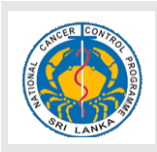


Monitoring and Evaluation Indicators for Prevention and Control of Cancers in Sri Lanka 2020 - 2024



National Cancer Control Programme
Ministry of Health

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Strategic Objective 1: High level political leadership, advocacy and governance to accelerate the national response for prevention and control of cancer with a robust integrated, coordinated multi-sectoral, multi-disciplinary national program with community engagement

Strategic Direction 1.1: Providing highest political leadership to prevention and control of cancer as a national development challenge embracing a Multisectoral approach

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
1.1.1	Harness political leadership to address prevention and control of cancer as a national development issue which needs a “whole of Government” approach	Percentage of identified policy areas that have considered for ‘health in all policies ‘in relation to prevention & control of cancer	No. of policy areas considered for ‘health in all policies ‘in relation to prevention & control of cancer	Total no. of policy areas identified to be considered for ‘health in all policies ‘in relation to prevention & control of cancer	NA	100%	Relevant policy documents	Director / Deputy Director	Annually
1.1.2	Prevention & Control of cancer to be taken up as an agenda item at the National Health Council chaired by Hon Prime Minister and NCD Council chaired by Hon Minister of Health	Percentage meetings in which cancer related theme were taken as an agenda item out of total number meetings conducted in relation to National Health Council / NCD Council	No. of meetings in which cancer related theme were taken as an agenda item	Total number of meetings conducted for National Health Council / NCD Council	NA	100%	Meeting minutes of National Health Council / NCD Council	Director / Deputy Director	Annually



Strategic Direction 1.2: Strengthen National Cancer Control Programme for advocacy and good governance

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
1.2.1	Strengthen planning coordination, M& E of cancer prevention and control activities at the NCCP	Percentage of TORs developed out of total identified technical areas.	No. of TORs developed & approved.	Total no. of TORs identified for each technical area	NA	100%	Documents of TOR	Director / Deputy Director	Final product
1.2.2	Strengthen National Advisory (NAC) Committee and other Technical Advisory Committees (TAC)	Percentage of meetings of NAC/TAC conducted out of the number of meetings planned per year	No. of meetings conducted	Total no. of meetings of NAC & TAC planned per year	NA	100%	Minutes of the meetings	Director / Deputy Director & Unit Heads	Annually
1.2.3	Advocate for creation of an enabling environment to sustain legislations, regulations already in place and initiate new laws when required	No. of meetings conducted /attended to activate or initiate laws and regulation related to cancer control	NA	NA	NA		Minutes of the meetings	Director / Deputy Director & Unit Heads	Annually
1.2.4	Ensure availability of standardized care for all citizens across all levels of health services	No. of guidelines/protocols/ SOPs developed	NA	NA	NA	100% out of the planned each year	Report of guidelines/ protocols/ Sops developed	Director / Deputy Director & Unit Heads	Annually

Major activity		Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
1.2.5	Ensure a referral and back referral system across all health service levels is in place	Availability of circular on organized referral system	NA	NA	NA	2021	Circular on referral & back referral	Director / Deputy Director & Unit Heads	Final Product - 2021
1.2.6.	Develop a Master Plan for human resources for each strategy identified in the NSP	Availability of master plan for human resources for each strategy	NA	NA	NA	2021	Document on Master plan for human resources for Cancer prevention & control	Director / Deputy Director & Unit Heads	Final Product - 2021
1.2.7	Develop infrastructure plans for each strategy identified in the NSP	Availability of infrastructure plan	NA	NA	NA	2021	Document on infrastructure development plan	Director / Deputy Director & Unit Heads	Final Product - 2021
1.2.8.	Develop a capacity building plan to ensure trained staff are available for (clinical, laboratory, pathology, radiology, treatment and care, rehabilitation and palliative care	Availability of capacity building plan to ensure trained staff	NA	NA	NA	2022	Document on capacity building plan	Director / Deputy Director & Unit Heads	Final Product - 2022
1.2.9.	Establish a Procurement Supply and Management (PSM) system for diagnostics, pharmaceuticals and non-pharmaceuticals devices for the NCCP	Availability of Procurement Supply and Management (PSM)	NA	NA	NA	2023	Procurement Supply and Management (PSM) plan for NCCP	Director / Deputy Director	Final Product - 2023
1.2.10	Establish a Strategic Management & Information System in the NCCP	Availability of National M & E Plan	NA	NA	NA		Availability of National M & E plan for cancer control	Director / Deputy Director & Unit Heads	Annually



Strategic Direction 1.3: Strengthen Provincial teams for prevention and control of cancer

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
1.3.1.	Provincial administration to implement multi-sectoral cancer prevention & control interventions with community engagement	Percentage of provincial / district cancer control committees established out of the plan.	No. of provincial / district cancer control committees established	Total number of provinces /districts	NA	100%	Minutes of provincial / district cancer control committees	Director / Deputy Director & Unit Heads	Annually
1.3.2.	Ensure infrastructure are available at all health service levels as per infrastructure Master Plan	Availability of capacity building plan at each province / district	NA	NA	NA	100%	Document on capacity building plan for health care workers	Director / Deputy Director & Unit Heads	Annually
1.3.3.	Develop HR plan for holistic cancer care at all levels of health services as given in the HR Mater Plan of NCCP	Availability of HR plan for cancer control at provincial level	NA	NA	NA		Document on HR plan for cancer control at provincial level	Director / Deputy Director & Unit Heads	Annually
1.3.4.	Ensure monitoring and evaluation of interventions as per district plans	Percentage of districts submitted annual progress report to NAC	No. of districts which submit annual progress report to NAC	Total no. of districts	NA	100%	Annual progress reports of district plans	Director / Deputy Director & Unit Heads	Annually



Strategic Direction 1.4: Involvement of people living with cancer, their families and care givers

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
1.4.1.	Engage people living with cancer, their families and care givers are members of Provincial/district teams	Percentage of districts which have included civil society organizations for district cancer control committee	No. of districts which have included civil society organizations for district cancer control committee	Total number of districts having established district cancer control committees	NA	100%	Minutes of district team meetings	Director / Deputy Director & Unit Heads	Annually



Strategic Objective 2: Primordial & primary prevention of cancers by addressing risk factors and determinants throughout the life-cycle

Strategic Direction 2.1: Community education & empowerment that supports and influence adoption of healthy lifestyles across the life-course to reduce the incidence of cancer among different target groups

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.1.1	Develop and implement a Social Behavior Change Communication (SBCC) strategy related to prevention & control of cancer through the life-course approach for general population and different target groups	Availability of Social Behavior change communication (SBCC) strategy related to prevention and control of cancer through life course approach	NA	NA	NA	2021	SBCC strategy document	Prevention & Early Detection Unit Oral Cancer Prevention Unit	Final Product - 2021
		Proportion of 0cancer specific IEC materials developed/revised as identified in the SBCC strategy.	Types of cancer specific IEC materials developed	Total number of types of IEC materials as identified in SBCC strategy	NA	100 % by 2022	NCCP Annual Report	Prevention & Early Detection Unit Oral Cancer Prevention Unit	Annually



Strategic Direction 2.2: Integrating cancer prevention and control interventions in health promoting settings such as schools, youth settings, work places, hospitals, estates and villages

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.2.1	Advocate to integrate messages on risk factors for cancer in school health promoting settings	IEC materials on cancer relevant to school setting developed and shared.	NA	NA	NA		NCCP Annual Report	Prevention & Early Detection Unit Oral Cancer Prevention Unit	Annually
2.2.2	Support establishing health promoting setting in universities, training colleges and VTCs, workplaces (especially industries which have an influence to reduce the risk of chronic NCDs including cancer	IEC materials on cancer relevant to each setting developed and shared. Cancer prevention and control component included in to the school curricula and teacher training programmes	NA	NA	NA		NCCP Annual Report	Prevention & Early Detection Unit Oral Cancer Prevention Unit Prevention & Early Detection Unit Oral Cancer Prevention Unit	Annually Component included



