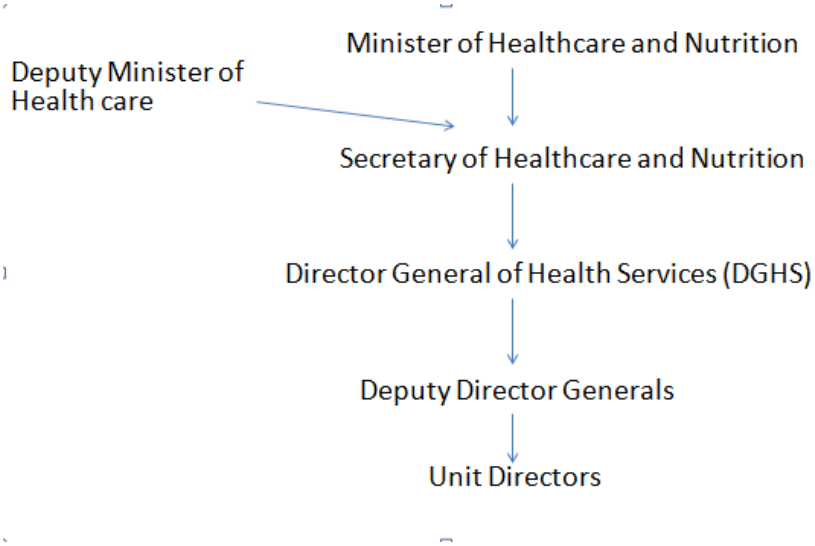
Reading Material Related to Clerkship (Annexure II)

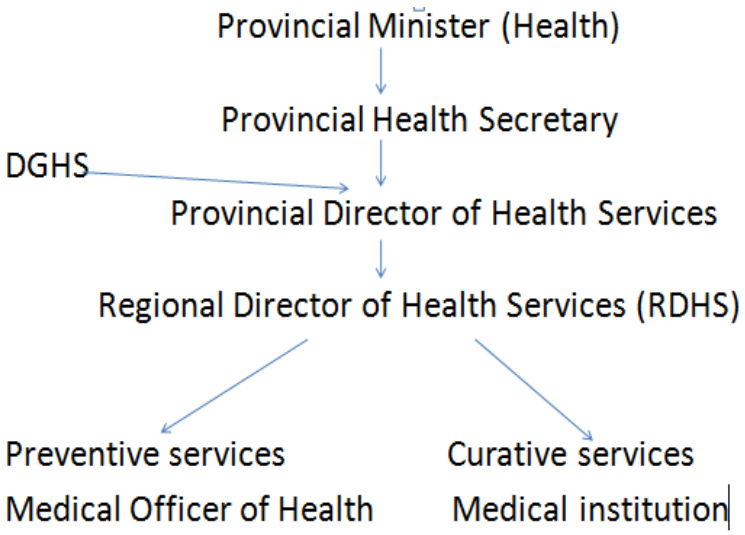
1. Health Care System in Sri Lanka

In Sri Lankan setting, there are two main components which comprise the Health Care System. They are Curative sector and preventive sector. These sectors are either centrally under the Ministry of Health or locally under the provincial Directorates of the respective province.

The Central ministry organization structure is as follows:



The Provincial Health Service structure is as follows:



1.1 Curative Health Care services

This service is mainly provided through hospitals. They mainly provide secondary and tertiary prevention of the diseases. The hospitals are distributed in all parts of the country. According to the facilities and services available, the hospitals are categorized as follows according to a common categorization system.

National Hospital	**01**
Teaching Hospitals	**20**
Provincial General Hospital	**03**
District General Hospital	**18**
Base Hospital Type – A	**22**
Base Hospital Type – B	**46**
Divisional Hospital type – A (More than 100 patients Beds)	**42**
Divisional Hospital type - B (Between 50 to 100 patients Beds)	**129**
Divisional Hospital type - C (Less than 50 patients Beds)	**322**
Primary Medical Care Unit (Central Dispensaries & Maternity Homes)	**474**
Board Managed Hospitals	**02**
Special Hospitals	**05**

The tertiary care hospitals are usually under the Ministry of Health. The hospitals below that are usually under the provincial directorates.

