

Ministry of Health and Social Services

01. Ministry Office
02. Department of Health Services
03. Department of Indigenous Medicine
04. Department of Social Services
05. Department of Probation & Child Care Services

Agency Results Framework 2017 - 2020

Ministry of Health, Indigenous Medicine, Social Services, Probation & Child Care Services and Rural Electrification.

Introduction

The Ministry of Health, Indigenous Medicine, Social Services, and Probation & Child Care Services and Rural Electrification was set up and in accomplishing the Mission and Goals of the ministry the following four departments with a unit are functioning under the purview of the ministry.

1. Department of Health Services
2. Department of Indigenous Medicine
3. Department of Social Service
4. Department of Probation & Child Care Services
5. Rural Electrification Unit

Health Service is one of the important subject comes under the ministry. Provincial Director of Health Service is the head of the department and under which four regions are administered through Regional Directors of Health Services. The regions are Trincomalee, Batticaloa, Kalmunai and Ampara. Soon after the ending of civil disturbance, with an increasing development in the Province the people expectations for health care service is changing and increased demand for Private Health Care Service of high standard is expected compared to the past. Therefore, the existing services should move towards a broader system comprehensive facilities and treatments.

The subject of Indigenous Medicine is assigned to the Provincial Commissioner of Indigenous Medicine. Indigenous Medicine is contributing to maintain positive health, preventions of diseases, curing of diseases and relief of mental depression among the population. The Department provides services through different categories of Ayurveda Hospitals in the regions.

Department of Social Services provides services to persons with disabilities (PWD), vulnerable people including elders, widows and women headed families. In accordance with National Policy the department focuses on improving facilities in the Training Centers and accessibility of persons with disabilities to obtain the common services.

Department of Probation & Child Care Services is functioning under the Provincial Commissioner of Probation & Child Care. The existing legal framework ensures the protection & care of children and provide safe environment to the children from abuses. In order to ensure that each child lives healthy & happy and to protect child rights, number of Probation Officers are working in the department.

The subject of Rural Electrification is handled by the Rural Electrification Unit and it focuses in improving power distribution system, especially in remote areas in collaboration with CEB. Further it encourages the use of solar power & bio gas as alternative power sources for domestic purpose.

Organizational Network

The well-established organizational network of the ministry with separate units for administration, finance and planning & development at the ministry helps to carry out ministerial functions successfully and to coordinate the departments coming under its purview.

The Planning & Development Unit is headed by Director Planning, similarly Administration & Finance Units are under the Assistant Secretary and Chief Accountant respectively. In addition, an Engineer is to assist in technical matters and supervise the implementation of civil works carried out under the ministry and departments.

While the Ministry Office and Rural Electrification Unit are functioning directly under the Secretary, other four departments are functioning separately with the heads of departments with regional offices at District & divisional levels.

Service Delivery

The ministry coordinates and facilitates planning, implementation and monitoring of development programmes under the relevant sectors. The ministry's task is to ensure that necessary services are provided through its line departments to the general public in order to raise their standard of living via facilitating and guiding the departments to accomplish the administrative, financial & development activities.

The professional and skilled workforce under the ministry & departments is tremendously supporting to achieve sectoral objectives. At present totally 6,340 staff are working at different levels under the ministry.

Institutions	Staff
Ministry of Health – EP	47
Department of Health Services	5,492
Department of Indigenous Medicine	497
Department of Social Services	143
Department of Probation & Child Care Services	161
Total	6,340

Activities and policies adopted by the ministry in respect of health and other sectors fall within the frame work of the national policy and the related subjects and functions assigned under List I and List 111 of the 9th Schedule of the 13th Amendment to the Constitution are carried out with this workforce.

Key Functions of the Ministry

- Overall general administration and establishment work of the ministry.
- Providing policy directions and guidance to the departments coming under the purview of the ministry.
- Setting priorities for sector development through the development of operational plans.
- Coordinating between departments comes under the ministry, other agencies in EPC and line ministry.
- Preparation of annual estimates.
- Preparation of Annual Implementation Plan and Operational Plan, ensuring optimum use of resources to achieve the outcome.
- Implementing & monitoring of all development activities funded by various sources.
- Conducting advisory committee meetings and taking follow-up actions.
- Conducting Audit Management Committee Meetings and representing at the Provincial Public Accounts Committee and taking follow-up actions.
- Preparing the budget proposals pertaining to the ministry.

SWOT Analysis

<p><u>Strengths</u></p> <ol style="list-style-type: none"> 1. Social harmony & equity 2. Multi Sector Action Plan for Nutrition 3. Conducting Mobile Services & Clinics 4. Provincial Training Center for Health Staff 5. Commitment of Staff 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Cadre revision not made regularly 2. Lack of skilled staff 3. No statutes prepared for departments 4. No research areas to identify causes for certain diseases 5. Lack of quarters facilities
<p><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Donor funded projects for health sector development 2. Better co-ordination mechanism adopted by line ministry 3. More resources allocation for needy hospitals by the ministry 	<p><u>Threats</u></p> <ol style="list-style-type: none"> 1. Difficulties in coping-up with modern electronic era and alternative power sources 2. No sustained sources for better PPP approaches 3. Female migrant workers – child issues 4. Declining occupation rate in primary -care institutions 5. Intra-regional imbalances – Isolated & boarder areas

UN-SD Goals related to Ministry of Health

- Goal 3: Good Health and Well – Being
- Goal 7: Affordable and Clean Energy

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Ministry of Health, Indigenous Medicine, Social Welfare Services,
Probation & Child Care Services & Rural Electrification

Vision :
Smart organization with clear policy directions and management system

Mission :
Issuing policy directions, coordinating, supervising and monitoring the performance of agencies under the Ministry in a regular manner

Thrust Areas :

1. Develop policy guidelines and issue to the agencies
Goal 1: Ensured implementation of policies and guidelines through departments
2. Maintain Inter-agency coordination assuring improved performances
Goal 1: Ensured better effectiveness among the inter agency
3. Promote production and use of alternative energy
Goal 1: Ensured practices of alternative energy sources
4. Institutional development and governance
Goal 1: Reinforced institutions with required physical & human resources

Thrust Area 1 : Develop policy guidelines and issue to the agencies

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.1 : Ensured implementation of Policies and guidelines through departments Key Activities: 1. Preparation of policies and guidelines	Outcome: i. Agencies maintaining policy guidelines in Dockets & using regularly (Nos.) ii. Complaints & suggestions responded (Nos.)	2	5	6	8	8
	Output: i. Policy documents and guidelines (Nos.) ii. Complaints and suggestions received (Nos.)	0	25	35	40	50

Thrust Area 2 : Maintain Inter-agency coordination assuring improved performances

Goals		Baseline	Targets			
		2015	2017	2018	2019	2020
2.1 : Ensured better effectiveness among the inter agency Key Activities: 1. Periodical monitoring 2. Organize review meeting 3. Assess institutional performance using a standard checklist	Outcome: i. Agencies achieved above average standards (Nos.)	5	6	6	8	8
	Output: i. Advisory Committee meetings (Nos.) ii. Sector wise review meetings (Nos.) iii. Audit management committee meetings (Nos.) iv. Field visits (nos) v. Performance assessment reports (Nos.)	4	4	4	4	4
		4	6	8	10	12
		4	4	4	6	6
		6	8	8	10	12
		5	6	6	8	8

Thrust Area 3 : Promote production and use of alternative energy - (Rural Electrification)

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.1 : Ensured practices of alternative energy sources Key Activities: 1. Facilitate with Ministry of Power & Energy and Sustainable Energy Authority & coordinte with Banks to conduct Awareness Programmes to promote the use of solar power 2. Identify eligible institutions & individuals to be included in the solar power scheme.	Outcome: i. Household installed with solar panels (Nos.)	-	15	30	40	55
	ii. Organizations installed with solar panels (Nos.)	-	5	5	10	20
	iii. Bank loans disbursed (Nos.)	-	20	35	50	75
	Output: i. Awareness programmes	-	6	9	9	12
	ii. Participants at Awareness programmes (Individuals & Organizations)	-	180	270	280	360

