

Quarterly Progress Format - Reporting Year : 2018											
Implementation of the Policy Framework and National Plan of Action to address SGBV in Sri Lanka (2016 -2020)											
Ministry of Women and Child Affairs											
Name of the Ministry - Health Ministry											
Name of the sector Health			Reporting Quarter : 2018 Quarter 1 and 2018 Quarter 2								
Forcus area	Key activities/ sub activities	sub activities	Progress (in Detail)	Progress 2018			Progress 2018				
				Quarter 1			Quarter 2				
				Financial	Rs.	Physical		Financial	Rs.	Mn	Remarks
				No of Target	Progress	No of Target	Progress	No of Target	Progress	Progress	Remarks
1- Capacity Development on Gendr and GBV of Health sector professionals	1.1.1 Develop SOPs and directives for preventive health staff to promote non-stereotyping and engaging males to prevent GBV at individual, family and community level	1.1.1.1 Develop SOPs for staff with the assistance of a technical expert	* Technical expert is recruited for the task and development of the SOP is in the process and the draft version of the SOP is available. Final draft is under reviews and revisions	Rs 225000	100%	1	100%	0	100%	100%	
	1.1.2 Develop a module on positive interaction and communication to capacitate PHMs to prevent and respond to GBV.	1.1.2.1 Use the services of communication specialist and GBV expert to develop a module on positive interaction to capacitate staff	* Technical expert is recruited for the task and development of the module on positive interaction and communication to capacitate Public Health staff is in the process of development. Situational analysis done and 03 high level consultative meetings conducted to review the progress and for expert openion	Rs 200000	100%	1	100%	0	100%	100%	
2- Public awareness and sensitization on gender, GBV and health	2.2.2 Sensitize and empower families in the community through PHC workers to promote healthy relationship with zero tolerance to violence	2.2.2.1 Develop a guide on how engagement of men can be achieved	Technical expert recruited for the development of the positive interaction and communication module is including the engagement of men to achieve zero tolerance to violence and developping the guide as a teaching and learning material is in the process	Rs 200000	100%	1	100%	0	100%	100%	

3- Effective response to GBV survivors	3.1.1 Progressive expansion of the (Mithuru Piyasa /Natpu Nilyam) centres to all specialist level hospitals	3.1.1.1 Develop a plan for expansion 3.1.1.2 Conduct advocacy discussions 3.1.1.3 Conduct 4 day training for core staff and representatives of relevant units of Mithuru	*The developed plan for the progressive expansion of MP centres in action. Within the two quarters 06 centres are newly established	Rs 3000000	100%	3	100%			Rs 3000000	100%	100%	
	3.1.2 Continue with skill development of MP staff on giving psycho-social support for survivors	3.1.2.2 Conduct training programmes by an expert resource for MP staff	* This is conducted as annual refresher trainings and budget proposals are approved for the year and planned to conduct in last two quarters	Rs 350000	100%	2	100%			Rs 350000	100%	100%	
	3.2.1 Develop and disseminate a National Guideline targeting the first contact health care providers including medical officers on providing survivor-centred and effective care.	3.2.1.1 Develop Draft guideline with support of a technical expert	* Technical expert is recruited for the task and development of the SOP is in the process and the draft version of the SOP is available. Final draft is under reviews and revisions	Rs 150000	100%	1	100%			0	100%	100%	
	4.2.1 Implement the policy guidelines developed by FHB and SLMA on prevention and responding to sexual harassment in workplace in health sector.	4.2.1.1 Conduct national level Consensus building workshop 50 Nos. 4.2.1.2. Finalize document and print 1000 copies	* National level launching of the Sexual Harassment guidelines done * Copies of the guidelines available	Rs 669000	100%	1	100%			0	100%	100%	

4- Policy response to address GBV within health sector	<p>4.2.2 Capacitate the officials such as inquiring officers, sexual harassment investigation committee through workshops.</p>	<p>4.2.2.1 Develop training module 4.2.2.2 Conduct training workshops, two in Colombo and 4 in provinces 40 participants for each workshop.</p>	<p>* Training module developed and training conducted for all the teaching hospitals (for the hospital directors and to the sexual harassment committees of the hospitals)</p>	Rs 120000	100%	2	100%	Rs 120000	0%	0%
	<p>4.2.3 Issue a circular directive through the Secretary MoH formally recognizing Sexual harassment at work place as a health issue</p>	<p>4.2.3.1 Draft a Circular on Sexual Harassment at work places 4.2.3.2 Discuss draft of the circular at a meeting of higher officials No. 20 4.2.3.3 Send Circular to all health institutions.</p>	<p>* Circular sent to the Teaching hospitals as the first step</p>	Rs 12000	100%	1	100%	0	100%	100%
	<p>5.2.2 Include data from Mithuru Piyasa and the field in the Annual Health Report</p>		<p>* Data submitted for the Annual Health Report</p>	0	100%	1	100%	0	100%	100%