1.2 Preventive Health Care services

Here, the attention is given to primordial and primary prevention of diseases. There are various health programmes which function under this category.

At the central level, they are under the control of Ministry of Health. Their main functions are planning, decision making, providing logistics, surveillance etc. related to respective programmes.

In implementation of the strategies and activities, these programmes mainly rely on the provincial directorates. Under a Provincial Directorate, there are several Regional Directorates for each of the districts. Under each Regional directorate, there are several Medical Officer of Health areas (MOH). MOH staff is headed by the MOH with assistant staff including SPHI, PHNS, SPHM, PHMM, PHII and minor workers. They are considered the field level staff as they closely work with the community.

The Family Health Bureau (FHB) of the Ministry of Health is the national level coordinator of all maternal and childcare services in the country and the Epidemiology unit is responsible for disease surveillance and control. The health education bureau coordinates development of health promoting activities in collaboration with and in support of the other units in the ministry of Health.

2. Maternal and child health services

1.) Pre conception care programme

Under primary preventive measures, conducting pre pregnancy clinics for physically and psychologically optimizing female for a healthy pregnancy is carried out. These clinics are conducted for newly married as well as those expecting to get pregnant. These clinics include screening for diseases as well as educational programmes on family planning, healthy family life, prepregnancy preparation and supplements etc.

2.) Maternal care programme

Once a female is identified as pregnant, with early registration by PHM, the follow up of the mother takes place to continue care following pre pregnancy clinics. This includes provision of antenatal care at the field antenatal clinic and through domiciliary visits and shared care with specialists to manage at risk pregnancies.

At the MOH clinic, the mothers are screened for diseases, nutrition supplementation(Thriposha), TT and anti worm treatment, Health education, monitoring of well being of mother and foetus etc.

The Parental Care Crafting sessions (Antenatal classes) are conducted by MOH staff for pregnant mothers and partners. These are held one per each trimester. The educational programmes are carried out according to each trimester.

Following delivery, domiciliary care is provided by PHM. At around four weeks, the newborn baby and mother are seen by MOH at the Post partum clinics. Here the well being of the mother and baby are assessed by the MOH followed up by necessary interventions.

3.) Newborn care programme

At the post partum clinics, the newborns are seen by the MOH. The weight gain of the baby and breast feeding techniques, examination for complication identification and attending to certain health issues are done by the MOH here.

4.) Immunization programme

Under expanded programme of immunization, currently, all the children have to be immunized. This is implemented through the Immunization clinics carried out by MOH. The aTD vaccination at the age of 12 years is carried out at SMI. Any missed vaccines including Pentavalent + OPV at five years are also given at SMI.

The parents are given health education related to immunization at these clinics. Before immunization, parents are educated on adverse effects following immunization (AEFI) and the steps to follow in those situations.

All AEFI should be reported to MOH through PHMM, and this information flow to the central level.

5.) Nutrition programme

Nutrition clinics are carried out by MOH mainly for those children with poor weight gain due to under nutrition. The educational programmes are carried out for the participants on nutritious food preparation and presentation to children.

Relevant children are individually assessed with nutritional assessment methods such as weight gain; 24 hour dietary recall etc. and advices are given to the parents to improve the quantity and quality of the food.

3. National family planning programme

The national family planning programme is conducted by the FHB at central level. The programme is implemented mainly through MOH staff. Other curative institutions also provide these services, especially the permanent methods.

The PHMM are trained on counseling for family planning. Certain methods are provided by PHM and PHI. Procedures with interventions requiring skills are carried out by MOH or PHNS.They can be also referred for family planning clinics at FHB.

Once a method is provided to a couple, PHM will carry out for follow up visits to them. Certain side effects etc. are addressed by those visits.

