National Strategic Plan on Child Health in Sri Lanka 2018-2025

Ministry of Health, Nutrition & Indigenous Medicine
Sri Lanka

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Message from the Honorable Minister of Healthcare, Nutrition and Indigenous Medicine

It is with pleasure, I send this message to convey my best wishes on the occasion of the launching of the 'National Child Health Strategic plan'. In line with achieving the Sustainable Development Goals by year 2030, Sri Lanka is striving to achieve good health and wellbeing among its citizens. Child health is considered as one of the most important focuses in this endeavor.

Children are vital to the nation's present and its future. As a responsible government, it is our duty to ensure that every child gets adequate opportunities to achieve their maximum potential. Yet communities vary considerably in their commitment to the collective health of children and in the resources that they make available to meet children's needs. This is reflected in the ways in which communities address their collective commitment to children, specifically to their health.

With this context, it is timely that Sri Lanka develop a child health strategic plan in collaboration with relevant stakeholders. The strategic plan addresses the major areas, which we need to focus on, to improve the overall health status of our children.

I would like to convey my best wishes to the Family Health Bureau, all the experts and stakeholders for their valuable contribution in making this a reality.

Dr. Rajitha Senarathna
Minister of Health, Nutrition and Indigenous Medicine

Message from the Secretary- Ministry of Health

Sri Lanka is admired for its well-established curative and preventive healthcare systems through which free health services are delivered throughout the country. The indicators for women and child health have shown rapid improvement during past decades. However, further improvement demands focused attention using cost effective interventions. The 2030 global agenda for sustainable development goals and targets calls for vigorous and concerted efforts to achieve them. This requires objective revisiting of health approaches.

Up to now, the National Child Health Programme of Sri Lanka did not have a formal strategic plan and has been guided by implicit strategies and guidelines. With the recent expansion of the child health package, many stakeholders and subject specialists recommended to develop specific national strategies related to improve child health and development. In response, the Family Health Bureau has developed the first ever National Strategic Plan on Child Health Sri Lanka: 2018-2025.

This strategic plan was formulated through collaborative efforts from all stakeholders; allied Ministries, Private Sector, Development Partners, and Non-Governmental Organizations. I congratulate the Family Health Bureau for developing this first ever National Child Health Strategic Plan successfully.

I encourage all the Child Health stakeholders to use this National Strategic Plan on child Health as a guide, providing direction to plan, develop, implement and monitor the programme in collaboration with the health sector to achieve common goals for the country.

Janaka Sugathadasa
Secretary,
Ministry of Health, Nutrition and Indigenous Medicine

Message from the Director General Health Services

With the recent call from the United Nation's Director General to expand the health agenda from survival, to thrive and transformation, child health has gained a greater attention in the new global health agenda. In line with this paradigm shift the Ministry of Health has taken the initiative to review and strengthen the national child health programme.

This first ever, national child health strategy has been developed through extensive collaborative discussions among experts from the Ministry of Health and other stakeholder organizations. The committee appointed by the Ministry of Health had conducted a series of deliberations with stakeholders to identify salient child health system issues. The recommendations made on the identified issues were converted into strategies, and activities, along with potential costs involved. Hence, this strategic plan is expected to provide a road map for the Ministry of Health and its partners to implement the child health program.

Therefore, I strongly urge all relevant parties to collaborate with the Family Health Bureau, of Ministry of Health to create a sustainable and healthy childhood for the children of Sri Lanka.

Dr. Anil Jasinghe
Director General Health Services,
Ministry of Health, Nutrition and Indigenous Medicine

Message from the Director Family Health Bureau

The National Strategic Plan on Child Health 2018 to 2025 proposes major approaches that health sector should follow to optimize the health care services available for infants, children and young people in Sri Lanka during next eight years. It targets the children aged between 28 days to 18 years. The strategic plan aims to address several important system issues affecting the optimal performance of present day child health programme and thereby to ensure children of Sri Lanka receive high quality health care services.

The Strategic Plan identifies strategic directions under nine thematic areas that include: nutrition promotion and growth monitoring, early child care and development, prevention of illnesses and injuries, school health, vulnerable children, curative child care, underserved areas, cross cutting issues, and issues related to allied sectors. It is expected that stakeholders from national and provincial levels will take these strategic directions as a basic framework within which their implementing plans are synchronized during coming years.

I would like to thank the staff of the child health unit of the Family Health Bureau and all those who supported during the past one year to develop this strategic plan which was a long-felt need. Hope that this systematic effort will result in even better health standards among our children.

Dr. Priyanee Senadheera
Director Maternal and Child Health

Contents

Abbreviations

AMO	Assistant Medical Officer
AMOH	Additional Medical Officers of Health
CDC	Child Development Centre
CWC	Child Welfare Clinic
DDG PHS II	Director General of Public Health Services II
DGHS	Director General of Health Services
ECCD	Early Childhood Care & Development
FGD	Focus Group Discussion
FHB	Family Health Bureau
HEO	Health Education Officer
IMMR	Indoor Mortality and Morbidity Return
IMR	Infant Mortality Rate
MIS	Management Information System
MOH	Medical Officer of Health
MOMCH	Medical Officer Maternal and Child Health
RE	Regional Epidemiologist
NCHP	National Child Health Programme
NSPCH	National Strategic Plan on Child Health
PC	Primary Care
PDHS	Provincial Directors of Health Services
PHC	Public Health Care
PHDT	Plantation Human Development Trust
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNS	Public Health Nursing Sister
RDHS	Regional Directors of Health Services
RMO	Registered Medical Officer
RSPHNO	Regional Supervising Public Health Nursing Officer
SDT	School Dental Therapist
SPHID	Divisional Supervising Public Health Inspector
SPHM	Supervising Public Health Midwife
UNICEF	United Nations International Children's Emergency Fund
WHA	World Health Assembly
WHO	World Health Organization

Background

1

Background

Sri Lanka is often admired for positive health outlook of her people, especially in relation to maternal and child health. The government health system that provides free of charge care can be considered as one of the main pillars behind this success. The national health system of Sri Lanka is widely spread across the country to make available institutional and field health care for people from all corners of the country. This ensures that curative and preventive care is universally accessible.

The National Child Health Programme (NCHP) of Sri Lanka is operational since 1926. During the past 9 decades, the scope of NCHP has become wider and wider due to the introduction of new strategic elements. These additions were mostly based on timely needs and/or experts' opinions. A formal strategic planning exercise of NCHP has never been carried out to date.

Epidemiological, technical, administrative and resource contexts of the present-day child health program can be considered much different to such contexts that prevailed in the past. Furthermore, child health indicators of the country have been showing stalling trends during the last couple of years. These factors highlight a potential strategic mismatch of the child health system. In order to address these concerns, Family Health Bureau (FHB) of the Ministry of Health, Sri Lanka decided to develop the first National Strategic Plan on Child Health (NSPCH) Sri Lanka: 2018-2025.

The NSPCH focuses on children from infancy to 15 years of age. The NSPCH is expected to bridge the life cycle continuum from conception to 18 years along with three other strategic documents: **a)** National Strategic Plan on Maternal and Newborn Health (2012-2016), **b)** National Strategic Plan on Adolescent Health (2013-2017) and their subsequent updates and **c)** National Strategy for Infant and Young Child Feeding Sri Lanka (2015-2020).

This document presents the background, process of development and the contents of NSPCH: 2018-2025.

Strategic Plan Development Process

2

Strategic Plan Development Process

After successful development of the National Strategic Plan on Maternal and Newborn Health 2012-2016, FHB decided to expand the strategic planning process to child & adolescent health programme areas. This strategic planning exercise focuses on child health.

The planning process was initiated by Director Maternal and Child Health assigning the tasks of coordinating and drafting of the NSPCH to a consultant attached to the child health programme. A steering committee comprising of Deputy Director General of Public Health Services II (DDG PHSII) (Chairman), Director MCH, the Chief Epidemiologist, Director Health Education Bureau, Programme managers of FHB, a Provincial Director of Health Services, A Regional Director of Health Services, Director National Institute of Health Sciences, three Medical Officers of Health, national professional officers of UNICEF and WHO, were appointed to provide technical guidance to the process of NSPCH development.

NSPCH development was started by conducting an initial desk review to peruse the theoretical concerns of strategic planning and child health plans of other countries. The insight gained through this exercise was used to adopt the methodology to be followed in the development of the NSPCH. This methodology was shared in an in-house meeting of FHB consultants chaired by the Director FHB. In this meeting, the protocol and logistics of the planning process was discussed and timelines for the strategic planning process was established. Subsequently, a similar discussion was held with the members of the steering committee as well.

Once a consensus was arrived regarding the process of strategic plan development, a comprehensive literature review was conducted to assess the current child health status and child health system of Sri Lanka. The main emphasis of the review was focused on **a)** Health and epidemiological trends among Sri Lankan Children, **b)** Organizational and functional characteristics of the child health system and **c)** Mandate of the child health programme.

Following the desk review, a series of focused stakeholder group consultations were held to review the strategic concerns and carry out SWOT analysis of various child health system elements. The groups were identified to reflect the following aspects of the child health program : **a)** Nutrition and growth promotion **b)** Child care, development and special need **c)** Prevention of diseases, injuries and accidents including immunization, **d)** School Health, **e)** Vulnerable children, **f)** Medical Officer of Health (MOH) system, **g)** Pediatric curative care system **h)** Vulnerable areas (North & East, Estate sector, Municipal council areas) **i)** Cross cutting issues (staffing, work time utilization, information, resource allocation, disaster management), **j)** Allied sector issues. These stakeholder groups were invited for separate workshops, where they deliberated the strategic issues relevant to the specific aspect of the child health system related to their work. Each stakeholder group consisted of around 30 personnel, who represented various job functions. Each consultation was started by the planning consultant making a presentation on the situational assessment of the thematic area relevant to the stakeholder group and on strategic planning principles. After the presentation, participants were invited to deliberate the strengths and weaknesses of the current child health system and opportunities and threats present in the

external environment in relation to their work areas. The participants were also asked to find out reasons for constraints encountered and suggest strategies to address them.

At this stage, planning consultant prepared the first draft of the NSPCH: 2018-2025, by synthesizing the information gathered from literature review and preliminary stakeholder consultations.

The initial draft of the NSPCH developed in the previous step, was presented to a broader group comprised of stakeholders who represented the different aspects of the child health system. In this meeting the participants were requested to review the draft in small groups that were assembled to represent different thematic areas. At the end a forum was created to propose changes or additions. Subsequently, NSPCH: 2018-2025 was prepared by addressing the concerns raised in this stakeholder meeting and reviewed again in a similar stakeholder meeting to arrive at a consensus.

The final draft of the NSPCH: 2018-2025 was then submitted for the perusal of the National Newborn and Child Health Advisory Committee for obtaining the approval for dissemination.

Child Population and Child Health Trends in Sri Lanka

3

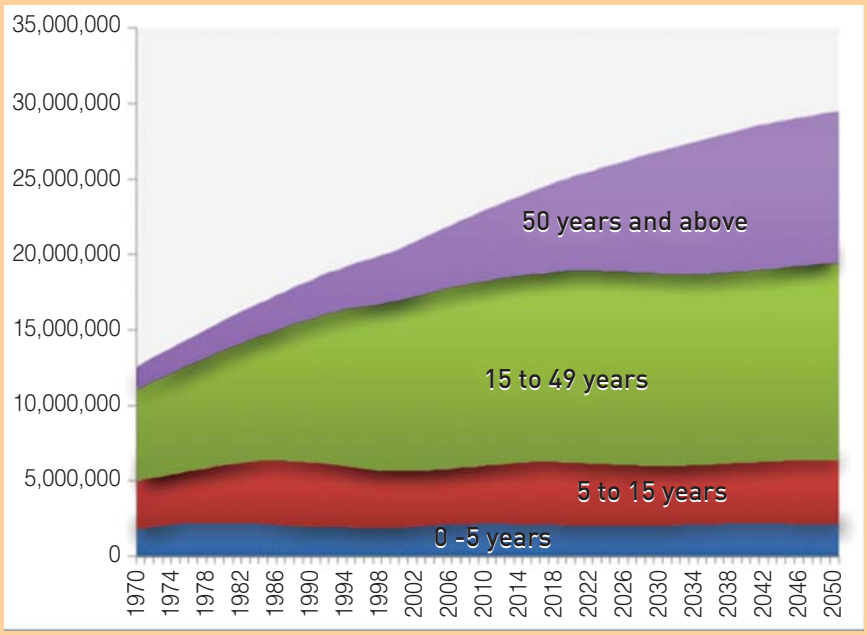
Child Population and Child Health Trends in Sri Lanka

3.1 Child Population

National census of Sri Lanka, year 2012, enumerated 6,885,990 under 18 years' children. They accounted for 33.9% of the total population.

Figure 1 demonstrates that the child population of Sri Lanka will remain at around five million for at least the next three and half decades to come. This emphasizes the continuing onus on childcare services during coming years.

Figure 1 **Area graph depicting past, current and future child population trends**



The census indicated that around 48 % of children in Sri Lanka in the census year were males resulting in a sex ratio of 108. Sinhalese account for 74.9% of child population while rest are from Tamil (15.3 %), Muslim (9.3%) and other (0.5) ethnic groups.

A wide variation is seen in the country's population density by regions, requiring varying health system demands by regions. The highest concentration of child population was found in the Western province, followed by Central Province. Table 1 presents the distribution of child population by provinces and districts.

Table 1 Child population by districts

Province /District	Estimated population (2015) (0-18) years		Province /District	Estimated population (2015) (0-18) years	
	Number	%		Number	%
Western Province	**1,715,158**	**25.8**	**Eastern Province**	**619,860**	**9.3**
Colombo District	656,338	9.9	Batticaloa District	211,842	3.2
Gampaha District	680,670	10.2	Ampara District	250,776	3.8
Kalutara District	378,150	5.7	Trincomalee District	157,242	2.4
Central Province	**869,029**	**13.1**	**North Western Province**	**776,977**	**11.7**
Kandy District	452,327	6.8	Kurunegala District	504,951	7.6
Matale District	161,741	2.4	Puttalam District	272,026	4.1
Nuwara Eliya District	254,961	3.8	**North Central Province**	**432,416**	**6.5**
Southern Province	**806,864**	**12.1**	Anuradhapura District	296,761	4.5
Galle District	341,424	5.1	Polonnaruwa District	135,654	2.0
Matara District	262,314	3.9	**Uva Province**	**441,817**	**6.6**
Hambantota District	203,126	3.1	Badulla District	282,811	4.3
Northern Province	**378,310**	**5.7**	Moneragala District	159,006	2.4
Jaffna District	191,000	2.9	**Sabaragamuwa Province**	**604,105**	**9.1**
Mannar District	38,493	0.6	Rathnapura District	342,979	5.2
Vavuniya District	63,999	1.0	Kegalle District	261,126	3.9
Mulaitivu District	36,170	0.5			
Kilinochchi District	48,649	0.7	**Sri Lanka**	**6,644,535**	**100.0**

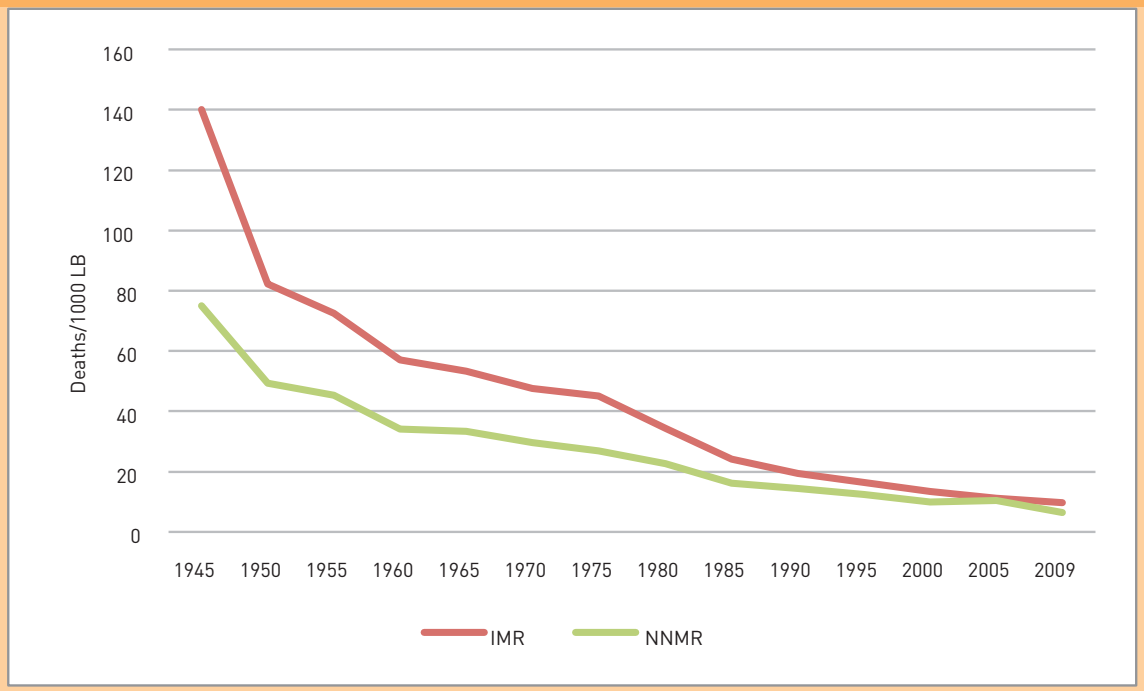
(Source: Estimates based on the National Census 2012)

3.2 Health trends & Epidemiological patterns

3.2.1 Child Mortality

Infant and child mortalities among Sri Lankan Children have shown an exponential decrease during the period extending from 1945 to 2009. During this 63-year period, the Infant Mortality Rate (IMR) has shown around 14-fold reduction from 140/1000 live births to 9.7/1000 live births. However, IMR seems to have stalled around 10/1000 live births during past 8 year period as indicated by the findings of DHS survey 2016 which reported IMR of 10/1000 live births.

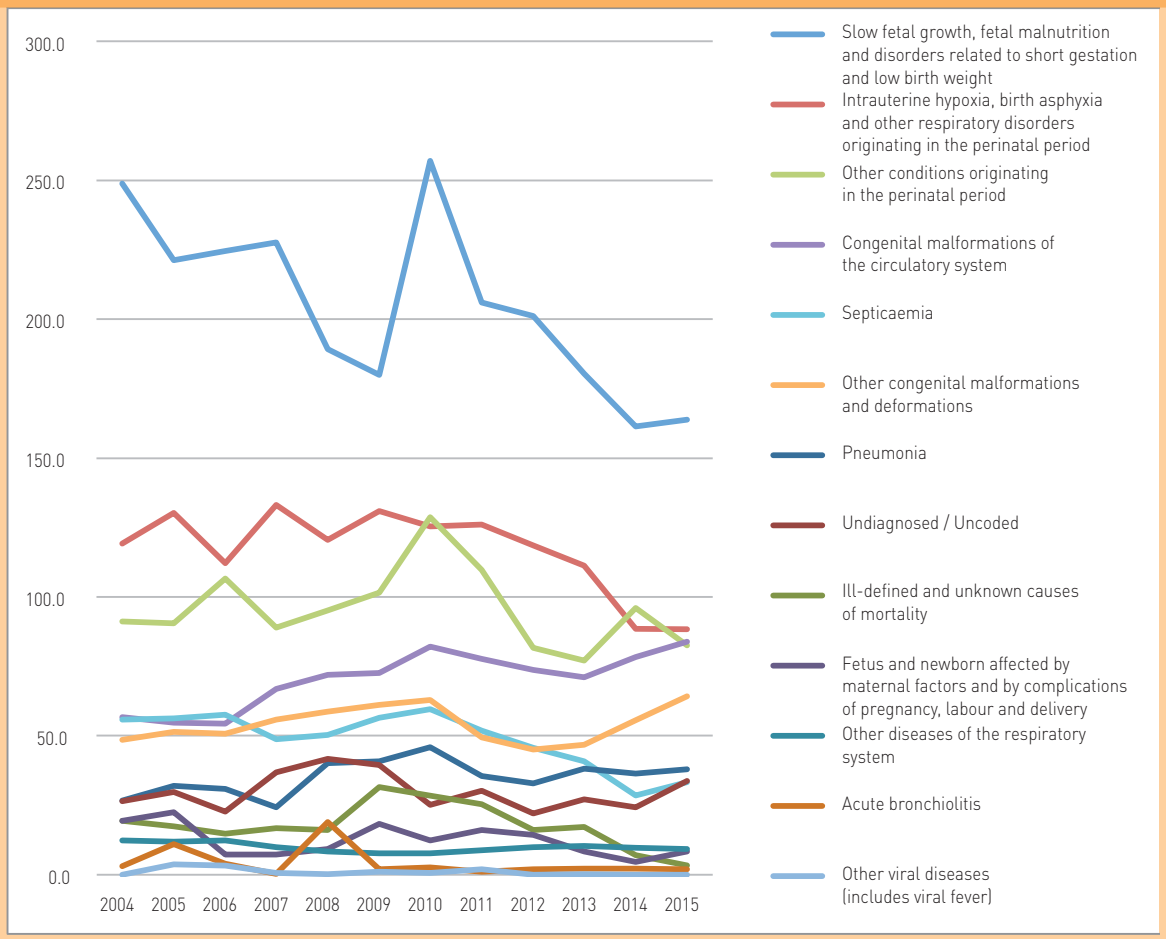
Figure 2 **Line graph depicting Infant, neonatal and under 5 mortality trends among Sri Lankan Children**



(Source: Register General Department)

Figures 3 to 5 shows the trends in the leading cause specific mortality rates among infants, 1 to 4 year and 5 to 16 age groups for the 15 year period since 2004.