Thrust Area 4 : Institutional capacity development and Governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.1 : Reinforced institutions with required physical & human resources Key Activities: 1. Conducting capacity development programmes 2. Providing office equipment 3. Purchasing & repair of vehicles	Outcome: i. Staff participated in capacity development in programmes (nos) ii. Productivity awards (nos) iii. Audit queries responded (nos)	45	55	60	65	65
		1	1	1	1	1
		4	4	5	5	4
	Output: i. Institutions participated in Productivity competitions (nos) ii. Audit queries (nos) iii. Office Equipment & furniture iv. Vehicles in good condition (nos)	1	1	1	1	1
		4	4	5	5	4
		40	60	70	80	80
		3	3	4	4	4

Inter- Agency Coordination

Department / Agency : Ministry of Health, Indigenous Medicine, Social Welfare Services, Probation & Child Care Services & Rural Electrification

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
<p>1. Annual Implementation Programme (Local & Foreign Funded Projects)</p>	<ul style="list-style-type: none"> i. Finance Commission ii. Ministry of Health – Colombo iii. Ministry of Local Government - Colombo iv. Chief Secretary’s Secretariat v. Department of Health Services vi. Department of Indigenous Medicine vii. Department of Social Services viii. Department of Probation & Child Care Services ix. Provincial Planning Secretariat x. RDHS, Trincomalee, Batticaloa, Ampara, Kalmunai 	<ul style="list-style-type: none"> i. Preparing Need Analysis. ii. Preparing Annual Plan based on Disbursement Link Indicators. iii. Conducting Sectoral Committee Meetings iv. Conducting ministry level progress review meetings. v. Analyzing District & Divisional balance based on previous vi. Monitoring & Evaluation. 	
<p>2. Rural Electrification</p>	<ul style="list-style-type: none"> i. Ministry of Power & Supply and Sustainable Energy Authority ii. Divisional Secretariats iii. Ceylon Electricity Board iv. Janathakshan (GTE) Ltd. 	<ul style="list-style-type: none"> i. Identifying the periphery areas ii. Conducting Training & Awareness programmes for energy saving 	

Department / Agency : Ministry of Health, Indigenous Medicine, Social Welfare Services, Probation & Child Care Services & Rural Electrification

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
3. Capacity Development	i. MDTU ii. SLIDA	i. Conducting Training Programmes	
4. Foreign Trainings & Exposure visits	i. External Resources Department, Colombo ii. Ministry of Health – Colombo iii. Ministry of Local Government – Colombo iv. Governor’s Secretariat v. Chief Secretary’s Secretariat vi. Personal & Training Department	i. Conducting residential training programmes & exposure visits -	

Agency Results Framework 2017–2020

Provincial Department of Health Services

Introduction

Previously, the entire health system of Sri Lanka was functioning under a Cabinet Minister of the Government. Provincial Councils were set up in Sri Lanka for the first time in terms of 13th Amendment to the Constitution and the Provincial Councils Act. No.42 of 1987. With the implementation of Provincial Councils Act in 1989, the health services were devolved, resulting the functions of the Ministry of Health at the National level and separate nine Provincial Ministries for the subject of Health in each Province.

The Central Ministry of Health plays a major role in formulation of National Health Policies and guidelines, training of medical & para medical staff, management of line ministry hospitals and bulk purchase of medical requisites. The Provincial Department of Health Service is responsible for management of health service delivery and effective implementation of projects related to health services within the Province, development of policies and guidelines and also human resource management within the Province.

Organizational Network

Provincial Department of Health Services is functioning under the purview of Provincial Ministry of Health and Social Services and the Department is headed by Provincial Director of Health Service (PDHS).

There are four Regional Health Offices functioning in Eastern Province.

1. Trincomalee RDHS Office in Trincomalee District
2. Batticaloa RDHS Office in Batticaloa District
3. Ampara RDHS Office in Ampara District and
4. Kalmunai RDHS Office in Ampara District

The health institutions under Provincial administration provides Curative Health Care, Preventive Health Care, Campaigns & Trainings. Hospitals are categorized as Teaching Hospital, District General Hospital, Base Hospital (type A & B), Divisional Hospital (type A, B & C) and Primary Medical Care Units (PMCU). Preventive health care comes under MOH offices and Maternal & Child Health Centers (GHCs) are managed by MOHs. Anti-Malaria Campaigns (AMC), District Chest clinics (DTC) and Sexually Transmitted Infection clinics (STI) are also functioning in all four regions.

Further special programmes such as Rabies control, Non-Communicable Disease control and School Dental Service are carried out at regional level. Provincial / Regional Training Centers provide trainings to Public Health Staff as well as some category of curative health staff. It gives basic training for newly recruited staff and In-service training of existing staff.

Beside this, 01 Teaching Hospital, 02 General Hospitals, 04 Base Hospitals are functioning in the Eastern Province under the administration of Line Ministry.

Service Delivery

The Provincial Department and four RDHS offices serve nearly 1.6 mn population by providing quality health care services through 118 Hospitals, 46 MOH Offices and 12 Campaigns in the Province.

Regions Resources	Ampara	Kalmsunai	Batticaloa	Trincomalee	Total
Base Hospitals	02	04	04	03	13
Divisional Hospitals	07	10	17	11	45
PMCU	16	12	14	18	60
MOH Offices	07	13	14	12	46
Medical Consultants	12	9	10	8	39
Medical Officers	145	145	163	113	566
Nursing Officers	162	223	194	108	687
PSM & Paramedical	224	352	371	273	1220
Land Area (sq. km.)	3,329.97	1,250.47	2,403.91	2,728.80	9,713.15
Population	263,484	423,538	546,791	403,423	1,637,236

Key Functions

Health care services are provided through curative and preventive care institutions to enhance the health status of the population in the Province in order for contributing to achieve the national vision “A healthier nation that contributes to its economic, social, mental and spiritual development”.

The following key functions are performed by provincial health organizations for services delivery to enhance the health status of population in the province.

- Ensuring the delivery of comprehensive health services to reduce the disease, burden and to promote health
- Empowering communities (including households) towards better active participation in maintaining their health
- Improving the management of human resources for health service
- Improving health financing, resource allocation and utilization
- Strengthening stewardship and management of the health system
- Establishing & developing Health Surveillance and Information System at Provincial, Regional and Institutional level

SWOT Analysis

<p><u>Strengths</u></p> <ol style="list-style-type: none"> 1. Systematic & dynamic staff 2. Well established health institutions 3. Sufficient physical resources 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. No balanced distribution of staff 2. Absence of a realistic approved cadre 3. Insufficient Provincial funds for maintenance of capital assets 4. Patients by-pass the primary care service institutions
<p><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Government Policies 2. National Health Strategic Plan 3. Public awareness on health care 4. Support from NGOs & Donors 	<p><u>Threats</u></p> <ol style="list-style-type: none"> 1. Political interferences 2. Natural disaster 3. Increasing elderly population 4. Double burden of diseases 5. Under-nutrition 6. Persisting, emerging & re-emerging, communicable diseases 7. Food Safety

UN-SD Goals related to Health Development

Goal 3: Good health and well-being

Goal 2: Zero Hunger

Goal 6: Clean water and sanitation

Strategies in line with National Health Master Plan 2016 - 2025

- Curative Health Care:
 - a) Establish ETU / PCU at all Primary Care Institutions
 - b) Establish rehabilitation/geriatric/palliative care hospital per district
 - c) Establish institutional cluster system and share the resources
 - d) Promote appointment system at Clinics
 - e) Establish electronic health record system
 - f) Establish tracking system for Ambulances
 - g) Develop supportive structure - ICU, HDU, Radiological & Lab services
- Preventive Health Care:
 - a) Changing disease burden
 - b) Enhance health promotion of individuals
 - c) Implement accident & emergency care policy
 - d) Reduce obesity, under nutrition, anemia among adults, elders
 - e) Promotion of mental health in different settings
- Rehabilitation Services:
 - a) Develop medium term physical & mental rehabilitation framework
 - b) Establish comprehensive rehabilitation services at provincial level
- Health Administration & HR:
 - a) Capacity building in managing organizational / global challenges
 - b) Establish realistic reward system
 - c) Central - Provincial dialog for dynamic staff distribution
 - d) Training and capacity building
 - e) Intensive supervision system at all levels

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Provincial Department of Health Services

Vision :
Quality health care services to ensure healthier population

Mission :
Strengthen curative & preventive health care system in efficient, effective, equitable & innovative manner to the people of province