5- Institutional mechanism within the health sector to address GBV	5.2.3 Publish an updated directory of services providers at all levels and make it available to all health professionals and collaborating Agencies.	5.2.3.1 Conduct a search on service providers through available material, web searches, newspaper advertisements etc and compile a register of service providers through a technical expert	* Final draft of the service directory is submitted for printing	Rs 100000	100%	0	100%	0	100%	100%	
	5.4.3. Supervision and monitoring visits to Mithuru Piyasa centres and at field level	5.4.3.1 Visits covering all the Mithuru Piyasa centres	* MP centres of Eastern province and Central province is covered	Rs 100000	75%	10	75%	Rs 100000	33%	33%	
	5.4.4 Conduction of periodic reviews at district and national level	5.4.4.1 Periodic reviews covering all	* Periodic reviews of MP centres of Central province and Eastern province done	Rs 200000	75%	10	75%	Rs 200000	33%	33%	

Outcome	Activity	Output Indicators	Sub Activity	Means of Verifications	Budget*	Time Frame				
						2017- 2021	2017	2018	2019	2020
Prevention						2017	2018	2019	2020	2021
1.1	1.1.1	SOPs available for use by categories of PH staff.	1.1.1.1	Availability of SOPs	Page.	X	X			
Families and communities served by public health staff better understand the value of non-stereotyping, violence free relationship building, importance of male participation and address underlying causes of GBV.	Develop SOPs and directives to preventive health staff to address gender inequalities and stereotyping and promote male participation and healthy family relationship at individual, family and community level.		Develop SOPs for staff with the assistance of a technical expert							
			1.1.1.2							
			Edit & Print the SOPs							
			1.1.1.3							
			Disseminate the SoPs to all levels of preventive health care personnel							
	1.1.2	Positive interaction module available	1.1.2.1	Availability of a module		X	X			
	Develop a module on positive interaction and communication to capacitate PHMs to prevent and respond to GBV.		Use the services of communication specialist and GBV expert to develop a module on positive interaction to capacitate staff							
			1.1.2.2				X			

			Conduct a ToT for MoMCH /MOHs on the module in combination with the technical experts communication /Health promotion experts							
			1.1.2.3			X	X	X	X	X
			Institute a planned training programme to cover all preventive health staff							
	1.1.3	100% coverage of capacity development of trainer of preventive health staff	1.1.3.1	Reports of the trainings		X	X			
	Conduct training for trainers of preventive health staff through GBV preventive health module.		Conduct an assessment to identify trainers of preventive health staff who had not gone through a training and plan training on the module available							
	1.1.4		1.1.4.1.	Training reports		X	X			
	Conduct training programmes for MO-MH on gender and GBV.		Conduct a training on the two day module already developed.							
			3 x 40 programmes a year							
			A total of 12 programmes							
	1.1.5		1.1.5.1	GBV included in the nursing curriculum		X	X			
	Advocate and introduce a module on GBV into the training curriculum of nursing officers		Advocacy meetings with the relevant officials of MoH and NIS to include GBV in the curriculum							
			2 meetings x 10							
			1.1.5.2							
			Develop a module with training tools to be included with technical assistance							
			1.1.5.3							
			Print 250 copies of module with a CD							
			1.1.5.4							

			Conduct a workshop to introduce the module to lecturers of the NTS.							
			One workshop x 60							
	1.1.6		1.1.6.1	Presentation available.		X	X	X	X	X
	Sensitization on gender and GBV for health staff at entry points orientations at national and institutional level. Ex: Good Intern programme		Develop a very brief presentation (maximum 45 minutes) to introduce GBV and GBV services to be utilized at national level and institutional level programmes							
			1.1.6.2							
			Disseminate the module to institutions where orientations will be held. Where MPs are available staff may do the orientation. Transcript the module into DVDs and distribute to all Mithuru Piyasa centres and hospitals.							
			At national resource from FHB may do it.							