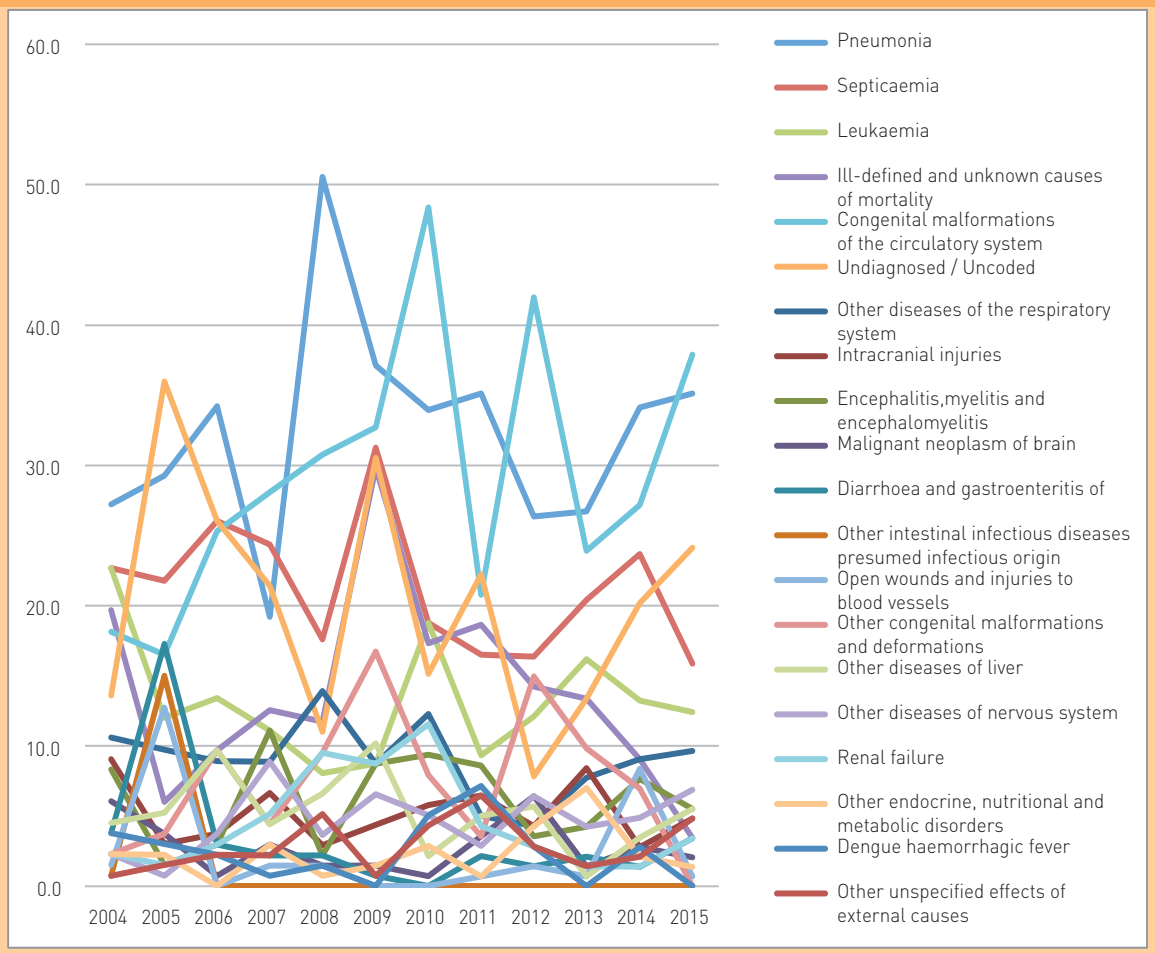
Figure 3 **Leading cause specific mortality rates among infants since 2004 to 2015**



(Deaths per 100,000 infants; Source: Medical Statistics Unit; Ministry of Health)

During the period from 2004 to 2015 period, the most common cause of infant death had been the conditions related to fetal growth; fetal malnutrition, short gestation and low birth weight. The second highest cause specific mortality during infancy was due to intrauterine hypoxia and birth asphyxia. Time trends of most common cause specific mortality rates were on the decline except those due to congenital malformations.

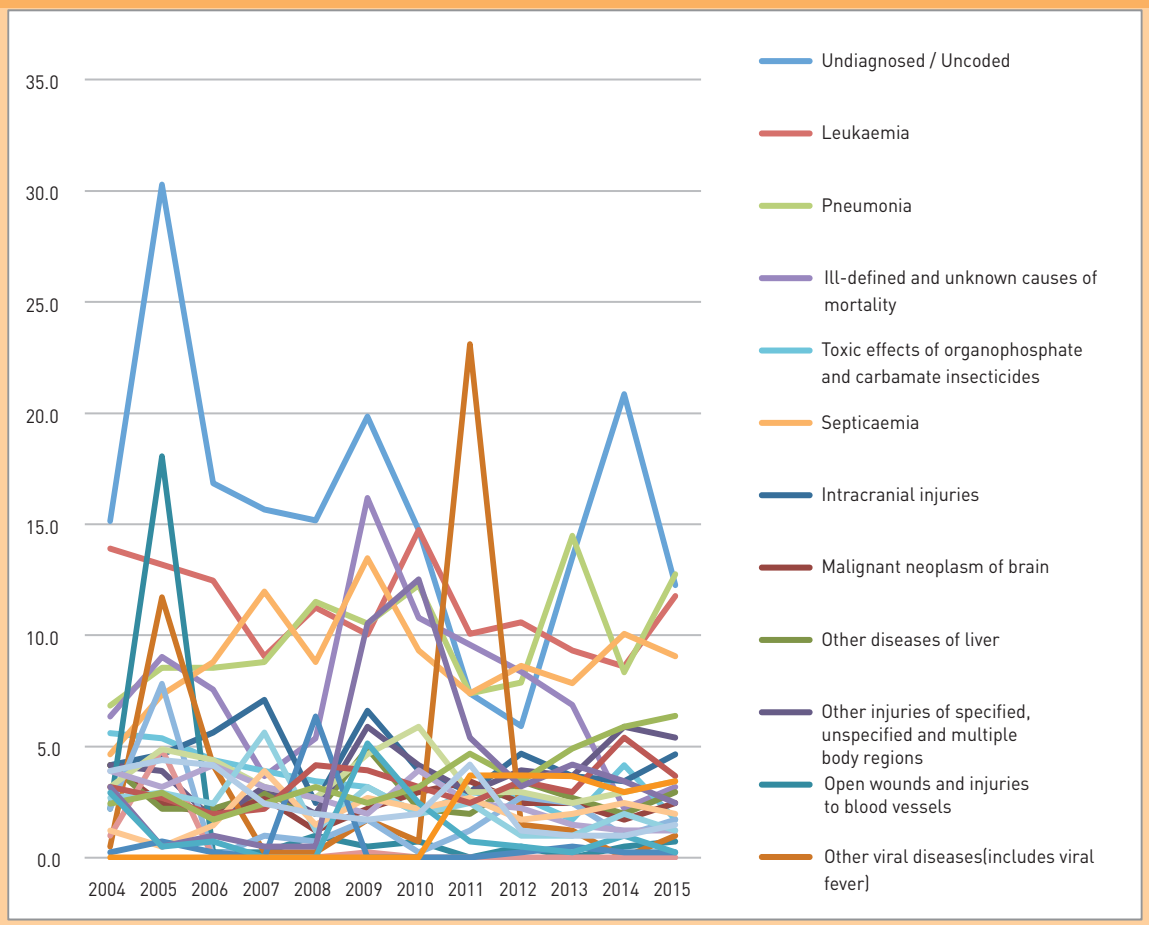
Figure 4 **Leading cause specific mortality rates among children in 1 to 4 year age group, since 2004 to 2015**



(Deaths per 1,000,000 children in 1-4 years; Source: Medical Statistics Unit; Ministry of Health)

Pneumonia, congenital malformations of circulatory system and septicemia were reported to be the most common causes of deaths among children in 1 to 4 year age groups.

Figure 5 **Leading cause specific mortality rates among children in 5 to 16 year age group, since 2004 to 2015**



(Deaths per 1,000,000 children in 5-16 years; Source: Medical Statistics Unit; Ministry of Health)

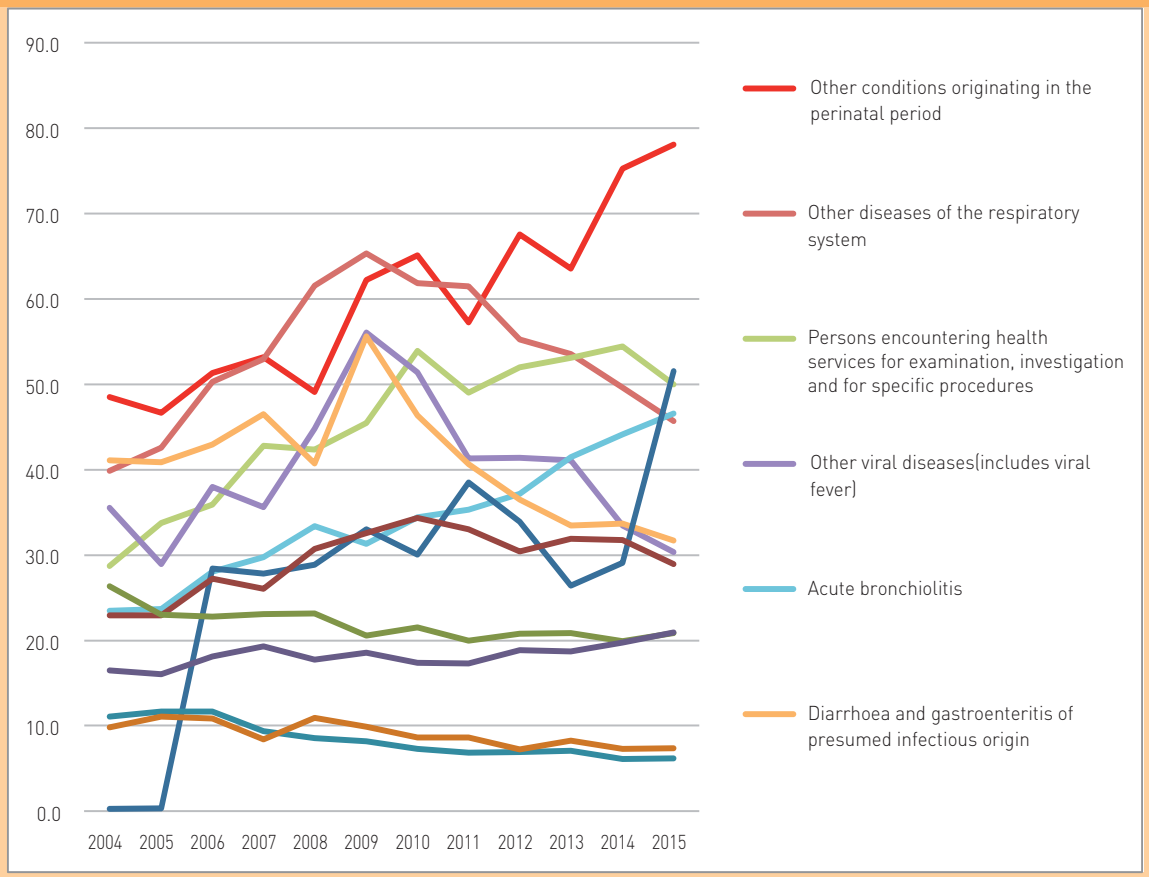
It seemed that a significant proportion of causes of deaths of children in 5 to 16 year age group were not recorded. The most common known causes of deaths among this age group were pneumonia, leukemia and septicemia.

3.2.2 Child Morbidity

The hospital information system records the information on indoor morbidity and mortality based on age sex and ICD disease coding system. However, due the lack of mechanism to specify the repeated admissions, the morbidity data reflects the number of episodes rather than the number of children, who become ill. There is no system at present to gather the data on outpatient care given to children.

According to IMMR reports, around 1,260,078 children were admitted to government hospitals in Sri Lanka in year 2015, out of them 16% were infants. Further 31% and 51% were admissions of children in 1 to 4 years and 5 to 16 years respectively.

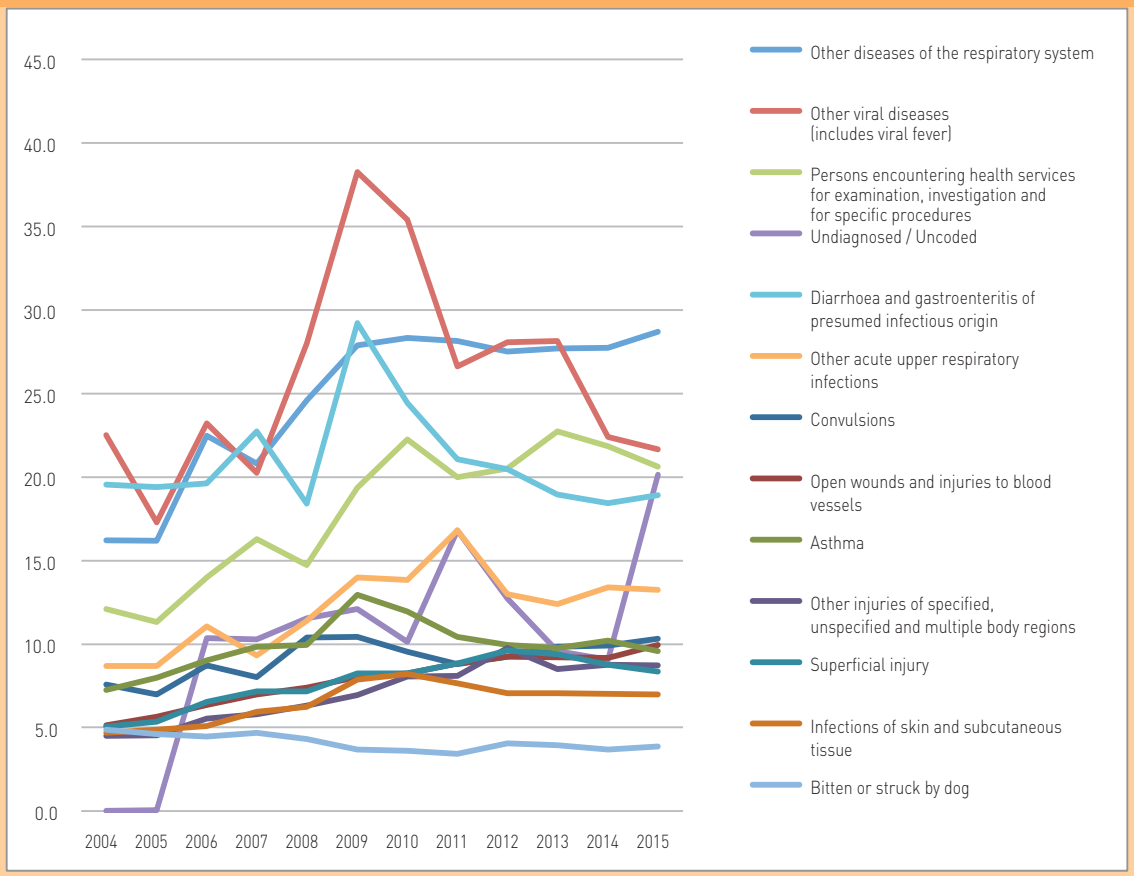
Figure 6 **Leading cause specific morbidity rates among infant admissions since 2004 to 2015**



(Number of admissions per 1000 infants; Source: Medical Statistics Unit; Ministry of Health)

Leading causes of hospital admission among infants were due to conditions originating in perinatal period (i.e. infants of diabetic mothers, neonatal cardiac issues, and infections specific to perinatal period, neonatal hemorrhages, hemolytic disease, kernicterus, other diseases related to circulatory conditions, endocrine and metabolic disorders, digestive system disorders and temperature control issues) and respiratory conditions including acute bronchiolitis. Admitted for investigation also among the common causes of hospital admission in this age group. It is important to note that admissions that were undiagnosed or un-coded were in an increasing trend over years.

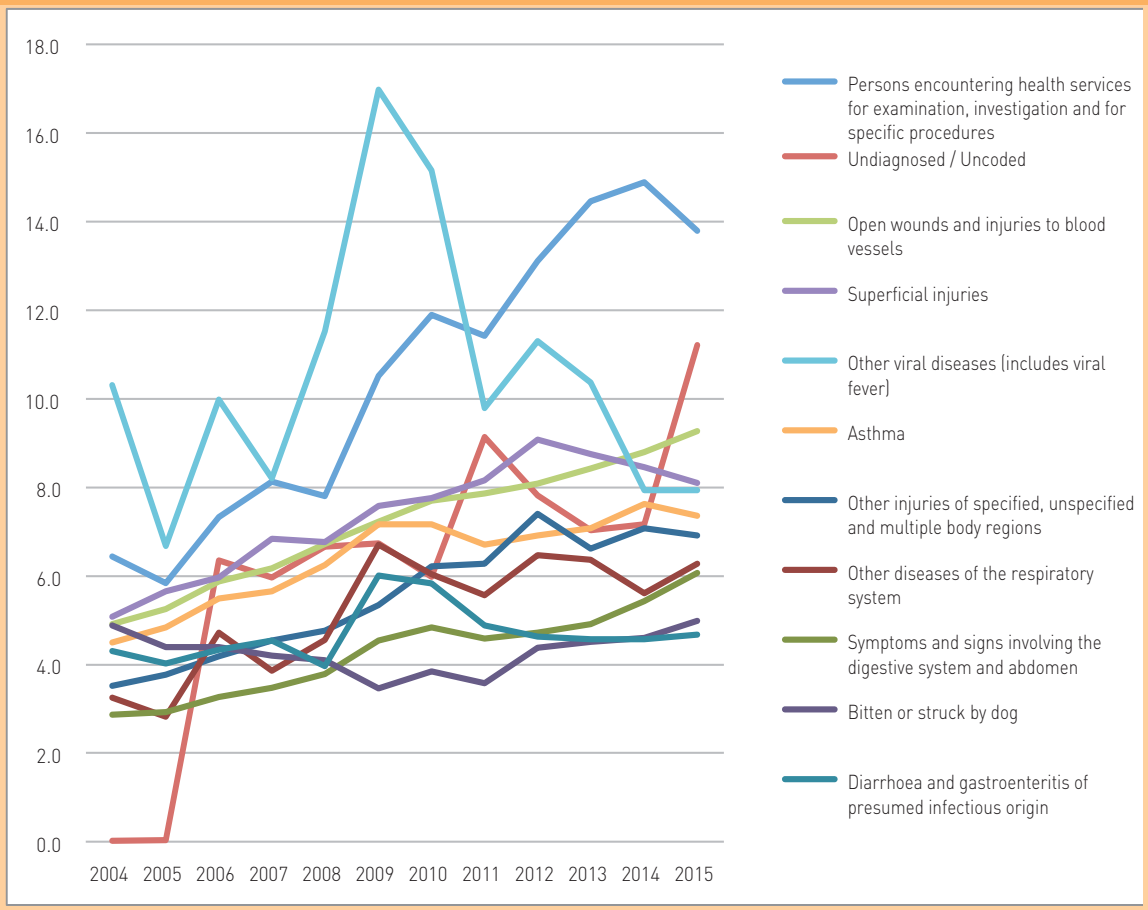
Figure 7 **Leading cause specific morbidity rates among 1 to 4 year child admissions since 2004 to 2015**



(Number of admissions per 1000, 1 - 4 year children; Source: Medical Statistics Unit; Ministry of Health)

Viral diseases, diseases of respiratory system and diarrheal illnesses were among the most common cases of hospital admissions among 1 to 4 year children. Admissions for investigations were also a common reason. Undiagnosed and un-coded conditions were gradually increasing over the years.