Strategic Direction 2.3: Reducing the prevalence of current use of tobacco/tobacco products in persons aged over 15 years and protecting non-smokers from exposure to tobacco by products by community education and enforcement of regulations and legislation

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.3.1. Support implementation of Sri Lanka National Policy on Tobacco Control and NATA act	No. of meetings conducted with NATA /NCD unit	NA	NA	NA	Evidence provided to support amendments and implementation of NATA Act	Meeting reports with D-NCD, NATA Documents submitted to NATA	Oral Cancer Prevention Unit	Annually
2.3.2 Provide messages on the association between tobacco use and cancers to be used in tobacco cessation clinics	Proportion of IEC materials contain messages on association of tobacco and cancer	No. of IEC materials mentioned association of tobacco and cancer	No. of IEC materials	NA	By 2022 tobacco cessation messages are available	NCCP Annual Report	Oral Cancer Prevention Unit Prevention & Early Detection Unit	
2.3.3. Create community awareness on the association of cancer and use of tobacco use and by- products and second-hand smoke using all modes of communication	Association of cancer and use of tobacco is addressed in SBCC strategy No. of World No Tobacco days in which NCCP takes the leadership	NA	NA	NA		NCCP Annual Report	Oral Cancer Prevention Unit Prevention & Early Detection Unit	



Strategic Direction 2.4: Reduce areca-nut use in persons aged over 15 years as a measure to reduce oral cancer

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.4.1	Introduce preventive policies regulations on importing areca-nut to Sri Lanka as a measure to protect people from cancer	Availability of areca nut regulation policy	NA	NA	NA	2022 Policy and regulations in place	Policy document	DDG-NCD/NCCP/Ministry of Justice/ MOH-Legal division/ Ministry of Trade/ Customs Dept	Final product in 2022
2.4.2.	Create community awareness on health hazards of areca-nut use & legal milieu	Health hazards of Areca-nut use is addressed in SBCC strategy	NA	NA	NA			NCCP/HPB	



Strategic Direction 2.5: Reduce alcohol consumption and prevent exposure of children to alcohol

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.5.1.	Promote implementation of Sri Lanka Policy on Alcohol Control and NATA Act	No. of meetings conducted with NATA /NCD unit	NA	NA	NA	Evidence provided to support amendments and implementation of NATA Act	Meeting reports with D-NCD, NATA Documents submitted to NATA	Oral Cancer Prevention Unit	Annually
2.5.2.	Create community awareness on social and health issues of alcohol use	Health hazards of Alcohol use is addressed in SBCC strategy	NA	NA	2021	Available in SBCC strategy 2020		NCCP/HPB	
2.5.3.	School Health Promotion program to address alcohol related social and health issues	Contents of relationship of alcohol with cancer provided to teacher training modules	NA	NA	2021			Oral Cancer Prevention Unit Prevention & Early Detection Unit	2021 – Final product



Strategic Direction 2.6: Increase use of healthy diets among adults and children

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.6.1	Ensure policies and guidelines highlight the association of unhealthy food and beverages with development of cancer	Percentage of policies / guidelines to which NCCP has provided guidance	No. of policies / guidelines to which NCCP has provided guidance NA	Total no. of relevant policies	NA	100%	National Nutrition Policy, NCD Policy etc and guidelines	Cancer prevention and early detection unit	Final Product
2.6.2	Ensure SBCC strategy address healthy diets (the need to consume and promote production of organic food free of chemicals and additives) FOP labelling as given in Food Act	Association of unhealthy food and beverages with cancer addressed in the SBCC strategy	NA	NA	NA	100%	SBCC strategy	Cancer prevention and early detection unit	Final document
2.6.3	Ensure monitoring of safety of foods	No. of advocacy meetings participated on monitoring of safety of foods	NA	NA	A N	100%	Annual report on safety of foods / M & E plan of Food Safety Monitoring	Cancer prevention and early detection unit. Oral Cancer unit	Information provided
2.6.4	Promote breast feeding policy	Importance of breast feeding to prevent breast Can and childhood leukemia included in SBCC strategy	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final product



Strategic Direction 2.7: Reduction of insufficient physical inactivity

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.7.1	Enhance public awareness of the links between overweight, obesity and cancer recognizing that physical inactivity is a risk factor for cancer	Link between physical inactivity, overweight, obesity and CA addressed in SBCC strategy	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final product

Strategic Direction 2.8: Reduce the incidence of cancer by reducing exposure to infectious agents

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.8.1	Include promotion of healthy sexual and reproductive behaviors and the need of HPV vaccination in the SBCC strategy	Content on association of cancer-causing infections included in SBCC strategy	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final product
2.8.2	Ensure sustainability of HPV vaccination program	Messages on importance of HPV vaccination for children targeting parents included in SBCC.	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final product
2.8.3	Advocate for sustainability of HBV vaccination among public sector healthcare workers and private sector healthcare workers	Content on association of HBV infection and Liver cancer included in SBCC strategy.	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final Product
		HBV coverage included as one of the quality indicators in health institution.	NA	NA	NA		Annual report of quality Control Unit.	Cancer prevention and early detection unit	Annual



Strategic Direction 2.9: To reduce the incidence of cancers by reducing exposure to environmental and occupational risk factors

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
2.9.1 Integrate cancer prevention and control measures into existing occupational safety and health policies to create healthier and safer workplaces	NCCP identified as a stakeholder at NAC- E & OH Carcinogenic environment toxins addressed in the SBCC strategy.	NA	NA	NA	Membership at the NAC 100%	Minutes of the NAC- E & OH SBCC Strategy	Cancer prevention and early detection unit	
2.9.2 Promote development of a policy to reduce indoor and outdoor air pollution	No. of meetings participated with E & OH	NA	NA	NA	100%	Policy & regulation available	Cancer prevention and early detection unit	Final product
2.9.3 Include messages to reduce indoor air pollution (switch from using solid fuels in home cooking) in to the SBCC strategy as a measure to reduce the incidence of cancer	Messages included in SBCC strategy on link between indoor air pollution and cancer. Question on indoor air pollution included in STEPS survey.	NA	NA	NA	100%	Available in SBCC strategy STEPS survey questionnaire	Cancer prevention and early detection unit Cancer prevention and early detection unit	Final product
2.9.5 Promote establishment of periodic screening and monitoring of individuals exposed to occupational hazards that cause cancer	Advocacy meeting conducted to introduce screening of workers (2.9.1)	NA	NA	NA		Minutes of Advocacy meeting	Cancer prevention and early detection unit	
2.9.6 Support the implementation of regulations issued by the CEA regarding open burning of refuse or other combustible matters inclusive of plastics	Specific messages on hazard of open burning of plastics etc. to educate public included in SBCC strategy	NA	NA	NA	100%	Available in SBCC strategy	Cancer prevention and early detection unit	Final product



Strategic Objective 3: Advocate for screening and early diagnosis through improved health literacy, availability of services for timely diagnosis of cancers and linking to ensure early treatment and care.