1.2	1.2.1		1.2.1.1	Module Available		X	X	X	X	X
Effective service delivery to GBV survivors through improved collaboration with non-health sector officials.	Conduct training programmes for non- health sector service providers such as Women Development Officers, Child Development officers, counselling assistants and police officers.		Develop a 2 day training module targeting these providers							
			1.2.1.2	Workshop reports						
			Conduct training utilizing members of the National Training Pool							
			3 x 40 programmes per year for 5 years							
1.3	1.3.1	No of meetings conducted	1.3.1.1	Minutes of the meetings		X	X			
Gender and GBV is addressed as a cross cutting issues in RH programmes.	Initiate a dialogue with RH programme managers to integrate GBV in RH programmes.		Conduct a discussion with RH programme managers and other relevant officials to advocate for inclusion of GBV.							
			1 meeting 30 participants.							
	1.3.2		1.3.2.1	Core module available				X	X	X

	Develop a module to facilitate integration of GBV to other RH programmes		Develop a core module that deals with GBV and RH which could be selectively used in any component of RH training							
2.1	2.1.1	No: of posters/ brochures available.	2.1.1.1	Copy of the materials.		X	X	X	X	X
Positive change in attitudes towards healthy family relationship and non-violent conflict resolution.	Development and dissemination of IEC material at national level such as brochures, feature films etc.		Develop posters, a brochure to be used in health care settings both institutional and preventive care utilizing GBV and BCC expertise.							
		No: of posters disseminated								
			2.1.1.2	Records on dissemination						
			Print and disseminate posters							
			X 10,000 posters							
			X 50,000 brochures							
	2.1.2		2.1.2.1	Returns of Health Education units		X	X	X		
	Telecast "Samanala palama" via state/ non state media for sensitization and creating awareness among public on GBV		Advocate with media Unit, MoH, Media Ministry and other state and non-state agencies for broadcasting the film							
			X1 meeting							
			40 participants							
			2.1.2.2							

			Broadcast the film at least once through 3 TV channels						
	2.1.3		2.1.3.1		X	X	X		
	Disseminate "Samanala palama" to health education units of all hospitals, MOH offices and other departments conducting training on GBV		Disseminate a copy of the film to all hospitals above hospitals to be used in the education programmes either through post or Courier						
2.2	2.2.1		2.2.1.1	IEC material available	X	X	X		
Effective implementation of Behavioural Change Communication Strategy Guide with health staff.	Engagement of men through empowering PHL, MOH , PHM, PHNS, towards zero tolerance of GBV		Develop a guide on how engagement of men can be achieved						
			2.2.1.2	Print 500 copies					
			2.2.1.3	Conduct ToTs for MoMCH on the Guide (X2 workshops 50 each)					
				Training reports					
2.3	2.3.1		2.3.1.1	Conduct Discussions with Registrar General and other stake holders(X2 meetings with 10 participants)	X	X	X		
GBV is reduced through better marital relationship	Advocate and formalize with the Registrars to communicate the provision of preconception programmes offered by MOH offices to new couples.								
			2.3.1.2						

Intervention										
3.1 -3.2	3.1.1	No:of advocacy meetings conducted.	3.1.1.1							
GBV survivors have easy access to services through Mithuru Piyasa/ Natpu Nilayam and other mechanisms- health and non-health.	Progressive expansion of the (Mithuru Piyasa /Natpu Nilyam) centres to all specialist level hospitals		Develop a plan for expansion							
		No: of training programmes conducted								
		No: of Mithuru Piyasa/ Natpu Nilayam	3.1.1.2 Conduct advocacy discussions							
			3.1.1.3							
			Conduct 4 day training for core staff and representatives of relevant units of Mithuru Piyasa/ Natpu Nilayam							
			3.1.1.4							
			Conduct							

			Launching meetings								
			3.1.1.5								
			Review meetings every three months								
	3.1.2		3.1.2.1			X	X	X	X	X	
	Continue with skill development of MP staff on giving psycho-social support for survivors		Develop training module for revamping of psycho-social support skills of MP staff								
			3.1.2.2								
			Conduct training programmes by an expert resource for MP staff								
			4 programmes a year								
			With 40 participants each 20 programmes in total								
3.1.3	Number of meetings held	3.1.3.1				X	X				
Establish formal links between MP and the Mo/ Women and Child Unit at District and Divisional level to utilize the available services		Conduct discussions with MoW and MoH officials (X3 meetings 10 persons.)									
		3.1.3.2									
		Issue a Circular/ Guideline on service									

			linkages and promoting collaboration between Mithuru Piyasa/Natpu Nilayam and Gender Unit at District Secretariat supported by MoW							
			3.1.3.3	Training module available		X	X	X	X	X
			Disseminate the circular and conduct joint meetings at provincial level (x 9 meetings 60 persons.)							
	3.1.4	Circular issued	3.1.4.1	Copy of the guidelines		X	X	X	X	
	Establish temporary shelters within selected health institutions to support Mithuru Piyasa centers to offer temporary accommodation		Develop a Guideline for the management of shelters providing temporary accommodation for survivors of GBV in Government Hospitals							
		Guideline developed		Minutes of the meetings						
			3.1.4.2							
		No: of meetings with hospital administration	Select a suitable underutilized hospital and conduct discussions with authorities							
			X 3 meetings for one shelter							
		No: of temporary shelters established.	04 shelters in next 5 years							
			3.1.4.3							