Figure 8 **Leading cause specific morbidity rates among 5 to 16 year child admissions since 2004 to 2015**



(Number of admissions per 1000, 5-16 year children; Source: Medical Statistics Unit; Ministry of Health)

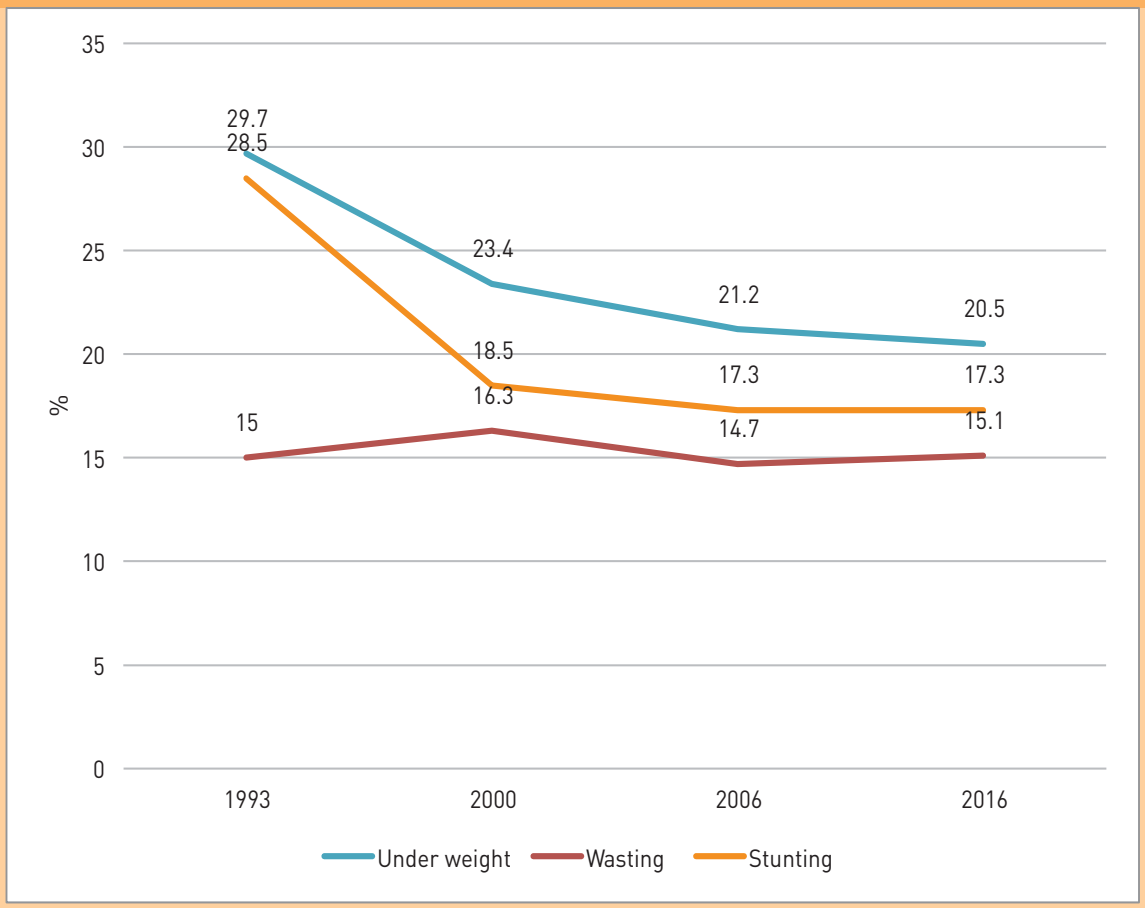
The highest cause specific morbidity among children in 5 to 16 age group was the admissions made for investigations. This was followed by admissions due to open wounds and injuries to blood vessels. As in the case of younger children, a gradual rise has been observed in the rate of children who were either undiagnosed or un-coded over the years.

3.2.3 Nutrition Problems

Under nutrition is considered as a major concern affecting child health in Sri Lanka. Figure 4 presents the trends in under-nutrition among under 5 children from 1993 to 2016 as assessed by DHS surveys conducted in respective years.

It is seen form the chart that the malnutrition among Sri Lankan children, as indicated by the percentages of underweight, wasted and stunted children has been at more or less static level without significant improvements.

Figure 9 **Trends in malnutrition among children 3 – 59 months from 1993 to 2016**



(DHS Survey: based on New WHO Child Growth Standards)

Anemia among children is also an important nutrition concern. Around 32.6% of under 5 children are reported to be anemic by the DHS survey 2006/7. Of them 21.5% were mildly anemic, 10.8% were moderately anemic and 0.3% were severely anemic. The National Nutrition and Micronutrient Survey 2012 conducted by MRI reports 15.1% anemia in this age group. Further, nearly 29% of under 5 children are known to be Vitamin A deficient (MRI 2005).

Child Health System

4

Child health system

The health system of Sri Lanka consists of two parallel preventive and curative systems of care. The child health elements are seen in both components. In addition, privately run inward and outpatient health care services are also available in all regions of the country.

4.1 Organizational structure of the child health system

According to the present administrative structure of the Government, health care provision becomes a subject devolved to Provincial Governments. However, Central Government has the onus of health policy formulation, strategic planning, financial management, monitoring and evaluation related to health care. In addition, the administration of selected higher-level hospitals and vertical campaigns become the responsibility of the Central Government.

Accordingly, the health system is comprised of institutional arrangements belonging to the Central and nine Provincial Ministries of Health. The provincial health system is further divided in to health regions (Regional Director of Health areas). There are 26 Regional Directors of Health Services (RDHSs).

Figure 6 presents the functional dynamics of child health system of Sri Lanka. It depicts the NCHP related administrative and technical supervision pathways in the health system. The pink lines depict the referral and back referral pathways available for children confronted with illnesses. The administrative and technical guidance relevant to the Child Health Programme is integrated into the multi-tiered organizational hierarchy of the Ministry of Health. These tiers are organized in to Central Ministry of Health Institutions, 9 Provincial Directorates and 26 Regional Directorates.

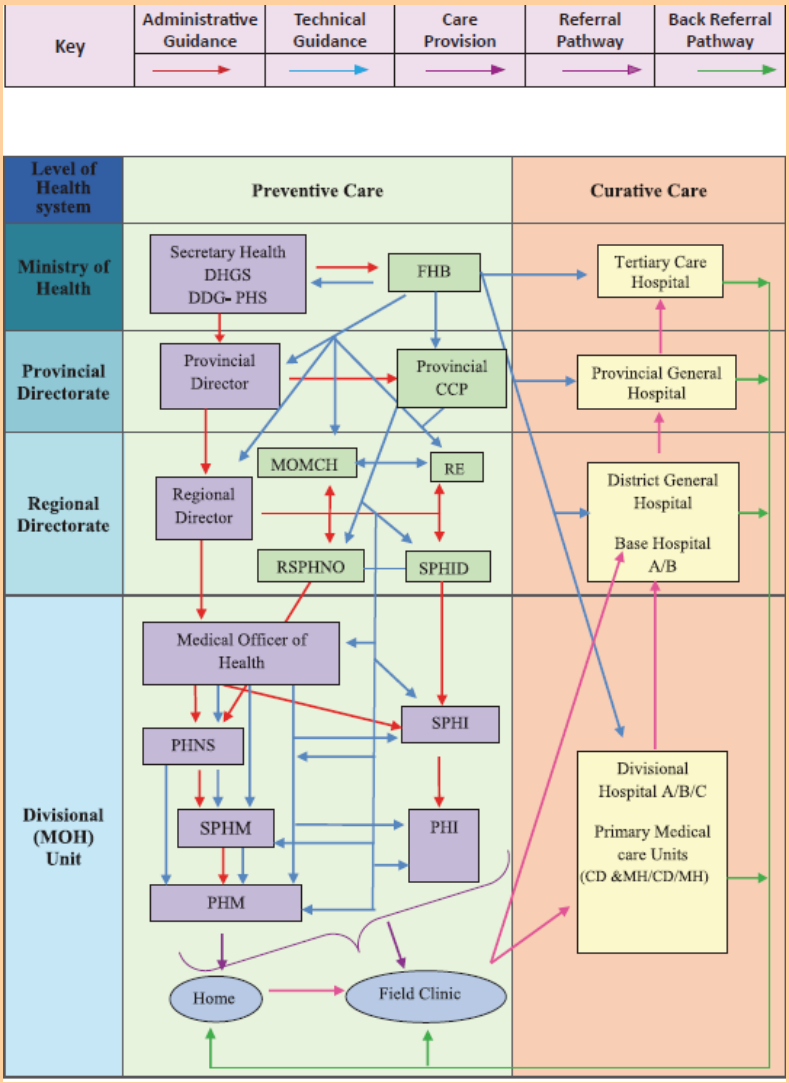
Policymaking and financial management of the institutions attached to the central Ministry of Health becomes the responsibility of Secretary to the Central Ministry of Health. Provincial health authorities are responsible for the financial and administrative management and of the health care programs implemented by the institutions belong to the Provincial Health System.

Designing and planning of National Child Health Programme is carried out by the FHB. FHB advocates the Ministry of Health on matters related to policy, financing, infrastructure and other resource requirements relevant to Child Health Programme. Technical guidance, quality control, monitoring and evaluation related to the Child Health Programme are also come under the purview of the FHB. Epidemiology unit, Health Education Bureau and other relevant central technical units facilitate the NCHP by providing relevant technical inputs.

Provincial Consultant Community Physicians (CCPs) attached to Provincial Directorates and the Medical Officers of Maternal and Child Health (MOMCHs) attached to Regional Directorates are responsible for the technical coordination of child health programme interventions in the MOH areas. MOMCHs also act as the principal link between FHB and the provincial health system. MOMCH is supported by Regional Supervising Public Health Nursing Officer (RSPHNO) and Divisional Supervising Public Health Inspector (SPHID) in monitoring of the Child Health Programme activities in the district.

The FHB works in collaboration with the Ministry of Education to improve the health of school children.

Figure 10 **Organizational hierarchy of the child health system**



4.2 Preventive child health care

The MOH areas are the smallest health units in the public health network of Sri Lanka. Each MOH area has a dedicated team of primary health care workers, which is comprised of several categories of staff. The MOH, who is a MBBS qualified medical officer, functions as the manager of the MOH team. Preventive activities belong to the child health system are carried out by nearly 343 Medical Officer of Health (MOH) teams distributed around the country.

Both technical and administrative supervision of the MOH team become the main responsibility of the MOH. At present, most MOHs are assisted by one or more Additional Medical Officers of Health (AMOHs). The Public Health Midwives (PHMs) and Public Health Inspectors (PHIs) are the ultimate grass root level primary health care workers of the MOH team. The principle roles of the PHM lies on maternal and child healthcare provision. The PHIs are principally responsible for the programs related to school and adolescent health, environmental health, occupational health and control of communicable diseases, water and food safety and sanitation.

Several other categories of interim supervisors are attached to the MOH team. They are supposed to assist the MOH in supervision of activities of grass root level staff. Public Health Nursing Sisters (PHNS) and Supervising Public Health Midwives (SPHM) are responsible for supervising the PHMs. PHNS and SPHM have a hierarchical administrative relationship, where PHNS is also supposed to supervise SPHM. Both of them are responsible for the MOH. Supervising Public Health Inspectors (SPHI) become immediate supervisors of PHIs. They are in turn responsible for the MOH.

The MOH team is supported by clerical personnel and other categories of supportive staff such as drivers, laborers etc. MOH staff includes School Dental Therapists (SDT). They are responsible for providing dental care for schoolchildren.

The existing norm is to appoint one MOH per the first 60000 population. Thereafter an AMOH is appointed per every 30,000 increase of population in a MOH area. The population norm for a PHM is 3000 while that of a PHI is around 10,000.

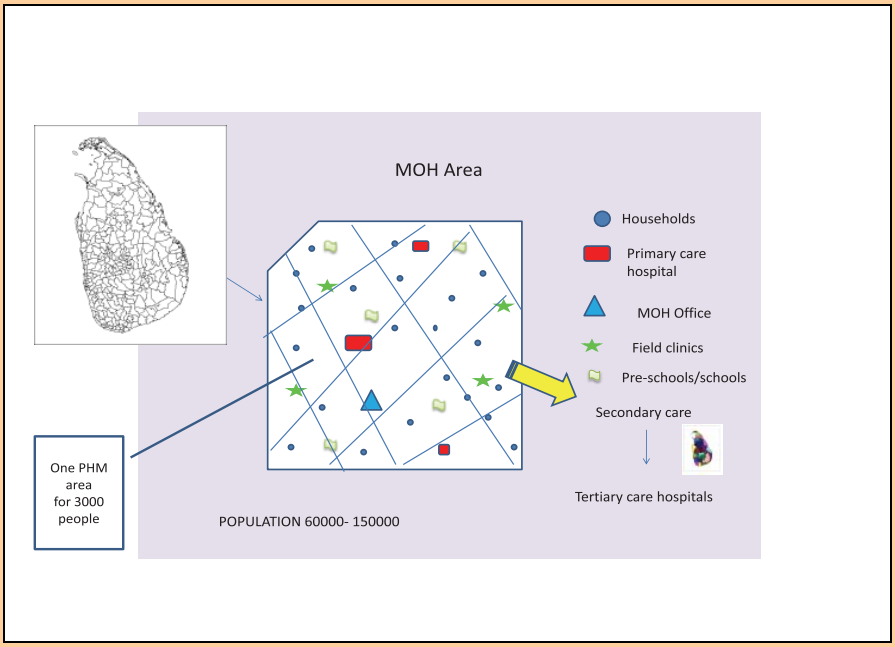
Table 2 presents the current staff to child population distribution across different health regions of the country.

Table 2 PHC staff child population ratios by districts (2015)

District	Child pop: MOH	Child Pop: PHM	Child Pop: PHI	Child Pop: PHNS	Child Pop: SPHM	Child Pop: SPHI
Colombo	9652	1,530	5,380	32,817	32,817	36,463
Gampaha	12155	1,389	8,103	27,227	42,542	61,879
Kalutara	9223	1,056	7,717	16,441	22,244	42,017
Kandy	11598	1,067	6,959	28,270	28,270	90,465
Matale	8513	1,017	5,776	14,704	26,957	0
Nuwara Eliya	12748	1,067	8,499	84,987	21,247	84,987
Galle	9755	1,127	5,253	21,339	20,084	26,263
Matara	7949	1,005	5,353	23,847	14,573	18,737
Hambantota	13542	608	5,208	18,466	10,691	18,466
Jaffna	11937	1,144	4,152	0	13,643	14,692
Mannar	7699	713	2,406	38,493	7,699	12,831
Vavunia	12800	1,164	5,333	0	16,000	21,333
Mullaitivu	7234	927	2,782	0	9,042	9,042
Killinochchi	12162	1,081	5,405	0	16,216	24,325
Batticaloa	16296	1,558	3,717	17,653	15,132	21,184
Ampara	11399	1,172	3,634	41,796	10,031	17,913
Trincomalee	12096	1,278	4,493	0	13,104	22,463
Kurunegala	10099	1,241	5,315	20,198	16,289	22,952
Puttalam	12365	1,463	8,001	68,007	22,669	34,003
Anuradhapura	11870	1,257	5,030	37,095	15,619	24,730
Polonnaruwa	10435	1,094	5,024	27,131	16,957	33,914
Badulla	11312	996	5,142	20,201	21,755	28,281
Moneragala	12231	909	5,889	14,455	12,231	19,876
Rathnapura	11064	1,055	4,454	38,109	14,912	22,865
Kegalle	11869	1,012	4,017	43,521	20,087	23,739
Sri Lanka	10893	1,141	5,415	28,036	18,770	28,889

MOH teams implement Child health interventions as an integrated component of a broader Maternal and Child Health programme. Figure 7 presents a schematic diagram that explains the organization of preventive health care system on Sri Lanka.

Figure 11 **Schematic diagram of the preventive health system.**



MOH areas form the basic institutional framework for providing preventive care. At present, 342 MOH areas are involved in preventive care provision. On average, around 60,000 to 150,000 people live in a MOH area. The MOH area is further divided in to PHM areas, each of which has around 3000 people living in them. Hence, the PHM becomes responsible for approximately 3000 people, who usually live in around 600 households. The group of PHMs, who serve in a MOH area becomes the grass root level PHC workers of the country. PHIs are the other type of grass root level workers who have a role in preventive child care. They are involved in the care of school children, epidemic investigations and immunization activities related to child care. Managing water safety and sanitation related activities are also looked after by PHIs. The MOH team also includes a team of dental therapists who are often housed in selected schools in the area. They provide preventive and curative dental care for all school children in the area.

In addition, MOMCH, RE, Regional Dental Surgeon (RDS), RSPHNO, and HEO, who operate from the RDHS office contribute to the child health system by monitoring and supervising the preventive child care system in the district.

This system focuses on the following strategic interventions:

1. Promotion of child nutrition with special emphasis on exclusive breastfeeding, complementary feeding and growth monitoring

2. Prevention of common communicable disease such as vaccine preventable diseases (immunization program) and dengue, diarrhea and respiratory illnesses
3. Development promotion, development screening and caring of children with special need.
4. School health promotion, provision of school medical inspections and dental care
5. Behavior Change Communication related to water hygiene and sanitation, accident prevention
6. Surveillance of infant deaths, child morbidity and birth defects.

4.3 Curative child health care

A hierarchical system of hospitals comprises of primary, secondary, and tertiary care hospitals, house the curative child health system in Sri Lanka.

The most proximal level of care for sick children are provided by 1359 primary care (PC) hospitals in the country. Most primary care hospitals are manned by one or more MBBS qualified doctors, while a smaller proportion of them are only manned by Registered or Assistant Medical Officers (RMO/AMO). Several types of institutions are recognized as the primary care hospitals. The Ministry of health has recently changed the nomenclature of these hospitals. Table 3 compares the past and new nomenclature systems of different types of PC hospitals.

The new classification divides PC hospitals in to 2 categories: Primary Medical Care Units, and Divisional Hospitals. The divisional hospitals are further categorized as type A (> 100 beds), B (50-100 beds) or C (Less than 50 beds) depending on the number of beds that they house.

Table 3 Types of hospitals included in Primary Care system.

Traditional Name	New name	Number of hospitals in the country
Central Dispensary (CD)	Primary medical care units	397
Central Dispensary & Maternity Home (CD & MH)	Primary medical care units	65
Peripheral Unit (PH)	Divisional Hospital (A/B/C)	897
Rural Hospital (RH)	Divisional Hospital (A/B/C)	
District Medical Hospital (DMO)	Divisional Hospital (A/B/C)	

All of above institutions except CDs have inward facilities. CDs are outpatient care institutions that are often manned by RMO/AMOs. Only a proportion of primary care hospitals are having pediatric wards, while in others children are admitted to female wards. Other human resource (HR) types of primary care institutions includes sisters, nurses, attendants, midwives, laborers, laboratory staff, and administrative staff. Ambulance facilities are available for all PC hospitals.

At present, for the purpose of admission in Sri Lankan hospitals, a person under 14 years of age is considered as a child.

PC hospitals are expected to provide the primary level care for children in different districts. Around 1359 PC hospitals are distributed around the country at present. This wide spread network of primary care hospitals ensures a satisfactory availability of primary level care for children from all areas of the country.

