C H A P T E R 11

Health Management

A Public Health Inspector is in-charge of so many responsible duties. To perform his duties successfully, it's important that he acquires skills in the art of delegating tasks to others. To do this effectively, he has to make use of the management theories learnt by him. By proper management, responsibilities are discharged effectively and efficiently, ensuring both the quantity and the quality of end results.
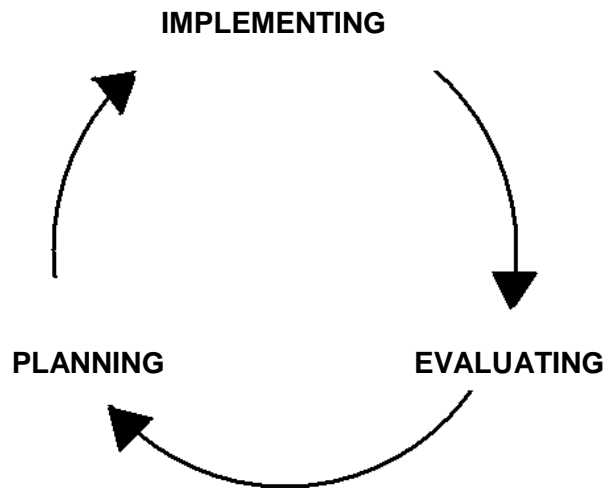
11.1 What is management?
There are different definitions.

Management is
- getting thing done by others
- efficient use of resources available

Main functions of management

IMPLEMENTING

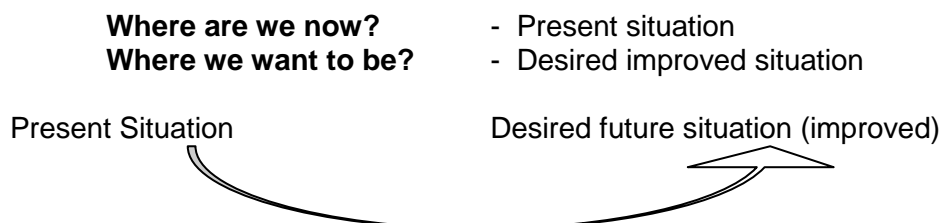**PLANNING**   **EVALUATING**

The functions form a cycle
In order to perform his duties in an efficient and effective manner, the PHI should adhere to this cycle, when carrying out his tasks viz.

      i.   **Plan**

      ii.   **Implement**

      iii.   **Evaluate**

11.2 Planning

What is planning?
Planning is to make the decisions before commencing the implementation process. That is deciding

        Where are we now?   - Present situation
        Where we want to be?   - Desired improved situation

Present Situation   Desired future situation (improved)

Goal
One needs to achieve the expected result (quantitatively and qualitatively), using the minimum resources.

In a scientific planning process there are five steps to be followed;

        1. Situational analysis
        2. Identification of problems, prioritization and analysis
        3. Setting Objectives
        4. Review of Constraints and limitations
        5. Formulating a plan of action

1. Situational analysis

Situational analysis is to study the situation and main task being to collect relevant data. For completeness of data collection there are several different methods to be used. A very important thing to be remembered is that the data should be of right kind and of right quantity. This means collection of only the important and necessary data, and avoiding collection of data in excess of your requirements and without any relevance to your subject under study.

Different methods of data collection
    i. Surveys
    ii. Discussions
    iii. Interviews
    iv. Listening to people
    v. Receiving complaints
    vi. Observations
    vii. Records, returns and publications
    viii. Mass media
    ix. Conducting Participatory Health and Sanitation Transformation (PHAST) method etc.

Survey
Survey is to collect data by using a questionnaire with a specific scope. A Public Health Inspector who assumes duties in a new area should carry out a survey (situational study), as required by his duty list, by conducting a Health Survey method. It is advisable to do surveys whenever required due to any special occasion. A Range Public Health Inspector should repeat the initial Health Survey, at least once in five years in addition to routine update process. (Please read the portion on Health Survey for more details)The initial survey should always be according to the above mentioned circular, but if it is for a subsequent particular need, it should be according to the information required for your particular task.

