the MoH	3.1.6.1 Conduct an advocacy meeting at policy maker level (2 meetings x 25)			25,000	50,000

3.1.7 Strengthen formal linkages with relevant ministries and operationalize the collaborative mechanism.	3.1.7.1 Conduct annual meeting at policy maker level with all collaborating agencies to share progress and advocate for necessary assistance (4 meetings x 50 persons)	Refreshments (4x50)	600	120,000	
		Per diem (4x50)	500	100,000	
		Stationary (4x50)	10,000	40,000	
		Miscellaneous (x4)	1000	4,000	264,000
3.2.1 Develop and disseminate a National Guideline targeting the first contact health care providers.	3.2.1.1 Develop Draft guideline with support of a technical expert (10 Days)	Technical support	15,000	150,000	
	3.2.1.2 Hold consensus building workshops (2 meetings x40 persons)	Refreshments (2x40)	600	48,000	
		Stationary (x2)	2500	5,000	
		Miscellaneous (x2)	1000	2,000	
	3.2.1.3 Edit guideline and print 1000 copies	Printing cost (x1000)	400	400,000	
	3.2.1.4 Disseminate guideline to all hospitals	Postal/courier charges	50,000		655,000
3.2.2 Strengthen the implementation of the National Guidelines on Medico legal care for	3.2.2.1 Facilitate two one day workshops for JMOs/Prosecutors (50 participants)	Refreshments @600 (2x50)		60,000	
		Stationary (x2)	2500	5,000	

survivors of rape and sexual abuse	Miscellaneous (x2)	1000	2,000	
	Resource persons (3x2)	1000	6,000	73,000

3.2.3 Screening for GBV be instituted in selected departments such as Burns Units ,Accident service at NHSL, Antenatal Clinics in Maternity Hospitals with Screening instruments and Guidelines developed for screening and protocols developed for positives identified	3.2.3.1. Conduct discussions with Consultants and Officials from the selected hospitals and units (8 meetings x10 persons)	Refreshments (8x10)	600	48,000	
		Stationary (x8)	2000	16,000	
	3.2.3.2 Develop Screening instruments, Guidelines through a technical expert	Technical assistance (10 days)	15,000	150,000	
	3.2.3.3 Conduct training for staff involved in screening (4 trainings x20 persons)	Refreshments (4x20)	600	48,000	
		Stationary (x4)	2000	8,000	
	3.2.3.4 Data entry and analysis through Research Assistant/ outsource			900,000	
	3.2.3.5 Publish the findings in annual health bulletin			xx	1,170,000

Policy advocacy

4.1.1 Conduct an advocacy and policy workshop with political leaders /Parliamentarians to obtain their support	4.1.1.1 Develop an advocacy pack	Technical support to develop (5 Days)	15,000	75,000	
		Printing 200 packs	1000	200,000	
	4.1.1.2. Conduct an advocacy workshop (x75 persons)	Refreshments (x75)	600	45,000	
		Miscellaneous	1000	1,000	
		Resource persons (x6)	1000	6,000	
	4.1.1.3 Asses feedback through an evaluation	Questioner based		30,000	357,000

4.1.2. Conduct annual workshops for high level administrators to update on the progress and the way forward.	4.1.2.1. Conduct 4 workshops for 50 participants	Refreshments (4x50)	1500	300,000	
		Stationary (x4)	2500	10,000	
		Miscellaneous (x4)	1000	4000	
	4.1.2.2 Record proceedings disseminate	Record keeping x4 meetings	xx		
		Dissemination of minutes	xx		314,000

4.2.1 Finalize and implement the policy guideline drafted	4.2.1.1 Conduct national level Consensus building one day	Refreshments (x50)	2000	100,000	
		Stationary	15,000	15,000	

by FHB and SLMA on prevention and responding to sexual harassment in workplace health sector.	workshop (1 x 50 participants)	Miscellaneous	1,000	1,000	
		Resource persons (x3)	1000	3,000	
	4.2.1.2. Finalize document and print 1000 copies	Edit and print (x1000)	500	500,000	
	4.2.1.3 disseminate copies to all health institutions	Distribute the copies post/courier (x1000)	50	50,000	669,000
4.2.2 Capacitate the officials such as inquiring officers, sexual harassment investigation committee through workshops	4.2.2.1 Develop a training module	Technical support (8 days)	15,000	120,000	
	4.2.2.1 Conduct 6 one day training workshops, two in Colombo and 4 in provinces 40 participants for each workshop.	Refreshments (6x40)	600	144,000	
		Per diem (6x40)	500	120,000	
		Stationary (x6)	2500	15,000	
		Miscellaneous (x6)	1000	6,000	
		Resource persons (3x6)	1000	18,000	
		Travel Accommodation staff & resource (3x4)		48,000	351,000
4.2.3 Issue a circular directive through the Secretary MoH formally recognizing GBV a major public health issue	4.2.3.1 Draft a Circular			xx	
	4.2.3.2 Discuss draft of the circular at a meeting of higher officials (x 20 persons)	Refreshments (x20)	600	12,000	
	4.2.3.3 Send Circular to all health institutions.		xx	xx	12,000