Secondary and higher care hospitals are meant to provide specialist care. At present around 88 secondary care hospitals that have the services of pediatricians are available in the country. Tertiary care hospitals provide the services of pediatricians as well as that of other ultra-specialists. Lady Ridgeway in Colombo and Sirimavo Bandaranayke Children's Hospital in Kandy are the institutions providing tertiary level pediatric care. These tertiary care hospitals provide services pertaining to sub specialties such as pediatric surgery, pediatric cardiology and pediatric cardio-thoracic surgery, pediatric neurology etc. Children are sometimes referred to adult tertiary care services such as National Eye Hospital for respective services. Exclusive tertiary level childcare is not available for such services.

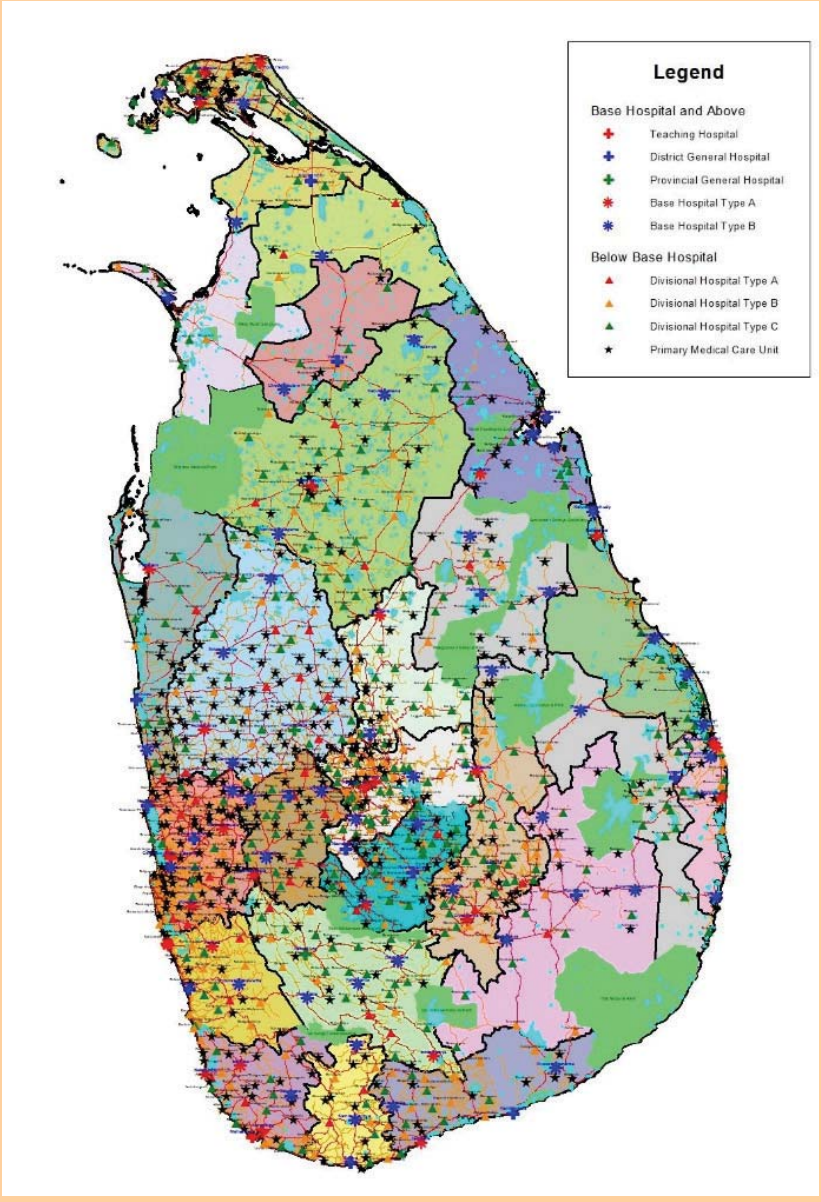
A considerable variation is seen in the availability of health workers and service institutions across districts.

Table 4 Distribution of selected child: provider ratios by districts

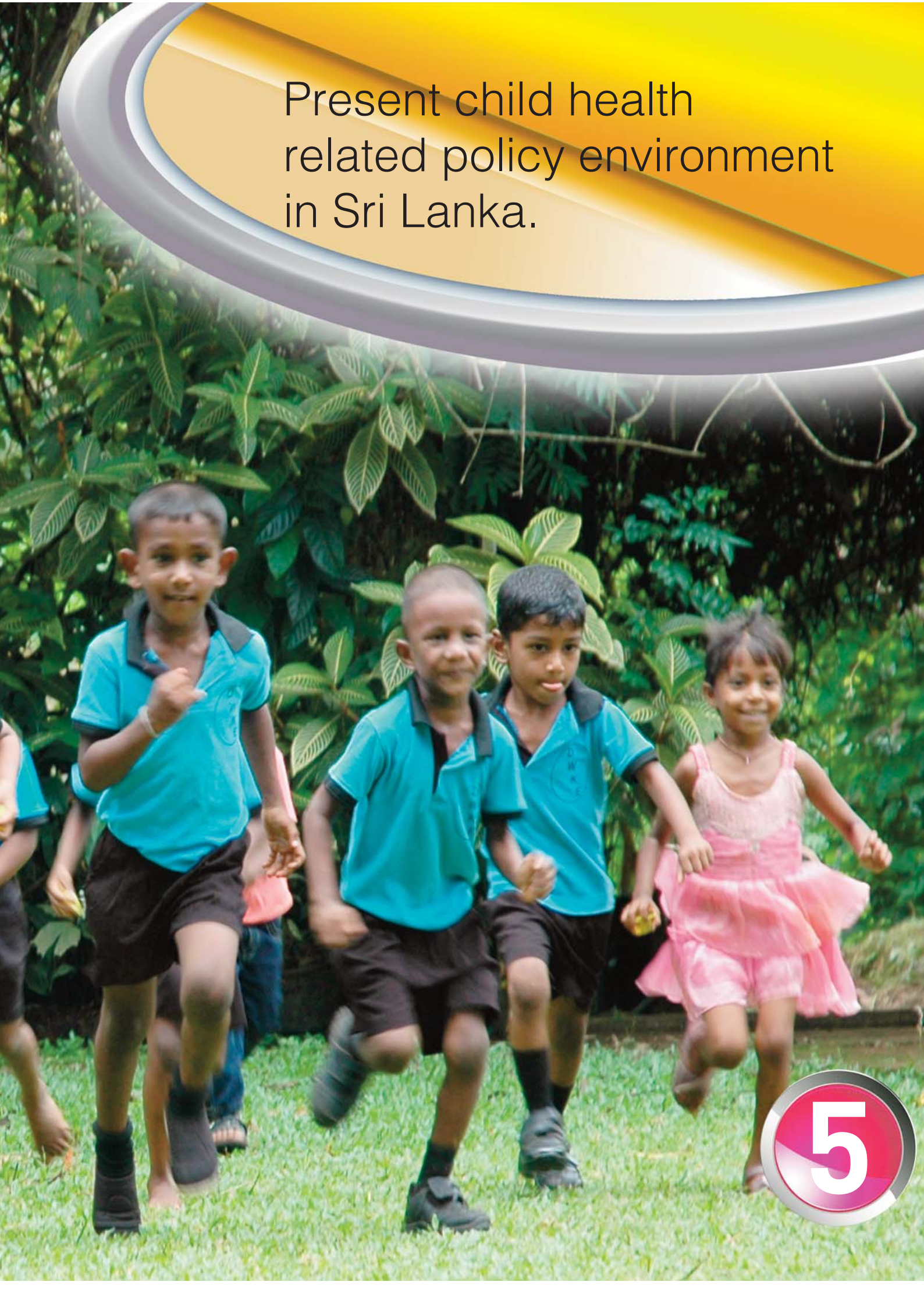
District	Children: primary care institution (Outpatient care)	Children: primary care institution (Both in and outpatient care)	Children: secondary care institution ratio	Children to pediatrician ratio	Children to speech therapist ratio	Children to occupational therapist ratio	Children to physio therapist ratio
Colombo	21803	87213	78250	10760	72,926	93,763	23,441
Gampaha	13924	70887	152179	42542	136,134	170,167	32,413
Kalutara	20682	31819	196229	54021	0	189,075	34,377
Kandy	6207	9905	155952	22616	75,388	64,618	11,032
Matale	4966	9104	103412	53914	161,741	161,741	26,957
Nuwara Eliya	5336	10440	108687	63740	254,961	254,961	42,493
Galle	7822	18936	155172	14845	42,678	113,808	13,132
Matara	8334	21156	81935	52463	131,157	65,579	20,178
Hambantota	6758	11926	80037	33854	0	0	29,018
Jaffna	4506	7342	83756	27286	0	95,500	11,235
Mannar	2244	3366	119930	19246	0	0	19,246
Vavunia	5828	7285	91677	31999	63,999	0	21,333
Mulaitivu	1953	3472	50685	18085	0	0	0
Kilinochchi	3487	5480	32708	24325	48,649	0	24,325
Batticaloa	5757	10497	49561	35307	0	70,614	21,184
Ampara	4787	11591	33659	31347	83,592	0	27,864
Trincomalee	4284	10709	29141	31448	157,242	157,242	19,655
Kurunegala	5760	13347	15623	72136	168,317	168,317	22,952
Puttalam	5868	15187	19179	54405	272,026	0	54,405
Anuradhapura	5290	8558	32949	74190	148,381	148,381	18,548
Polonnaruwa	5482	13706	44613	45218	135,654	135,654	16,957
Badulla	4598	6269	27528	47135	70,703	141,405	21,755
Moneragala	6345	10878	32128	31801	159,006	0	26,501
Rathnapura	7825	10817	100674	48997	171,489	114,326	68,596
Kegalle	7107	15794	109442	52225	0	0	87,042
Sri Lanka	7121	14024	31733	30066	127,780	144,446	23,071

The following figure presents the map of geographical distribution of different types of curative care health institutions in Sri Lanka.

Figure 12 **Map showing the distribution of different types of curative health care institutions**



Present child health related policy environment in Sri Lanka.



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Present child health related policy environment in Sri Lanka.

Several policy and strategic documents in the country focuses on child health. National Health Policy, National Policy on Maternal and Child Health (2012), National Policy on Early Child Care and Development (2004), National Strategic Plan on Maternal and Newborn Health (2012-2016) and National Strategy for Infant and Young Child Feeding Sri Lanka (2015-2020) are some of the policy documents which provide guidance in improving health among children.

The broad aims of the national health policy are increasing life expectancy and improving the quality of life. The national health policy recognizes the need for formulating context and time specific policies, while consolidating on earlier gains. It identifies the childhood health problems as a priority area. The national health policy identifies broad strategies that could become overarching guides for the child health strategic plan. These strategies include further strengthening preventive programs, continuous upgrading of the health care facilities at all levels to accommodate new advances in health care, making health care access equitable, increasing quality of care in relation to provider and consumer needs, ensuring free health services, preserving the right for having access to family planning information and services, having nationally agreed drug policies, promoting community involvement and private sector in providing health care, promoting research and human resource development and allocation of resources.

National policy on Maternal and Child Health (2012) devotes three goals for children under five years of age. These goals focus reduction of perinatal and neonatal morbidity and mortality, ensuring survival and reaching the optimal potential in growth and development of under 5 children, and rehabilitation of children with special needs.

National Policy on Early Childhood Care and Development emphasizes the need for ensuring early child care and development services. This policy specially advocates the coordination of the activities of different stakeholders involved in childcare so that roles are clarified, duplication is prevented and thereby synergy is maximized.

National Strategy for Infant and Young Child Feeding Sri Lanka (2015-2020) aims to provide guidance to relevant stakeholders to ensure a good foundation for all infants and young children by providing them with optimal nutrition.

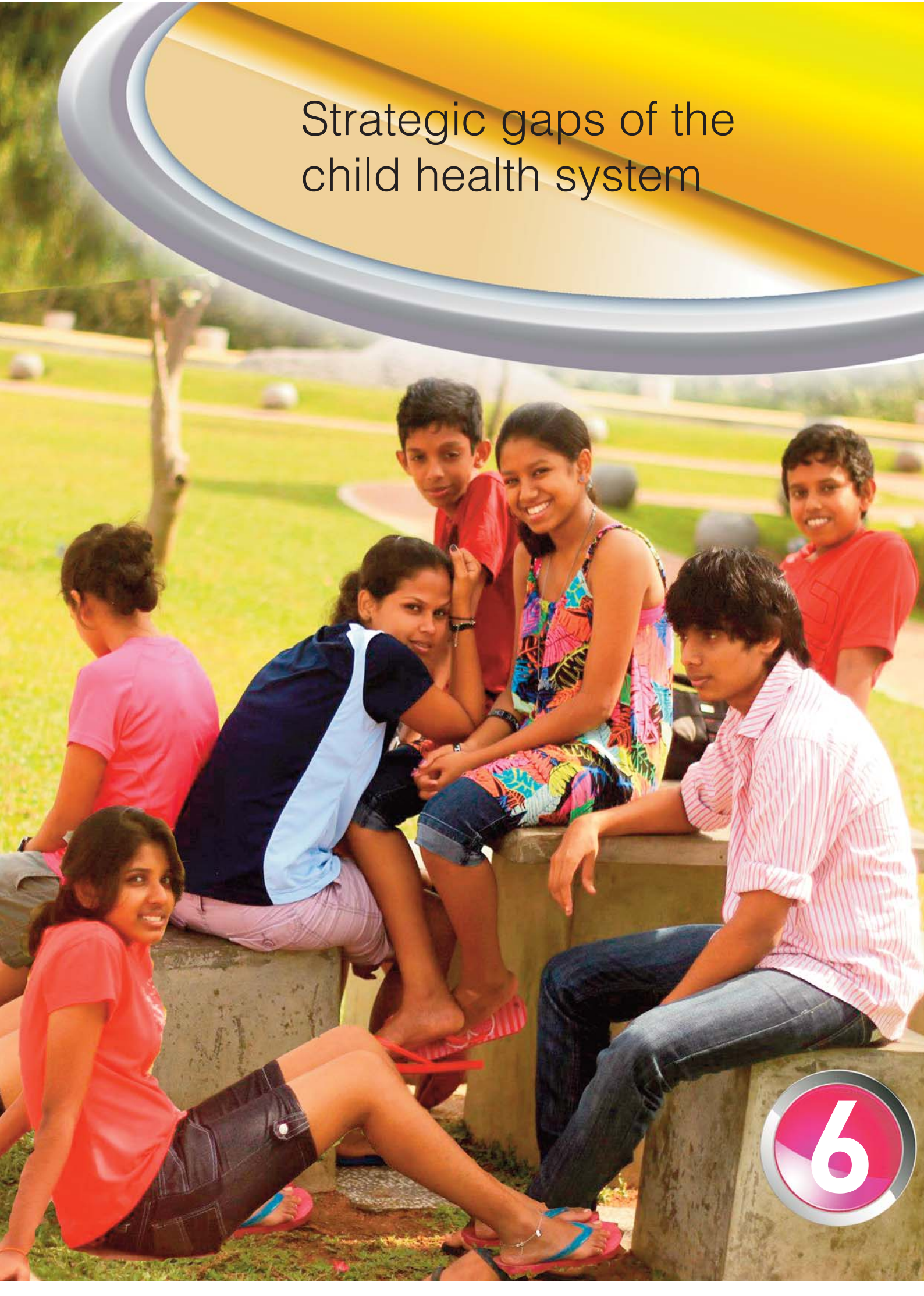
Under this context, the following aims can be identified as the present time mandates of the national child health programme:

1. Ensure children receive immediate birth care including effective newborn life support services and newborn examination by qualified medical personnel.
2. Provide BCG vaccination within the first 24 hours of birth.
3. Ensure primary birth registration in the hospital and every child is supplied with a Child Health Development Record (CHDR).
4. Provide essential newborn care and primary & specialized care for neonatal illnesses.
5. Provide counseling and supportive services for early initiation of breastfeeding, exclusive breastfeeding and care for premature /low birth weight children, provide vitamin A for post-natal mothers.

6. Examine all children at one month of age and at specified intervals thereafter until the age of five years by the MOH staff and make necessary referrals
7. Register newborn children in the birth and immunization register .and provide necessary immunization
8. Offer immunization according to the national schedule, supplement Vitamin A and de-worming.
9. Monitor growth, nutritional counselling and nutritional supplementation for malnourished children.
10. Ensure development promotion and conduct screening for developmental problems.
11. Provision of care for special needs conditions and chronic illnesses.
12. Provision of evidence based quality primary, secondary & tertiary care for acute illness and injuries.
13. Enhancing the capacity of parents on early childcare and development.
14. Surveillance of birth defects and childhood morbidity and mortality.
15. Prevent child abuse.
16. Collaborate with and regulate private sector child care.
17. Motivate and involve the community to create a supportive environment for child wellbeing.
18. Collaborate with all partners of childcare.

Availing universal access and ensuring utilization of health care by all needy children become the ultimate targets of the child health programme.

Strategic gaps of the child health system



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Strategic gaps of the child health system

The following presents a triangulated account on strategic gaps identified following the desk review and SWOT analyses conducted through stakeholder consultations. Strategic concerns presented in this section are categorized under subheadings: Nutrition Promotion and Growth Monitoring, Early Child Care, Development and Special Needs, Prevention of Illnesses and injuries, School Health, Vulnerable Children, Curative Child Health System, Underserved/Special Areas (North and East, Estate Sector and Municipal Council Areas), Cross cutting issues (staffing, work time utilization, information, resource allocation) and Allied Sector Issues.

6.1 Nutrition promotion and growth monitoring

The nutrition component of the child health programme focuses strategic interventions related to two main aspects: **a)** Promotion of child nutrition (among infants, young and older children) **b)** Growth monitoring and correcting nutritional problems.

Breast-feeding status among Sri Lankan children is considered satisfactory as indicated by increasing exclusive breast-feeding rates over the years. The national policy encourages exclusive breast feeding during the first 6 months and continued breastfeeding for two years and beyond. Various programs conducted have resulted in achieving impressive rates in breastfeeding indicators; exclusive breastfeeding rate of 76% during first six months and continued breastfeeding of 88% at the age of two years. Sri Lanka Code for the Promotion, Protection and Support of Breast Feeding and Marketing of Designated Products is the main monitoring body. Concerns have been raised on the need for a Breast-Feeding Act with the incorporation of relevant WHA resolutions. Health professionals are concerned that advertising of artificial milk products negatively affect breastfeeding practices of mothers. It was also highlighted that the public receive conflicting messages about breast-feeding from childcare specialists and primary health care providers. Also health worker turn over seems to create a need for a continuing capacity building programs on breast-feeding. Need for promoting breastfeeding practices among working mothers was highlighted.

Unavailability of lactation management centers in some hospitals, discontinuation of exclusive breast-feeding at 4 months, relatively less practice of expressed breast-feeding among working mothers were also identified as important strategic gaps.

Concerns were made about the relatively less vigorous programme efforts on promoting complementary feeding. Gaps included inadequate capacity of PHMs on complementary feeding promotion, lack of adequate time for feeding counseling by PHC workers, poor public awareness on complementary feeding, lack of adequate supervisory focus on complementary feeding activities and inadequate reaching of IEC materials on complementary feeding to target groups. Though growth monitoring coverage is high, the identification of root causes for nutritional problems and provision of nutritional counseling and interventions by PHC staff were noted to be inadequate.

Capacity building of PHC workers, development of explicit guidelines, and building coherent linkages between preventive and curative health care workers have been identified as nutrition related strategic needs. A need for improving the capacity

of PHMs on identifying nutritional problems and counselling parents were also identified as priority concerns. It was suggested that a regular mechanism should be established to oversee the resistant cases of malnutrition by MOHs.

Need for introducing sustainable Behavior Change Communication (BCC) approaches related to nutritional promotion during pregnancy and post-natal period was identified as an important strategic concern. It was suggested that the special nutrition clinic managed by the MOH need to be strengthened for the provision of targeted interventions for children not improving with routine care.

Concerns were made on the impact of nutritional supplementation programs with special emphasis on the "Thriposha" programme. Nutritional problems have become a major policy focus and a special presidential task force has been set up to steer the multidisciplinary drive towards eradicating malnutrition, especially among children and pregnant women. However, duplication of activities and production of conflicting messages were frquently observed. Obesity among children was also identified as an emerging nutritional problem.