Discussions

Useful information may be gathered by having discussions with the relevant personnel, such as;

- Your supervisors, i.e., Supervising Public Health Inspectors, Medical Officer of Health
- Members of the Health Team, i.e. Other Public Health Inspectors in the division, Public Health Nursing Sister, Public Health Midwives
- Members of the community, especially the community leaders i.e. Religious Leaders and other informal leaders in the area
- Officials in other relevant sectors, i.e., Divisional Secretaries, Rural Development Officers, Grama Niladharies, Principals and the Teachers of Schools, Samurdhi Niladharies and Agricultural Officers, etc.
- Members of Non Governmental Organizations, Community Based Organizations
- Political Leadership, ie. Parliament Members, Provincial Council Members, Pradeshiya Sabha Members

Interviews

Interviews may be conducted with
- Medical Officers- in- Charge at the government medical institutions and private medical institutions in the area
- Programme Managers of other health-related programmes in the area

Listening

To the different categories of members of the community could be very useful.

Complaints

Receiving complaints from members of the community and/or different institutions in the area may provide you with useful information.

Observations

Direct observations made by the PHI at the MOH Office, or during his visits may be a valuable source of information
- In households and public places
- Scrutinizing available records, returns and publications
  i.e., Infectious Diseases Register, Sanitation register, other relevant registers and records maintain by other institutions
  (e.g:- Notification Register in the Hospital)

Referral to mass media

Mass media reports can be a quick source of information regarding events taking place in the area, concerning health-related issues.
- News Papers, Radio, Television

PHAST method

Conducting Participatory Hygiene and Sanitation Transformation method (PHAST method) is an approach for promoting hygiene, sanitation and community management of water and sanitation facilities. It builds on peoples' ability to identify, address, and resolve their own problems. This method is used to fight against diseases related to unhygienic behaviour and hazardous sanitary conditions.

Irrespective of whatever the method/s used, it is important to use well planned and pre-tested tools.

Proceeding with the situation analysis

After collecting and compiling data with regard to your area, although information such as the number of families- 483, total population- 3381, males- 1538, females- 1843, infants- 38, Pre-school children- 336 etc., diseases prevalent during the current year: Diarrhoea- 37 cases, Infective hepatitis- 11 cases, Dengue- 19 cases, etc. Accessibility of safe drinking water: 41 families, No of Water Sources- 26, etc. this data may not give you a clear picture of your community. After analyzing the data collected, it gives you more precise picture and the information you needed for the development activities in your community.

However, in order to get a more meaningful picture of your community and precise information that would enable you to develop steps required to improve the health status of your population, it is necessary to analyze your data and categorize them as follows;

        No of families in the community =   483
        Total population   =   3381
                Males   =   1135
                Females   =   1246
                Pre- school children   =   336
                Infants   =   38

Population data is further analyzed according to the localities in your area.
e.gs:-

Locality	Age in Years								
	0 -1	2 - 5	6 - 10	11 - 15	16- 20	21 - 30	31 - 60	> 60	Total
Thenna	3	21	45	79	91	231	619	137	**1226**
Wewapahala	6	34	76	97	108	264	693	141	**1419**
Landawatta	1	14	18	49	48	138	341	57	**666**
Total	**10**	**69**	**139**	**225**	**247**	**633**	**1653**	**335**	**3311**

The morbidity data is analyzed according to the localities.

Locality	Diarrhoea	Inf. hepatitis	Dengue	Total
Thenna	18	6	11	**35**
Wewapahala	14	5	8	**27**
Landawatta	1	-		**1**

Morbidity data is also analyzed according to time frame.

Disease	Year 2008												Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Diarrhoea	8	1	9	2	-	-	-	-	-	-	-	4	**24**
Infectious hepatitis	-	-	4	3	4	-	-	-	-	-	-	-	**11**
Dengue	-	-	-	-	-	11	8	-	-	-	-	-	**19**

Then the morbidity data can be analyzed according to age groups.

Diseases	Age in Years								Total
	0 -1	2 - 5	6 - 10	11 - 15	16 - 20	21 - 30	31 - 60	>60	
Diarrhoea	-	1	2	15	6	-	-	-	**24**
Inf. hepatitis					6	5	-	-	**11**
Dengue	-	2	11	6	-	-	-	-	**19**

Thus, data should be analyzed according to a scientifically manner in order to obtain useful and precise information. These examples illustrate only a few types of analysis. If it is useful, you may also analyze according to gender or the lifestyles etc. When you analyze according to the given example, it is possible to get the following information;

1. There is a risk of diarrhoea, infectious hepatitis and dengue, in the communities under the study.

2. Localities Thenna and Wewapahala are vulnerable to diarrhoea and also to infective hepatitis and dengue.

3. Diarrhoea is most prevalent during the period December to April, whereas infective hepatitis is most prevalent during the period March to May and dengue during June – July.