Thrust Areas :

1. Improvement of preventive health care services

Goal 1: Improved quality of maternal & child health care

Goal 2: Improved nutritional status of the target groups

Goal 3: Improved non communicable disease preventive measures

Goal 4: Improved CKDu disease preventive measures

Goal 5: Improved communicable disease preventive measures

2. Improvement of curative health care services

Goal 1: Improved emergency care services

Goal 2: Improved curative care services

Goal 3: Ensured investigation facilities in base hospitals

Goal 4: Improved quality assurance in hospital services

3. Strengthen rehabilitative care services

Goal 1: Improved facilities for elderly and special need persons

4. Institutional development and governance

Goal 1: Health Institutions are well equipped & modernized

Goal 2: Monitored & evaluated the performance of health institutions, programmes and projects

Goal 3: Improved human resource management

Thrust Area 1 : Improvement of preventive health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.1 : Improved quality of maternal & child health care Key Activities: 1. Improve antenatal and postnatal care 2. Establish the preconception care	Outcome: i. Maternal Mortality Ratio (Per 100,000 live births)	30.7	29	27	26	25
	ii. Infant Mortality Rate (Per 1000 Live births)	8.7	8.5	8.2	8	7.5
	iii. Teenage pregnancy	8%	7%	7%	7%	7%
	Output: i. Postpartum care coverage (within first five postpartum days)	76%	77%	78%	79%	80%
	ii. Early registration of antenatal mothers (within 08 weeks of pregnancy)	76%	78%	80%	82%	85%
1.2 : Improved nutritional status of the target groups Key Activities: 1. Improve under 5 children nutritional status 2. Improve nutritional status of pregnant mothers	Outcome: i. Pregnant mothers with low BMI	23%	23%	22%	21%	20%
	ii. Stunting among under 5 children	10%	10%	10%	9%	9%
	iii. Wasting among under 5 children	12%	11%	11%	10%	10%
	Output: i. MOH areas with at least three health and nutrition community support groups	71%	90%	95%	100%	100%
	ii. Low birth weight	15%	15%	15%	14%	14%

Thrust Area 1 : Improvement of preventive health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.3 : Improved non communicable disease preventive measures Key Activities: 1. Early detection of NCD diseases 2. Strengthen HLCs	Outcome: i. People newly diagnosed with Diabetic Mellitus at HLCs ii. People newly diagnosed with Hypertension at HLCs	5156 9130	5500 9600	5575 10000	6000 10400	6500 10800
	Output: i. MOH areas with two or more functioning HLCs	56%	90%	95%	100%	100%
1.4 : Improved CKDu disease preventive measures Key Activities: 1. Improve the access to CKDu screening 2. Strengthen the management of CKDu patients	Outcome: i. Prevalence of CKDu (Baseline 10% - screened out of 21400) ii. Persons diagnosed with CKD / CKDu	10% 208	9% 210	8% 215	7% 220	6% 225
	Output: i. Dialysis unit at secondary care institutions ii. Persons screened for CKDu (Total No. of population above 10 years in selected area-	- 65%	10 70%	12 75%	12 80%	12 85%
1.5 : Improved communicable disease preventive measures Key Activities: 1. Reduce the incidence of major communicable diseases 2. Strengthen surveillance system	Outcome: i. Incidence of TB Case (Per 100,000 population) ii. Incidence of dengue fever cases (per 100,000 population) iii. Human rabies death	37 154 1	35 145 0	33 138 0	30 130 0	28 125 0
	Output: i. Cases investigated for notifiable diseases (Total No. of cases notified - Baseline 96% - ii. TB Case detection rate iii. Dogs sterilized (current year)	96% 58% 11915	100% 70% 15000	100% 75% 18000	100% 77% 20000	100% 80% 20000

Thrust Area 2 : Improvement of curative health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.1 : Improved emergency care services Key Activities: 1. Strengthen emergency care at primary care institutions 2. Strengthen accident and emergency care at secondary care institutions	Outcome: i. Deaths occurring within 48 hrs. of admission (Total No. of Deaths occurred in Hospitals)	27%	25%	24%	22%	20%
	Output: i. Hospitals having ETUs with standard guidelines & equipment (Baseline 38% - out of 58 DH and ii. Hospitals having A&E Unit (BHs and above)	38%	50%	60%	75%	86%
2.2 : Improved curative care services Key Activities: 1. Strengthen the management of indoor patients 2. Strengthen the management of outdoor patients	Outcome: i. Bed occupancy rate of secondary care institutions	49%	52%	57%	60%	65%
	ii. Waiting time at OPD / clinics in secondary care institutions (minutes)	45	40	35	30	25
	iii. Customer satisfaction (among 1200 samples in 12 base hospitals)	-	40%	50%	60%	70%
	Output: i. Average indoor admission per month	22023	23000	24000	25000	25000
	ii. No. of hospitals having (BH & Above) appointment system in the clinics	-	2	4	8	12
2.3 : Ensured investigation facilities in B.HH Key Activities: 1. Strengthen laboratory service 2. Strengthen X - ray facilities	Outcome: i. Laboratory tests taken (per month)	43962	45000	50000	55000	60000
	ii. X - ray tests taken (per month)	4729	5000	5500	6000	6500
	Output: i. Hospital having laboratory, X ray & Ultra sound scan facilities (Total B.HH - 12)	66%	75%	83%	100%	100%

Thrust Area 2 : Improvement of curative health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.4 : Improved quality assurance in hospital services Key Activities: 1. Increase participation of productivity competition 2. Getting EP Licence	Outcome: i. Productivity awards	4	8	12	16	20
	Output: i. Hospitals certified for environmental protection	6	12	18	25	30
	ii. Hospitals practicing quality management (according to QA indicators in B.HH)	83%	90%	95%	100%	100%

Thrust Area 3 : Strengthen rehabilitative care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.1 : Improved facilities for elderly and special need persons Key Activities: 1. Provide elderly care services 2. Provide facilities for special need persons	Outcome: i. Major hospitals (BH & above) having separate counters for elderly & special need persons (OPD & Dispensary)	-	2	4	8	12
	Output: i. Hospitals having Geriatric Units per region	-	1	2	3	4
	ii. Hospitals having access for special need persons	-	4	10	15	20

Thrust Area 4 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.1 : Health institutions are well equipped & modernized Key Activities: 1. Adopt advance technology in e-health	Outcome: i. Timely reporting of returns (%) a. Maternal & Child Health Return (H-509) b. School Health Return (H-797) c. Supervision report (C- Form) d. Family Planning Return (H - 1200B)					
	Output: i. Hospitals sending indoor morbidity & mortality return (e-IMMR) through web based information system ii. Hospital having digital health system	58%	65%	75%	85%	100%
4.2 : Monitored & evaluated of the performance of the health institutions, programmes and Projects Key Activities: 1. Organize review meeting 2. Supervision	Outcome: i. Project completed within timeframe a.Provincial fund b.Other source of fund	49%	70%	80%	90%	100%
	Output: i. Technical review meetings ii. Supervision reports by RDHS	1	5	8	10	12
		97%	100%	100%	100%	100%
		42%	70%	80%	100%	100%
		34	64	72	64	64
		-	48	48	48	48

Thrust Area 4 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.3 : Improved human resource management Key Activities: 1. Capacity development 2. Provide adequate staff	Outcome: i. Staff received pre service training	34	75	125	125	150
	Output: i. Primary care institutions manned by Medical Officers (Total primary institutions -Base line 73% out of 106 MOs)	73%	75%	80%	85%	90%
	ii. Divisional Hospitals having adequate Nursing Officers-Base line 46% out of 46 DHs)	46%	48%	50%	55%	60%
	iii. Consultant Service facility available at BHH					
	a. Consultant Obstetrician & Gynaecologists	6	9	12	12	12
	b. Visiting Physician	10	12	12	12	12
	c. Surgeon	9	12	12	12	12
	d. Paediatrician	7	10	12	12	12
	iv. Qualified Medical Administrators	2	6	8	12	12
	v. Pre service training programmes	1	3	4	4	4