6.2 Early child care and development, and special needs

Improving the capacity of parents on psychosocial stimulation and creating conducive environments for the optimal growth and development of children were identified as important strategic interventions. Relatively poor knowledge of health care workers on early childcare especially on psychosocial development, lack of focused strategies to impart required knowledge and skills to parents and lack of public understanding on early child care and development were identified as factors that need improvement. Introduction of appropriate IEC materials, revamping ECCD in-service training program and setting up systematic mechanisms to ensure all mothers have access to relevant information were proposed as important measures in improving early child care. It was also highlighted that present MIS does not have adequate provisions to cover ECCD interventions implemented by the PHC staff and therefore these interventions tend to have less attention on health care workers.

Establishing an effective systematic development-screening program to identify children with development problems and organizing special need care services for such children were noted as priority strategic concerns. It was suggested to assess the feasibility of mobilizing the existing PHC system to screen children for developmental concerns. Consideration of the nature of interventions and the characteristics of the present child health system indicated that a novel system for providing special need care is required. It was discussed that the present health system has to be expanded to include special need care. The need for developing new infrastructure and human resource requirements have also been suggested.

6.3 Prevention of illnesses and injuries

It was discussed that continued efforts should be maintained to ensure that general preventive measures related to prevention of common childhood illnesses such as diarrhea, respiratory tract illness, injuries etc

The need for the close monitoring of adverse effects following immunization (AEFI), training and logistical support for primary health care staff to manage AEFI were identified as important strategic options related to immunization. It was also highlighted that considerable proportion of parents tend to use the private sector and therefore it is important to take measures to regulate the quality of vaccinations carried out by private sector providers. Therefore it is very important to capture

the AFEI coverage and AEFI data related to private sector vaccinations. Points were raised that in some urban societies, access to PHM is limited and even people tend to choose private sector providers over PHM for vaccination services. Need for taking measures for attracting such communities to public health immunization services was stressed upon. It was also suggested that there is no systematic default tracking system for immunization programmes. It was observed that though coverages are high, issues with age appropriate immunization still prevail due to false contraindications perceived by providers. It was suggested that capacity of PHC staff has to be improved in this regard. Suggestions were made that it is time for considering the possibility of changing the timing of immunization clinics to adjust for availability of working mothers. The possibility of incorporating new communication techniques such as SMS, phone calls in informing mothers about vaccination dates and tracking defaulters were proposed. As most people now use mobile phones, it was considered as an easy and rapid measure of reaching target recipients. The need for sustaining in service training for MOH staff on vaccine supply logistics, storage, cold chain monitoring, immunization, AEFI monitoring and mediation in emergencies were identified. Considering factors such as higher participation of private sector in immunization, religiously motivated evasion of vaccinations and the need for expediting the Immunization Act was stressed upon. It was also suggested that standard facilities and quality standards are maintained at all service point outlets. Points were raised that during the recent incidents of severe AEFI resulting in child deaths, lack of proper arrangement of communication to the public have made serious drawbacks on public trust on the immunization programme. It was suggested that standard protocols should be in place on releasing such information so that undue messages going to the public is prevented.

The need for continuing BCC measures related to water sanitation related illnesses through PHC staff was highlighted. Injuries and accidents were identified as an important strategic focus that need attention.

6.4 School health

Several issues were discussed as hindering the impact of school medical inspections (SMI). They include, poor coverage, lack of coordination and collaboration between education and health partners, and improper record keeping and follow up of problematic cases. It was also observed that SMIs are operated as separate events in some schools and it was not linked with continuing school health promotion initiatives. Only one third of schools are reported to achieve health promoting school status. It was suggested that, it is high time to conduct a systematic evaluation of a school health programme.

The need for identifying measures to reach all schoolchildren with essential health messages and building their life skills in a sustainable manner was also stressed. Concerns were raised that the present system of school education sessions held in an ad-hoc basis which failed to ensure coverage of all children with a timely and comprehensive manner. Therefore, it was suggested to advocate educational sector on the need for revising school curriculum to include health promotional and preventive measures.

The need for incorporating system of screening and referral mechanisms for children with special needs in the SMI was stressed. The importance of involving teachers and parents in special need care was highlighted. As information on special need, problems among schoolchildren were limited; it was suggested to carry out a national level assessment of special need issues among students. The need for integrating a routine school health survey was suggested.

School health clubs were recognized as a robust mechanism of reaching a large proportion of children with health information in a student friendly manner. The need for systematizing a school health club program with national standards and guidelines and the importance of establishing clear roles for both education and health personnel in school health clubs were highlighted.

The school health committee with representations from school, health, students and parents was identified as a strong mechanism to make healthy school environments and create a health promotion culture in schools. Conducting advocacy programs, development of standard guidelines for such committees and integrating them in to school cultures were considered as important strategic points in this regard.

The need for upgrading and expanding the school dental health services was also discussed.

Injury/accident prevention, environmental protection, nutrition promotion, ensuring ergonomically sound furniture/ school bags, environment health and mental health conditions such as exam anxiety, depression, counselling, were identified as emerging and important content area of the school health programme.

It was highlighted that though mandated by circulars, PHMs still do not deem non-school going adolescents are their responsibility. It is also noted that most hospitals do not have dedicated clinic services for children on Saturdays, though it was an accepted policy.

6.5 Vulnerable children

Children of migrant mothers, children living in orphanages, street children, children who become child abuse victims were identified as important types of vulnerable children in Sri Lanka. It was highlighted that there were no organized programs addressing health problems of these children. The need for both preventive and rehabilitative interventions for specific problems among them were stressed. It was suggested that novel mechanisms should be designed and piloted to address the health problems of different types of vulnerable children.

6.6 Curative system gaps

Several programme gaps were identified in the curative childcare program. Despite the wide spread of hospital networks, it was observed that some parts of the country have no access to 24/7 specialist care. Lack of consistent staff allocation policies seemed to hinder the effective functioning of curative child health programme in some areas. Regional disparities in resource distribution in the health system was identified as a factor that negatively affects the curative childcare.

It was proposed that a major national level resource mapping exercise on the curative child health system should be carried out. The aim of this task should be to find out gaps and forecast the future needs of health system strengthening related to child health.

Stakeholder discussions surfaced that the practice of standard operational procedures in curative childcare is not well established. Many providers seem unaware of the national guidelines or do not follow them. A need for developing standard updated operational guidelines for several conditions for which national guidelines were absent was identified. It was also discussed that there are no standards on norms on the essential inventory items to general and specialized pediatric wards.

It was also discussed that quality assurance practices which prevail in the system, predominantly focuses on the physical aspects of quality, while a less emphasis paid on the clinical quality of care.

Communications gaps were observed between curative and preventive sector providers resulting

in mismatched practices and provision of conflicting information to clients.

Quality of private sector curative childcare was observed as of varying quality and devoid of standards and insufficient regulations.

It was highlighted that the country requires at least 3 further tertiary care hospitals to ensure equal access to children from all districts. The places to establish such hospitals were proposed as Jaffna Kurunegala and Matara.

A need for continuing skill development of primary care medical officers on emergency care was identified as an important requirement. It was pointed out that there should be a mechanism to ensure that the medical officers and other staffs who are trained in subspecialist units, are to remain in these units for more than 4 years. The requirement of a word clerk with computing skills for each clinical unit was also identified.

6.7 Underserved/Special areas

Specific health system issues that negatively affect the performance of the child health program were identified in 3 sub sectors in the country. They have different reasons and it was recommended to address these issues using separate strategic approaches. These 3 sectors include: The North & East, Estate and child populations served by Municipal Council health departments.

6.7.1 North & East

The stakeholders meeting held in Jaffna indicated that many shortcomings are seen in human resource availability. It was highlighted that most PHC workers have not been exposed to a routine in service training programmers after resuming their duties since 2009. Lack of IEC materials in Tamil language has been identified as another problem.

6.7.2 Estate Sector

Estate population of Sri Lanka is around 900,000. Many specific problems related to health of children from estate areas are attributed to specific socio-cultural practices and service arrangements in Estates. Most mothers in estates are involved in manual work of plantations and therefore have a less time in attending to ECCD needs of their children. Estate children are usually looked after in estate crèches by crèche attendants. Preventive health work of estate children is looked after by Estate PHMs who may not be similar to PHMs from other areas by training. Health division of the Plantation Human Development Trust (PHDT) is involved in promoting the health of estate children. In addition to Estate PHMs, Child Development officers are involved in the child development promotion of estate children. The need for reviewing health services available for estate children were identified.

6.7.3 Municipal Council areas

Organization of the health system in major Municipal Council areas such as Colombo and Kandy are somewhat different from the other areas. Local health departments coming under Municipal Councils are responsible for health service provisions. It was observed that PHC workers attached to these areas are deprived of some of the in-service training opportunities available for child health workers from other areas. The need for giving special attention to the updating of service standards of Municipal Council health areas was identified.

6.8 Cross cutting issues

Several cross cutting cases were identified as affecting smooth functioning of the child health system. They include disparities of financial allocation and disbursement of funds across regions, unfilled vacancies of public health staff such as PHMs, SPHMs, PHNs and PHIs,

inadequate supervision and in-service training activities. Maldistribution of curative staff was also identified as a cross cutting issue.

Requirement of measures that enhance the job satisfaction among field health staff was highlighted. It was observed that the public image of PHMs should be increased, especially in urban settings in order to increase public acceptance of their services. The need for introducing a training programme on public relations, and programme management skills among PHC staff was identified. It was also highlighted that many PHMs do not have proper transport facilities such as government provided motor cycles and their traveling allowances which are not paid accordingly.

At present, there is no active initiative to verify and address the customer perspectives in child health services. It was proposed that mechanisms should be initiated to address this important aspect of the child health programme.

Several health and program related information issues also have been identified. Among them were lapses in birth registration by PHMs due to common practice of changing a mother's location after delivery, and lack of default tracking systems in immunization, errors and delays associated with the print based information system and insufficient usage of available information for programme optimization.

It was observed that more and more patients are now seeking private sector care for curative and preventive services. Hence, it was stressed that attempts have to be made to regularize and ensure quality control in private sector care. Capturing information related to the private sector based on health care was also identified as a main requirement of ensuring the actual national coverage of child health indicators.

It was observed that in recent times several new responsibilities have been added to PHMs responsibilities. This seems to stretch their working time availability, affecting the quality of work.

6.9 Allied sector issues

Many stakeholders are involved in child welfare programs. They include Ministry of Women and Child Development, Child Secretariat, Department of Probation, Ministry of Education, Child Protection Authority, Agriculture Sector and Provincial ECD authorities. It is observed that though all these organizations are concerned with the wellbeing of children, collaboration among them are not satisfactory. It is important that forums be established in a way joint and collaborative programs can be planned.

Strategic Plan

7

Strategic Plan

7.1 Vision

To achieve optimal growth and development of Sri Lankan Children

7.2 Mission

To ensure availability of quality care required for healthy growth and development of children in collaboration with the caregivers.

7.3 Guiding Principles/ Values

Human rights

We respect and strive to safe guard the rights of all children for receiving all possible care for reaching their maximal potentials as adults.

Equity & universal care

We pay special attention to ensure all children, irrespective of residence, ethnicity, gender and socio-economic backgrounds, have equal opportunities of receiving required care for growth, development and ill health.

Sustainable, evidenced based, integrated care

We strive to provide continually updated evidence based sustainable care. The plan will focus the integrated approach that will ensure cost efficiency, effectiveness, access and affordability.

Quality of care

We intend to pay special emphasis on setting quality standards, quality assessments and quality improvements in all aspects of child health care.

Community involvement

We recognize the importance of the involvement of parents and community at large for the sustainability and effective utilization of child health care. We pay special attention to the cultural sensitivity and the community responsiveness to the interventions.

7.4 Strategic Objectives, Strategic Interventions and Major Actions

In order to ensure that strategic concerns of all thematic areas of child health are addressed, the plan is divided in to several thematic areas. They include: **a)** Nutrition Promotion & Growth Monitoring, **b)** Child Care Development and Special Needs, **c)** Prevention of Diseases and Injuries, **d)** School Health, **e)** Vulnerable Children, **f)** Curative System, **g)** Underserved/special Areas, **h)** Cross Cutting Issues and **i)** Allied Sector Issues.

7.4.1 Nutrition promotion and growth monitoring

Strategic Objective 1

Further strengthen the promotion of child nutrition with community involvement

Strategies	Major actions	Time frame/target
Strengthen Baby Friendly Hospital Initiative (BFHI) and Baby Friendly concept in other settings	• Further strengthen BFHI in the hospitals with delivery facilities taking into consideration the current threats to protect promote and support breastfeeding • Promote mother friendly concept in maternity settings • Introduce mother and baby friendly initiative to other settings eg; MOH offices, work places so that breastfeeding will be protected, promoted and supported through out	2018-2019 2019 2018-2019
Improve capacity of ground level health staff in promoting child nutrition	• Review/update training packages • Ensure at least 80% of staff has received training/has been trained at a given time • Monitor quality of training at district level • Strengthen supportive supervision of health staff	2021 2018-2025 2018-2025 2018-2025
Improve parents' and care givers' capacity on nutrition promotion	• Develop and disseminate IEC materials relevant to nutrition • Organize Mothers' classes. Mother support groups at specific age points (5, 8, 11 months) to discuss nutrition related issues • Conduct media campaigns through social and other medias and take effective measures to draw attention to key messages in nutrition • Increase opportunities to one to one counselling and group counseling at CWC, field weighing posts, and in schools • Integrate nutrition promotion in the school health club agenda • Integrate nutrition training modules to basic training programs of programs of preschool teachers	2018-2025 2020 2018-2025 2019 2018-2022 2020

Strategies	Major actions	Time frame/target
Ensure all partners promoting nutrition are equally updated on the scientific aspects of nutrition related issues	• Create/ organize regular and common fora to discuss/review nutrition related programs • Conduct joint collaborative workshops on new updates on nutrition • Improve knowledge on child nutrition among day care providers, pre-school and primary school teachers	2018-2025 2018-2025 2018-2025
Collaborate with the multisector nutritional programs to improve child nutrition	• Conduct joint nutrition reviews at different levels • Review and agree on the roles of different stakeholders • Review and synchronize with the strategic actions proposed by other nutrition action plans (IYCF strategy, national nutrition action plan etc.)	2018-2025 2018-2025 2018-2025

Strategic objective 2

To strengthen the process of detection of nutritional problems among children and ensure appropriate interventions

Strategies	Major actions	Time frame/target
Further improve the capacity of health workers on managing nutrition problems	• Review / update training packages on nutritional assessments and interventions based on most recent evidence • Scale up in-service nutrition training programs • Post training evaluation on skills expected to deliver the services • Integrate new additions of training packages to pre-service training curricular	2020 2021 2022 2021
Ensure uniform guidelines are observed in the management of malnutrition at all levels of health care	• Develop/revise/update & widely disseminate clear guidelines on management of malnutrition to relevant healthcare providers • Involve all categories of providers (curative and preventive) in training workshops	2021 2021-2025

Strategies	Major actions	Time frame/target
Improve the quality of nutritional assessment and interventions at all levels of care	• Conduct population based assessments on quality of nutrition care • Assess the use of field growth monitoring records for identification of malnourished children • Organize clinical audits on malnutrition • Improve the capacity of health workers on assessment of nutrition status, detection of nutrition problems and correcting nutrition problems/ providing appropriate interventions • Train and involve school children in school based nutritional assessments and interventions	2022 2022 2020 2021 2021
Make available nutritional assessments and interventions to the children of working parents at feasible times	• Pilot and evaluate alternative work hour schemes of PHC workers	2021
Strengthen regular nutrition clinics at MOH level	• Make available standard guidelines on targeted interventions provided at the MOH nutrition clinics • Enroll all MOHs in relevant trainings • Develop and integrate a monitoring system for nutrition clinics • Create referral links between nutrition clinics and specialist pediatric clinics	2018-2025 2018-2025 2018-2025 2018-2025

Strategic objective 3

To optimize the efficacy of nutritional supplementation interventions

Strategies	Major actions	Time frame/target
Evaluate effectiveness of existing nutritional supplementation interventions (e.g. Thriposha, Multiple micro nutrients, mid-day meal programme)	• Commission/ conduct relevant evaluations • Disseminate findings and advocate relevant bodies to implement recommendations	2019 2019
Explore the possibility of improving access to micronutrient and food supplementation among children	• Conduct in-depth analysis of the micronutrient and food supplementation dynamics among users and make recommendations on improving access • Advocate for the need of adequate resource allocation for procurement/ production of micronutrient and food supplements • Streamline logistic management; transport, storage, monitoring mechanisms related to nutritional supplements	2020 2020 2020

Strategic Objective 4

To create a favorable legal environment to support breast-feeding, appropriate complementary feeding and child nutrition

Strategies	Major actions	Time frame/target
Sustain complying to breast feeding code by all relevant partners	• Conduct of regular meetings of the Breastfeeding Code Monitoring Committee • Disseminate the messages on the provisions of breast feeding code among care providers, milk food and complementary food companies, media and public • Actively engage in discussions with the parties who violate breast feeding code to mitigate their actions	2018-2025 2018-2025 2018-2025
Establish legal framework supportive for breast feeding	• Create an advocacy campaign for the need of a Breastfeeding Act under the purview of the Ministry of Health • Revise the current Sri Lanka Code to include new WHA resolutions and address limitations of the existing Code	2020 2021

Strategies	Major actions	Time frame/target
	• Establish a system with in the Ministry of Health to implement the Breastfeeding Act • Ensure strict enactment of Breastfeeding Act	2021 2021
Strengthen focus of the Food Act in relation to promotion of child nutrition	• Revise regulations in the Food Act o to be supportive of breastfeeding and proper complementary feeding o to include relevant WHA resolutions i.e. curtailing inappropriate promotion of food and beverages to children o prohibiting using children in advertisements on food and beverages	2020
Ensure maternity benefits to employees of all sectors (both government. and private sector) to enable exclusive breast feeding for 6 months	• Revision of relevant regulations to provide necessary maternity benefits to all sectors to support exclusive breast feeding for 6 months • Close monitoring of provision of maternity benefits by all employers	2020-2021 2020-2021

7.4.2 Child care, development and special needs

Strategic Objective 1

To ensure all children receive adequate psychosocial stimulation in an environment supportive of their optimal growth & development

Strategies	Major actions	Time frame/target
Ensure parents have access to appropriate knowledge skills regarding child care and development	• Develop parent educational materials on early child care and care of school going age children that provides basic knowledge required for promoting growth and development and creating conducive child care environments	2019-2020
	• Assess the impact of providing information to parents using above educational materials	2019-2020
	• Develop a regular, self-funded mechanism to disseminate the above parent educational materials to all needy families, if evaluated positively	2019-2020
	• Conduct regular ECCD mothers classes/mother support groups /during pregnancy and post-natal periods	2019
Educate, empower and motivate caregivers on promoting growth & development	• Conduct PHC worker training on ECCD	2018-2019
	• Monitor and encourage PHC workers activities on ECCD program	2019-2025
	• Integrate monitoring indicators related ECCD to RH- MIS	2019-2025
Facilitate access to Early Child Development Centers	• Educate mothers on the importance of ECCD and preschool participation	2018-2025
	• Conduct awareness programs/ IEC materials on ECCD to pre-school teachers	2020-2022
	• Develop and integrate health related elements to preschool standard's and reduce number of students per ECCD center	2019

Strategic Objective 2

To establish mechanism to systematically screen all children to detect developmental delays and problems.