Strategic Direction 3.1: Increase knowledge of general public, including high risk populations and individuals on cancer, accessibility and availability of services to increase utilization of services

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
3.1.1	Include early detection of cancer strategies in the SBCC strategy to Empower women (>20 years) on SBE/Be Breast aware	<p>Messages included in SBCC strategy on early detection of cancer</p> <p>Advocacy meetings held to integrate early detection of breast cancer with relevant health & non health settings</p>	NA	NA	NA	100%	SBCC Strategy	Cancer prevention and early detection unit	Final product
3.1.2	Empowerment of risk groups at a higher risk of oral cancer (users of tobacco, areca-nut, alcohol) on self-mouth examination	Percentage of identified sectors advocate to integrate early detection of oral cancer (Link	No of sectors advocated	No of sectors identified.	NA	100%	Reports	Oral Cancer prevention unit	Annually
		Availability of target group specific IEC material on importance of self-mouth examination and early detection of Oral cancer	Types of IEC materials prepared	Total number of types of IEC materials planned	NA	100%			Oral Cancer prevention unit
3.1.3	Integrate messages on screening and early diagnosis of breast, cervical and oral cancer to existing community support groups	Cancer specific messages integrated into existing support group ('Mother support groups', 'Happy Village Programme') programs	NA	NA	NA		Annual report of Health Promotion Bureau Concept note sent to HPB	Cancer prevention and early detection unit/ Oral Cancer prevention unit	Annually



Strategic Direction 3.2: Strengthen primary healthcare services for early detection of common cancers and link to CoE and other treatment centers at secondary and tertiary level as appropriate

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting frequency
3.2.1 Strengthen primary health services for screening and early diagnosis of breast cancer and link to higher centers	Updated guidelines with referral pathways made available.	NA	NA	NA	100%	Updated guidelines	Cancer Prevention & Early Detection Unit Cancer Prevention & Early Detection Unit	End product
	Percentage of capacity building programmes conducted on SBE, CBE out of the plan.	Number of conducted capacity building programs on SBE & CBE.	Number of capacity building planned for PHC	NA	100%	Unit report	Cancer Prevention & Early Detection Unit	Annually
	Percentage of breast clinics in which staff has been trained.	Number of breast clinics covered.	Physicians, HLC Doctors etc. Total number of breast clinics			Unit report		

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting frequency
3.2.2	Strengthen primary health services for screening and early diagnosis of oral cavity cancers and link to higher centers	Percentage of capacity building programmes conducted for DSs and MOs on OPMD screening and management guidelines Percentage of screening programmes conducted for risk groups out of the plan	No of capacity building programmes conducted for DSs and MOs on OPMD screening and management guidelines No. screening programmes conducted for each risk group	No of programmes planned No of programmes planned for identified risk groups	NA	100%		Oral Cancer prevention unit	Annually
3.2.3	Strengthen primary health services for screening and early diagnosis of cervical cancer and link to higher centres	Percentage of colposcopy centres mapped with capacity assessment and HR Percentage of histopathology labs mapped with capacity assessment Discussion held with College of Histopathologists with regard to developing SOP for processing specimens from colposcopy clinics	No. Mapped No. Mapped	No. in place No. in place	NA NA	100% 100%	Unit report Unit report SOP in place	Cancer prevention and early detection unit Cancer prevention and early detection unit	Final product Final product Final product

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting frequency
3.2.4.	Establish quality assurance approaches in clinics and laboratories for screening and early diagnosis of cancer	Discussions held with Health care Quality and safety unit with regard to screening and early diagnosis of cancer in clinics and laboratories	NA	NA	NA	NA	Minutes of discussions	Cancer prevention and early detection unit	Final product
3.2.5	Promote develop a national plan for prevention and management of breast cancer	Number of stakeholder meeting held to develop national plan with m & E indicators	NA	NA	NA	NA	National Plan for prevention and management of breast cancer	Cancer prevention and early detection unit	Final product
3.2.6	Develop a national plan for prevention and management of oral cancer	Number of stakeholder meeting held to develop national plan with m & E indicators	NA	Na	NA	NA	National Plan for prevention and management of oral cancer	Oral Cancer prevention unit	Final product



Strategic Direction 3.3: Increase opportunities for early detection of cancer

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
3.3.1	Establish one stop Cancer Early Detection Center (CEDC) in each Province	Percentage of cancer early detection centres established out of the plan	Number of one stop cancer early detection centers established	Number of cancer early detection centers planned for a year	NA	100%	NCCP report	Cancer prevention and early detection unit	Annual
3.3.2	Provide quality care at CEDC	Percentage of centers adhering to clinical procedures given in the guidelines Percentages of centers following referral and back referral pathways according to guideline	Number centres adhering to clinical guideline	Total number of centres established	NA	100%	NCCP Report	Cancer prevention and early detection unit	Annually



Strategic Direction 3.4: Ensure cancer patients have access to timely and accurate diagnosis and treatment & care

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
3.4.1 Ensure all treatment centers are able to confirm suspected cases	Percentage of cancer treatment centres having mammography facilities	Centres having mammography facilities	No. of facilities	NA	100%	Guidelines for diagnosis of breast, cervical and oral cancers	Cancer prevention and early detection unit	Final document
	Colposcopy guidelines and SOPs for diagnosis and management of cervical precancerous lesions of developed	NA	NA	NA	100%	Guidelines and SOPs	Cancer prevention and early detection unit	Annually
	Training module on colposcopy is developed.	NA	NA	NA	100%	Capacity building	Cancer prevention and early detection unit	
	Percentage of capacity building programmes for relevant officers on colposcopy procedure done.	No. conducted	No. planned	NA	100%	Unit report	Cancer prevention and early detection unit	Annually
	Percentage of identified cervical precancerous lesions treated.	No. treated	No. referred.	NA	100%	Unit report	Cancer prevention and early detection unit	
	No. of communication networks developed in relation to each laboratory to minimize client visits	No. developed	No. planned	NA				
3.4.2 Develop partnerships with STD/ HIV clinics to refer suspected cases of cancer cervix / abnormal PAP smear cases	No. of advocacy meetings held to develop partnerships	NA	NA	NA	100%	Minutes of meetings held	Cancer prevention and early detection unit	Final product



Strategic Direction 3.5: Building public/private partnerships for screening and early diagnosis of cancers to increase coverage

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
3.5.1	Advocacy to provide screening (breast, cervix, oral) in the private sector hospitals/ clinics	No. of advocacy meetings held with private hospitals/ practitioners. Guidelines prepared by NCCP shared.	No. of hospitals involved	No. planned	NA	100%	Minutes of meetings	Cancer prevention and early detection unit	Annually



Strategic Objective 4: - Ensure sustained and equitable access to diagnosis and treatment services for cancers.

Strategic Direction 4.1: Increase accessibility and availability of diagnosis and comprehensive treatment & care by upgrading National Cancer Care institution (Apeksha Hospital) and establishment of centers of excellence in each province which networks with treatment and care centers in other secondary and tertiary level hospitals

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.1.1	National Cancer Care Institute (Apeksha Hospital) to be upgraded as a State-of-the –Art epi center to provide comprehensive cancer care to adults and children	Upgraded National Cancer Institute (Apeksha Hospital) with all recommended facilities	NA	NA	NA	100%	NCCP Records/ Treatment center returns	NCCP/Ministry of Health	NA
4.1.2	Establish a Center of Excellence (CoE) in cancer care in each Province	Percentage of provinces with functional Centers of Excellence with recommended facilities	Number of cancer treatment centers fulfilled the criteria for Center of Excellence	Total number of provinces to have a Center of Excellence including western province (n=9)	NA	100%	NCCP Records/ Treatment center returns	NCCP/Ministry of Health, PDHS & RDHS	Annual
4.1.3	Strengthen other cancer treatment centers to provide basic cancer treatment and care and liaise with CoE	Percentage of districts with functional other cancer treatment centers with recommended facilities	Number of cancer treatment centers fulfilled the criteria for other cancer treatment centers	Identified districts to have another cancer treatment centers (n=16)	NA	80%	NCCP Records/ Treatment center returns	NCCP/Ministry of Health, PDHS & RDHS	2024