4. Most affected age groups for diarrhoea are 11 – 15 yrs and 15 – 20 yrs respectively.

5. Most affected age groups for Infective Hepatitis are 15 – 20 yrs and 20 – 30 yrs respectively.

6. Dengue mostly affects the age groups of 15 – 20 yrs and 20 – 30 yrs respectively.

Analysis of information in this manner is of immense value to the Public Health Inspector who has the responsibility of prevention and control of communicable diseases, within his range. He can use this information for planning and problem solving processes too. Following the identification of the problem/s, they are arranged in the order of priority for his subsequent action.

11.3 Identification of problems and prioritization

Now the PHI has identified the problem/s prevailing in the area. A problem perceives existing gap between what it is now, and what it should be. Here are some problems you may have identified.

- Some community members are suffering from diarrhoea
- Some community members are suffering from infective hepatitis
- Some community members are suffering from dengue fever

Successfulness of problem identification will depend on the sharpness of your tools which are used to identify the problems. If there are more than one problem it is always necessary to prioritize, and decide which of the problems is to be tackled first because it is not advisable to address all the problems at the same time.

For example, take some observations you would have made, i.e.
- There are lots of flies
- High mosquito density in the village
- Number of sanitary toilets is inadequate
- No access to safe drinking water
- Lack of healthy habits among the community
- Poor literacy rate

What are these? They are the underlying causes for problems. Sometimes these types of underlying causes may be considered as problems.

If a problem can be solved without much of effort, it can be addressed first and prioritize others. Prioritization should be done according to criteria which you may develop according to the situation. When developing such criteria following factors may be considered, among others;
- Are Infant deaths caused ?
- Are maternal deaths caused?
- High mortality and morbidity pattern?
- Degree of severity of the diseases present?
- High prevalence of the diseases present?
- Is condition present creating disability?
- The impact of the condition on development?
- Negative social impact of the condition?
- Is the condition leading to discrimination ? etc.

The problem which is getting the maximum number of "yes" responses should be considered as the priority problem. Next step is to analyze the selected problem. If you want to solve a problem successfully you should know what the deficiencies responsible for the problem are, and then you should know underlying cause/s for each deficiency noted. Thereafter you have to decide on the possible solutions for the removal of these underlying causes.

Analyzing the problem

There are various methods to analyze a problem. Stated below is one such method.
After identifying a problem it is useful to have a written statement of the problem, which could be added to a project proposal, if one is prepared.

Statement of the problem will answer the following questions;

What?	- Problem
Where?	- Place
When?	- Time period
Whom?	- Whom affected
Magnitude?	- Extent and severity of the problem

Example of a Problem statement

"In the village of Thenna in MOH division Udayalapatthuwa, 15% of the population under 20 years of age suffered from diarrohea, during year 2008"

The priority problem being diarrhoea, analysis may as follows;

Sometimes the data already collected by you may not be sufficient to carry out this type of analysis, in which case another round of data collection has to be conducted in order to complete the analysis.

Problem Analysis (Table method)

Deficiency	Underlying Cause	Solution
1. Lack of safe drinking water	- No protected wells	- Renovate existing wells
	- Negligence of the community	- Educate the community
2. Lack of safe food	- Unsafe food habits	- Educate the community
	- Poverty	– do –
	- Negligence of the community	– do –

This analysis should be done very carefully because your future activities will totally depend on this process. Neglecting even one underlying cause and the appropriate solution to correct it, could sometimes lead to the failure of your whole project, or to the failure to sustain the activities that have been launched to improve the situation or it will create some negative impact to the sustainability of the outcome.

11.4 Setting Objectives

The objective is a desired future achievement to be accomplished after a programme or set of activities. Objectives should be **"SMART",** i.e.

Specific

Measurable

Achievable/ **A**ccurate

Relevant

Timeliness

An objective should be in accordance with the solutions identified with the problem analysis. It should be clearly worded so that everybody will have the same understanding. It should be measurable at any level, should be achievable (feasible) and should be with accurate figures. It should be relevant to the problem to be addressed, and should have a time frame. Normally the time duration may be within one year, because the situation could change if a long duration of time is included.

In formulating an objective, the following questions should be answered;

What?	-	Problem
Where?	-	Place
When?	-	Time period
Whom?	-	Whom affected
Magnitude	-	Extent and severity of the problem

In the previously identified problem of diarrhoea in the village of Thenna, the objectives may appear as follows;

General Objective:

> "To reduce prevalence of diarrhoea among population under 20 years of age, in the village of Thenna in MOH division Udayalapatthuwa, from 15% to 0%, by the end of second quarter of year 2009"

After developing a general objective, we should formulate specific objectives which would enable us to be more certain about the activities to be identified in the planning process. To progress in this manner, reconsider each of the solutions identified in the problem analysis. To achieve the General Objective all the solutions should be addressed by the specific objectives.