Strategies	Major actions	Time frame/target
Integrate a systematic development screening system in to child health programme	• Develop and validate screening tools to be used by PHMs • Establish development screening system at the 9th , 18th, 24th, and 36th months, year 1 in the school • Introduce development clinics at MOH level • Develop and conduct PHC worker training programs on screening for development problems • Develop and establish referral criteria and mechanisms • Awareness raising and training of preschool teachers and school teachers on developmental disorders and screening systems • Develop and integrate establish a development screening systems to SMI	2019 2019 2020 2019-2020 2019 2020-2022 2020-2022
Enhance the involvement of parents and caregivers in child development screening	• Update and revalidate the CHDR based development monitoring indicators • Create awareness among parents about the CHDR based screening procedures • Include knowledge materials related to development monitoring (including those in CHDR) in to parent materials on ECCD	2019 2020 2020
Provide early interventions to children with development concerns	• Develop, pilot and scale up PHC based early intervention program • Develop PHC worker training packages on the early interventions • Ensure referral pathways and specialist supervision for PHC based early intervention programs	2021 2021 2021

Strategic Objective 3

To make available evidence based interventions for children with special needs

Strategies	Major actions	Time frame/target
Pilot, evaluate and integrate special need care system to child health programme	• Establish Child Development Centers (CDC) at District levels • Develop Standard Operational Procedures for the CDC • Establish referral pathways from PHC system, preschools & schools to CDCs • Establish national centers of excellence for specific childhood developmental disorders (e.g., Center for CP, Autism etc.)	2021-2025 2019 2019 2019
Empower health staff on special need care	• Develop capacity development programs on special need care for health and allied sector staff • Organize and conduct training programs for health and allied sector staff	2019 2019-2020
Pilot the possibility of establishment of public private partnerships and encouraging evidence based special need care on special need care by all partners	• Establish a national level multidisciplinary steering group on special need care • Develop and implement joint special need care services in collaboration with government staff and community based organizations • Develop and disseminate national standard technical guidelines on special need care	2018-2025 2021 2021

Strategic Objective 4

To advocate policy makers and make aware public on the burden of special need related ill health and the need for initiating concerted efforts to mitigate the problem

Strategies	Major actions	Time frame/target
Research disease burden on special needs	• Organize a national survey on special need problems • Solicit funds for special need research • Motivate and facilitate post graduate trainees to engage in special need research • Establish a system for gathering data on special needs through health system	2019 2019 2019-2025 2020-2025
Engage motivate policymakers in making salient policy decisions related to special need programming	• Develop advocacy package • Conduct advocacy campaigns to policy makers • Conduct media advocacy sessions	2020 2020 2020-2025
Create public awareness and mobilize community resources towards special need care	• Develop and disseminate public educational materials • Develop and make available special need care guidelines to community based organizations	2020 2021

Strategic Objective 5

To ensure synergy between multidisciplinary and inter sectoral stakeholders when delivering special need care programs

Strategies	Major actions	Time frame/target
Create a network of stakeholders related to special need care and establish regular discussion forums on establishing holistic special need care in the country	• Establish a national steering group on special need care • Organize national symposiums on special need care services in collaboration with all partners • Conduct a mapping exercise to identify partners of special need care	2018-2025 2021 2021
Encourage joint programming by various special need care providers to enhance synergy and avoid duplication	• Conduct a review of national special need care programs • Create a multidisciplinary movement to identify different roles of partners (pediatricians, child psychiatrists, MOHS, hospital MOs, OT, PT, SLT, P&O, developmental therapists, counselors, nurses, educational therapists, psychologists and social service officers) • Establish a multilevel collaborative mechanism to monitor the process and impact of multidisciplinary initiatives aimed at special need care	2021 2020 2021
Ensure educational opportunities for all children with special needs	• Advocate on improving the educational facilities for children with special needs • Promote inclusive education whenever possible	2020 2018-2025
Encourage rights based approach in special need care	• Develop programs to build awareness amongst all stake holders about rights of these children and ensure protecting them at all times	2018-2025
Involve parents in special need care	• Conduct parent awareness program • Develop parent mediated care packages • Organize parent training sessions in child development centers • Develop and disseminate parent educational materials on special need care	2019-2025 2019 2019-2025 2019-2025

7.4.3 Prevention of illnesses & injuries

Strategic Objective 1

To have insight on the burden and response related to common childhood illnesses and injuries

Strategies	Major actions	Time frame/target
Review and compile existing information on common childhood illnesses and injuries	• Collate all available data and identify the trends and burden of childhood injuries and illnesses	2019
	• Research in to the trends and burden of childhood injuries and illnesses	2019
	• Conduct policy and strategic analysis in relation to injury prevention	2019
	• Foster research in to the area of childhood injuries and common illnesses	2018-2025
	• Main stream relevant interventions to the child health program to address program gaps identified by above activities	2019
	• Incorporate indicators on childhood illnesses and injuries in to HMIS	2019-2025
	• Established the child health death review with wider stakeholder participation	2019-2025

Strategic Objective 2

To create community actions that leads to reduce common childhood illnesses and injuries

Strategies	Major actions	Time frame/target
Educate and motivate parents and caregivers on the prevention of common childhood illnesses and injuries	• Develop and disseminate BCC material related to common childhood illnesses and injuries • Improve the PHC workers BCC skills on preventing common childhood illnesses and injuries • Use of social marketing strategy as a measure of child injury prevention & protecting children from environmental hazards	2019-2023 2019-2023 2019-2023
Integrate injury prevention in to the school health promotion package	• Develop advocacy and intervention package for injury prevention in school settings • Involve school health clubs in injury prevention programs in school settings • Make injury prevention is an agenda item in the school development committees	2020 2020 2020

Strategic Objective 3

To increase health seeking behaviors related to child immunization

Strategies	Major actions	Time frame/target
Improve the quality of PHC based immunization programme	• Improve the clinic conditions to facilitate immunization program • Provide adequate equipment and guidelines on immunization procedures and AEFI management • Increase supervision on immunization activities	2019-2025 2019-2025 2018-2025
Review and encourage the quality of immunizations carried out by private sector partners	• Establish a private sector immunization clinic registration mechanism • Develop standards for private immunization clinics • Make reporting of private sector immunization a mandatory process	2018-2019 2018-2019 2018-2019
Establish supportive legal environment for immunization	• Implement approved national immunization policy through a legal framework	2018-2025
Strengthen the monitoring of indicators related to coverage, quality and AEFIs related to immunization activities	• Review and improve the Birth and Immunization Register maintenance by PHMs • Find out a mechanism to ensure early registration of births of mothers who have changed residences after birth • Scale up computerized immunization recording system (WEBIIS) • Update population data at MOH levels	2018-2025 2020 2019 2018 2018-2025

7.4.4 School health

Strategic Objective 1

To revisit the school health interventions/programme in relation to current context

Strategies	Major actions	Time frame/target
Review School Medical Inspections (SMI) & school health promotion program activities to optimize their relevance, comprehensiveness and to remove bottlenecks	• Conduct an evaluation of school health programme • Advocate policy makers on the recommendations resulting from the evaluation • Develop and implement remedial measures to update SMIs & school health promotion activities	2018 2018 2018
Update guidelines on SMI to include screening and interventions for both physical and mental health concerns	• Develop clinical guidelines for MOH/PHIS on managing common illnesses (both physical and mental) among school children • Conduct relevant training programs to for MOH/PHIs/PHNS • Develop screening tools for common psychological conditions in schools (e.g. ADHD/CD, learning disorders, ASD)	2018-2019 2019-2025 2020
Improve the follow up and referral actions related to children identified to have health problems in SMIs	• Emphasize the SMI follow up related indicators in school health program reviews • Increase the supervision of SMI activities conducted by PHIs ensure special clinic time for school children in hospitals • Explore mechanisms and solicit the support of class teachers, parents in following up referrals • Include the newly proposed community pediatricians and secondary child development centers in the referral pathway • Establish a system for follow up of curative care actions	2018-2025 2018-2025 2020 2020 2020
Make available school dental health services through schools	• Conduct a need assessment of school dental programme • Based on the above assessment, develop a capacity building plan for school dental services	2018-2019 2019

Strategies	Major actions	Time frame/target
	• Provide adequate the infrastructure facilities for school dental activities • Strengthen school dental services evaluation programs • Develop dental health promotion related IEC materials for students, teachers and parents	2019-2025 2019-2025 2020
Improve the knowledge of educational staff on the common problems identified in SMI and health promotion	• Develop awareness package (IEC materials/ training package) for school teachers • Establish a cascade training programme for teachers on the above package	2020-2023 2021-2025

Strategic Objective 2

To ensure regularity, coverage and quality of school health programme

Strategies	Major actions	Time frame/target
Evaluate the quality of school health monitoring system	• Evaluate the quality of routinely gathered school health information • Conduct advocacy programme to regional managers on the need of supervising and monitoring school health programme • Conduct regular reviews of school health programme activities of the MOH system	2018-2025 2018 2018-2025
Establish forums to monitor school health activities in joint collaboration of educational and health authorities at different levels	• Establish national, provincial and zonal level collaborative committees to monitor the school health activities • Conduct annual joint reviews of school health activities at regional levels • Advocate to include the school health related indicators in the routine school monitoring systems of Ministry of Education	2019 2018-2025 2019

Strategic Objective 3

To create avenues for children to access knowledge required for facing reproductive health related problems

Strategies	Major actions	Time frame/target
Create forum of advocacy about the need for integrating reproductive health related information to school curriculum	• Conduct an analysis on the reasons for continuous failure of integrating & successfully delivering reproductive health (RH) information in to curriculum • Create an advocacy package on the need of integrating RH information in to school curriculum • Establish a national level collaborative committee comprising of members from, Ministry of Education, National Institute of Education, National Education Commission, and Ministry of Health to identify and implement the strategies for imparting RH information to children • Strengthen implementation of the processes of reproductive health education	2019 2019 2019-2020 2019-2025
Explore the use of mass media, internet based social media and print media in promoting reproductive health knowledge among school adolescents	• Develop and popularize a Web Based RH information system	2019-2025
Pilot the possibility of using peer approaches in disseminating knowledge and skill related to reproductive health among school adolescents	• Develop and evaluate a peer education packages on RH education • Integrate evaluated peer education package in to the agenda of the school health clubs	2020 2020-2021
Explore the possibility of communicating reproductive health information in the community through PHC workers	• Pilot and evaluate MOH based health camps, workshops on RH and life skill education	2018-2019
Empower school teachers in imparting reproductive health related knowledge to children	• Develop and integrate reproductive health curriculum to pre service teacher training • Develop and disseminate IEC materials on reproductive health and reproductive health education	2018 2018-2019

7.4.5 Vulnerable children

Strategic Objective1

To have an insight on the extent of health related burden related to vulnerable children

Strategies	Major actions	Time frame/target
Assess the extent and burden of health problems among vulnerable children	• Compile existing information on vulnerable children: Victims of child abuse, institutionalized children (orphanages, correction facilities, street children, foster families) and children of migrant mothers • Conduct an assessment of problems faced by these children	2019 2019

Strategic Objective 2

To improve access to appropriate health interventions by vulnerable children

Strategies	Major actions	Time frame/target
Design a package of health interventions and delivery mechanism aimed at vulnerable children	• Establish collaborative teams to develop standard health intervention packages for vulnerable children in different settings • Integrate the above plan to primary health care system • Pilot and evaluate the feasibility of above packages	2021 2021 2021-2022
Establish a multisectoral, multidisciplinary initiative to explore the avenues of addressing health and related issues among vulnerable children	• Set up a multidisciplinary national committee on vulnerable children • Pilot, scale up and integrate the effective interventions in to relevant systems	2018-2025 2018-2025
Streamline health care for vulnerable children	• Develop standard guidelines for providing essential child care and protection for organizations and institutions involved in caring for vulnerable children • Develop guidelines for MOHs on providing primary child health care for vulnerable children in MOH areas	2018-2019 2018-2019

7.4.6 Curative child care

Strategic Objective 1

To increase availability and optimize distribution of human resources to achieve universal curative care coverage for children across the country

Strategies	Major actions	Time frame/target
Estimate the current and future requirements of different kinds of child health care providers and determine their present geographical distribution and identify Human Resources (HR) gaps	• Develop facility / population norms based criteria for deploying different kinds of health staff in curative child care institutions • Forecast future requirements of different kinds of health staff required for curative child care according to the above criteria • Develop a long term human resource development plan for child health services based on the above requirement • Map the current distribution of different kinds health staff across the country and identify human resource gaps/ misplacements • Advocate for developing and implementing human resource reallocation policies to ensure equity in HR distribution • Provide facilities and incentives for those who work in remote areas	2019 2020 2020 2020 2020 2020-2025
Review, improve and scale up HR training programs	• Review the current and future levels of staff outputs from different training institutes and identify gaps in the HR development • Scale up training programs and increase the annual number of newly passing out staff types that are found to be deficient in numbers • Develop and introduce new training programs to cover the following sub specialties in pediatric discipline: Community pediatrics, Pediatric Gastroenterology, Pediatric Rheumatology, Pediatric Dermatology, Pediatric Genetics, Pediatric Clinical Hematology, Child Psychiatry, Pediatric surgery and all other pediatric surgical subspecialties • Assess the requirements and develop sub specialties in nursing care /paramedical staff	2019-2020 2019-2025 2018 2019

Strategies	Major actions	Time frame/target
	• Assess requirement and revise cadre requirements related to paramedical staff required for providing special need care (OT/PT/SLT) • Expand and expedite the training of OT/PT/SLT in adequate numbers • Establish career pathways for all types of HR types	2019 2019-2025 2019-2025

Strategic Objective 2

To optimize access to curative child care by strengthening infrastructure facilities at different levels of care

Strategies	Major actions	Time frame/target
Establish provincial level Tertiary Care for pediatric illnesses	• Develop a master plan for establishing 3 specialist pediatric hospitals in Southern Province, North Western Province and Northern Province • Develop new cadre lists to cater for the HR needs in the above institutions and get approval for appointing • Build infrastructure facilities and equip them	2018-2019 2018-2019 2018-2019
Improve adequacy and quality of existing pediatric care related infrastructure facilities in secondary care hospitals	• Conduct infrastructure related need assessment on exiting pediatric care facilities in secondary care hospitals and identify gaps • Develop plans and build and refurbish existing pediatric care facilities in selected secondary care hospitals identified above • Assess the quality and adequacy of existing laboratory and other investigations facilities for pediatric care in secondary care facilities	2018 2018-2025 2019

Strategic Objective 3

To ensure sick children receive best possible quality care

Strategies	Major actions	Time frame/target
Define quality standards for curative child care in Sri Lanka	• Develop quality standards and pediatric care quality assessment tools to be used in hospitals • Establish a regular system of quality of care assessment on hospital pediatric care settings • Conduct regular national level quality reviews	2018-2019 2019 2018-2025
Develop and disseminate standard guidelines on curative child care	• Establish a guideline committee • Compile and review/evaluate existing national guidelines aimed at all types of curative health workers at different levels • Develop new guidelines to fill the gap • Disseminate the guidelines in the form of training programs and IEC materials	2019 2019 2019-2020 2019-2020
Conduct regular clinical audits on curative child care	• Conduct regular perinatal, infant / child death reviews	2018-2025
Improve access to pediatric emergencies	• Evaluate and scale up neonatal retrieval system currently being piloted in LRH • Expand existing newborn and child care resuscitation/emergency care training programs to cover health staff at all levels of care • Access existing infrastructure facilities in pediatric intensive care settings and rectify gaps • Conduct clinical audits of pediatric emergency care management • Train all MOs at PHC level on neonatal resuscitation and emergency care • Establish a special pediatric corner in every accidents and emergency units	2019 2018-2021 2019 2019-2020 2018-2022 2018-2020

7.4.7 Underserved areas

Strategic Objective 1

To recognize special health related problems faced by children in recently rehabilitated areas in the resettlement areas

Strategies	Major actions	Time frame/target
Identify specific health problems in rehabilitating districts (Mulaitivu, Kilinochchi, Vavunia, Jaffna and Manner, Batticaloa, Trincomalee)	• Conduct qualitative data gathering workshops with the participation of local health care workers • Organize and conduct community based research in to area specific and common health problems / burden among children in rehabilitating districts	2019 2020
Provide child health related information in local languages	• Assess availability of Tamil essential IEC materials related to child care • Translate and distribute materials to cover relevant areas	2020 2020

Strategic Objective 2

To improve & streamline child health program activities in estate areas

Strategies	Major actions	Time frame/target
Ensure capacity all PHC providers in the estate health sector is comparable with that of the PHC workers from other areas.	• Review the current level knowledge and skills among estate PHC workers (PHMS, Crèche attendants, ECD offices etc.) • Develop capacity development plans & conduct relevant training programs • Establish estate master training groups • Conduct peripheral training	2019 2019-2025 2020 2021-2025
Establish a regular forum between PHDT and MOH for reviewing the child health interventions issues in the Estate Sector	• Establish and conduct an Estate child health steering committee comprising of members from MOH (DGHS, DDG-PHS II, Estate Health Directorate, FHB) and PHDT • Conduct regular meetings to review the health of estate children and mothers at district level	2018-2025 2018-2025
Assess & address the status of child health and child health program activities in estate regions that are not covered by the PHDT	• Conduct a joint review with relevant RDHS & MOHs • Implement relevant recommendations	2020-2025 2025

Strategies	Major actions	Time frame/target
Improve health literary among estate population	• Review and reproduce IEC materials related to child care in local language • Improve the capacity of PHC workers serving estate population on BCC activities related to child care	2019-2023 2019-2023

Strategic Objective 3

To improve & streamline child health program activities in municipal councils areas

Strategies	Major actions	Time frame/target
Review the current status of child health programs conducted by Colombo Municipal Council and Kandy Municipal Council areas in collaboration with MOH and Municipal Health Authorities	• Establish a joint assessment team with MOH & CMC health departments • Develop & review assessment protocols • Conduct assessments • Prepare a system reorientation plan based on the assessments	2020 2020 2020 2020
Develop capacity building plan for PHC workers attached to Municipal Councils in relation to the National Child health Programme	• Review the current status of knowledge levels among estate PHC workers • Develop training mechanisms and plans • Establish master trainer groups • Conduct peripheral training	2020 2020 2019 2019
Establish regular forum to review the child health programme activities in municipal council areas	• Establish a joint MCH review mechanism of MCH care	2018-2025

7.4.8 Cross cutting issues

Strategic Objective 1

To address common health system issues that impact on the child health programme

Strategies	Major actions	Time frame/target
Review the resource allocation patterns in different regions and identify gaps	• Conduct a review of resource allocation and utilization patterns in different areas with special emphasis on municipal council areas and estate areas • Make recommendations to the MOH on the equity and adequacy	2020 2020
Provide equal staff population ratios in all regions of the country	• Define and disseminate the staff allocation ratios and staff allocation ratios to all levels of administration • Set a mechanism to regularly assess and report to the MOH on staff allocation issues in the child health system	2018 2019
Address the issues related to PHC worker time utilization patterns	• Assess review the PHC worker time utilization patterns • Identify strategies to optimize time allocation of PHM in order to improve the quality of work • Address staff time gaps by streamlining training and redistribution of different staff types	2019 2019 2019
Encourage regular supervision/ in-service training of health care staff	• Ensure regular MCH reviews and implement recommendations • Prepare standard lists of training programs related to child health and ensure all relevant staff in different districts are trained on them	2018-2025 2018-2025
Promote work satisfaction among workers in the child health system staff	• Conduct work satisfaction assessments among PHC • Establish regular performance appraisal systems and rewarding mechanisms • Improve work conditions and provide transport facilities	2018 2018-2025 2018-2025

Strategies	Major actions	Time frame/target
Further strengthen the health information system in both curative and preventive sectors	• Conduct a review of information gap in child health system management • Review the MIS to recognize relatively less monitored child care activities • Develop and integrate indicators to the MIS system	2019-2020 2019-2020 2019-2020
Explore the possibility of addressing customer care in child care services	• Conduct customer satisfaction surveys • Improve institutional conditions • Train health staff on customer care	2018 2018-2025 2018-2025
Prepare the PHC workforce for maintaining child care during disasters	• Develop and disseminate guidelines on managing essential and emergency child care activities during disasters • Capacity building of PHC staff on disaster management activities • Prepare disaster management plans at MOH levels	2019 2018-2024 2019

7.4.9 Allied sector issues

Strategic Objective 1

To review address the allied sector concerns in relation to child health

Strategies	Major actions	Time frame/target
Create network of health and allied sector child care partners at all levels (National, Provincial, District and Divisional),who regularly examine respective programme thrusts in collaboration	• Conduct mapping exercise on various partners involve in child health and related activities • Initiate a dialogue to make a joint review on collective responsibilities of different partners • Develop TORs and establish coordinating mechanisms	2020 2020-2025 2020
Regularly inform relevant partners about the national child programme activities	• Conduct awareness workshops in collaboration with different partners • Develop appropriate training packages that focus on differential specific roles and responsibilities of service providers from different sectors • Organize training programs to build the capacity of allied sector service providers	2018-2025 2021 2018-2025
Pilot collaborative activities aimed at specific health issues	• Conduct pilot programs on early child care related activities such as special need care, vulnerable children with the collaborative involvement of MOH teams, Early Child Development Officers, Child Probation Officers , Counselling officers etc..	2018-2025

Cost of Strategic actions

8

Cost of Strategic actions

The incremental financial cost to the government for implementing the activities related to the strategic plan was estimated. All major activities related to the strategic plan was perused to identify the approximate resource needs pertaining to them. The number and quantities of resources were determined based on the nature of activities. Unit costs were identified by reviewing past program expenditures of similar nature. The major activities related to each strategy were scheduled across strategic plan period after considering system capacities and logical connections between linked processes. Table 5 presents the estimated cost of achieving strategic objectives by years. The total cost of the strategic plan from 2018 to 2025 period amounted to Rs. 5.5 billion. The detailed costs are organized in a separate report.