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.1.4	Develop guidelines for diagnostics, treatment and care for common cancers including reconstruction procedures	Availability of guidelines for diagnostic, treatment and care for cancers (breast, cervical, thyroid and oral)	NA	NA	0%	100%	NCCP	NCCP	NA
4.1.5	Develop HR Plans for all treatment centers for (relevant) categories of staff	Availability of a human resource plan	Number of cancer treatment centers with HR plan	Number of cancer treatment centers in Sri Lanka	NA	80%	Planning unit, DDG Medical services	respective institutions	
4.1.6	Establish multidisciplinary teams for all CoE	Percentage of centers of excellence with available multi-disciplinary team	Number of Centers of excellence with function multi-disciplinary team	All COEs in Sri Lanka	NA	80%	NCCP special survey	respective institutions	
4.1.7	Scale up day chemotherapy treatment units (dedicated day hospitals) with dedicated staff	Percentage of treatment centers with day treatment units (for chemotherapy)	Number of cancer treatment centers with day treatment units (for chemotherapy)	Number of cancer treatment centers in Sri Lanka	21 (Situational analysis - 2020)	100%	Facility survey/ Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	BY END OF 2024
		Percentage of patients getting day treatment	Number of patients getting day treatment	Total number of patients getting cancer treatment			Facility survey/ Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annual

Major activity		Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.1.8	Ensure quality of cancer care for adults and children in all treatment centers	Percentage of treatment centers conduct regular clinical audits	Number of cancer treatment centers conduct regular clinical audits	Number of cancer treatment centers in Sri Lanka	NA	25%	Facility survey/ Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annual
		Percentage of treatment centers obtain feedback on client satisfaction	Number of cancer treatment centers obtain feedback on client satisfaction	Number of cancer treatment centers in Sri Lanka	NA	25%	Facility survey/ Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annual
4.1.9	Establish and strengthen four technical sub-committees for Radiation safety, Laboratory and diagnostic pathology, diagnostic radiology, and treatment and care under the Technical Advisory Committee (TAC) of diagnosis and treatment	Availability of functioning technical sub-committees	Number of sub-committees had at least 4 meetings / year	Total number of sub-committees	NA	75%	Annual report of the NCCP	NCCP	Annual
4.1.10	Establish multidisciplinary tumor review Boards in each CoE	Percentage of COEs with functioning Multidisciplinary teams	Number of COEs with functioning tumor boards	All COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annual
4.1.11	Develop a National Essential Oncology Medicine Drug list for common adult and childhood cancers	Proportion of treatment centers with an updated oncology essential medicinal drug list for adults and children	Number of centers with oncology essential medicinal drug list for adults and children	Total number of oncology treatment centers in Sri Lanka	NA	90%	MSD Records / Treatment center returns	MSD/ NCCP	BY END OF 2024

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.1.12	Include cancer diagnostics, pharmaceuticals and other commodities in the Procurement Supply Management (PSM) system	Develop a PSM Plan inclusive of equipment, pharmaceutical medicines and other non-pharmaceutical commodities	NA	NA	NA	Availability		MSD	End year review
		Proportion of treatment centers linked to the Regional/Central MSDs and NCCP through PSMS	Number of treatment centers linked to the Regional/Central MSDs and NCCP through PSMS	Total number of oncology treatment centers in Sri Lanka	NA	100%	MSD Records /Treatment center returns	MSD	Annual
4.1.13	Build public-private partnership for diagnosis and treatment with appropriate referral mechanism	Percentage of private hospitals providing cancer care which have national guidelines for main cancers	Number of private hospitals providing cancer care	Total number of private hospitals providing cancer care in Sri Lanka have national guidelines for main cancers		60%	NCCP Records/ Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	by end of 2024



Strategic Direction 4.2: Increase accessibility and availability of diagnostics (laboratory and pathology, medical imaging) for cancer care

Strategic Direction 4.2.1: Provision of medical devices for basic diagnostic radiology to all CoEs and other treatment centers

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.2.1.1	Establish general X-ray systems in all treatment centers	Percentage of cancer treatment centers having a functioning X ray units (functioning x ray unit needs to be defined)	Number of cancer treatment centers having a functioning X ray units	Number of cancer treatment centers in Sri Lanka	NA	100%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	BY THE END OF 2024
4.2.1.2	Establish Digital X-ray systems in treatment centers	Percentage of cancer treatment centers having a Digital X-ray systems	Number of cancer treatment centers having a Digital X-ray systems	Number of cancer treatment centers in Sri Lanka	20 (situational analysis - 2020)	60%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	BY THE END OF 2024
4.2.1.3	Scale up Ultra Sound Scanning to all treatment centers for diagnosis of cancer	Percentage of cancer treatment centers having an Ultra Sound Scan	Number of cancer treatment centers having an Ultra Sound Scan	Number of cancer treatment centers in Sri Lanka	24 (situational analysis - 2020)	100%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	BY THE END OF 2024
4.2.1.4	Increase the number of endoscopic facilities at COEs (for diagnosis and non-invasive procedures)	Percentage of COEs having endoscopy facilities	Number of COEs having endoscopy facilities	Number of COEs in Sri Lanka	23 (situational analysis - 2020)	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	BY THE END OF 2024
4.2.1.5	Establish QA systems for radiology diagnostics	Percentage of treatment centers with Quality Assurance systems (Laboratory, Radiology)	Number of treatment centers with Quality Assurance systems (Laboratory, Radiology)	Number of cancer treatment centers provide radiology diagnostics services in Sri Lanka		60%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually



Strategic Direction 4.2.2: Strengthen/establish diagnostics for nuclear medical imaging at all CoEs

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.2.2.1 Strengthen CT scan facilities at all treatment centers	Percentage of functioning of CT scans in all treatment centers	Number of cancer treatment centers having a functioning CT scan facilities	Number of cancer treatment centers in Sri Lanka	23 (situational analysis - 2020)	100%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.2.2.2 Strengthen MRI scan facilities at all CoEs	Percentage of CoEs with functioning MRI machines	Number of COEs having a functioning MRI scan facilities	Number of COEs in Sri Lanka	07 (situational analysis - 2020)	60%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.2.2.3 & 4.2.2.4 Provide PET, PET /CT scanner facilities to all CoE	Percentage of CoE with PET, PET /CT scanner facilities	Number of CoE with PET, PET /CT scanner facilities	Number of COEs in Sri Lanka	01 (situational analysis - 2020)	10%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.2.2.5 Install Gallium 68 generator to start PET scan	Percentage of CoEs with Gallium 68 generator to start PET scan	Number of CoEs with Gallium 68 generator to start PET scan	Number of COEs in Sri Lanka		80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.2.2.6 Provide CT simulators to all CoEs	Percentage of CoEs with CT simulators	Number of CoEs with CT simulators	Number of COEs in Sri Lanka		80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.2.2.7 Scale up use of Gamma Camera facilities	Percentage of CoEs with use of Gamma Camera facilities	Number of CoEs with use of Gamma Camera facilities	Number of COEs in Sri Lanka	2 (situational analysis - 2020)	20%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually



Strategic Direction 4.2.3: Ensure Laboratory diagnostic services are available at CoEs

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	
4.2.3.1	Strengthen general laboratory diagnosis of cancer at all treatment centers	Percentage of treatment centers have the basic package of tests	Number of cancer treatment centers having the basic package of tests facilities	Number of cancer treatment centers in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.3.2	Establish blood chemistry testing (liver function tests, renal function tests, alkaline phosphate and calcium) at CoEs	Percentage of CoEs with blood chemistry testing	Number of CoEs with blood chemistry testing	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.3.3	Establish Tumor Lysis Syndrome testing (lactate dehydrogenase, uric acid, potassium, calcium, phosphate), at CoEs	Percentage of CoEs with Tumor Lysis Syndrome testing	Number of CoEs with Tumor Lysis Syndrome testing	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.3.4	Provide Complete Blood Count with differentials and other hematological tests to all CoEs	Percentage of CoEs with Complete Blood Count with differentials and other hematological tests	Number of CoEs with Complete Blood Count with differentials and other hematological tests	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.3.5	Establish Disseminated Intra-vascular coagulation panel to all CoEs	Percentage of CoEs with Complete Blood Count with differentials and other hematological tests	Number of CoEs with Complete Blood Count with differentials and other hematological tests	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually



Strategic Direction 4.2.4: Ensure pathology diagnostic services are available at CoEs

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.2.4.1 Establish flow cytometry facilities for CoE	Percentage of CoEs with flow cytometry facilities	Number of CoEs with flow cytometry facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.4.2 Ensure Immuno-Histo-chemistry (IHC) facilities are available in CoE	Percentage of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.4.3 Establish Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	Availability of Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	NA	NA	NA		Facility survey / Treatment center returns	DDG/Laboratory services	2024
4.2.4.4 Establish tumor marker testing at all CoEs	Percentage of CoEs with tumor marker testing	Number of CoEs with tumor marker testing	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services	Annually
4.2.4.4 .Strengthen /establish medical devices for sentinel node mapping prior to surgical intervention	Availability of medical devices for sentinel node mapping prior to surgical intervention	NA	NA	NA				



Strategic Direction 4.3: Increase accessibility and availability of comprehensive high quality cancer treatment and care facilities for continuum of care

Strategic Direction 4.3.1 Strengthen Nuclear Medicine (Radiation therapy) services at CoEs

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.1.1 Provide External Beam Radiation therapy by installing Linear Accelerators (LINAC) with triple energy and CT simulators in place of Cobalt-60 radiotherapy equipment (2D to 3D conversion)	Availability of Beam Radiation therapy	Number of centers with External Beam Radiation therapy	Number of CoEs in Sri Lanka	5 (situational analysis - 2020)	50%	Facility survey / Treatment center returns		Annually
4.3.1.2 Expand HDR brachytherapy (Internal Radiation Therapy) from currently available 2 centers to all other/ selected CoE	Availability of HDR brachytherapy (Internal Radiation Therapy) to all other/ selected CoE	Number of CoEs with HDR brachytherapy (Internal Radiation Therapy)	Number of COEs in Sri Lanka	2 (situational analysis - 2020)	10%	Facility survey / Treatment center returns		Annually
4.3.1.3 Increase Radioactive-iodine (RAI) treatment centers to all CoEs	Availability of Radioactive-iodine (RAI) treatment centers to all CoEs	Number of CoEs with Radioactive-iodine (RAI) treatment centers	Number of COEs in Sri Lanka	6 (situational analysis - 2020)	80%	Facility survey / Treatment center returns		Annually

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.1.4	Establish a central Radio-Pharmacy (Nuclear Pharmacy)	Availability of a central Radio-Pharmacy (Nuclear Pharmacy)			NA	100%		2024
4.3.1.5	Establish Cyclotron facility for production of radiopharmaceuticals /isotopes for radiation therapy in the Nuclear Pharmacy	Establish Cyclotron facility for production of radiopharmaceuticals /isotopes for radiation therapy in the Nuclear Pharmacy			0%	100%		2024
4.3.1.6	Ensure HR are available to provide radiation therapy at all CoEs	Ensure HR are available to provide radiation therapy at all CoEs	Number of CoEs with availability of HR to provide radiation therapy	Number of COEs in Sri Lanka	NA	100%		2024
4.3.1.7	Develop a Strategic Plan for Radiotherapy	Develop a Strategic Plan for Radiotherapy	Availability of a Strategic Plan for Radiotherapy		0%	100%		2024



Strategic Direction 4.3.2: Strengthen onco-surgery services

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.2.1 Strengthen specialized services at COEs	Availability of dedicated theatres and dedicated onco-surgery wards in COEs	Number of COE with dedicated theatres and dedicated onco-surgery wards	Number of COEs in Sri Lanka	4 (situational analysis - 2020)	80%	Facility survey / Treatment center returns		Annually
	Availability of Radioactive probe for sentinel node biopsy (Geiger probe) in CoEs	Number of COE with Radioactive probe for sentinel node biopsy (Geiger probe)	Number of COEs in Sri Lanka		80%	Facility survey / Treatment center returns		Annually
4.3.2.2 Availability of critical onco- surgical sub-specialty services to support comprehensive cancer treatment and care	Availability of critical onco- surgical sub-specialty services to support comprehensive cancer treatment and care			NA				2024



Strategic Direction 4.3.3: Strengthen Onco-Gynecology services to all CoEs

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.3.1	Increase access to specialist services	cadre positions at CoEs for Gyne-oncology are identified			0%	100%			2024
		roster based service to cover all CoEs is Implemented			0%	100%			2024
4.3.3.2	Availability of Colposcopy clinics in all COE	Availability of Colposcopy clinics in all COE	Number of COE with Colposcopy clinics in Sri Lanka	Number of COEs in Sri Lanka	10 (situational analysis - 2020)	80%	Facility survey / Treatment center returns		Annually



Strategic Direction 4.3.4: Establish Breast Clinics in all CoEs and scale up to all treatment centers

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.4.1 Increase Breast Care Clinics services	Availability of Breast Clinics in all CoEs	Number of COE with Breast Clinics	Number of COEs in Sri Lanka	6 (situational analysis - 2020)	60%	Facility survey / Treatment center returns		Annually
	Availability of Breast Clinics in all cancer treatment centers	Number of cancer treatment centers having Breast Clinics	Number of cancer treatment centers in Sri Lanka	1 (situational analysis - 2020)	50%	Facility survey / Treatment center returns		Annually

Strategic Direction 4.3.5: Strengthen Medical oncology

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.5.1 Improve medical oncology services at all treatment centers	e-MIS of treatment centers are linked to central and regional MSD and NCCP to ensure no stock out situations	Number of cancer treatment centers e-MIS are linked to central and regional MSD and NCCP to ensure no stock out situations	Number of cancer treatment centers in Sri Lanka	NA	80%	NCCP/MSD		Annually



Strategic Direction 4.3.6: Strengthen services for oral cancer and OPMD

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.6.1 Improve treatment and care for oral cancer and OPMD	Percentage of Centers managing oral cancer and OPMD linked with CoEs	Number of cancer treatment centers managing oral cancer and OPMD linked with CoEs	Number of cancer treatment centers managing oral cancer and OPMDs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	OCPCU/NCCP	Annually
	% OMF Units with updated management guidelines for: • Oral Cancer • OPMD	No. of OMF units with updated management guidelines for: • Oral Cancer • OPMD	Total no. OMF units	0% (2020) 75% (2020)	both 100% (2021)	Facility survey	OCPCU/NCCP	1 year
	% oncology Units with updated Oral Cancer management guidelines	No. of Oncology units with updated Oral Cancer management guidelines	Total no. oncology units	0% (2020)	100% (2021)	Facility survey	OCPCU/NCCP	1 year
Develop a package of services for laser treatment	% of provinces having at least one OMF unit with laser treatment facilities	No. of provinces having at least one OMF unit with laser treatment facilities	Total no. of provinces having at least one OMF unit	50%	100%	Facility survey	DDG/DS NCCP?	5 years



Strategic Direction 4.3.7: Establish advanced treatment modalities for cancer

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.7.1 Establish/strengthen Stem-cell transplantation	Availability of autologous stem cell transplant at Apeksha			0%	100%			
	Availability of stem cell transplant teams			0%	100%			
	Availability of operational guidelines, SOPs for Stem-cell transplantation			0%	100%			
	Availability of hematology/ hemato-oncology wards/beds at CoEs	Number of COE with hematology/ hemato-oncology wards/beds at CoEs	Number of COEs in Sri Lanka	0%	80%	Facility survey / Treatment center returns		Annually
	Availability of Donor Registry with linkages to International Donor Registries			0%	100%			