Specific Objectives

1. Ensure accessibility to safe drinking water, for the community in Thenna.

2. Ensure accessibility to safe food, for the community in Thenna.

3. Ensure practice of safe lifestyles by the community in Thenna.

When all the specific objectives are achieved, the general objective will be achieved automatically.

Review of Constraints and Limitations

In this step, take each specific objective and consider how it should be achieved, and the constraints / obstacles / limitations if any, likely to obstruct achievement of the specific objective. Then decide on alternative / additional strategies / activities, to overcome or minimize the difficulties.

11.5 Formulating a plan of action

To decide on an action plan we must decide what strategies should be adopted to achieve each specific objective. When selecting the strategies, we have to consider their feasibility, effectiveness, efficiency, quality of end results, sustainability of the outcome. The possibility of obtaining maximum community participation and the associated community empowerment are also to be considered,

After deciding on the strategies, next exercise would be to find the answers to the following key questions pertaining to all specific objectives and to any alternative activities decided on, when reviewing the constraints and/or limitations.
It is also very important to decide on the evaluation activities to be performed, according to the evaluation needs arising in relevant situations.

How to do?	- the Activities
When is to be done?	- the Time factor
Who is doing?	- the Responsibility for each activity
Which things are needed?	- the Resources needed for each activity
What will be the output?	- Expected result from each activity

Activities necessary for the pre-requisites, like obtaining necessary approval from authorities, i.e., from the DPDHS, MOH, SPHI, and getting support from other members of the health team, other sectors, and the community etc, also should be decided on and included in the plan.

A set of answers for above questions, compiled in a table, is termed an action/ activity plan.

An Action / Activity plan

Ser. No	Activity	Time	Responsibility	Resources	Expected Result
1.	Make MOH aware about the Plan of Action	1st Aug.' 08	PHI ,Mawewa	- SPHI - Activity plan	Approval Support ensured
2.	Meeting with the Health Team	8th Aug.' 08	MOH	- SPHI - Range PHI - Activity plan	Support ensured
3.	Meeting with the Div. Secretary, Chairman Pradeshiya Sabhawa, Representatives of NGOO and Grama Niladhari	9th Aug.' 08	MOH	- SPHI - Range PHI - Activity plan	Support ensured Necessary funds ensured
4.	Meeting with the Community	11th Aug. '08	PHI ,Mawewa	- SPHI - Range PHI - Activity plan	Community participation ensured
5.	Survey to decide re- sites for wells	12th Aug. '08	Tech.Officer, *NWS&DB	- Community - Range PHI	- Decision re- site for wells made
6.	Preparation of estimates	3rd & 4th Weeks of Aug. '08	Tech. Officer, NWS&DB	District Head of NWS&DB	Estimates Prepared & approved

* *National Water Supplies & Drainage Board*

The activity plan is to be completed as above, to each specific objective. The activities stated above are only meant to serve as an example.

Gantt chart

The Gantt chart is a tool to display the progress of a project, in the form of a chart.

If a Gantt chart is also prepared, it will help you to be within a schedule, and to monitor and evaluate the project.

Example:-

Gantt chart

Ser. No	Activity	Year 2008					Year 2009					
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1.	Make MOH aware about the Plan of Action	X										
2.	Meeting with Health Team	X										
3.	Meeting with Divitional Secretary, Chairman Pradeshiya Sabhawa, Representatives of NGOO, Grama Niladhari	X										
4.	Meeting with the Community	X										
5.	Survey to decide re- sites for wells	X										
6.	Preparation of estimates	X										

Now the planning steps have been successfully completed.

11.6 Implementation

Implementation is to put into practice the formulated plan. Though the plan is the result of a team effort of the stake holders or representatives of the stakeholders, it is always advisable to review the plan with the relevant stakeholders, before implementation. During implementation of the plan, your attention should be drawn to the following;

i. **Delegation of work**
   Most people do not like to delegate work, due to many reasons such as poor management skills, lack of experience, lack of confidence on team members, negative attitudes, desire to take all the credit and intentions of malpractice. But for the efficient manager who expects effectiveness and quality in the outputs, delegation is an important part of implementation. All members of the team should have a good understanding about each individual's roles and about the action plan as a whole.

ii. **Leadership**
   In teamwork, leadership role is most vital to guide the members of the team effectively.

iii. Supervision

Proper supervision is an important role in a process, in order to identify the difficulties and help the team members responsible, to fulfill their tasks in the correct manner. Supervision should be carried out with the intention of helping them, and not as a fault-finding activity.