4. Women's health

1.) Well women care programme

This programme is implemented and monitored by FHB. The programme implements through Well Woman Clinics carried out by MOH staff. Screening for certain NCDs (HT, DM, Ca cervix and Ca breast); health education; counseling on family planning, premenopausal symptoms etc. carried out. Those who need specialized care are referred accordingly.

2.) Gender programme

In addition to these services, a programme to address gender issues, mainly Gender Based Violence (GBV) has been initiated by the state health sector. Under this, in each health institution, a separate unit will be setup to cater to the needs of the victims of gender based violence. The main aim is to provide medical treatment and counseling to GBV victims and also discuss possible solutions to minimize the situation.

5. Youth and adolescent health services

1.) Youth and adolescent health programme

The ministry of healthcare, through its YEDD directorate, has initiated programmes to improve the health of the youth in this country. One of the main activities that have been initiated is the "Yowun Mithuru Piyasa" youth centers established at the field level affiliated to the MOH offices. A variety of youth related health services and education are provided by these centers. In addition, some of the divisional hospitals too have special youth health service centers which are currently being established, which provides both preventive and basic curative health services to improve the health of the youth. In addition, several programmes have been launched to address the mental and psychological health of the youth, including counseling services in order to improve the mental state of the youth and minimize smoking, alcohol and drug abuse.

2.) School Health programme

These are carried out by MOH with assistance of PHI and other MOH staff. The main components of this programme include school medical inspections, establishment and continuation of school health clubs and healthy canteen policy.

- Activities carried out under school medical inspection are,

  -the growth monitoring,

  -screening for physical and psychological health problems,

  -supplementation of micronutrients and anti warm treatment,

  -provision of Penta valent + OPV vaccine at five years

  - Identification of default immunization and restart of immunization

  - aTD vaccine for Grade 7 students

  -conduction of health education programmes

  - referral and follow up of students identified with medical issues

  This is a team effort with the MOH staff.

- School health clubs

  The establishment of school health clubs including members from each class is carried out. The aim is to give the important health massages to all students through these messengers. Principal, MOH and PHI will act as the source persons for these clubs.

  The aims of these are to be aware of the health issues which are arising and to take preventive actions.

  Ex: Dengue control programmes

  Programmes to address substance use

- Healthy canteen policy

  This is an important programme initiated with the forthcoming NCD epidemic. Promoting from the childhood for healthy food choices is the aim. The healthy canteens provide only the food which is healthy to be used. The PHI is the person in charge to monitor the canteens under MOH advice.

6. Control of Non communicable diseases

Non-Communicable Diseases (NCDs) have been on the rise in the past two decades and at present the leading cause of mortality, morbidity accounted for 71% of all annual deaths. Cardiovascular Diseases, Diabetes, Cancers and Chronic Respiratory Diseases are the major chronic NCDs accounting for 29.6%, 9.4%, 3.9% and 8.5% respectively. Five major categories of unintentional injuries: Falls, Road Traffic Injuries, Burns, Poisoning, and Drowning are acute NCDs.

NCD prevention and control activities in Sri Lanka are implemented and monitored through the NCD Unit which is the focal point for NCD Prevention and Control in the Ministry of Health headed by Director (NCD). The NCD prevention and control activities in the country are delivered through the district level Medical Officers NCD (MOO/NCD) under the administrative purview of Regional Directors of Health Services in par with the National Policy for NCD prevention and control.