			Refurbishment to institute essential requirements											
	3.1.5		3.1.5.1											
	Conduct a TOT to re-vamp the National resource pool on health and GBV.		Identify resource persons to be included (Availability to be included as criteria for selection.											
			3.1.5.2											
			Conduct a ToT to develop their skills to conduct training on any of the modules mentioned above											
	3.1.6	A cadre for MO Mithuru Piyasa created	3.1.6.1	Directive from the MoH										
	Create a cadre for medical Officers Mithuru Piyasa /Natpu Nilayam in the MoH		Hold advocacy Meetings with DDG-MS and relevant groups GMOA etc.											
	3.1.7		3.1.7.1	Minutes of the meetings										
	Strengthen formal linkages with relevant ministries and operationalize the collaborative mechanism.		Conduct annual meeting at policy maker level with all collaborating agencies to share progress and advocate for necessary assistance	X							X	X	X	X
			5 meetings for 40 participants											

3.2.1			3.2.1.1	Availability of the copy of the guideline		X	X			
Develop and disseminate a National Guideline targeting the first contact health care providers including medical officers on providing			Develop Draft guideline with support of a technical expert							
			3.2.1.2							
		Guideline printed and published.	Hold consensus building workshops x2							
			40 participants each							
			3.2.1.3							
			Edit guideline and print 1000 copies							
			3.2.1.4							
			Disseminate guideline to all hospitals							
3.2.2			3.2.2.1							
Strengthen the implementation of the National Guidelines on Medico legal care for survivors	No: of workshops conducted.		Facilitate workshops x2 for JMOs/Prosecutors	Workshop report		X	X			
			50 participants each							
		No: discussions held.								
3.2.3		Guideline developed.	3.2.3.1.			X	X	X		
Screening for GBV be instituted in selected departments such as Burns Units ,Accident service at NHSL, Antenatal Clinics in Maternity Hospitals with Screening	No: of trainings conducted		Conduct discussions with Consultants and Officials from the selected hospitals and units	Minutes of the meetings						
	Analyzed data available		X 8 meetings with 10 persons							
			3.2.3.2							

			Develop Screening instruments, Guidelines through a technical expert	Copy of the guidelines													
			3.2.3.3	Conduct training for staff involved in screening	Training reports												
			3.2.3.4	Data entry and analysis through Research Assistant/outsource													
			3.2.3.5	Publish the findings in annual health bulletin	Published findings.												
Policy and Advocacy																	
4.1 - 4.2	4.1.1	One workshop held.	4.1.1.1	Develop an advocacy pack	Workshop report.												
Strong policies and commitment from decision makers in addressing GBV	Conduct an advocacy and policy workshop with political leaders to obtain their support.	Consensus statement condemning GBV released.															
			4.1.1.2														

			Conduct half a Day workshop for 75 Nos.	Consensus statement.						
			4.1.1.3							
			Asses feedback through an evaluation.							
	4.1.2. Conduct annual workshops for high level administrators to update on the progress and the way forward.	No: of workshops held	4.1.2.1. Conduct 4 workshops for 50 participants	Workshop Reports		X	X	X	X	X
			4.1.2.2 Record proceedings disseminate							
		National consensus workshop held and consensus achieved								
	4.2.1 Implement the policy guidelines developed by FHB and SLMA on prevention and responding to sexual harassment in workplace in health sector.	Guidelines printed and published.	4.2.1.1 Conduct national level Consensus building workshop 50 Nos.	Workshop reports		X	X			
			4.2.1.2. Finalize document and print 1000 copies	Printed copy of the guideline						
			4.2.1.3 disseminate copies to all health institutions							
		Training module available								
	4.2.2 Capacitate the officials such as inquiring officers, sexual harassment investigation committee through workshops	No: of workshops held.	4.2.2.1 Develop a training module	Training module		X	X	X		
			4.2.2.2							

			Conduct 6 training workshops, two in Colombo and 4 in provinces 40 participants for each workshop.	Workshop report						
	4.2.3	Consensus building meeting held								
	Issue a circular directive through the Secretary MoH formally recognizing Sexual harassment at work place as a health issue	Circular issued	4.2.3.1	Minutes of the meeting		X				
			Draft a Circular on Sexual Harassment at work places							
			4.2.3.2	Copy of the circular						
			Discuss draft of the circular at a meeting of higher officials No. 20							
			4.2.3.3							
			Send Circular to all health institutions.							
5.1	5.1.1	No: additional clerks appointed.	5.1.1.1.	Appointment letter						