Inter- Agency Coordination

Department / Agency : Health Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
1. Nutritional status of target groups	i. UNICEF	i. <ul style="list-style-type: none"> - Workshops. - Quarterly Health & Nutrition coordination meetings - Progress review meetings- district level & National level - Direct visits by UNICEF Staff post evaluation 	Implementing partners Sarvodaya CCCD- (Coordinating Centre for Community Development)
	ii. <ul style="list-style-type: none"> a. Agriculture b. Fisheries c. Agrarian Services d. D.S. Office e. Education 	i. <ul style="list-style-type: none"> - Prepare multi sector nutrition action plan - Implement the activities by relevant agencies - Review the progress 	
	iii. Nutrition coordination division	i. <ul style="list-style-type: none"> - Prepare annual implementation plan - Workshops - Review meetings 	
	iv. Thiriposha campaign	i. Supply of Thiriposha	
	v. Family Health Bureau	i. <ul style="list-style-type: none"> - Guidance - Monitoring 	

Department / Agency : Health Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
2. School Health	i. M/Education	i. Divisional & district coordination meetings	
3. Dengue control activities	i. <i>a.</i> Local Authorities <i>b.</i> Police <i>c.</i> Grama Niladharies <i>d.</i> Samurthy officers <i>e.</i> M/Education	i. - Establish dengue control committee at village level - Divisional & district coordination meetings - Daily, weekly and monthly reviews of data and careful observations of trend at MOH and district level - Outbreak responses	
4. Rabies control activities	i. <i>a.</i> Local Authorities <i>b.</i> Dept. of Animal Production	i. Coordination meetings	
5. Development of Hospitals	i. Hospital development committee	i. Monthly meetings	

Agency Results Framework 2017–2020

Department of Indigenous Medicine

Introduction

The indigenous health system of Sri Lanka was established under an Act No. 31 Of 1961, includes Ayurveda, Siddha and Unani. The Provincial Department of Indigenous Medicine was established in 1989 under the Provincial Councils Act. No.42 of 1987. The Indigenous System of Medicine is one of a rich heritage which is being sought by the people of the Eastern Province for centuries.

The Provincial Department of indigenous Medicine (PDIM) is responsible for management of ayurveda health service delivery and effective implementation of projects related to health services within the Province, development of policies & guidelines and also human resource management within the Province.

Organizational Network

Provincial Department of Indigenous Medicine is in charge of Ayurveda Section of Preventive and Curative Health Services. At present the Department supervises 03 Base Ayurveda Hospitals (BAH), 06 District Ayurveda Hospitals (DAH), 04 Rural Ayurveda Hospitals (RAH), 43 Central Ayurveda Dispensaries (CAD), 03 Panchakarma Hospitals, 2 Herbal Gardens and 03 Indigenous Drug Manufacturing Centres (IDMC).

In the Eastern Province, curative and preventive Ayurveda health services are being provided by four types of health institutions at present. The four types are Central Ayurveda Dispensary (CAD), Rural Ayurveda Hospital, (RAH), District Ayurveda Hospital (DAH) and Base Ayurveda Hospital (BAH). In addition to these, Panchakarma treatment is available in Trincomalee and Batticaloa District. The CADs have fewer facilities for providing curative services and is the lowest in the types. The facilities available at the RAH are higher than that of in CADs, but lower than that in DAHs. BAHs have much higher curative and preventive facilities than the services available at the other three types of institutions. As the Eastern Province does not have Ayurveda Teaching Hospital, Base Ayurveda Hospitals will be provided with sufficient facilities to function as teaching hospital as well. The new services that include Panchakarma, Yoga and Health Resort are widely attracting the local patients as well as foreign tourists. In addition, the new services are promoting medical tourism in the Eastern Province.

Service Delivery

People of Eastern Province especially children, women, and elderly communities are receiving Ayurveda medical services. Mobile Ayurveda medical services are underserved in the remote areas. Herbal farms, traditional medical research are available and Healthy Life Style & Health Education programmes are being effectively provided to Students and People as well as Foreign Tourists.

Resources	Districts Ampara	Batticaloa	Trincomalee	Total
Base Ayurveda Hospitals	01	01	01	03
District Ayurveda Hospitals	03	01	01	05
Rural Ayurveda Hospitals	02	01	01	04
Panchakarma Hospitals	00	03	02	05
Central Ayurveda Dispensaries	21	14	08	43
Drug Manufacturing Units	01	01	01	03
Ayurveda Medical Officers	60	50	42	152
Hospital Quarters	01	02	00	03
Land Area (sq. km.)	4580.44	2,403.91	2,728.80	9,713.15
Population	687,022	546,791	403,423	1,637,236

Key Functions

- Managing, supervising, monitoring and evaluating indigenous health care services.
- Developing Infrastructure
- Providing guidance for preventive care through indigenous medicine
- Providing technical assistance for cultivation of medical herbs.
- Producing indigenous drugs
- Coordinating with private sector to promote indigenous medical tourism
- Conducting public awareness programs
- Developing capacity of staff
- Organizing training in selected fields in indigenous medicine
- Strengthening traditional medical practitioners

SWOT Analysis

<p><u>Strengths</u></p> <ol style="list-style-type: none"> 1. High value medicine 2. Natural holistic medical treatment 3. Treating root causes of the diseases. 4. Skilled and dynamic staff 5. Availability of Ayurveda medical tourism 6. Integrated medical services 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Insufficient expertise in field 2. Lack of collaborative work with relevant sector 3. Shortage of paramedical staff 4. Lack of opportunities in research 5. Lack of information system
<p><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Globally demand system 2. Development of traditional medical system with modern technology 3. Climate for herbal cultivation 4. Knowledge sharing with well-developed country of traditional medical system 5. Scope for IM system and western medical system combined. 	<p><u>Threats</u></p> <ol style="list-style-type: none"> 1. Non availability of raw drugs 2. Rare and expensive raw drugs 3. Lack of interest in herbal cultivation 4. Quacks 5. Lack of regulations for establishing new Ayurveda Institutions 6. Traditional treatment knowledge is kept only among family members

UN-SD Goals related to Health Development

Goal 3: Good health and well-being

Goal 2: Zero Hunger

Goal 6: Clean water and sanitation

National Policies Strategies

- Promote traditional medicinal practices with higher standards
- Take measures to preserve traditional medical practices
- Fulfill basic accommodation requirements of the medical doctors and paramedical Staff
- Encourage to cultivate medicinal herbs

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Department of Indigenous Medicine

Vision :

Quality indigenous health care services to achieve healthier population

Mission :

Provision of indigenous health care with easy access and sustainability for prevention and treatment for diseases by adapting and strengthening accepted traditional medical practices

Thrust Areas :

1. Providing quality and reliable indigenous health care services

Goal 1: Improved indigenous curative health care services

Goal 2: Improved indigenous preventive health care services

Goal 3: Established integrated hospitals (western & ayurveda)

Goal 4: Improved health education system

2. Promote ayurveda medical tourism

Goal 1: Improved special treatment units

Goal 2: Conserved and developed commercial herbal plantation with participation of private farmers

Goal 3: Provided foreign trainings to Ayurveda MOs with sponsorship of foreign private companies

3. Promote self sufficiency in herbal medicines and commercialization

Goal 1: Established herbal gardens in each indigenous medical institution

Goal 2: Established large scale Herbal garden in each district

Goal 3: Established drugs sales outlets in each district

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Department of Indigenous Medicine

Thrust Areas :

4. Conservation, strengthening and promotion of accepted traditional medical practices

Goal 1: Obtained services of special traditional physicians

Goal 2: Printed traditional manuscript books /CDs

Goal 3: Provided equipment to be used for traditional treatment

5. Institutional development and governance

Goal 1: Provided training on capacity development for staff

Goal 2: Improved office system

Goal 3: Established online data updating system in Indigenous hospitals

Thrust Area 1 : Providing quality and reliable indigenous health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.1 : Improved indigenous curative health care services Key Activities: 1. Strengthen infrastructure facilities 2. Strengthen standard operating practices of ayurveda hospitals 3. Conduct special clinics 4. Provide residential facilities for Mos	Outcome: i. Upgraded ayurveda hospitals	2	3	2	2	2
	ii. Indigenous medical outdoor medical care institution (in DS Division)	36	38	40	42	45
	iii. Waiting time for the patient (Min)	45	30	20	18	15
	iv. Person treated for NCDs (cumulative)					
	a. HT	2054	3954	5754	7604	9304
	b. DM	2158	4158	6058	7908	9708
	c. BA	2875	5675	8425	11025	13525
	d. IHD	1122	3072	4022	4952	5852
	v. MO's occupying quarters	10	20	30	40	50
	Output: i. Patients treated at outdoor	254000	300000	350000	400000	450000
	ii. Patients treated at indoor	4556	5000	6000	7000	8000
	iii. Quarters	4	2	1	2	2