6.1 Healthy lifestyle Center (HLC)programmes

People between the ages 35 to 65 years are screened for overweight/obesity, hypertension, hyperglycemia and high blood cholesterol, identify risk behaviours (smoking, alcohol, unhealthy diet & lack of physical activity) and health guidance are carried out in Healthy Lifestyle Centers (HLCs) in primary healthcare institutions throughout the country . BMI assessment, blood pressure, fasting capillary blood

sugar are checked among previously undiagnosed persons. Total cholesterol may be checked depending on the facilities available

Conventional single risk factor approach has been known to cause suboptimal control of the cardiovascular diseases and failure to address other cardiovascular risk factors. The multiple risk factor approach through risk stratification as recommended by the World Health Organization is used at HLCs to identify those at risk of developing cardiovascular disease during the next 10 years, thereby motivating them to adopt lifestyle changes and prescribe pharmacological treatment when the necessity arises

6.2 Cancer Control programme

This is implemented by Cancer control programme at central level. Screening for certain cancers are carried out at Well Woman clinics conducted by MOH. Pap smear identification of precancerous stages of Ca cervix, Breast ca.

Certain services are provided by the programme at central level also.

1.3 Mental Health programmes

This programme is conducted by Mental Health Unit at central level. The programme implements through MO Mental Health at provincial and RD levels. In MOHH, a mental health clinic is conducted regularly by a visiting MO mental health. The participants are those who referred by MOH etc. If specialized care is needed, they are referred for consultant clinics. Others are followed up at MOH Mental health clinics.

Certain services such as counseling, social services are provided in consultation with those officers at AGA office.

1.4 Rehabilitation care

These are provided through curative sector institutions. The rehabilitation and occupational therapy clinics are usually conducted in provincial hospitals and above. Certain Base Hospitals also have Rehabilitation units (Eg. Awissawella).

Apart from these, Institution for rehabilitation is available as Rehabilitation Hospital in Ragama and also at regional rehabilitation centers (Eg. at Digana).

2. Communicable Disease Surveillance :

This is one of the most important duties of the MOH and the PHI. All major communicable diseases are notifiable to the area MOH by the treating medical officer or the health institution. These notified diseases are investigated at the MOH office and field level and then the outcome is reported back to the Epidemiology unit, so that continued surveillance of all the notifiable communicable diseases are maintained.

When a patient suspected of having a notifiable communicable disease is seen by a medical officer, this first contact medical officer issues a notification of the disease using “Communicable Disease Notification Form (H544)”. This form is sent to the MOH of the relevant area where the patient lives.

Once the MOH receives the notification, it is entered in the “Communicable Disease Notification Register” of the MOH. Thereafter, this notification form is sent to the relevant area PHI for the field investigation.

The PHI, on receiving the form, will enter the details in his Letters Inward Register. He will then conduct the relevant field investigation into the reported case, preferably within 7 days and confirm / refute the case, assess the risk factors for the disease in the area and also assess the possible spread of the

disease in the household or in the area, and implement necessary disease control procedures.

The outcome of the field investigation will be entered in the "Communicable Disease report (H411)" and the confirmed cases will be entered in the "Infectious Disease Register" at the PHI office. The details of the outcome of the investigation will be entered in the PHIs Letters Outward register, and then the H411 form will be sent to the MOH, along with the notification form received.

When the MOH receives the form, he will update the MOH Notification Register and the confirmed diseases will be entered in the MOH "Infectious Disease Register". Every week, the MOH should complete the Weekly Return of Communicable Diseases (WRCD) and send it to the Epidemiology unit, along with a copy to the Regional Epidemiologist.

The Epidemiology unit will be getting these WRCDs from all MOH areas in the country, and from those data, they produce the national as well as regional statistics and conduct analysis of the spread of these diseases. Also, from these data, the Epidemiology Unit produces the Weekly Epidemiology Review (WER), which is distributed to all health institutions as a feedback of the weekly disease status.

In addition to this system , there is also the Special surveillance system for certain selected diseases such as Dengue Fever, Polio/Acute Flaccid Paralysis, Meningitis and Tuberculosis, where special notification forms are sometimes available and also special reporting of case investigations are also done by the MOH offices.

Dengue Control Programme

The National Dengue Control Programme is the main central body which is concerned with the control of Dengue within the country. It is a central level institute which is involved with the development of strategies and programmes for prevention of Dengue as well as development of management guidelines for successful clinical management of the disease. This is also the main body which advices and guides the field level dengue control activities conducted by the provincial health authorities, and advocates the policy makers for policy level changes that need to be made for elimination of Dengue from the country.