Strategic Direction 4.3.8: Establish/ Strengthen follow up of patients commenced on treatment

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.3.8.1 Introduce a system to reduce loss to follow up	Availability of follow up chart to monitor follow up care	Number of cancer treatment centers having follow up chart to monitor follow up care	Number of cancer treatment centers in Sri Lanka	NA		Facility survey / Treatment center returns		Annually
	Availability of loss to follow up registers in each treatment center	Number of cancer treatment centers having loss to follow up registers	Number of cancer treatment centers in Sri Lanka	NA		Facility survey / Treatment center returns		Annually
	Availability of a patient navigation system which ensure confidentiality	Number of cancer treatment centers having patient navigation system	Number of cancer treatment centers in Sri Lanka	NA		Facility survey / Treatment center returns		Annually



Strategic Direction 4.4: Ensure safety of healthcare workers and patients exposed to radiation and cytotoxic materials

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.4.1 Establish comprehensive radiation safety and management	Availability of National Guideline on radiation safety and management	NA	NA	0%	100%		NCCP	
	Percentage of cancer treatment centers with a designated Radiation safety officers	Number of cancer treatment centers with a designated Radiation safety officers	Number of cancer treatment centers in Sri Lanka	19 (situational analysis - 2020)	100%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.4.2 Enforce knowledge and practice of radiation protection in diagnostic imaging	Percentage of cancer treatment centers where at least one training programme has been conducted for radiology staff on radiation protection in a year	Number of cancer treatment centers conducted at least one training programme for radiology staff in a year	Number of cancer treatment centers in Sri Lanka	0%	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.4.3 Establish comprehensive cytotoxic safety and management	Availability of National Guideline on cytotoxic safety and management	NA	NA	0%	100%		NCCP	
	Percentage of cancer treatment centers with a designated officer for cytotoxic safety	Number of cancer treatment centers with a designated officer for cytotoxic safety	Number of cancer treatment centers providing chemotherapy in Sri Lanka	0%	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.4.4	Install Cytotoxic isolators	Percentage of cancer treatment centers with Cytotoxic isolators	Number of cancer treatment centers with Cytotoxic isolators	Number of cancer treatment cancers providing chemotherapy in Sri Lanka	0%	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.4.5	Ensure radiation protection of patients & staff	Percentage of cancer treatment centers with Iron chambers to monitor the dose of radioactive iodine	Number of cancer treatment centers with Iron chambers	Number of cancer treatment cancers in Sri Lanka	5	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
		Percentage of cancer treatment centers regularly monitor radiation levels of all healthcare workers and patients exposed to radiation	Percentage of cancer treatment centers regularly monitor radiation levels of all healthcare workers and patients exposed to radiation	Number of cancer treatment cancers in Sri Lanka	0%	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.4.6	Establish laboratory safety and waste disposal of clinical materials	Availability of SOPs for laboratory safety and waste disposal of clinical waste	NA	NA	0%	100%		NCCP	
		Percentage of cancer treatment centers with a safety officer for laboratories	Number of cancer treatment centers with a safety officer for laboratories	Number of cancer treatment cancers	0%	80%	Facility survey / Treatment center returns	NCCP, RDHS, PDHS & Respective institutions	Annually
4.4.7	Strengthen the supply chain to ensure regular supply of radiotherapy auxiliary equipment for safety	All treatment centers are linked to central and regional MSDs	NA	NA	0%	100%		MSD/RMSD	



Strategic Direction 4.5: Improve accessibility and availability of cost-effective evidence based Pediatric oncology services

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	
4.5.1	Scale up paediatric oncology services to all CoEs in a phased manner	Availability of paediatric oncologists in NH Kandy, TH Karapitiya and TH Jaffna	NA	NA	0%	100%	NCCP	DDG MS - I	2021
4.5.2	Ensure comprehensive care for pediatric cancer patients are provided in the CoEs	Percentage of CoEs which provide comprehensive care for pediatric cancer patients	Number of COE which provide comprehensive care for pediatric cancer patients		60%	NCCP	NCCP	2024	
4.5.3	Ensure National Essential Pediatric oncology drugs are available without stock-out situations	Percentage of pediatric cancer treatment centers with no stock-out situations for Pediatric oncology drugs during a given year	Number of COE with no stock-out situations for Pediatric oncology drugs during a given year		80%			Annually	
4.5.4	Establish telemedicine services for pediatric oncology	Availability of the report of the pilot project to establish telemedicine services for pediatric oncology	NA	NA	0%	100%	NCCP	NCCP & PDHS	2024



Strategic Objective 5: Ensure access & availability of survivorship, rehabilitation and palliative care facilities at all health service levels and at community level for cancer patients and support to their families and care givers

Strategic Direction 5.1: Establishing survivorship and rehabilitative care at all health service levels and community level

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
5.1.1	Introduce the concept of survivorship and cancer rehabilitation services to existing health care system	Proportion of districts with trained staff (outcome indicator)	Number of districts with trained staff	25	NA	5per year	MIS	NCCP	annually
5.1.2	Establish support groups among cancer survivors and well-wishers	% treatment centres with support groups patients (outcome indicator)	Number of treatments centres with support groups	24	NA	5per year	MIS, supervision reports	NCCP	annually



Strategic Direction 5.2: Facilitate effective integration of specialist palliative care for cancer across all levels of healthcare (tertiary, secondary and primary)

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
5.2.1	Advocate palliative care is an essential component of comprehensive healthcare and Integrate into primary, secondary and tertiary healthcare system	5.2.1.1 Proportion of PC steering committee meeting held (output)	No meetings held	No planned	NA	1 per quarter	meeting minutes	NCCP	annually
5.2.2	Establish palliative care units at different healthcare levels	Proportion of cancer treatment centres having PCCS with a multi-disciplinary team (outcome)	No treatment centres having PCCS with multidisciplinary teams	24	NA	5 per year	MIS	Planning unit MOH, NCCP	annually
5.2.3	Strengthen legislative provisions for delivery of palliative care	Availability required legislative documents							
5.2.4	Promote provision of basic palliative care services in hospice, CSO and home based care	Proportion of trained staff on providing basic palliative care (output indicator)	No trained	Total number of staff	NA	50% per year	MIS	NCCP	Annually
5.2.5	Ensure PHNO provide basic palliative care as per their TOR	Proportions of reviews conducted (output)	Number of reviews conducted	Number of reviews planned	NA	One per year	reports	NCCP	Annually
5.2.6	Ensure M&E using national indicators	Proportions of districts having functioning committees to monitor palliative care activities (output)	Number of districts having functioning committees to monitor palliative care activities	25	NA	One per district	District feedback reports	NCCP	Annually



Strategic Direction 5.3: Develop knowledge and skills for palliative care among cancer treatment and care service providers across all health service levels and community care providers

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
5.3.1	Develop multi-disciplinary teams to provide palliative care for each health service level and at community level	Proportion of TOT programmes programmes conducted	No of TOT programmes conducted	NO TOT Programmes planned	NA	1 per quarter	MIS	NCCP	annually
5.3.2	Ensure inclusion of palliative care in training programs in Medicine, Pediatrics, Nursing, Pharmacy and other relevant health disciplines	Proportion of advocacy held for relevant groups (output indicator)	No categories advocated	No of categories required advocacy	NA	1per quarter	Reports	NCCP	annually
5.3.3	Advocate PGIM to sustain training	Availability of representative from NCCP at PGIM boards							