Thrust Area 1 : Providing quality and reliable indigenous health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.2 : Improved indigenous preventive health care services Key Activities: 1. Establish healthy life style centres 2. Conduct mobile medical clinics	Outcome: i. Persons received services	20000	24000	30000	40000	50000
	ii. Nutritional status (BMI)	-	33	31	28	26
	iii. Person treated for NCDs	2865	2840	2965	3195	3200
	Output: i. People identified with NCDs					
	a. HT	850	700	675	650	600
	b. DM	855	800	760	725	700
	c. BA	810	1000	1200	1500	1600
d. IHD	350	340	330	320	300	
ii. Persons detected with obesity	324	300	250	200	200	
iii. Mobile medical clinics	100	120	150	200	250	
1.3 : Established integrated hospitals (western & ayurveda) Key Activities: 1. Convert public buildings into indigenous hospitals 2. Upgrade the existing ayurveda hospitals	Outcome: i. Persons treated in integrated institutions	-	2244	2400	2600	2800
	Output: i. Integrated treating centres	-	2	1	1	1
	ii. Converted public buildings as hospitals	2	1	1	1	1

Thrust Area 1 : Providing quality and reliable indigenous health care services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.4 : Improved ayurveda health education Key Activities: 1. Conduct international symposium and exhibitions 2. Conduct awareness programs on maternal & child care, geriatric care	Outcome: i. Persons attended symposium	-	300	500	-	600
	ii. Persons attended exhibition	-	10000	15000	-	18000
	iii. Mothers attended	55	100	200	300	400
	Output: i. Symposiums and exhibitions	-	1	1	-	1
	ii. Awareness programmes	22	30	40	50	60

Thrust Area 2 : Promote ayurveda medical tourism

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.1 : Improved special treatment units Key Activities: 1. Promote special ayurveda treatment on payment basis 2. Establish panchakarma hospitals	Outcome: i. Persons received panchakarma treatments	2333	5000	6000	7000	8000
	ii. Turnover from private clients (Rs. Mn)	2.8	3.0	3.5	4.0	4.5
	Output: i. Panchakarma hospitals	3	5	6	7	8

Thrust Area 2 : Promote ayurveda medical tourism

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.2 : Conserved and developed commercial herbal plantation with participation of private farmers Key Activities: 1. Engage local farmers for the herbal cultivation 2. Promote commercialization in high value herbs	Outcome: i. Quantity of herbs produced (kg)	-	200	300	500	1000
	ii. Extent of land under cultivation by private farmers (Acre)	-	10	75	80	90
	Output: i. Farmers cultivated herbs (Nos.)					
	a. Amukkara	-	50	70	80	100
	b. Ginger	-	50	70	80	100
	c. Turmeric	-	50	70	80	100
	d. Heen binkohamba	-	25	30	35	40
2.3 : Provided trainings and exposure to ayurveda MOs with sponsorship of private companies Key Activities: 1. Organize trainings & exposure for medical officers	Outcome: i. Medical officers participated	3	10	20	30	30
	ii. New forms of manufactured drugs	3	2	2	2	2
	Output: i. Training programme	2	10	20	20	20

Thrust Area 3 : Promote self sufficiency in herbal medicines and commercialization

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.1 : Established herbal gardens in each indigenous medical institution Key Activities: 1. Promote herbal cultivation of each ayurveda institution 2. Promote use of herbs for the hospital treatment	Outcome: i. Quantity of herbs (kg) ii. Extent planted in high value herbs (Acre)	50 2	100 3	150 3	200 4	250 5
	Output: i. Herbal gardens	2	3	5	7	12
3.2 : Established large scale herbal garden in each district Key Activities: 1. Develop herbal garden in large scale 2. Promote use of herbs for ayurveda drug preparation	Outcome: i. Quantity of herbs (kg) ii. Medicine produced (varieties)	- -	660 10	750 12	820 15	1000 15
	Output: i. Herbal garden (Acre)	20	22	25	27	30
3.3 : Established drugs sales outlets in each district Key Activities: 1. Establish medicine sale outlets	Outcome: i. Income from the department outlets (Rs. mn)	1.8	2.2	2.7	2.9	3
	Output: i. Sales outlets (Nos.)	1	1	1	1	1

Thrust Area 4 : Conservation, strengthening and promotion of accepted traditional medical practices

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.1: Obtained services of special traditional physicians Key Activities: 1. Provide opportunities to traditional physicians for practicing and conserving traditional medical services	Outcome: i. Patients treated	600	700	800	900	1000
	Output: i. Physicians participated	15	19	23	27	30
4.2 : Printed traditional manuscripts books / CDs Key Activities: 1. Print and preserve traditional medical books and manuscripts	Outcome: i. Places available with preserved documents	-	20	15	10	5
	Output: i. Printed books and CDs	-	5	12	13	15
4.3 : Provided equipment to be used for traditional treatment Key Activities: 1. Providing medical equipment for traditional physician	Outcome: i. Medicine produced (varieties)	-	5	8	8	9
	a. Liquid medicine (ml /l)	-	5000	7500	8000	9000
	b. Powders & tablets (kg/ g)	-	100	150	200	250
	ii. Treated patients	-	500	600	700	800
	Output: i. Medical equipment	-	50	50	30	20

Thrust Area 5 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
5.1 : Provided training on capacity development for staff Key Activities: 1. Organize training programmes for the staff 2. Organize exposure visits	Outcome: i. Staff performance	60%	70%	75%	78%	80%
	ii. Staff trained	200	250	300	400	750
	Output: i. Training programmes	10	12	14	16	30
	ii. Exposure visits	2	3	4	5	6
5.2 : Improved office system Key Activities: 1. Establish internal network system 2. Supervise and monitor regular basis 2. Organize productivity improvement programmes and awareness for staff	Outcome: i. Office performance (using criteria)	70%	75%	80%	85%	90%
	ii. Productivity awards	1	2	3	3	3
	Output: i. Performance review meetings	5	8	10	12	12
	ii. Officers connected to network system	-	15	20	25	30
	iii. Productivity programmes	1	3	4	5	7
iv. Awareness programmes	20	30	35	40	50	
5.3 : Established online data updating system in indigenous hospitals Key Activities: 1. Establish online database 2. Train the staff on use of database	Outcome: i. Type of reports generated from the database	-	10	20	25	27
	Output: i. Institutions with online database facilities	-	10	20	30	40
	ii. Training programmes	-	4	4	4	4

Inter- Agency Coordination

Department / Agency : Indigenous Medicine

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
1. Providing quality and reliable indigenous health care services.	<ul style="list-style-type: none"> i. Provincial Department of Health Services ii. Provincial Department of Buildings iii. Divisional Secretariats (DS) iv. District Secretariats 	<ul style="list-style-type: none"> i. Data Collection ii. Land location & deed by DS iii. Building procedure iv. Correspondences & Discussions 	Provincial Level
2. Enhancement of public private partnership for special treatment unit under medical tourism.	<ul style="list-style-type: none"> i. Tourism Bureau ii. Department of Agriculture iii. Department of Revenue iv. Foreign embassy 	<ul style="list-style-type: none"> i. Data collection ii. Fund allocations iii. Plant cultivation guidance iv. Official procedures v. MOU, Correspondences & Discussions 	Provincial Level International level
3. Promote self sufficiency in herbal medicine and commercialization.	<ul style="list-style-type: none"> i. Industrial Department ii. Department of Agriculture iii. Forest Department iv. National Research Medicinal Plant Gardens v. Eastern University of Sri Lanka 	<ul style="list-style-type: none"> i. Plant collection ii. Technical support iii. Cultivation guidance iv. Sales centers v. Correspondences & Discussions 	Provincial Level National Level

Department / Agency : Indigenous Medicine

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
<p>4. Conservation, strengthening and promotion of accepted traditional medical practices.</p>	<ul style="list-style-type: none"> i. National Institute of Traditional Medicine (NITM) ii. Divisional Secretariats iii. Eastern University of Sri Lanka iv. Department of Culture and affairs v. Department of Education 	<ul style="list-style-type: none"> i. Monitoring the Conservative board ii. Standard texts iii. Printing documents iv. Library facilities v. Correspondences & Discussions 	<p>Provincial Level National Level</p>

Agency Results Framework 2017 - 2020

Department of Social Services

Introduction

The Department of Social Services is responsible for an organized activity to improve the conditions of disadvantaged people in society in the Eastern Province. The overall aim of the department is to work towards reducing the financial dependency of the vulnerable of the Eastern Province. The department has introduced and practiced a number of social security packages and activities to make the vulnerable financially independent.