3. Environmental Health :

This consists of water quality sampling, food quality maintenance, safe disposal of solid waste, and hazardous waste. Several activities are conducted at the level of the MOH by the field PHIs for these purposes. There are several legislations and laws governing these areas that empower the public health authorities to take necessary actions to prevent the occurrence of public health disasters related to these areas.

1) Water Quality Sampling

This is a process done by the PHIs in the field. They are supposed to obtain at least 4 samples of water from their area per month and submit for analysis. Water samples are randomly collected from public wells, taps, natural springs and even water ways. In addition to this, the PHIs may also obtain samples from wells and water sources following public complains, and take necessary action to chlorinate them or advice to clean the wells.

2) Solid waste disposal

Solid waste disposal process is usually conducted by the local Municipal Council or the Urban Councils. The required human resources and the vehicles as well as the dumping yards are maintained by them. The duty of the PHI is to ensure that solid waste collection is conducted in a sanitary manner and also, that the disposal is done properly to minimize any health hazards arising out of them. Especially the maintenance of garbage dumps is very important as they can be the ideal breeding grounds for flies, mosquitoes, rats etc. who act as disease vectors. These garbage dumps also contaminate the local water sources used by people for their consumption.

3) Sewage disposal

Sewage disposal is carried out by the Local authorities and also by the private sector and the healthy disposal of sewage needs to be ensure to prevent the spread of major gastro-intestinal diseases and diarrhoeas. The dumping areas have to inspected and ensure that no contamination of water sources or any overflowing of the sewage occurs in them. This too is an important duty of the PHI, advised by the MOH.

4) Hazardous waste disposal

Proper disposal of Hazardous waste by factories and health care institutions should also be inspected by the area PHI. Incineration process and also the storage, recycling and transport of hazardous waste have to be supervised to ensure minimal exposure to the environment and also to the persons handling this hazardous waste.

5) Housing sanitation

Housing sanitation is also an important area of work that comes under the PHI, under environmental health. All construction plans have to be endorsed by the PHI or other authorized person, that the buildings to be constructed are healthy dwellings with adequate ventilation, proper water supply and safe disposal of sewage and waste. They ensure that the minimum measurements are maintained when constructing latrines, wells etc, and also what types of latrines and their hygine.

4) Implementation of Food Act in Srilanka

- Contaminated, decomposed or adulterated food is injurious to health
- Deceptively packaged or labels with misleading statements
- Effective food control service required basic Food Laws designed to protect consumers from health hazards and fraudulent practices
- There are appropriate regulations to impose laws.

Food Regulation

- Food safety is regulated mainly by Ministry of Health through "Food Act No.26 of 1980"& amended in 1991
- Implementing authority –DGHS (Chief Food Authority)

•Legal Authority –

- The food Act No. 26 of 1980, Section 2 provides broad prohibitions against the manufacture, import, sale or distribution of a food that is adulterated, unfit for human consumption and manufactured under insanitary conditions.

  Section 14 gives the power of entry, to inspect and take samples.

Authorized officers-

- MOH
- Food & Drug Inspector
- Food Inspector(Municipal Council)
- Public Health Inspectors

  Food safety is regulated mainly by Ministry of Health through "Food Act No.26 of 1980"& amended in 1991,Implementing authority –DGHS (Chief Food Authority)

Main functions of authorized officers-

- Enter & Inspect food establishments used for preparation, storage or sale
- Obtain food samples from any manufacturing plant, wholesale or retail outlet & vehicle transporting food
- Inspect & detain vehicles transporting food not suitable for human consumption
- Prosecute persons violate the food act.
- PHI is an authorized officer in implementation of Food Act at the divisional level
- He assist local authorities to implement the Food Act

Supplementary functions

- -consumer awareness programmes educating and promoting participation
- - Advise the trade on technical matters