Strategic Direction 5.4: Develop partnerships with other government, non-government organizations (private sector hospitals, NGOs, CSOs) and General Practitioners to provide basic palliative care

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
5.4.1	Include appropriate interventions in the SBCC strategy to educate general public on pain relief and palliation and services available in the public and private sector	Proportion of IEC materials developed (output indicator)	Number of IEC materials developed	Number planned	NA	2 per year	IEC materials	NCCP	annually
5.4.2	Establish standards and accreditation systems to strengthen palliative care services in hospices, NGOs and Community Service Organizations	Proportion of hospices adhere to standards (outcome indicator)	Number of hospices adhere to standards	Number of hospices	NA	50%	Supervision reports	PHSRC, RDHS, NCCP	annually
5.4.3	Develop linkages with General Medical Practitioner Associations	Proportion of Medical officers /GPs trained in palliative care (output indicator)	No trained	100	NA	100 per year	reports	NCCP	annually
5.4.4	Empower family members, caregivers, general public for provision of basic palliative care	Proportion of care giver TOT programmes conducted (output indicator)	No of programmes conducted	No planned	NA	2 per year	reports	NCCP	annually



Strategic Direction 5.5: Ensure availability of essential drugs and technologies for provision of palliative care at each level of care

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
5.5.1	Ensure essential medicines (including morphine) and equipment are continuously available at each service level action and services available in the public and private sector	% of treatment centers have had a continuous supply of palliative care essential drugs throughout the year (outcome indicator)	No. of treatment centers have had a continuous supply of palliative care essential drugs throughout the year	24	NA	100%	Facility survey	MSD/treatment centres/NCCP	annually



Strategic Objective 6: Strengthen cancer information systems and surveillance to provide accurate and timely data to monitor the progress and evaluate the outcomes of cancer control actions.

Strategic Direction 6.1: Strategic information for monitoring & evaluation of national response to cancer prevention and control in Sri Lanka

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.1.1	Establish a dedicated Strategic Information and Management Unit (SIM) at the NCCP with infrastructure and trained human resources	Availability of SIM Unit with designated staff	NA	NA	NA	Available 2021 onwards	NCCP Annual Report – SIM Unit	SIM Unit- NCCP	Yearly
6.1.2	Develop an Electronic Management Information System (eMIS) at the NCCP to monitor and evaluate prevention & control of cancers in Sri Lanka	Availability of functioning Electronic Management Information System (eMIS)	NA	NA	Not available 2020	Available 2021 onwards	NCCP Annual Report – SIM Unit	SIM Unit- NCCP	Yearly
6.1.3	Compile and disseminate information related to prevention & control of cancers using appropriate channels of communication	Availability of updated website No. of dash boards developed No. of social media interventions	NA	NA	NA	Monthly update of website At least one dash board for each technical unit. One social media intervention for each	Report – SIM Unit	SIM Unit- NCCP	Yearly
6.1.4	Prepare Annual Reports, relevant sections of other regular publications (Annual Health Bulletin, Annual Performance Report of Ministry of Health etc.) appropriate to target audience in timely manner	Publication of Annual report of previous year Timely write ups to other publications	NA	NA	Not available	Publication of previous year annual report	Report – SIM Unit	SIM Unit- NCCP	Yearly



Strategic Direction 6.2: Strengthening National Cancer Registry Programme (Sri Lanka Cancer Registry) with linkages to all PBCR, HBCR, Pathology laboratory based and other surveillance systems and programmatic data from relevant sources

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.2.1	Generate most accurate timely cancer incidence data of whole country & disseminate via communication channels	Availability of cancer incidence data of previous year	NA	NA	> 5 years backlog	Availability of cancer incidence data of previous year before end of the index year	Report of Cancer Incidence Data	SIM Unit- NCCP	Yearly
6.2.2	Update Standard Operational Procedures (guidelines with reporting formats, indicators) for cancer surveillance according to the IARC/IACR standards	Availability of updated Standard Operational Procedures	NA	NA	Availability of SOP published in year 2019	Updated SOP	SOP report	SIM Unit- NCCP	Yearly
6.2.3	Strengthening infrastructure and human resources for cancer registration and ensure resources are available to collect continuous, accurate, timely data and analyze for action	Percentage of cancer treatment centres with designated staff for cancer registration	No. of cancer treatment centres with designated staff for cancer registration	Total. no. of cancer treatment centres	3	24	Report of SIM Unit	SIM Unit- NCCP	Yearly



Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.2.4 Ensure officers with the correct skill mix is trained in cancer surveillance & death registration (hospital staff of public and private sector, death registrars etc) to provide comprehensive, timely, confidential data as per IARC/ IACR standards	Percentage of officers trained on cancer registration	No. of officers trained on cancer registration	Total number of designated officers appointed for cancer registration	NA	>75%	Report of SIM Unit	SIM Unit-NCCP	Yearly
6.2.5 Introduce techniques for forecasting incidence of cancer, mortality rates, survival rates	No. of reports generated forecasting incidence, mortality & survival	NA	NA	0	2	Report of SIM Unit	SIM Unit-NCCP	Yearly



Strategic Direction 6.3: Strengthening Population Based Cancer Registries (PBCR) to be in par with IARC /IACR standards

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.3.1	Strengthen Population Based Cancer Registry of Colombo District (PBCR Colombo) to generate timely reports	Availability of Population based cancer incidence data of previous year	NA	NA	> 5 years backlog	Availability of Population based cancer incidence data of previous year before end of the index year	Report of Population Based Cancer Incidence Data	SIM Unit-NCCP	Yearly
6.3.2	Establish PBCR in other provinces in a phased manner	Availability of Northern Province PBCR report	NA	NA	NA	Availability of Population based cancer incidence data of previous year before end of the index year	Report of Population Based Cancer Incidence Data - Northern Province	PDHS – Northern Province	Yearly
6.3.3	Update Standard Operational Procedures (guidelines with reporting formats, indicators) for PBCR according to the IARC/IACR standards	Availability of updated Standard Operational Procedures	NA	NA	Availability of Common SOP published in year 2019	Updated SOP for PBCR	SOP report	SIM Unit-NCCP	Yearly
6.3.4	Link all PBCRs to Sri Lanka Cancer Registry (SLCR) to generate timely reports	Presence of coordination with all PBCR with SLCR	NA	NA	NA	Availability of MOU between PBCR & SLCR	PBCR Report – SIM Unit	SIM Unit-NCCP	Yearly
6.3.5	Continue the existing Collaborative Research Agreement with IARC to further strengthen PBCR initiatives	Availability of updated collaborative research agreement	NA	NA	NA	Availability of updated collaborative research agreement	SIM Unit report	SIM Unit-NCCP	Yearly



Strategic Direction 6.4: Establish HBCR in all cancer treatment centers and ensure reporting to SLCR

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.4.1	Develop Standard Operational Procedures (guidelines with reporting formats, indicators) for initiating and maintaining HBCR	Availability of updated Standard Operational Procedures	NA	NA	Availability of Common SOP published in year 2019	Updated SOP for HBCR	SOP report	SIM Unit- NCCP	Yearly
6.4.2	Link all HBCRs to Sri Lanka Cancer Registry (SLCR) to generate timely reports for action	Presence of coordination with all HBCR with SLCR	NA	NA	NA	Availability of MOU between HBCR & SLCR	HBCR Report – SIM Unit	SIM Unit- NCCP	Yearly
6.4.3	Train staff of treatment centers on management of comprehensive and confidential data	No. of HBCR staff trained on cancer registry data management	NA	NA	NA	All HBCR are trained	HBCR Report – SIM Unit	SIM Unit- NCCP	Yearly
6.4.4	Monitor progress and timely reporting to SLCR based on the identified indicators	Percentage of HBCR reporting to SLCR on time	Number of HBCR reporting to SLCR on time	Total HBCR	NA	>80%	HBCR Report – SIM Unit	SIM Unit- NCCP	Yearly
6.4.5	Establish Hospital Based Pediatric cancer registry for Sri Lanka in par with Global Initiative for Pediatric Cancers	Availability of functioning Hospital Based Pediatric Cancer Registry	NA	NA	Not available	Available from year 2021	Hospital Based Pediatric cancer registry report.	SIM Unit- NCCP	Yearly