A resource base is sustained within health sector through FHB to support GBV redress mechanisms.	Strengthen the gender unit of FHB to function as the national resource hub on gender and GBV in the health sector.		Advocate with MoH to increase the clerical cadre by two additional posts.			X	X	X	X	X
		Designated research assistant appointed.								
			5.1.1.2							
		Additional 3 computers available	Employ a Research Assistant to support research , documentation support E resource centre (5.1.2)	Attendance register						
			5.1.1.3							
			Purchase additional 3 computers/ one printer to enhance the capacity of documentation and other work	Physical verification of computers/ one printer						
	5.1.2	Resource centre established.	5.1.2.1	e-reference library available		X	X	X	X	X
	Establish and maintain an E resource centre and a Reference Library to make a knowledge base on GBV available		Identify a space for resource centre							
			5.1.2.2							
			Establish a resource base with three computer points available for referencing and research							
			5.1.2.2							
			Establish a reference library of IT resource material, circulars and other material useful to health care providers.							
		Data base available at FHB								
	5.2.1	No: Mithuru Piyasa centres linked and uploading to the data base.	5.2.1.1			X	X			

5.2 An information system on GBV is institutionalized within health sector.

Develop a computerized database networking the Mithuru Piyasa centres and health and non-health GBV information	% of Mithuru Piyasa centres which have conducted trainings.	Develop a data management system including necessary instruments by a technical expert	Physical verification of data management system							
	% of Mithuru Piyasa centers equipped with a computer and internet connection	5.2.1.2								
		Develop computer software to support.								
		5.2.1.3								
		On site training for FHB staff and selected Mithuru Piyasa staff	Availability of the relevant software							
		5.2.1.4	Schedule of training programmes							
		Provide a computer with internet connection to each Mithuru Piyasa								
			Data base at FHB							
5.2.2			Data published in Annual Health Report	X	X	X	X	X		
Include data from Mithuru Piyasa and the field in the Annual Health Report										
5.2.3		5.2.3.1	Copy of the inventory.	X	X	X				
Conduct a mapping of available GBV supportive service points in the state and NGO sector that could supplement the Health sector and publish an inventory of such services and distribute it to all hospitals and relevant departments and field health offices	Inventory of service providers at	Conduct a search on service providers through available material, web searches, newspaper advertisements etc and compile a register of service providers through a technical expert								
			5.2.3.2							

		National Level available.	Edit and Print 1000 copies of the service directory							
			5.2.3.3							
			Disseminate the directories to all Mithuru Piyasa centres, Outpatient departments and other relevant units							
5.3	5.3.1		5.3.1.1	A research report available and published.		X	X			
Research on broader aspects of GBV and health to support health policies	Conduct a national study on prevalence and impact of DV including the costing of health services.			Research to be planned with the assistance of an expert to be outsourced						
			5.3.1.2							
			Appoint a steering committee							
			5.3.1.3							
			Develop and build consensus around a concept note and methodology and instruments							
			5.3.1.4							
			Conduct Research							
			5.3.1.5							
			Publish research findings and launch							
	5.3.2									
	Conduct a prospective national study on medical social impacts of DV among pregnant mothers		5.3.2.1			X	X	X		
				Research to be planned with the assistance of an expert to be outsourced						
			5.3.2.2							
			Appoint a steering committee							

			5.3.2.3							
			Facilitate agreement on the concept and methodology and instruments							
			5.3.2.4							
			Conduct Research							
			5.3.2.5							
			Publish Research findings and launch							
	5.3.3			DHS survey report		X	X	X	X	X
	Include Domestic Violence in to the National Demographic and Health Survey									
5.4	5.4.1		5.4.1.1			X	X	X	X	X
Health sector NAP on GBV is effectively monitored for effective implementation.	Monitoring committee established in FHB to monitor and coordinate the health sector NAP to address GBV.		Establish Monitoring Committee with specific ToR							
			5.4.1.2							
			Conduct review meetings every three months							
			4x 15 a year and a total of 60 meetings							
			5.4.1.3							
			Mid-term Review meeting at the end of 02 years							
			1 meeting for 60 persons 1 Day							
			5.4.1.4							
			Disseminate findings conducting a National level meeting							
			5.4.1.5							
			Conduct end of term review							
			5.4.1.6							
			Report of the Review meeting circulated							
			5.4.1.7							
			Disseminate findings of end of term review							