Duties of PHI for food safety

- Carry out a survey of all food handling establishments (registration & grading) & inspect regularly
- Carry out the responsibilities of an authorized officer under the food act – Food sampling, Food raids(planned procedure)
- Slaughter house inspection-Approve animals for slaughter, post mortem meat inspection and ensure the sanitation of the slaughter house
- Food safety at special occasions-Inspect fairs, markets, school canteens, mid-day meals & festivals
- Awareness programmes

Inspection of Food Handling Establishments

- Food inspection at the manufacturing, storage, sales and service levels
- -Improperly prepared, package, stored or mishandled food is frequently a source or vehicle of food-borne illness (Contamination).
- -Adulterated underweight or mis-branded food must be stopped before widespread retail dispersion takes place. (best opportunity at the manufacturing level)
- -At the manufacture level should ensure a quality product manufactured from acceptable raw materials in accordance with Good Manufacturing practice (GMP).
- Samples inspection on a coherent basis PHI could evaluate conditions of food product being unsafe, insanitary or adulterated.

Food Factory I*nspection*

- PHI should use his authority with considerable professionalism and judgment.
- Must inform factory owner in advance cordially
- Basic goal of food inspection, to provide the consumer with a safe product, free from adulteration and economic fraud.
- As a technical advisor advice the owner :Prosecutions are last resorts.
- Working with both large and small producers in the food industry and explaining requirements is generally far more cost effective than going to Court.

Basic steps in Factory Inspection

- Look for previous inspection notes
- Licensing , Business regulation etc.
- status of the company , area of distribution, number of employees
- Environmental conditions and sanitation(drainage, insects, rodents, other pests , disposal of soiled and liquid waste)
- Raw materials used to produce the food, Processing procedures of which deviations could affect the quality and safety
- Sanitary conditions in the plant including evidence of insects, rodents, birds or other pests
- Personal hygiene and hygienic practices of plant personnel
- Source and safety of water used in processing-water samples to be taken
- Conditions of the factory - construction, maintenance , lighting , safety measures, washrooms, adequacy to prevent entry of pests
- special attention should be paid to food colors and preservatives.
- review of labeling (date marking , etc) comparable with regulations
- Record maintenance
- PHI should discuss with the plant manager on food processing flow and identify critical control points(CCP) for sampling
- PHI should have a floor plan of the plant
- At the conclusion of PHII need to discuss his findings with the plant Owner & give recommendations

Food handling trades

1. Food factory - F
2. Bakery - BK
3. Hotel /Restaurant - H/R
4. Snack Bar - SB
5. Tea/Coffee kiosk - T/C
6. Grocery - GS
7. Other - O (not fallen to above eg.veg. stalls, rice sales)

Food Handling and trades Inspection

- Licensed Trades Register should be maintained by the PHI.
- Food handling trade inspection should be done according to Food Handling Trades Inspection Rating Form (H-800)
- Relevant cages should be filled and rating is given according to the marks.
- Food handling, establishments should maintain a separate file for Health 800
- After the inspection one copy should be given to the trader & the other coy is kept with the PHI
- The progress should be evaluated periodically and the Health 800 form should be used for this purpose.

Rating criteria- (Observe H-800 form)

- 1. **Location and environment** (Free from pollution, objectionable odours and animals and insects)
- 2. **Building** (Sound construction, adequate working space, light and ventilation, maintained in good repair)
- 3. **Processing room** (General cleanliness, cleanliness of walls, floor, ceiling, doors and windows, possible sources of contamination and deterioration)
- 4. **Equipment and furniture** (Cleanliness, maintenance, repairs)
- 5. **Storage of foods**(Protection from contamination, infestation, perishable items kept in the refrigerator suitably, adequate space for ventilation)
- 6**. Water supply** (Satisfactory source, an ample supply of water, storage facilities)
- 7. **Waste control** (Collection, storage and disposal of solid waste, adequate toilet facilities)
- 8. **Food items**
  (Appearance, exposure, packaging, date of expiry, labelling, spoiled food items etc.)
- 9. **Heath status of food handlers**
  Personal hygiene, clean working cloths, caps, masks etc, medically examined within the past one year
- **10. Training received by food handlers**