Strategic Direction 6.5: Expand pathology-based cancer registries to all pathology laboratories (Histopathology /Hematology /Oral Pathology) and ensure timely reporting to SLCR

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.5.1 Update Standard Operational Procedures (guidelines with reporting formats, indicators) to streamline pathology-based cancer registration	Availability of updated Standard Operational Procedures	NA	NA	Availability of Common SOP published in year 2019	Updated SOP for Pathology Based Cancer Surveillance	SOP report	SIM Unit- NCCP	Yearly
6.5.2 Train staff at pathology laboratories on management of comprehensive and confidential data	No. of Pathology laboratory staff trained on cancer registry data management	NA	NA	NA	All Pathology laboratory surveillance are trained	Pathology laboratory surveillance Report – SIM Unit	SIM Unit- NCCP	Yearly



Strategic Direction 6.6: Integrate cancer registry information system into electronic patient management information systems at secondary and tertiary hospitals and link to NCCP e-MIS

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.6.1	Select the variables that needs to be shared across hospital levels (from point of diagnosis & point of treatment) while maintaining confidentiality	Availability of relevant cancer registry variables at the electronic patient management information system	NA	NA	NA	Relevant cancer registry variables at the electronic patient management information systems	Hospital report	SIM Unit-NCCP	Yearly
6.6.2	Incorporate relevant details to cancer registry information system from non-oncological settings (Oro Maxillo Facial units, Gastro-intestinal units, Genito-urinary units, Neuro-surgical units..... etc.)	No. of non-oncological settings incorporated cancer registry variables to information system	NA	NA	NA	All non-oncological settings incorporated cancer registry variables to information system	Hospital report	SIM Unit-NCCP	Yearly



Strategic Direction 6.7: Improving the quality & coverage of cancer incidence & mortality data

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.7.1 Ensure uniform latest coding of International Classification of Diseases (ICD) to code both morbidity & mortality of different cancers	Correct use of ICD 10 codes for reporting of morbidity & mortality of cancers	NA	NA	Current status at IMMR report.	ICD 10 codes are used correctly.	IMMR report	Medical Statistics Unit	Yearly
6.7.2 Train staff of Medical Statistics Unit, NIHS, Registrar General's Department on data collection, data entry and analysis	No. of training programmes conducted for the staff of Medical Statistics Unit, NIHS, Registrar General's Department	NA	NA	-	At least one programme with Medical Statistics Unit, NIHS, Registrar General's Department	Report from Medical Statistics Unit, NIHS, Registrar General's Department	SIM Unit- NCCP	Yearly
6.7.3 Further strengthening cancer registry legal framework towards declaring cancer as a disease for mandatory reporting	Declaring cancer as a disease for mandatory reporting.	NA	NA	Circular issued by the Secretary – Health declaring mandatory reporting of cancer	Declare cancer as a disease of mandatory reporting through appropriate legal framework	Gazette Notification / Act of Parliament	SIM Unit- NCCP	2023



Strategic Direction 6.8: Linking e-MIS (NCCP) with information and surveillance systems of other public health programmes and relevant health sector facilities for prevention & control of cancers

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
6.8.1	Integrate chronic NCD risk factor surveillance systems (STEPS survey, HLC Information System) to the NCCP information system	Availability NCD risk factor surveillance aggregated data	NA	NA	No access to aggregated data	Access to STEPS survey aggregate data	Report based on NCD risk factor surveillance	Cancer Early Detection Unit - NCCP SIM Unit- NCCP	Relevant year
6.8.2	Integrate cervical cancer screening information system to the cancer information system	Availability cervical cancer screening aggregated data	NA	NA	No access to aggregated data	Access to aggregate data	Report based on cervical cancer screening information	Cancer Early Detection Unit - NCCP SIM Unit- NCCP	Yearly
6.8.3	Integrate HPV and HBV vaccination data to the cancer information system	Availability HPV and HBV vaccination aggregated data	NA	NA	No access to aggregated data	Access to aggregate data	Report based on HPV and HBV vaccination data	Cancer Early Detection Unit - NCCP SIM Unit- NCCP	Yearly
6.8.4	Integrate hospital dental clinic data on OPMD/Oral cancer to cancer information system	Availability of OPMD /Oral cancer aggregated data	NA	NA	No access to aggregated data	Access to aggregate data	Report based on hospital dental clinic data	Oral cancer unit - NCCP SIM Unit- NCCP	Yearly



Strategic Objective 7: Promote research and utilization of its findings for prevention and control of cancers

Strategic Direction 7.1: Identify research priorities on prevention and control of cancer

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
7.1.1	Strengthen the Technical Advisory Committee (TAC) on Cancer Research by engaging multi-sectoral, multi-disciplinary stakeholders to identify research priorities	Availability of cancer research priority list	NA	NA	NA	Updated cancer research priority list	Annual report	Cancer research Unit - NCCP	Yearly

Strategic Direction 7.2: Promote a conducive environment for cancer research

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
7.2.1	Facilitate research opportunities through communication with Sri Lankan & International Institutes based on identified research priorities.	No. of research projects initiated on cancer related research topics	NA	NA	NA	5 research per year	List of research initiated on cancer related research topics	Cancer research Unit	Yearly
7.2.2	Promote Post Graduate trainees to involve in cancer research from bench to bed side	No. of Post Graduate research initiated on cancer related research topics	NA	NA	NA	5 research per year	List of Post Graduate research initiated on cancer related research topics	Cancer research Unit	Yearly

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency	
7.2.3	Advocate for a research budget at Ministry of Health for cancer research	Availability research budget at Ministry of health for cancer research	NA	NA	NA	Availability of allocation for cancer research	Report from DDG – ET & R Unit	Cancer research Unit	Yearly
7.2.4	Promote and conduct clinical research related to cancer control	No. of clinical research initiated on cancer related research topics	NA	NA	NA	5 research per year	List of clinical initiated on cancer related research topics	Cancer research Unit	Yearly
7.2.5	Link with local organizations e.g. National Science Foundation, Atomic Energy Authority, Central Environmental Authority, to include cancer research	No. of cancer related research projects initiated	NA	NA	NA	At least 1 from each institute	Report of relevant institute	Cancer research Unit	Yearly
7.2.6	Advocate to include dedicated research grant for cancer research through National Research Council (NRC)	Availability of dedicated research grant for cancer research grant through National Research Council	NA	NA	NA	Dedicated research grant for cancer research grant	Report of NRC	Cancer research Unit	Yearly
7.2.7	Build partnerships with International agencies e.g. IARC for collaborative research	No. of collaborative research projects initiated	NA	NA	NA	1	Annual report	Cancer research Unit	Yearly



Strategic Direction 7.3: Translate research evidence into practice to strengthen preventive services, treatment and care services

Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
7.3.1 Research committee to formulate recommendations to strengthen policy formulation and programme management	No. of recommendations reported based on research evidence	NA	NA	NA	Report of recommendations based on research evidence	Annual report	Cancer research Unit	Yearly
7.3.2 Annual reports to highlight cancer research findings in Sri Lanka and gaps	Availability of annual report on cancer research findings and gaps	NA	NA	NA	Annual report on cancer research findings & gaps	Annual report	Cancer research Unit	Yearly