Table 5 Estimated cost of strategic actions across the strategic plan period

Major Strategic Area		Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Nutrition promotion and growth monitoring	Total	48,863	42,543	57,268	45,643	50,393	33,893	40,893	30,893
	Cumulative total	48,863	91,406	148,674	194,317	244,710	278,603	319,496	350,389
Child care, development and special needs	Total	1,450	366,400	9,716	196,416	190,816	187,650	187,650	187,650
	Cumulative total	1,450	367,850	377,566	573,982	764,798	952,448	1,140,098	1,327,748
Prevention of illnesses & injuries	Total	1,700	253,200	314,300	390,600	470,100	697,200	528,000	528,300
	Cumulative total	1,700	254,900	569,200	959,800	1,429,900	2,127,100	2,655,100	3,183,400
School health	Total	5787.5	23737.5	21787.5	14737.5	14737.5	14737.5	4737.5	4737.5
	Cumulative total	5787.5	29525	51312.5	66050	80787.5	95525	100262.5	105000
Vulnerable children	Total	600	5614.29	114.29	364.29	114.29	114.29	114.29	114.29
	Cumulative total	600	6214.29	6328.58	6692.87	6807.16	6921.45	7035.74	7150.03
Curative child care	Total	1007538	1004888	4837.5	2837.5	1337.5	337.5	337.5	337.5
	Cumulative total	1007538	2012426	2017263	2020101	2021438	2021776	2022113	2022451
Underserved areas	Total	1450	1500	8266.7	4116.7	4116.7	4116.7	4116.7	4116.7
	Cumulative total	1450	2950	11216.7	15333.4	19450.1	23566.8	27683.5	31800.2
Cross cutting issues	Total	7087.5	4937.5	4537.5	4437.5	4437.5	4437.5	4437.5	3937.5
	Cumulative total	7087.5	12025	16562.5	21000	25437.5	29875	34312.5	38250
Allied sector issues	Total	1125	1125	1675	3125	1525	1125	1525	1125
	Cumulative total	1125	2250	3925	7050	8575	9700	11225	12350
Overall	**Total**	**1,075,601**	**1,703,945**	**422,502**	**662,277**	**737,577**	**943,611**	**771,811**	**761,211**
	Cumulative total	***1,075,601***	***2,779,546***	***3,202,049***	***3,864,326***	***4,601,904***	***5,545,515***	***6,317,327***	***7,078,538***

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10. Appendix 1 Detailed cost

10.1 Nutrition promotion and growth monitoring

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: Further strengthen the promotion of child nutrition with community involvement									
Strengthen Baby Friendly Hospital Initiative (BFHI) and Baby Friendly concept in other settings									
1. Further strengthen BFHI in the hospitals with delivery facilities taking into consideration the current threats to protect promote and support breastfeeding	Conducting advocacy meeting for hospital administrators, collages, Disseminate guidelines	500	1,000						
2. Promote mother friendly concept in maternity settings	Develop & disseminate guidelines and IEC materials, and follow-up		500						
3. Introduce mother and baby friendly initiative to other settings eg; MOH offices, work places so that breastfeeding will be protected, promoted and supported through out	Develop guidelines, IEC & disseminate	200	500						
Improve capacity of ground level health staff in promoting child nutrition									
1. Review/update training packages	Reevaluate existing training materials and programs in midterm by the programme personnel in collaboration with other stakeholders				150				
2. Ensure at least 80% of staff has received training/has been trained at a given time	Conduct top up training annually in each district for new recruits, 2 programmes (IYCF/GMP), One national level master training followed up by master trainers conducting trainings in each district.	13,455	13,455	13,455	13,455	13,455	13,455	13,455	13,455
3. Monitor quality of training at district level	This activity does not require additional funds								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Improve parents' and care givers' capacity on nutrition promotion									
1. Develop and disseminate IEC materials relevant to nutrition	Develop a communication package in collaboration with stakeholders, and print. Disseminate in 8000 service points every other year	10000		10000		10000		10000	
2. Organize Mothers classes. Mother support groups at specific age points (5, 8,11 months) to discuss nutrition related issues	Develop disseminate guidelines on conducting mother support groups at specific age points (5, 8, 11 months) to discuss nutrition related issues. Relevant training are already integrated in nutrition training packages. Monitoring and supervision are also integrated to other nutrition programme activities			6,250					
3. Conduct media campaigns through social and other medias and take effective measures to draw attention to key messages in nutrition	Develop communication messages in collaboration with stakeholders and conduct a media campaign	16875	16875	16875	16875	16875	16875	16875	16875
4. Increase opportunities to one to one counselling and group counseling at CWC, field weighing posts, and in schools	Conduct stakeholder meetings to identify opportunities to one to one counselling and group counseling at CWC, field weighing posts, and in schools and provide necessary guidelines		150						
5. Integrate nutrition promotion in the school health club agenda	Conduct advocacy programs to solicit collaboration from the Ministry of Education	6,620						3,000	
6. Integrate nutrition training modules to basic training programs of preschool teachers that are currently conducted by around 61 private institutes	Develop statutes in collaboration with Child Secretariat, Conduct advocacy meetings for training institutes, Print and disseminate model curriculums			1,475					
Ensure all partners promoting nutrition are equally updated on the scientific aspects of nutrition related issues									

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
1. Create/ organize regular and common for a to discuss/review nutrition related programs	Conduct knowledge sharing workshops annually	337.50	337.50	337.50	337.50	337.50	337.50	337.50	337.50
2. Conduct joint collaborative workshops on new updates on nutrition	Combined with the above activity								
3. Improve knowledge on child nutrition among day care providers, pre-school and primary school teachers	Prepare a simple guideline, disseminate among around 30000, preschool teachers and 80000 Primary school teachers	650	5,500	5,500	5,500	5,500			
Collaborate with the multi sector nutritional programs to improve child nutrition									
1. Conduct joint nutrition reviews at different levels	Merged with the previous activities								
2. Review and agree on the roles of different stakeholders	Merged with the previous activities								
3. Review and synchronize with the strategic actions proposed by other nutrition action plans (IYCF strategy, national nutrition action plan etc.)	Merged with the previous activities								
Strategic objective 2: To strengthen the process of detection of nutritional problems among children and ensure appropriate interventions									
Further improve the capacity of health workers on managing nutrition problems									
1. Review / update training packages on nutritional assessments and interventions based on most recent evidence	Review by a consultant and make required revisions and integrate suggested materials in to training materials			500					
2. Scale up in-service nutrition training programs	No additional funds required								
3. Integrate new additions of training packages to pre-service training curricula	No additional funds required								
Ensure uniform guidelines are observed in the management of malnutrition at all levels of health care									

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
1. Develop/ revise/update & widely disseminate clear guidelines on management of malnutrition to relevant healthcare providers	Review and revise by a consultant and integrate changes to the system				8,600				
2. Involve all categories of providers (curative and preventive) in training workshops	No additional funds required								
Improve the quality of nutritional assessment and interventions at all levels of care	Commission and independent research					4,000			
1. Conduct population based assessments on quality of nutrition care	Commission and independent research								
2. Assess the use of field growth monitoring records for identification of malnourished children	Integrated with the above activity			800					
3. Organize clinical audits on malnutrition	Organize a research forum for conducting audits								
4. Improve capacity of health workers on assessment of nutrition status, detection of nutrition problems and correcting nutrition problems/ providing appropriate interventions	Already integrated with an another activity								
5. Train and involve school children in school based nutritional assessments and interventions	No additional funds required								
Make available nutritional assessments and interventions to the children of working parents at feasible times									
1. Pilot and evaluate alternative work hour schemes of PHC workers	No additional funds required								
2. Scale up with instruction	No additional funds required								
Strengthen regular nutrition clinics at MOH level									
1. Make available standard guidelines on targeted interventions provided at the MOH nutrition clinics	No additional funds required								
2. Review clinic performance	No additional funds required								
3. Enroll all MOHs in relevant trainings	No additional funds required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
4. Develop and integrate a monitoring system for nutrition clinics	No additional funds required								
5. Create referral links between nutrition clinics and specialist pediatric clinics	No additional funds required								
Strategic objective 3: To optimize the efficacy of nutritional supplementation interventions									
Evaluate effectiveness of existing nutritional supplementation interventions (e.g. Thriposha, Multiple micro nutrients, mid-day meal programme)									
1. Commission/ conduct relevant evaluations	Commission an evaluation		4,000						
2. Disseminate findings and advocate relevant bodies to implement recommendations	Combined with the above activity								
Explore the possibility of improving access to micronutrient and food supplementation among children									
1. Conduct in-depth analysis of the micronutrient and food supplementation dynamics among users and make recommendations on improving access.	No additional funds required								
2. Advocate for the need of adequate resource allocation for procurement/production of micronutrient and food supplements	No additional funds required								
3. Streamline logistic management; transport, storage, monitoring mechanisms related to nutritional supplements	No additional funds required								
Strategic Objective 4: To create a favorable legal environment to support breast-feeding, appropriate complementary feeding and child nutrition									
Sustain complying to breast feeding code by all relevant partners									
1. Conduct of regular meetings of the Breastfeeding Code Monitoring Committee	Conduct regular follow ups	225	225	225	225	225	225	225	225

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
2. Disseminate the messages on the provisions of breast feeding code among care providers, milk food and complementary food companies, media and public.	No additional funds required								
3. Actively engage in discussions with the parties who violate breast feeding code to mitigate their actions	No additional funds required								
Establish legal framework supportive for breast feeding									
1. Create advocacy campaign for the need of a Breastfeeding Act under the purview of the Ministry of Health				150					
2. Revise the current Sri Lanka Code to include new WHA resolutions and address limitations of the existing Code	Review and revise by program consultants, obtain concurrence and conduct advocacy				150				
3. Establish a system with in the Ministry of Health to implement the Breastfeeding Act	Coordination				150				
4. Ensure strict enactment of Breastfeeding Act	No additional funds required								
Strengthen focus of the Food Act in relation to promotion of child nutrition									
1. Revise regulations in the Food Act	Consultancy & Stakeholder concurrence			1,500					
Ensure maternity benefits to employees of all sectors (both government. and private sector) to enable exclusive breast feeding for 6 months									
1. Revision of relevant regulations to provide necessary maternity benefits to all sectors to support exclusive breast feeding for 6 months	Conduct reviews and obtain stakeholder concurrence			200	200				
2. Close monitoring of provision of maternity benefits by all employers	No additional funds required								
Total		**48,863**	**42,543**	**57,268**	**45,643**	**50,393**	**33,893**	**40,893**	**30,893**
Cumulative total		**48,863**	**91,406**	**148,673**	**194,316**	**244,708**	**278,601**	**319,493**	**350,386**

10.2 Child care, development and special needs

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To ensure all children receive adequate psychosocial stimulation in an environment supportive of their optimal growth & development									
Ensure parents have access to appropriate knowledge skills regarding child care and development									
1. Develop parent educational materials on early child care and care of school going age children that provides basic knowledge required for promoting growth and development, and creating conducive child care environments	Draft, Review and print a pilot IEC set		1,100	2,000					
2. Develop a regular, self-funded mechanism to disseminate the above parent educational materials to all needy families, if evaluated positively.	No additional funds required								
3. Conduct regular ECCD mothers classes/mother support groups /during pregnancy and post-natal periods.	Development of IEC materials and guidelines		5,000						
Educate, empower and motivate caregivers on promoting growth & development									
1. Conduct PHC worker training on ECCD	Master district training in every 5 years , In service top ups, integration	1,000	1,000						
2. Monitor and encourage PHC workers activities on ECCD program.	No additional funds required								
3. Integrate monitoring indicators related ECCD to RH- MIS	No additional funds required								
Facilitate access to Early Child Development Centers									
1. Educate mothers on the importance of ECCD and preschool participation	Integrated with another activity								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
2. Conduct awareness programs/ IEC materials on ECCD to pre-school teachers	Produce guidelines and IEC materials			3,166	3,166	3,166			
3. Develop and Integrate health related elements to preschool standard's reduce number of students per ECCD center	Advocacy meetings, Representation in ECCD committee		100						
Strategic Objective 2: To establish mechanism to systematically screen all children to detect developmental delays and problems.									
Integrate a systematic development screening system in to child health programme									
1. Develop and validate screening tools to be used by PHMs	Development & Review through desk work and meetings		250						
2. Establish development screening system at the 9th, 18th, 24th, and 36th months, year 1 in the school	Guidelines development		150						
3. Introduce development clinics at MOH level	No additional funds required								
4. Develop and conduct PHC worker training programs on screening for development problems	Integrated with child development training								
5. Develop and establish referral criteria and mechanisms	Guidelines & review meetings, printing		100						
6. Awareness raising and training of preschool teachers and school teachers on developmental disorders and screening systems	Guidelines, Master trainings			1200	7200	7200	7200	7200	7200
Enhance the involvement of parents and caregivers in child development screening									
1. Update and revalidate the CHDR based development monitoring indicators,	Develop and pilot printed samples		1,000						
2. Create awareness among parents about the CHDR based screening procedures.	Communication by PHMS & Posters			750					
3. Include knowledge materials related to development monitoring (including those in CHDR) in to parent materials on ECCD	No additional funds required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Provide early interventions to children with development concerns									
1. Develop, pilot and scale up PHC based early intervention program	No additional funds required								
2. Develop PHC worker training packages on the early interventions									
3. Ensure referral pathways and specialist supervision for PHC based early intervention programs.	No additional funds required No additional funds required								
Strategic Objective 3: To make available evidence based interventions for children with special needs									
Pilot, evaluate and integrate special need care system to child health programme									
1. Establish national centers of excellence for specific childhood developmental disorders (e.g., Centre for CP, Autism etc.)	Constructions		350,000						
2. Establish Child Development Centers (CDC) at District levels	Constructions, One per year				180000	180000	180000	180000	180000
3. Develop Standard Operational Procedures for the CDC			1000						
4. Establish referral pathways from PHC system, preschools & schools to CDCs	Develop guidelines		250						
Empower health staff on special need care									
1. Develop capacity development programs on special need care for health and allied sector staff	Draft, review & Pilot		1,000						
2. Organize and conduct training programs for health and allied sector staff	Integrated with another programme								
Pilot the possibility of establishment of public private partnerships and encouraging evidence based special need care on special need care by all partners									

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
1. Establish a national level multidisciplinary steering group on special need care	Collaboration meetings	225	225	225	225	225	225	225	225
2. Develop and implement joint special need care services in collaboration with government staff and community based organizations	Consultancy /Printing & dissemination				200				
3. Develop and disseminate national standard technical guidelines on special need care					4,000				
Strategic Objective 4: To advocate policy makers and make aware public on the burden of special need related ill health and the need for initiating concerted efforts to mitigate the problem									
Research disease burden on special needs									
1. Organize a national survey on special need problems	Commission a research		5,000						
2. Solicit funds for special need research	No additional funds required								
3. Motivate and facilitate post graduate trainees to engage in special need research	No additional funds required								
4. Establish a system for gathering data on special needs through health system	No additional funds required								
Engage motivate policymakers in making salient policy decisions related to special need programming									
1. Develop advocacy package				500					
2. Conduct advocacy campaigns to policy makers				600					
Create public awareness and mobilize community resources towards special need care									
1. Develop and disseminate public educational materials				500					
2. Develop and make available special need care guidelines to community based organizations	Add to website and advertise, No additional funds required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 5: To ensure synergy between multidisciplinary and inter sectoral stakeholders when delivering special need care programs									
Create a network of stakeholders related to special need care and establish regular discussion forums on establishing holistic special need care in the country									
1. Establish a national steering group on special need care	Appointment and regular quarterly meetings	225	225	225	225	225	225	225	225
2. Organize national symposiums on special need care services in collaboration with all partners	Organize a symposium				1,000				
3. Conduct a mapping exercise to identify partners of special need care	Through advertising and obtaining information				100				
Encourage joint programming by various special need care providers to enhance synergy and avoid duplication									
1. Conduct a review of national special need care programs	National level review				300				
2. Create a multidisciplinary movement to identify different roles of partners (paediatricians, child psychiatrists, MOHS. Hospital MOs, OT, PT, SLT, P&O, Developmental therapists, counsellors, , nurses, Educational therapists, Psychologists, Social service officers)	Through a series of workshops			250					
3. Establish a multilevel collaborative mechanism to monitor the process and impact of multidisciplinary initiatives aimed at special need care	Integrated with another activity			300					
Ensure educational opportunities for all children with special needs									
1. Advocate on improving the educational facilities for children with special needs	Integrated with another activity								
2. Promote inclusive education whenever possible	Integrated with another activity								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Encourage rights based approach in special need care									
1. Develop programs to build awareness amongst all stake holders about rights of these children and ensure protecting them at all times	Integrated with another activity								
Involve parents in special need care									
1. Conduct parent awareness program	Integrated with another activity								
2. Develop parent mediated care packages	Integrated with another activity								
3. Organize parent training sessions in child development centers	Integrated with another activity								
4. Develop and disseminate parent educational materials on special need care.	Integrated with another activity								
Total		**1,450**	**366,400**	**9,716**	**196,416**	**190,816**	**187,650**	**187,650**	**187,650**
Cumulative total		**1,450**	**367,850**	**377,566**	**573,982**	**764,798**	**952,448**	**1,140,098**	**1,327,748**

10.3 Prevention of illnesses & injuries

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To have insight on the burden and response related to common childhood illnesses and injuries									
Review and compile existing information on common childhood illnesses and injuries									
1. Collate all available data and identify the trends and burden of childhood injuries and illnesses									
2. Research in to the trends and burden of childhood injuries and illnesses	commission of a research			500					
3. Conduct policy and strategic analysis in relation to injury prevention	Draft and review		1,000						
4. Foster research in to the area of childhood injuries and common illnesses	No additional funds needed								
5. Main stream relevant interventions to the child health program to address program gaps identified by above activities	Mainly IEC / Regulations		3,000						
6. Incorporate indicators on childhood illnesses and injuries in to HMIS	No additional funds needed								
7. Established the child health death review with wider stakeholder participation	One national review, every third year		300			300			300
Strategic Objective 2: To create community actions that leads to reduce common childhood illnesses and injuries									
Educate and motivate parents and caregivers on the prevention of common childhood illnesses and injuries									
1. Develop and disseminate BCC material related to common childhood illnesses and injuries	Once in 5 years in all service delivery points		1,200				1,200		

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
2. Improve the PHC workers BCC skills on preventing common childhood illnesses and injuries	No additional funds needed								
3. Use of social marketing strategy as a measure of child injury prevention & protecting children from environmental hazards	Implement a social marketing program, once in every five years		15,000				15,000		
Integrate injury prevention in to the school health promotion package									
1. Develop advocacy and intervention package for injury prevention in school settings	Development & Printing			2,000					
2. Involve school health clubs in injury prevention programs in school settings	No additional funds needed								
3. Make injury prevention is an agenda item in the school development committees.	No additional funds needed								
Strategic Objective 3: To increase health seeking behaviours related to child immunization									
Improve the quality of PHC based immunization programme									
1. Improve the clinic conditions to facilitate immunization program	No additional funds needed								
2. Provide adequate equipment and guidelines on immunization procedures and AEFI management	No additional funds needed								
3. Increase supervision on immunization activities	No additional funds needed								
Review and encourage the quality of immunizations carried out by private sector partners									
1. Establish a private sector immunization clinic registration mechanism	Advocacy, disseminate regulations	250		250					
2. Develop standards for private immunization clinics.	Draft & review	300		300					
3. Make reporting of private sector immunization a mandatory process	Advocacy, disseminate regulations	150		150					