Objectives of rating of a food handling trade

1. To provide the consumer safe, quality and wholesome food
2. To upgrade the food handling establishment
3. To educate and advise the owners and food handlers on safe food practices
4. To use as an evaluation tool in deciding to take legal action against food handling establishments, which are kept in unhygienic conditions.
5. To prepare a programme for the inspections of food handling establishments in the area.
6. To prepare action plans to improve food safety in the area.

Food Rating

- 70 – 100% marks A - Satisfactory
  40 – 69 % marks B - Average
  0 - 39 % marks C - Unsatisfactory

Follow up-

- C grade - of least once a month or as judged by the PHI
- B grade establishments - of least once in three months or as judged by the PHI
- A grade establishments - of least once in six months or as judged by the PHI

Food Sampling

- Minimum of two samples per month. (bacteriological ,chemical)
- Authorized Officers in urban areas with a large population may obtain more than 2 samples.
- A.OO might have to obtain samples under special circumstances
- Sampling should be systematic. The food items sampled should cover as a wide range as possible.
- Sampling should be done according to an approved programme
- The date for sampling may be fixed at the monthly conference & include in the monthly advanced programme.

Food Sampling

- Assistance of another officer, preferably a PHI should be obtained in all cases of formal sampling to provide corroborative evidence
- Informal sample may be done individually as no prosecution are involved.

Routine sampling

- Approach the trader in a friendly manner
- Inspect the shop
- Pay the shop keeper the market value of food you purchased for examination or analysis.
- Write the note book on the spot accurately in detail(name of the food,lot size,type of packing, product code, labelling,condition of the food, general condition of the area).
- Decide the type of sampling and sample size
- Ask the article and the bill
- Pay the amount of bill
- Divide the sample in to three parts. Certain foods require special attention .
- Shop keeper should be immediately notified that the Article purchased is to be analyzed by the Approved Analyst.
- Sample the article in front of the seller

✓ Mixing if necessary
✓ Divide into three equal parts
✓ Put into polythene bags
✓ Put into labeled envelops

- ✓ Number the sample
- ✓ Put wax sealed
- ✓ Get the owner's signature
- ✓ Fill the memorandum of analysis

  Hand over the owner's portion

Awareness programmes

Target Groups-

- School community including children
- Traders(raw food, bakeries, hotels etc)
- Housewives
- Servants who assists in the kitchen and child care
- Mothers attending clinics
- Food handlers (Including those who prepare food at alms giving ,weddings etc. in the village)
- Managers , Supervisors etc of food handling establishments
- Street vendors
- Consumers
- Government & Private institutions
- Voluntary organizations
- Community leaders & other target groups

5. Occupational Health Services

Provision of occupational health services is also a main duty of the MOH and the PHI. Several services are available for employers as well as employees under this category of care. The health of employees of factories as well as other business establishments is secured by legislation as well. The Factories Ordinance of 1942 and its subsequent amendments cover the health aspects of factory employees while the Shop and Office act of 1954 and its subsequent amendments cover the health aspects of all other office and service related employees. Apart from the field health services from the MOH offices, employees and employers can seek occupational health care services from the National Institute of Occupational Safety and Health (NIOSH), which is affiliated to the Labour Ministry of Sri Lanka.