5.1.1 Strengthen the gender unit of FHB to function as the national resource hub on gender and GBV in the health sector.	5.1.1.1. Advocate with MoH to increase the clerical cadre by two additional posts.		xx	xx	
	5.1.1.2 Employ a Research Assistant to support research , documentation support e-resource centre	Salary for the research assistant for 5 years (12x5)	30,000	1,800,000	
	5.1.1.3 Purchase additional 3 computers/one printer to enhance the capacity of documentation and other work	Computers and printers		450,000	2,250,000
5.1.2 Establish and maintain an E resource centre and a Reference Library to make a knowledge base on GBV available	5.1.2.2 Establish a resource base with three computer points available for referencing and research	Refurbishing and computers		250,000	
	5.1.2.2 Establish a reference library of IT resource material, circulars and other material useful to health care providers	e-teaching material etc	500,000	750,000	
5.2.1 Develop a computerized database networking the Mithuru Piyasa centres and health and non-health GBV information	5.2.1.1. Develop a data management system including necessary instruments by a technical expert	Technical assistance (14 days)	15,000	210,000	1,000,000
	5.2.1.2. Develop computer software to support.			500,000	

	5.2.1.3 Conduct training for FHB staff and selected Mithuru Piyasa staff on site (10 training sessions x participants from 10 hospitals)	10 Training sessions	30,000	300,000	
	5.2.1.4 Provide a computer with internet connection to each Mithuru Piyasa	Laptop / Computer for every MO with internet connection (x100)	150,000	15,000,000	16,010,000
				xx	xx
5.2.2 Include data from Mithuru Piyasa and the field in the Annual Health Report	5.2.2.1 Publish the information in Annual Health Report				
				100,000	
5.2.3 Conduct a mapping of available GBV supportive service points in the state and NGO sector	5.2.3.1 Conduct a search on service providers through available material, web searches, newspaper advertisements etc and compile a register of service providers through a technical expert				
	5.2.3.2 Edit and Print 1000 copies of the service directory			350,000	
	5.2.3.3 Disseminate the directories to all Mithuru Piyasa / Outpatient departments and other relevant units			30,000	480,000
5.3.1. Conduct a national study on prevalence and impact of DV including the	5.3.1.1. Research to be planned with the assistance of an expert and conducting the research may				

costing of health services.	be outsourced	
	5.3.1.2 Appoint a steering committee	
	5.3.1.3 Develop and build consensus around a concept note and methodology and instruments	
	5.3.1.4 Conduct the Research and produce a report.	
	5.3.1.5 Launch the report and disseminate the findings	10,000,000

5.3.2 Conduct a prospective national study on medical social impacts of DV among pregnant mothers	5.3.2.1. Research to be planned with the assistance of an expert and conducting the research may be outsourced	
	5.3.2.2 Appoint a steering committee	
	5.3.2.3 Develop and build consensus around a concept note and methodology and instruments	
	5.3.2.4 Conduct Research and produce a report	
	5.3.2.5 Launch the report and disseminate the findings	8,000,000

<p>5.3.3</p> <p>Include Domestic Violence in to the National Demographic and Health Survey</p>	<p>5.3.3.1 Include Domestic Violence Questions in to the DHS questionnaire</p>	<p>xx</p>	<p>xx</p>
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<p>5.4.1 Monitoring committee established in FHB to monitor and coordinate the health sector NAP to address GBV.</p>	<p>5.4.1.1 Establish Monitoring Committee with specific ToR</p>		<p>xx</p>	<p>xx</p>	
	<p>5.4.1.2 Conduct Review meetings (4 meetings x 5 years x20 participants)</p>	<p>Refreshments (4x5x20)</p>	<p>600</p>	<p>240,000</p>	<p>240,000</p>
	<p>5.4.1.3 Mid-term one day review meeting (1 meeting x60 persons)</p>	<p>14 Days</p>		<p>500,000</p>	<p>500,000</p>
	<p>5.4.1.4 Report of the Review meeting circulated</p>			<p>xx</p>	<p>xx</p>
	<p>5.4.1.5 Conduct end of term Review meeting 1 meeting for 60 persons</p>	<p>14 days</p>		<p>500,000</p>	<p>500,000</p>
	<p>5.4.1.6 Report of the Review meeting circulated</p>			<p>xx</p>	<p>xx</p>
	<p>5.4.1.7 Disseminate the findings</p>			<p>300,000</p>	<p>300,000</p>