Organizational Network

The Provincial Director of Department of Social Services holds the responsibility of carrying out the functions of the department with the support of a staff grade team of officers and Social Service Officers. Under the organization structure, Establishment & Administration, Accounts, Services and Planning Units are functioning under this department. A Safe-House and one Vocational Training Centre are functioning under direct purview of this department. In addition, 27 Social Care Centres are functioning in the Divisional Secretary Divisions to extend the services to the vulnerable population in the respective areas.

Service Delivery

This Department is basically working for persons with disabilities (PWD), elderly population, widows, women headed families and families with inadequate income for their day-to-day activities to uplift their lives. Providing livelihood assistances and other social security packages are the mechanism used to empower the beneficiaries.

Key Functions

The department mainly integrated wellbeing of vulnerable leading to national development, through empowering them to meet essential needs, in fair and equitable manner. The following services are provided for vulnerable people in the Eastern Province:

- Payment of Public Assistance Monthly Allowance (PAMA)
- Livelihood grant for poor families
- Providing Assistive Devices for the persons with disability (PWD) and children with disability (CWD)
- Providing vocational training and other departmental benefits to the person with disabilities

- Assisting people suffering from diseases such as T.B., Leprosy, Cancer, Thalassemia and Chronic Kidney Disease (CKD).
- Provision of Maintenance Grant and Ad-hoc Grants for Elder's Homes and Home for Persons with Disability run by NGOs and Volunteer Service Organizations.
- Compensating families living under poverty line whose properties and belongings damaged by accidents or natural disasters such as fire, cyclone, wild elephants etc. with a maximum amount of money as one-time payment per year.
- Monthly payment for the mentally affected children
- Monthly medical payment (for transportation) for the children who need monthly medical check-ups
- Providing a sum of money for making better access in the house for those using Wheel chair, Tricycle and White cane.

SWOT Analysis

<p><u>Strengths</u></p> <ol style="list-style-type: none"> 1. Skilled and dynamic staff 2. Expertise knowledge in the field of social services 3. Adequate physical Resources 4. Strong relationship with Government agencies and NGOs 5. Expertise skills in field related programs 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Poor cadre strength 2. Lengthy process of service delivery 3. Time consuming procedures 4. Dependency between Divisional and Provincial level 5. Lack of Motivation for team work
<p><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Government policies and objectives 2. Increasing trend of Public awareness 3. Policy formulation at the National and Provincial levels 4. Increasing higher level supports 5. Financial support from national agencies 6. Public relation and supports by voluntary organizations 	<p><u>Threats</u></p> <ol style="list-style-type: none"> 1. Continuous changes on regulations, policies, and law reforms 2. Lack of comprehensive data on vulnerable people 3. Ad-hoc decisions and non-corporation from other agencies 4. Lack of civil society participation

UN-SD Goals related to Social Services

Goal 01 – No Poverty

Goal 02 – Zero Hunger

Goal 05 – Gender Equality

Goal 10 – Reduced Inequalities

Goal 16 – Peace, Justice and Strong Institutions

National Policies

The rationale from the government's part in initiating into policy making and implementation in skill development for Vulnerable People, arises from the vision for a harmonious and inclusive society where all citizens participate and benefit from the social and economic services available for human development within the country. It is also felt that a shift to an inclusive vocational training system will help to relieve the root causes of conflict and social tension, build social cohesion, and contribute to social stability. Evidence shows that investing in education and vocational training benefits vulnerable people to move out of poverty and make a valuable contribution to the society.

As a first step towards formulating a Policy and Strategies for addressing skills needs of vulnerable people in Sri Lanka, a National Consultation Workshop on "Skills Development for Vulnerable Groups" was held in July 2008, jointly organized by Tertiary and Vocational Education Commission and International Labour Organization.

The Policy identifies seven Guiding Strategies that provide a framework in formulating more detailed strategies. The seven Strategies are;

- ensuring training courses that are relevant to needs,
- include livelihood and entrepreneurship training,
- establish specialized training facilities,
- ensure support systems for vulnerable persons to continue Technical and Vocational Education and Training,
- recognize current skills through Recognition of Prior Learning (RPL),
- Offer career guidance & counseling and
- Set appropriate admission criteria.

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Department of Social Services

Vision :

Caring and inclusive social services for vulnerable

Mission :

Enhancing the standard of life of vulnerable people for social inclusion through organized and equitable service delivery system collaborating with volunteer groups

Thrust Areas :

1. Rehabilitation of persons with disabilities

Goal 1: Protected persons with disabilities (PWDs) from abuse and negligence

Goal 2: Provided in-house facilities for PWDs

Goal 3: Developed sports skills for PWDs

Goal 4: Formed and strengthen the DPOs

Goal 5: Established rehabilitation centre for PWDs

2. Ensure better care for elderly population

Goal 1: Protected elders from abuse and negligence

Goal 2: Provided in-house facilities for elders

3. Ensure efficient service delivery to vulnerable people

Goal 1: Ensured adequate services to vulnerable

Goal 2: Established new service centres

4. Providing vocational training to vulnerable people

Goal 1: Provided vocational training facilities for PWDs

Goal 2: Provided vocational training to vulnerable people

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Department of Social Services

Thrust Areas :

5. Providing resources to volunteer service organization and private sector to protect vulnerable group

Goal 1: Protected vulnerable group and ensured safe environment

Goal 2: Increased awareness and enhanced social responsibility

6. Institutional development and governance

Goal 1: Advanced technology for service delivery

Goal 2: Developed the capacity of staff

Thrust Area 1 : Rehabilitation of persons with disabilities

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.1 : Protected Persons with disabilities (PWDs) from abuse and negligence Key Activities: 1. Conduct awareness programme 2. Carry out inspection visits 3. Provide Legal assistances 4. Educate PWDs on their rights	Outcome: i. Abuse rate ii. Access for disabled in public & common entities iii. PWDs with abilities to manage own affairs	20%	18%	15%	11%	5%
	Output: i. Inspections on abused/neglected cases ii. Awareness programmes iii. Reported cases	15	25	40	50	75
1.2 : Provided in-house facilities for PWDs Key Activities: 1. Establish state-owned homes 2. Establish Day Care Centre 3. Enhancing existing residential facilities 4. Construction of individual accessible toilets for PWDs	Outcome: i. Neglected PWDs accommodated ii. Accessible toilets used by PWDs iii. PWDs engaged in activities of homes/centre	-	25	40	60	90
	Output: i. Constructed homes ii. Day-Care Centre iii. Accessible toilets for PWDs iv. Modified existing homes	-	30	40	50	60
		-	5	15	25	40
		-	1	2	3	4
		-	1	2	3	4
		-	30	40	50	60
		2	6	12	18	30

Thrust Area 1 : Rehabilitation of persons with disabilities

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.3 : Developed sports skills Key Activities: 1. Conduct sports meets for disabled 2. Provide resources for sports development 3. Organize exposure visits (including abroad)	Outcome: i. Games PWDs participating	15	25	50	75	100
	ii. National level participation	25	30	40	50	70
	Output: i. Sports programmes	4	8	12	16	20
	ii. Coaching camps	2	5	10	15	20
	iii. Exposure visits	-	2	4	5	6
	iv. Participation of PWDs	30	50	100	150	250
1.4 : Formed and strengthened the DPOs Key Activities: 1. Establish Disable Persons Organizations (DPOs) 2. Provide livelihood supports for members of DPOs 3. Construct DPOs supporting resources centre	Outcome: i. PWDs participating in DPO activities	50	100	200	300	400
	ii. Group activities of PWDs	5	15	30	40	50
	Output: i. DPOs formed	30	50	70	100	150
	ii. Resource centre for PWDs	-	1	3	5	10
	iii. Successful livelihood initiatives	20	30	40	50	60