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Establish supportive legal environment for immunization									
1. Implement approved national immunization policy through a legal framework	No additional funds needed								
Strengthen the monitoring of indicators related to coverage, quality and AEFIs related to immunization activities									
1. Review and improve the Birth and Immunization Register maintenance by PHMs	No additional funds needed								
2. Find out a mechanism to ensure early registration of births of mothers who have changed residences after birth.	Discussions and pilot			200					
3. Scale up computerized immunization recording system (WEBIIS)									
4. review & update software		1,000							
5. IT facilities to hospitals & MOHs			153,000	153,000	153,000	153,000	153,000		
6. Internet facilities			79,200	158,400	237,600	316,800	528000	528000	528000
7. Update population data at MOH levels	No additional funds needed								
Total		**1,700**	**253,200**	**314,300**	**390,600**	**470,100**	**697,200**	**528,000**	**528,300**
Cumulative total		**1,700**	**254,900**	**569,200**	**959,800**	**1,429,900**	**2,127,100**	**2,655,100**	**3,183,400**

10.4 School health

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To revisit the school health interventions/programme in relation to current context									
Review School Medical Inspections (SMI) & school health promotion program activities to optimize their relevance, comprehensiveness and to remove bottlenecks									
1. Conduct an evaluation of school health programme	Commissioning and independent evaluation		2,000						
2. Advocate policy makers on the recommendations resulting from the evaluation	Dissemination workshop		500						
3. Develop and implement remedial measures to update SMIs & school health promotion activities	No additional funds are needed								
Update guidelines on SMI to include screening and interventions for both physical and mental health concerns									
1. Develop clinical guidelines for MOH/PHIS on managing common illnesses (both physical and mental) among school children	Development & Printing		500	4,000					
2. Conduct relevant training programs to for MOH/PHIs/PHNS	Integrated with MOH training								
3. Develop screening tools for common psychological conditions in schools (e.g. ADHD/CD, learning disorders, ASD)	Develop & Pilot			1,500					
Improve the follow up and referral actions related to children identified to have health problems in SMIs									
1. Emphasize the SMI follow up related indicators in school health program reviews	No additional funds are needed								
2. Increase the supervision of SMI activities conducted by PHIs ensure special clinic time for school children in hospitals	No additional funds are needed								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
3. Explore mechanisms and solicit the support of class teachers, parents in following up referrals	Discussions			200					
4. Include the newly proposed community paediatricians and secondary child development centres in the referral pathway	No additional funds are needed			100					
5. Establish a system for follow up of curative care actions	Discussion & guideline preparation			150					
Make available school dental health services through schools									
1. Conduct a need assessment of school dental programme	Workshop	300							
2. Based on the above assessment, develop a capacity building plan for school dental services	No additional funds are needed								
3. Provide adequate the infrastructure facilities for school dental activities	Purchase and distribute								
4. Strengthen school dental services evaluation programs	No additional funds are needed								
5. Develop dental health promotion related IEC materials for students, teachers and parents			4,000						
Improve the knowledge of educational staff on the common problems identified in SMI and health promotion									
1. Develop awareness package (IEC materials/ training package) for school teachers	Develop & Print			10,000	10,000	10,000	10,000		
2. Establish a cascade training programme for teachers on the above package	Integrate with routine training programs								
Strategic Objective 2: To ensure regularity, coverage and quality of school health programme									
Evaluate the quality of school health monitoring system									
1. Evaluate the quality of routinely gathered school health information	No additional funds are needed								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
2. Conduct advocacy programme to regional managers on the need of supervising and monitoring school health programme	Discussions	200							
3. Conduct regular reviews of school health programme activities of the MOH system	No additional funds are needed								
Establish forums to monitor school health activities in joint collaboration of educational and health authorities at different levels									
1. Establish national, provincial and zonal level collaborative committees to monitor the school health activities	Discussions & Guidelines		150						
2. Conduct annual joint reviews of school health activities at regional levels		4387.50	4387.50	4387.50	4387.50	4387.50	4387.50	4387.50	4387.50
3. Advocate to include the school health related indicators in the routine school monitoring systems of Ministry of Education	Discussions & Guidelines		150						
Strategic Objective 3: To create avenues for children to access knowledge required for facing reproductive health related problems									
Create forum of advocacy about the need for integrating reproductive health related information to school curriculum									
1. Conduct an analysis on the reasons for continuous failure of integrating & successfully delivering reproductive health (RH) information in to curriculum.	Discussions		150						
2. Create an advocacy package on the need of integrating RH information in to school curriculum	No additional funds are needed								
3. Establish a national level collaborative committee comprising of members from, Ministry of Education, National Institute of Education, National Education Commission, and Ministry of Health to identify and implement the strategies for imparting RH information to children.	Discussions		100	100					

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
4. Strengthen implementation of processes of reproductive health education	No additional funds are needed								
Explore the use of mass media, internet based social media and print media in promoting reproductive health knowledge among school adolescents									
1. Develop and popularize a Web Based RH information system	Development, maintenance		1,800	350	350	350	350	350	350
Pilot the possibility of using peer approaches in disseminating knowledge and skill related to reproductive health among school adolescents									
1. Develop and evaluate a peer education packages on RH education	Draft, review & pilot		1,000						
2. Integrate evaluated peer education package in to the agenda of the school health clubs	No additional funds are needed								
Explore the possibility of communicating reproductive health information in the community through PHC workers									
1. Pilot and evaluate MOH based health camps, workshops on RH and life skill education	Draft, review & pilot in 50 MOHs	300	5,000						
Empower school teachers in imparting reproductive health related knowledge to children									
1. Develop and integrate reproductive health curriculum to pre service teacher training	Draft, review & pilot in 50 MOHs	300							
2. Develop and disseminate IEC materials on reproductive health and reproductive health education		300	5000						
Total		**5787.5**	**23737.5**	**21787.5**	**14737.5**	**14737.5**	**14737.5**	**4737.5**	**4737.5**
Cumulative total		**5787.5**	**29525**	**51312.5**	**66050**	**80787.5**	**95525**	**100262.5**	**105000**

10.5 Vulnerable children

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective1: To have an insight on the extent of health related burden related to vulnerable children									
Assess the extent and burden of health problems among vulnerable children									
1. Compile existing information on vulnerable children victims of child abuse, institutionalized children (orphanages, correction facilities, street children, foster families). Children's of migrant mothers	Drafting & Review		100						
2. Conduct an assessment of problems faced by these children	Discussions, Literature review		100						
Strategic Objective2: To improve access to appropriate health interventions by vulnerable children									
Design a package of health interventions and delivery mechanism aimed at vulnerable children									
1. Establish collaborative teams to develop standard health intervention packages for vulnerable children in different settings	Develop Guidelines				250				
2. Integrate the above plan to primary health care system	No additional funds are needed								
3. Pilot and evaluate the feasibility of above packages									
Establish a multisector, multidisciplinary initiative to explore the avenues of addressing health and related issues among vulnerable children									
1. Set up a multidisciplinary national committee on vulnerable children	Establish 4 times a year in the first year then 2wise a year	200	114.28	114.28	114.28	114.28	114.28	114.28	114.28
2. Pilot, scale up and integrate the effective interventions in to relevant systems	No additional funds are needed								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Streamline health care for vulnerable children									
1. Develop standard guidelines for providing essential child care and protection for organizations and institutions involved in caring for vulnerable children	Drafting , Review & Disseminate	250	500						
2. Develop guidelines for MOHs on providing primary child health care for vulnerable children in MOH areas	Drafting , Review & Disseminate	150	4,800						
Total		**600**	**5614.29**	**114.29**	**364.29**	**114.29**	**114.29**	**114.29**	**114.29**
Cumulative total		**600**	**6214.29**	**6328.58**	**6692.87**	**6807.16**	**6921.45**	**7035.74**	**7150.03**

10.6 Curative child care

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To increase availability and optimize distribution of human resources to achieve universal curative care coverage for children across the country									
Estimate the current and future requirements of different kinds of child health care providers and determine their present geographical distribution and identify Human Resources (HR) gaps									
1. Develop facility / population norms based criteria for deploying different kinds of health staff in curative child care institutions	Develop, review, disseminate		350						
2. Forecast future requirements of different kinds of health staff required for curative child care according to the above criteria	Develop, review, disseminate			500					
3. Develop a long term human resource development plan for child health services based on the above requirement	Develop, review, disseminate			1,000					
4. Map the current distribution of different kinds health staff across the country and identify human resource gaps/ misplacements	Map by external source			500					
5. Advocate for developing and implementing human resource reallocation policies to ensure equity in HR distribution	No additional funds required								
6. Provide facilities and incentives for those who work in remote area	No additional funds required								
Review, improve and scale up HR training programs									
1. Review the current and future levels of staff outputs from different training institutes and identify gaps in the HR development	Linked with another activity								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
2. Scale up training programs and increase the annual number of newly passing out staff types that are found to be deficient in numbers	No additional funds required								
HR training programmes									
1. Develop and introduce new training programs to cover the following sub specialties in paediatric discipline: Community paediatrics, Paediatric Gastroenterology, Paediatric Rheumatology, Paediatric Dermatology, Paediatric Genetics, Paediatric Clinical Haematology, Child Psychiatry, Paediatric surgery and all other paediatric surgical subspecialties	For Initial discussions only, Further funds should be from PGIM	250							
Carrier pathways.									
1. Assess the requirements and develop sub specialties in nursing care /paramedical staff	Linked with another activity								
Financial and social benefits.									
1. Assess requirement and revise cadre requirements related to paramedical staff required for providing special need care (OT/PT/SLT)	No additional funds required								
2. Expand and expedite the training of OT/PT/SLT in adequate numbers	Not enough data to estimate the cost								
3. Establish career pathways for all types of HR types	No additional funds required								
Strategic Objective 2: To optimize access to curative child care by strengthening infrastructure facilities at different levels of care									
Establish provincial level Tertiary Care for paediatric illnesses									
1. Develop a master plan for establishing 3 specialist paediatric hospitals in Southern Province, North Western Province, and Northern Province	No additional funds required								
2. Develop new cadre lists to cater for the HR needs in the above institutions and get approval for appointing	No additional funds required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
3. Build infrastructure facilities and equip them	Potential budgetary allocations	1,000,000	1,000,000						
Improve adequacy and quality of existing paediatric care related infrastructure facilities in secondary care hospitals									
1. Conduct infrastructure related need assessment on exiting paediatric care facilities in secondary care hospitals and identify gaps	Conduct a child health system review	2,000							
2. Develop plans and build and refurbish existing paediatric care facilities in selected secondary care hospitals identified above	Not enough data to estimate the cost								
3. Assess the quality and adequacy of existing laboratory and other investigations facilities for paediatric care in secondary care facilities	Linked with another activity								
Strategic Objective 3: Define quality standards for curative child care in Sri Lanka									
1. Develop quality standards and paediatric care quality assessment tools to be used in hospitals	Draft, review & pilot	2,000							
2. Establish a regular system of quality of care assessment on hospital paediatric care settings	Advocacy		200						
3. Conduct regular national level quality reviews	Annual quality forums at national level	337.50	337.50	337.50	337.50	337.50	337.50	337.50	337.50
Develop and disseminate standard guidelines on curative child care									
1. Establish a guideline committee	No additional funds required								
2. Compile and review/evaluate existing national guidelines aimed at all types of curative health workers at different levels	No additional funds required								
3. Develop new guidelines to fill the gap	Draft & review	300							
4. Disseminate the guidelines in the form of training programs and IEC materials	Draft , review & Print		1,000						

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Conduct regular clinical audits on curative child care									
1. Conduct regular perinatal, infant / child death reviews	No additional funds required								
Improve paediatric care related data gathering and dissemination									
1. Scale up and integrate existing data surveillance systems (neonatal deaths, perinatal and Infant deaths, birth defects, child injury)	Review and make alterations	150	500						
2. Re circularize the instruction regarding diagnosis writing in BHTs by house officers and MOs	No additional funds required								
3. Evaluate and scale up neonatal retrieval system currently being piloted in LRH	No additional funds required								
Improve access to paediatric emergencies									
1. Expand exiting new born and child care resuscitation/emergency care training programs to cover health staff at all levels of care		1,500	1,500	1,500	1,500				
2. Access existing infrastructure facilities in paediatric intensive care settings and rectify gaps	Not enough data to estimate the cost								
3. Conduct clinical audits of paediatric emergency care management	No additional funds required								
4. Train all MO at PHC level are trained on neonatal resuscitation and emergency care	Conduct training	1,000	1,000	1,000	1,000	1,000			
5. Establish special paediatric corner in every accidents and emergency units	No additional funds required								
Total		**1007538**	**1004888**	**4837.5**	**2837.5**	**1337.5**	**337.5**	**337.5**	**337.5**
Cumulative total		**1007538**	**2012426**	**2017263**	**2020101**	**2021438**	**2021776**	**2022113**	**2022451**

10.7 Underserved areas

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To recognize special health related problems faced by children in recently rehabilitated areas in the resettlement areas									
Identify specific health problems in rehabilitating districts (Mulaitivu, Kilinochchi, Vavunia, Jaffna and Manner, Batticaloa, Trincomalee)									
1. Conduct qualitative data gathering workshops with the participation of local health care workers	Conduct FGDs			200					
2. Organize and conduct community based research in to area specific and common health problems/burden among children in rehabilitating districts	Commission a research			500					
3. Assess availability of Tamil essential IEC materials related to child care	No additional funds are required								
4. Translate and distribute materials to cover relevant areas	Develop & Print			4,000					
Strategic Objective 2: To improve & streamline child health program activities in estate areas									
Conduct assessment of health system issues in estate sector									
1. Establish a joint assessment team with Ministry of Health (MOH) &Plantation Human Development Trust (PHDT)	No additional funds are required	1,000							
2. Conduct a gap analysis to identify issues in child health service delivery in estate areas	No additional funds are required								
3. Prepare a system improvement plan based on the assessments	No additional funds are required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Ensure capacity all PHC providers in the estate health sector is comparable with that of the PHC workers from other areas.									
1. Review the current level knowledge and skills among estate PHC workers (PHMS, Crèche attendants, ECD offices etc.)	Conduct a research		500						
2. Develop capacity development plans & conduct relevant training programs	No additional funds are required								
3. Establish estate master training groups	Conduct training			1,250					
4. Conduct peripheral training	Conduct training				2,500	2,500	2,500	2,500	2,500
Establish a regular forum between PHDT and MOH for reviewing the child health interventions issues in the Estate Sector									
1. Establish and conduct a Estate child health steering committee comprising of members from MOH (DGHS, DDG-PHSII, Estate Health Directorate, FHB) , PHDT	Regular steering committee meetings	225	225	225	225	225	225	225	225
2. Conduct regular meetings to review the health estates of estate children and mothers at district level	Conduct DHS level reviews	112.50	112.50	112.50	112.50	112.50	112.50	112.50	112.50
Assess & address the status of child health and child health program activities in estate regions that are not covered by the PHDT									
1. Conduct a joint review with relevant RDHS & MOHS	No additional funds are required			1166.70	1166.70	1166.70	1166.70	1166.70	1166.70
2. Implement relevant recommendations	No additional funds are required								
Improve health literary among estate population									
1. Review and reproduce IEC materials related to child care in local language	No additional funds are required								
2. Improve the capacity of PHC workers serving estate population on BCC activities related to child care									

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 3: To improve & streamline child health program activities in municipal councils areas									
Review the current status of child health programs conducted by Colombo Municipal Council and Kandy Municipal Council areas in collaboration with MOH and Municipal Health Authorities									
1. Establish a joint assessment team with MOH & CMC health departments	No additional funds are required			500					
2. Develop & review assessment protocols	No additional funds are required								
3. Conduct assessments	No additional funds are required								
4. Prepare a system reorientation plan based on the assessments	No additional funds are required								
Develop capacity building plan for PHC workers attached to Municipal Councils in relation to the National Child health Programme									
1. Review the current status of knowledge levels among estate PHC workers	Conduct a survey			200					
2. Develop training mechanism and plans	No additional funds are required								
3. Establish master trainer groups	Conduct training		100						
4. Conduct peripheral training			450						
Establish regular forum to review the child health programme activities in municipal council areas									
1. Establish a joint MCH review mechanism of MCH care	Regular annual reviews	112.50	112.50	112.50	112.50	112.50	112.50	112.50	112.50
Total		**1450**	**1500**	**8266.7**	**4116.7**	**4116.7**	**4116.7**	**4116.7**	**4116.7**
Cumulative total		**1450**	**2950**	**11216.7**	**15333.4**	**19450.1**	**23566.8**	**27683.5**	**31800.2**

10.8 Cross cutting issues

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To address common health system issues that impact on the child health programme									
Review the resource allocation patterns in different regions and identify gaps									
1. Conduct a review of resource allocation and utilization patterns in different areas with special emphasis on municipal council areas and estate areas	No additional funds ae required			100					
2. Make recommendations to the MOH on the equity and adequacy	No additional funds ae required								
Provide equal staff population ratios in all regions of the country									
1. Define and disseminate the staff allocation ratios and staff allocation ratios to all levels of administration	Discussions	150							
2. Set a mechanism to regularly assess and report to the MOH on staff allocation issues in the child health system	No additional funds ae required								
Address the issues related to PHC worker time utilization patterns									
1. Assess review the PHC worker time utilization patterns	Time motion study		500						
2. Identify strategies to optimize time allocation of PHM in order to improve the quality of work.	No additional funds ae required								
3. Address staff time gaps by streamlining training and redistribution of different staff types	No additional funds ae required								

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Encourage regular supervision/ in-service training of health care staff									
1. Ensure regular MCH reviews and implement recommendations	No additional funds ae required								
2. Prepare standard lists of training programs related to child health and ensure all relevant staff in different districts are trained on them	No additional funds ae required								
Promote work satisfaction among workers in the child health system staff									
1. Conduct work satisfaction assessments among PHC	Conduct a survey	500							
2. Establish regular performance appraisal systems and rewarding mechanisms	Conduct performance appraisals	562.50	562.50	562.50	562.50	562.50	562.50	562.50	562.50
3. Improve work conditions and provide transport facilities	Not enough data to estimate								
Further strengthen the health information system in both curative and preventive sectors									
1. Conduct a review of information gap in child health system management	No additional funds ae required								
2. Review the MIS to recognize relatively less monitored child care activities	No additional funds ae required								
3. Develop and integrate indicators to the MIS system.	No additional funds ae required								
Explore the possibility of addressing customer care in child care services									
1. Conduct customer satisfaction surveys	Conduct surveys	2,000							
2. Improve institutional conditions	Not enough data to estimate								
3. Train health staff on customer care	Training package & training. 5 district a year	3375	3375	3375	3375	3375	3375	3375	3375

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Prepare the PHC workforce for maintaining child care during disasters									
1. Develop and disseminate guidelines on managing essential and emergency child care activities during disasters	No additional funds ae required								
2. Capacity building of PHC staff on disaster management activities	Training	500	500	500	500	500	500	500	
3. Prepare disaster management plans at MOH levels	No additional funds ae required								
Total		**7087.5**	**4937.5**	**4537.5**	**4437.5**	**4437.5**	**4437.5**	**4437.5**	**3937.5**
Cumulative total		**7087.5**	**12025**	**16562.5**	**21000**	**25437.5**	**29875**	**34312.5**	**38250**

10.9 Allied sector issues

strategic objective, strategies and actions	Costing assumption	Cost Rs. (000)							
		2018	2019	2020	2021	2022	2023	2024	2025
Strategic Objective 1: To review address the allied sector concerns in relation to child health									
Create network of health and allied sector child care partners at all levels (National, Provincial, District and Divisional),who regularly examine respective programme thrusts in collaboration									
1. Conduct mapping exercise on various partners involve in child health and related activities	Conduct mapping			150					
2. Initiate a dialogue to make a joint review on collective responsibilities of different partners	Symposium			400		400		400	
3. Develop TORs and establish coordinating mechanisms	No additional funds are required								
Regularly inform relevant partners about the national child programme activities									
1. Conduct awareness workshops in collaboration with different partners	Linked with other activities								
2. Develop appropriate training packages that focus differential specific roles and responsibilities of service providers from different sectors	Review, And draft				2,000				
3. Organize training programs to build the capacity of allied sector service providers	Training	1125	1125	1125	1125	1125	1125	1125	1125
Pilot collaborative activities aimed at specific health issues									
1. All									
Total		**1125**	**1125**	**1675**	**3125**	**1525**	**1125**	**1525**	**1125**
Cumulative total		**1125**	**2250**	**3925**	**7050**	**8575**	**9700**	**11225**	**12350**

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