5.4.2 National level experience sharing workshops with Mithuru Piyasa staff.	5.4.2.1 Conduct two day Experience sharing workshops (4 per year for x5 years x60 participants each)	Per diem (2x4x5x60)	500	1,200,000	
		Accommodation (2 nightsx4x5x40)	4000	3,200,000	
		Refreshments (2x4x5x60)	2000	4,800,000	
		Resource persons (6x2x4x5)	1000	240,000	
		Travel cost (4x5)	20,000	400,000	
		Stationary (4x5)	10,000	200,000	
		Miscellaneous (4x5)	1,000	20,000	10,060,000
		400,000	2,000,000	2,000,000	
5.4.3 Supervision and monitoring visits to Mithuru Piyasa centres and at field level	5.4.3.1 Visits covering all the Mithuru Piyasa centres and MOH areas of the country				
5.4.4 Conduction of periodic reviews on Mithuru Piyasa at district and national level	5.4.4.1 Periodic reviews covering all the districts		800,000	4,000,000	4,000,000
	5.4.4.2 National review meeting		1,000,000	5,000,000	5,000,000

3 Mode of monitoring and evaluation of National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka

The Family Health Bureau of Ministry of Health, Sri Lanka as the directorate responsible for women's health will be the focal agency responsible for the coordination, implementation and monitoring of the action plan. Programme Manager Women's Health of Family Health Bureau is the national focal point responsible for monitoring.

A high level steering committee comprised of Moh, FHB, SLCOG, College of Psychiatrists, College of Community Physicians, UNFPA, WHO and other relevant organizations and a monitoring committee, chaired by Programme Manager- Gender and Women's Health will be set up for the specific purpose of monitoring the implementation of the action plan in Health sector. The steering committee will meet bi-annually and the monitoring committee will meet quarterly.

Within the five years duration two assessments, one mid-term (2019) and one end of term (2012) have been proposed.

Annexure 1

Members of the Steering Committee

1. Dr. L. Siyabalagoda
2. Dr. Lakshmie Somathunga
3. Prof. Hemantha Senanayake
4. Dr. Ajith Tennakoon
5. Dr. Sardha Hemapriya
6. Prof. Nalika Gunawarhana
7. Dr. Anoma Jayathilake
8. Dr. Chandani Galwaduge
9. Prof. Hemantha Senanayake
10. Dr. Manoj Fernando
11. Dr. Jayan Mendis
12. Prof. Savithri Gunasekara
13. Dr. Chitramali De Silva
14. Dr. Neela Gunasekara
15. Prof. Muditha Widanapathirana
16. Ms. Savithri Wijesekara
17. Ms. Chula Nanda
18. Dr. Sepali Kottegoda
19. Dr. Neelamani Hewageegana

Members of the Sectoral Technical Committee - Health Sector

- 1) Mrs, Sriyani Ranasinghe
- 2) Dr, Harshanie Ubeysekara
- 3) Dr, Indika Pathiraja
- 4) Dr, Monika Wijerathne
- 5) Prof, Muditha Vidanapathirana
- 6) Dr, R. Senevirathna
- 7) Dr, H, Attapattu
- 8) Dr, Sarda Hemapriya
- 9) Dr, Lilani Rajapaksha
- 10) Prof, Nalika Gunawardana

National Consultation held with multiple stake holders

	NAME	DESIGNATION
01	DR. B.V.S.H. BENARAGAMA	FORMER DIRECTOR- MCH
02	DR. N. MAPITIGAMA	CONSULTANT COMMUNITY PHYSICIAN
03	DR. LAKSHMEN SENANAYAKE	CONSULTANT / VOG
04	DR. MANOJ FERNANDO	SENIOR LECTURER
05	DR. DINUSHA PERERA	SENIOR REGISTRAR (COMMUNITY MEDICINE)
06	DR. ERANGA RAJAPAKSHA	MEDICAL OFFICER FHB
07	DR. NADEEKA CHANDRARA	MEDICAL OFFICER FHB
08	L. SIYABALAGODA	DDG PHS 1
09	DR. CHITRANGANI	MEDICAL OFFICER FHB
10	PROF. MUDITHA VIDANAPATHIRANA	CONSULTANT / FORENSIC PATHOLOGY
11	DR. HARSHA ATAPATTU	VOG/BH HOMAGAMA
12	DR. SARDHA HEMAPRIYA	VOG/TH KANDY
13	DR. VASANA SAMARANAYAKE	MEDICAL OFFICER FHB
14	DR. NISHA FERNANDO	MO / MITHURU PIYASA
15	DR. KRISHANTHA PERIS	MEDICAL OFFICER FHB
16	DR. PRIYANGA SENANAYAKE	MEDICAL OFFICER FHB
17	DR. R.D.N. WIJEKOON	MEDICAL OFFICER FHB