Thrust Area 1 : Rehabilitation of persons with disabilities

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.5 : Established rehabilitation centre for PWDs	Outcome: i. Resolved issues and difficulties of PWDs	-	18	30	45	70
	ii. Successful rehabilitated cases	-	100	120	150	175
Key Activities: 1. Establish fully equipped rehabilitation centre & provide services	Output: i. Constructed rehabilitation centre	-	1	2	3	4

Thrust Area 2 : Ensure better care for elderly population

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.1 : Protected elders from abuse and negligence	Outcome: i. Abuse rate	30%	26%	22%	18%	15%
	ii. Elders with ability to manage their own affairs	20%	25%	35%	40%	50%
	iii. Resolved elder related community issues	-	5	7	10	12
Key Activities: 1. Conduct awareness programmes 2. Carry out inspection visits 3. Educate elders on their rights	Output: i. Inspections on abused/neglected cases	20	25	35	50	75
	ii. Awareness programmes	16	25	42	58	73
	iii. Reported cases	245	200	140	95	25

Thrust Area 2 : Ensure better care for elderly population

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.2 : Provided in-house facilities for elders Key Activities: 1. Establish state-owned homes 2. Establish Day Care Centres 3. Enhancing the existing residential facilities 4. Strengthening the elders societies	Outcome: i. Elders accommodated	100	120	150	200	250
	ii. Elders engaged in activities of the homes	5	8	10	15	20
	iii. Secured admission at the elders' homes	100	120	150	200	250
	Output: i. State-owned homes	-	1	2	3	4
	ii. Day-Care centres	-	1	2	3	4
	iii. Elders societies	59	72	100	115	120
	iv. Modified existing homes	-	1	2	3	4

Thrust Area 3 : Ensure efficient service delivery to vulnerable people

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.1 : Ensured adequate services to vulnerable Key Activities: 1. Identify new beneficiaries among vulnerables 2. Introduce new social security packages 3. Improve payment schemes	Outcome: i. Vulnerable participants	75	80	90	100	125
	Output: i. Service packages	10	14	20	25	30
	ii. New schemes	2	2	3	2	4
	iii. Beneficiaries	650	75	850	1000	1200

Thrust Area 3 : Ensure efficient service delivery to vulnerable people

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.2 : Established new service centres Key Activities: 1. Construct social care centres	Outcome: i. Service centres in operation	45	50	60	70	80
	Output: i. Beneficiaries Service centres	600	1000	1500	2000	3000
		26	30	33	36	40

Thrust Area 4 : Providing vocational training to vulnerable people

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.1 : Provided vocational training facilities for PWDs Key Activities: 1. Prepare new training module 2. Conduct vocational trainings 3. Identify marketing linkages	Outcome: i. Employed PWDs ii. Income level of PWDs iii. Marketing linkages	90	110	125	150	175
	Output: i. Training module ii. Vocational training programmes iii. Beneficiaries trained	3000	4500	6000	7500	10000
		-	2	5	6	10
		-	1	5	8	10
		2	5	8	10	15
		75	90	120	150	200

Thrust Area 4 : Providing vocational training to vulnerable people

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.2 : Provided vocational trainings for vulnerable people Key Activities: 1. Conduct vocational trainings 2. Coordination of GBV activities	Outcome: i. Employed People	200	250	350	400	500
	ii. Rehabilitated GBV victims	10	25	30	40	30
	iii. Safe House for GBV victims	-	1	2	3	4
	iv. Income level	2500	4000	5000	7000	10000
	Output: i. Training Centre in operation	1	2	3	4	5
	ii. Sales points	-	1	3	5	8
	iii. Training Modules	2	5	8	10	15
	iv. GBV cases reported	75	60	54	35	12

Thrust Area 5 : Providing resources to VSO and private sector to protecting disadvantaged group

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
5.1 : Protected disadvantage group and ensured safe environment Key Activities: 1. Identification of abandoned cases 2. Ensure the availability of safe environment 3. Promote volunteer participation	Outcome: i. Beneficiaries in safe homes	245	300	315	340	375
	ii. Volunteer participation	2	5	6	8	10
	Output: i. Abandoned cases reported	126	100	85	65	20
	ii. Safe homes	7	10	12	14	15
	iii. Volunteer promotion programmes	2	5	6	8	10
	5.2 : Increased awareness and enhanced social responsibility Key Activities: 1. Conduct awareness programmes 2. Sustainable livelihood initiatives 3. Technical & marketing support for livelihood activities	Outcome: i. Reunified beneficiaries with family	40%	45%	50%	55%
ii. Income level	2500	3000	3500	4000	5000	
iii. Livelihood of beneficiaries	5	7	10	15	20	
	Output: i. Awareness programmes	15	20	25	30	35
	ii. Marketing linkages	-	2	5	6	10
	iii. Livelihood initiatives	5	7	10	15	20

Thrust Area 5 : Providing resources to VSO and private sector to protecting disadvantaged group

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
5.3 : Established residential facilities for the vulnerable with PPP Key Activities: 1. Establish volunteer homes & respite centres 2. Carry out inspection visits 3. Enhancing of facilities	Outcome: i. Minimum standards homes	7	8	10	12	15
	ii. Inmates above standards	40	50	60	75	100
	Output: i. Inmates accommodated	200	225	250	300	350
	ii. Centre established	7	8	10	12	15
	iii. Inspection visits	15	20	25	30	35

Thrust Area 6 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
6.1 : Advanced technology to service delivery Key Activities: 1. Develop the database 2. Introduce on-line services 3. Conduct training on database & on-line services	Outcome: i. Databases in operation	-	1	15	30	45
	ii. Divisions using on-line services	-	-	15	30	45
	Output: i. Database for HQ & divisions	-	1	1	-	-
	ii. Training programmes	-	35	45	70	115

Thrust Area 6 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
6.2 : Developed capacity of staff Key Activities: 1. Conduct training programmes 2. Exposure visits	Outcome: i. Staff performance (Based on targets)	70%	75%	80%	85%	90%
	ii. Productivity awards	-	1	2	2	2
	Output: i. Training programmes	5	10	15	20	25
	ii. Progress review meetings	10	15	18	22	30

Inter- Agency Coordination

Department / Agency : Social Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
1. Social Care Center	i. Each Divisional Secretariat	i. Monitoring & Evaluation through meetings & letters	
2. SEWA Project	i. Ministry of Child & Woman Affairs	i. Funding to GA, Batticaloa & Monitoring, meetings & letters	
3. Bus for Senior Citizens	i. Ministry of Social Empowerment & Welfare	i. Donation & Operation	

Agency Results Framework 2017 - 2020

Department of Probation and Child Care Services

Introduction

The “Probation System” in Sri Lanka was commenced with the Probation Ordinance in 1944 in order to keep offenders under probation. The Department of Probation and Child Care Services was established on the 1st of October 1956 in view to the probation functions under its purview. With the establishment of the provincial council system in Sri Lanka, some administrative powers were vested with the Provincial Councils. The Department of Probation and Child Care Services was established in EPC and functioning separately. With the ratification of Children’s Charter by Sri Lanka in 1991, more attention was focused towards child care field. Ensuring child care is merely a community focused social responsibility. This department has introduced several community based child care methodologies to ensure child protection by strengthening the social structure.

Organizational Network

The Provincial Commissioner of Department of Probation and Child Care Services holds the responsibility for the functions of the department with the support of a staff team including probation officers. There are three safe-houses, one state receiving home and one Vocational Training Centre are functioning under direct control of this department. 13 Probation Offices are functioning in all three districts in Eastern Province and each office is headed by a Probation Officer In-Charge.

Service Delivery

Services regarding the legal issues faced by children/ breach of child rights and also regarding providing protection to the needy children/ protection for the molested children can be obtained from the probation offices of the Eastern Province by either meeting the probation officers or submitting in writing.