The main Occupational Health services provided are,

- Issuing of pre employment medical certificates
- Conducting pre placement of medical examinations
- Conducting in-service medical examinations and assessments
- Endorsing medical leave of employees
- Health assessments in accidents and compensation requests
- Advice management on occupational safety measures to be adopted
- Assessment of health and safety measures available in factories and workplaces and advice on improvements
- First aid training of employees and basic health care education
- Health education and promotion for employers as well as employees

6. National Institute of Health Sciences (NIHS)

National Institute of Health Sciences (NIHS) is the premier public health training institute of the Ministry of Health, Sri Lanka. The origin of the institution dates back to 1st July 1926, when the first Health Unit of South East Asian Region was opened in Kalutara. From the inception, the institution was responsible for training & development of health manpower for Primary Health Care (PHC) Program of the country. Since the early stages of establishment, NIHS has been involved in training of health manpower to regional countries as well. In addition to its primary mandate of training, NIHS is responsible to provide the primary health care services to the communities of field practice area which extend over 136 km^2 with a population of about 300000. Staff of the field practice area plays a dual role of service provision and facilitation of hands on experience at field for different categories of trainees. The total staff exceeding 300 personnel of different categories is dedicated to the mission of our institute: that is to train and develop competent, independent and interdependent public health work force for service delivery to gain millennium development goals at national level.

❖ Objectives of the NIHS

- To develop health manpower in Sri Lanka and to advise the Ministry of Health in its policy relating to health manpower development.
- To co-ordinate health manpower development activities in Sri Lanka between the education and other health services agencies.
- To initiate and undertake training programmes for members of the PHC team with a view to multidisciplinary approach to training.
- To initiate and undertake continuing education of the PHC staff.

- To provide primary health care services to the community in the field practice area of the NIHS namely Kalutara and Beruwala.
- To conduct health research and research on human resource management and provide advocacy on health system research for the health workers.

7. Divisional Hospital

Divisional hospitals in Sri Lanka is categorised under three groups which are: type A, B and C. Categorization has done depending on the patients bed strength available in the hospital.

- Divisional Hospital type – **A** : More than 100 patients beds

  42 hospitals.

- Divisional Hospital type – **B**: Between 50 to 100 patients beds

  129hospitals.

- Divisional Hospital type – **C**: Less than 50 patients beds

  322 hospitals.

8. Estate Health

The estate sector in Sri Lanka continues to lag behind the urban and rural sectors with the highest rates of maternal mortality, infant and neonatal mortality and under nutrition in the country. Provision of health services in the estate sector remains a challenge and is therefore different from the services in other sectors. There are deep-rooted socio-economic factors that have led to health indicators among women and children on plantations that are consistently lower than the national average.

A higher prevalence of poverty on estates partly accounts for discrepancies in health, with 61 percent of households on estates falling into the lowest socio-economic group (20 percent of wealth quintile), compared to eight percent and 20 percent respectively for urban and rural households.

Breastfeeding patterns are also inadequate, with just 63 percent of estate workers engaging in exclusive breastfeeding for the first four months of a child's life, compared to 77 percent in urban areas and 86 percent in rural areas according to a research conducted by the Institute of Policy Studies.

Sri Lanka Demographic and Health Survey (SLDHS) 2006/07 reported that one in five live births (17%) had birth weight less than 2,500 grams. Incidences of low birth weight babies are higher in estate sector than in rural and urban sectors. District variation of low birth weight is significant. Colombo reported the lowest percentages while Nuwaraeliya reported the highest. Matale, Badulla, Kegalle, Galle,and Matara also reported higher percentages of low birth weights.

It was observed from survey data that higher the level of education of mother orthe wealth of her family, likelihood of having a low birth weight baby is lesser. Mother's age at child birth is another predictor variable for low birth weight baby. Teenage mothers raise percentages of low birth weight babies. Survey reported that one in every four teenage mother reported a case. This proves poverty, lack of knowledge or experience, and malnutrition are crucial factors for low weight babies.

Reading material - References.

Maternal Care package -A guide to Field Health Care workers ,FHB - 2011

Manual for the Sri Lanka-Public Health Inspector-Ministry of Health

Occupational Health -An introductory course for Health care workers-H.M.S.S.D Herath

Guideline to Food labeling & advertising regulations-Ministry of Health

Non-Communicable Disease policy-2010.Ministry of Health

Mental Health Policy-Ministry of Health

FHB website

Immunization guideline 3rd edition