Service recipients are separated children, vulnerable children, unaccompanied children, parents & society. Separated children are children who are separated from both parents or from their previous legal guardians or customary primary caregiver but are not necessarily separated from other relatives. Unaccompanied children, also called unaccompanied minors, have been separated from both parents and other relatives and are not being cared for by any adult who by law or custom is responsible for doing so.

Key Functions

The department mainly renders equal opportunities to unprotected children and young, victims of abuse and children in conflict with law while promoting and preserving their rights and helping in the implementation and enforcement of national policies and maintain the national and international standards. The following functions are carried out by the department to provide services to vulnerable children in Eastern Province:

- Provide safety, protection and development to the children who are victimized orphans, helpless, deserted, abused, and poor and affected by disaster.
- Receive complaints regarding child abuse and take action.
- Avoid separation of children from their families owing to poverty and other problems.
- Rehabilitate and socialize the children entrusted by the court.
- Admit the children on a court order to Safety Homes and provide facilities.
- Provide accommodation and safety to the children who are orphans, helpless and abused.
- Determine the registration, supervision and minimum quality standard of the voluntary Children Development Centre serving for the welfare of the children.
- Take action to reunify and socialize the institutionalized children with their parents or families for their welfare.
- Provide assistance to the registered volunteer Children Development Centres for proper maintenance.
- Offer orphans and deserted children for adoption
- Provide necessary facilities and re-admit for dropout children.

SWOT Analysis

<p><u>Strengths</u></p> <ol style="list-style-type: none"> 1. Skilled and dynamic staff 2. Expertise staff in the field of probation 3. Protection given by law (Legal Protection) 4. Enough physical Resources 5. Strong network with other officials (Government and NGOs) 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Poor cadre strength 2. Time consuming procedures 3. Inadequate training to the middle level staff 4. Lack of coordination between divisional and provincial level system
<p><u>Opportunities</u></p> <ol style="list-style-type: none"> 1. Government policies and objectives 2. Increasing trend of public awareness 3. Policy formulation at the national level 4. Support from Public and voluntary organizations 5. Increasing top level support 6. Financial support from central government 	<p><u>Threats</u></p> <ol style="list-style-type: none"> 1. Continuous changes to regulations, policies, and law reforms 2. Frequent changes adversely affecting legislations 3. Parents migration for foreign employment

UN-SD Goals related to Probation & Child Care Services

- Goal 4: Quality Education
- Goal 5: Gender Equality
- Goal 8: Decent work and Economic growth
- Goal 11: Sustainable cities and communities
- Goal 16: Peace, Justice, strong Institutions

Medium-term Agency Results Framework

Eastern Provincial Council

Agency : Department of Probation & Child Care Services

Vision :

Socialized, happy and fearless children with equal status

Mission :

Prevention and protection of children from abuses and ensuring children rights through improved and organized practices by creating safe and socially inclusive environment

Thrust Areas :

1. Improving child development centres and services
 - Goal 1:* Ensured quality services in CDC
 - Goal 2:* Improved employable skills to children at CDC
2. Empowering children through development of physical and mental capacities
 - Goal 1:* Improved emotional quotients
3. Ensuring and protecting the rights of children
 - Goal 1:* 3.1. Reduced child abuses
4. Ensuring the care and protection of children in provincial state homes
 - Goal 1:* 4.1. Ensured care and protection for children in state-home
5. Institutional development and governance
 - Goal 1:* Created better working environment and improved system

Thrust Area 1 : Improving child development centres and services

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
1.1 : Ensured quality services in CDC Key Activities: 1. Checking the CDC compliance with guidelines and follow-up 2. Providing financial support to CDC	Outcome: i. Children level of involvement in activities (Total children in CDC in 2015 is 1524) ii. Quality of services in terms of minimum standards (Total Child Development Centers in 2015 is 59)	30%	40%	50%	60%	80%
		50%	60%	70%	80%	100%
	Output: i. Monitoring reports ii. Standard facilities a. Buildings b. Equipment / furniture	10	20	30	40	50
		15	20	25	30	35
		15	20	25	30	35
1.2 : Improved employable skills to children at CDC Key Activities: 1. Conduct training programmes on sawing, handicraft and masonry	Outcome: i. Vocational competent certificate ii. Trainees gainfully employed	15	18	20	22	25
		5	9	12	15	20
	Output: i. Training programmes in different skills a. Sewing b. Handicraft c. Masonry	15	18	20	22	25

Thrust Area 2 : Empowering children through development of physical and mental capacities

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
2.1 : Improved emotional quotient Key Activities: 1. Guide the CDCs to ensure adequate availability of nutrition & physical exercises 2. Organize counselling through health authority	Outcome: i. BMI standard	700	900	1100	1250	1400
	ii. EQ standards	175	525	800	1050	1400
	Output: i. Probation officers report on food plan	40	43	47	51	55
	ii. Regular check-ups on BMI	700	900	1100	1250	1400
	iii. Counselling programs	10	20	30	40	50

Thrust Area 3 : Ensuring and protecting the rights of children

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
3.1 : Reduced child abuses Key Activities: 1. Organize awareness program for parents and children 2. Organize coordination meetings with law enforcement authorities and other stakeholders	Outcome: i. Child abuse cases	319	255	191	127	63
	ii. Convicted court cases against child abuse	191	178	152	114	59
	Output: i. Cases against child abuses filed in courts	255	216	171	120	63
	ii. Awareness programmes	26	39	52	65	78

Thrust Area 4 : Ensuring the care and protection of children in state-homes

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
4.1 : Ensured care and protection for children in state-home Key Activities: 1. Organize training program for Probation officers and state-home staffs	Outcome: i. Socialized children	50%	65%	80%	90%	95%
	Output: i. Training programmes	2	4	6	8	12

Thrust Area 5 : Institutional development and governance

Goals	Key Performance Indicators (KPIs) <i>related to Goals</i>	Baseline	Targets			
		2015	2017	2018	2019	2020
5.1 : Created better working environment and improved system Key Activities: 1. Provide basic facilities 2. Arrange trainings or programmes for capacity development of staff 3. Compliance and application of circulars and guidelines	Outcome: i. Regular attendance of staff (number of days at work)	152	120	177	203	228
	ii. Cases entered into the database	80%	85%	90%	95%	100%
	Output: i. Training programs	8	10	25	40	60
	ii. Review meetings	10	20	25	35	40

Inter- Agency Coordination

Department / Agency : Probation & Child Care Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
1. Improving Child Development Centres and Services	i. Probation offices ii. Divisional Secretariats (NCPA, CRPO, WDO) iii. Child Development Centres	i. Regular follow-up and monitoring reports from probation offices ii. Coordination meetings iii. Village Home Monitoring Team (VHMT) Visits iv. Using Child Development Center Statutes to regularize the CDCs	National level Provincial level
2. Empowering children through development of physical and mental capacities	i. Ministry of Health ii. Probation offices iii. Child Development Centres	i. Monthly meetings ii. Medical check-ups iii. Awareness programmes	National level Provincial level

Department : Probation & Child Care Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
<p>3. Ensuring and protecting the rights of children</p>	<ul style="list-style-type: none"> i. Divisional Secretariats (NCPA, CRPO, WDO) ii. Courts iii. Police – Women Desk iv. Hospitals v. MOH offices vi. Labour Department vii Probation offices viii Child Development Centres ix. NGOs 	<ul style="list-style-type: none"> i. Awareness programmes ii. Conducting Children Parliament iii. Field Visits iv. Regular follow-s and monitoring reports from probation offices v. Reports and statistics generated from database 	<p>National level</p> <p>Provincial level</p>
<p>4. Improved care and protection for children in state-homes</p>	<ul style="list-style-type: none"> i. Probation offices ii. Police – Women Desk iii. MOH offices iv. Prisons v. Hospitals vi. NGOs 	<ul style="list-style-type: none"> i. Regular follow-ups and monitoring reports from probation offices ii. Social Plans iii. Care Plans iv. Case conferences 	<p>National level</p> <p>Provincial level</p>

Department : Probation & Child Care Services

Main programme / Subject Area	Interacting Agencies	Proposed Methodology for Coordination	Remarks
5. Institutional development and Governance	i. Probation offices ii. Management Development Training Unit (MDTU) iii. Department of Probation and Child Care Service, Colombo iv. Ministry of Women and Child Affairs	i. Conducting Training Programmes ii. Circular and Guidelines	National level Provincial level