iv. Motivation

Motivation is needed to make individual undertake responsibilities with willingness and without stress, and to make them feel that they are not functioning alone. In most instances motivation does not demand any financial resources, but only a smile or an encouraging faithful word. Ensuring the welfare of your project team is a good motivating factor.

v. Communication

A good communication process should be practiced among the team members, to achieve better understanding of each other, better progress of the project and to improve self responsibilities. Without a proper communication mechanism, unpleasant situations can develop and work may be interrupted leading to major disputes.

vi. Monitoring

An efficient manager always tries to monitor the activities of the process. It will facilitate smooth functioning of the activities and ensure the effectiveness, efficiency and quality of output/ outcome. During this process checking should be both qualitative and quantitative. The available resources should be mobilized to places where they are needed. Sometimes the manager may have to change strategies or decide on more resources. Sometimes it may even so happen that he would decide to terminate the project, due to poor achievements or any other unexpected reason responsible for leading to such a decision.

vii. Evaluation

Evaluation is also very important and vital to a project or a programme. Evaluation activities also should be included during the planning process, for a better out come. Purpose of evaluation is to assess the progress, to find out any difficulties, short comings and/or gaps, delaying or hindering the reaching of the objectives. Evaluation is a must throughout the project or the programme. According to evaluation findings, a manager will be able to take the decision whether he can continue with the programme or whether he has to stop it. Role of the evaluator is to identify above situations, find out the reasons for any unsatisfactory situation which may have arisen and to recommend the decisions that should be taken regarding the future of the project/ programme.

Evaluation can commence before the project starts, which is sometimes called a baseline survey. If you carry out such an exercise, the results may help you to make a comparison of the original situation with end results. That helps to assess the progress.
You may include an evaluation component at the end of each activity, which is called *concurrent evaluation*. At the end of the project an evaluation is done to compare the outcome with the project objectives, which is called *summative evaluation*.
This will show the extent of success/ progress you have achieved, and also the shortcomings if there are any.

If you want to assess the impact of your project, you can decide to do an evaluation after a reasonable period of time after the completion of the project, to check whether there is an impact on the community, as expected from the project.Such type of evaluation is called *impact evaluation.*

The evaluation can be conducted by the project manager, or by any other stakeholder, or an experienced team or an individual. Basically the elements of effectiveness, efficiency and the quality of achievement are checked through an evaluation. This type of evaluation is also useful for future planning. It is important to add suggestions at the end of the evaluation report.

11.7 Report Writing

Report writing is one of the most important tasks that should be attended to, after implementing a project. This process is also called documentation. Many implementers either totally neglect or pay less attention to this important task, resulting in their achievements being underestimated. Sometimes they meet with unexpected trouble, even after accomplishing an excellent job, due to the failure to document the work.

A report is essential to assess the work carried out with regard to its efficiency, effectiveness, quality, quantity and also for cost-effectiveness. Often large sum of money and much time may have been involved in the project, and the implementer should bear the responsibility for the money and the time spent. Perhaps you may have received your monthly salary during the time period you spent on the project.

Sometimes you may have even received special allowances, as per diem, transport allowance, etc. It should not be forgotten that you have a responsibility towards every single cent you received and spent on the project implementation. Your immediate superiors would need well documented evidence to account for the money they have allocated for the task, because they are, in turn, responsible to their superiors who have granted approval for the task/s carried out by you. Ultimate fact is that the money spent is public money which belongs to the citizens of Sri Lanka including the most vulnerable persons who live far away in the most remote areas, undergoing thousands of hardships. Even if the project was funded by a foreign agency, facts remain the same.

Reports should be scientifically and precisely written. First decide what should be reported on, and what need not be. Your project report should include following topics, in order to be complete and comprehensive;

   i. Introduction
- Background of the situation.
- Why this project should be implemented. or the justification.
- List of problems identified, relevant to the situation.

     Problem
     a. Problems identified
     b. How problems were prioritized, and criteria for prioritizing
     c. Problem/s that have been selected for solving
     d. Justification for the selection (why this problem/s was selected?)
     e. How was the problem analyzed?
     f. Statement of the problem/s

    ii. Objectives
        a. General Objective
        b. Specific Objectives

    iii. Review of Constraints and Limitations
    iv. Alternative strategies available for each specific objective
    v. Selected strategy each specific objective
    vi. Activity Plan
    vii. Time Schedule (Gantt Chart)
    viii. Implementation details

    Here you can elaborate on following topics;
        a. Delegation of work
        b. Leadership
        c. Supervision plan
        d. Motivation plan
        e. Communication plan
        f. Monitoring plan

    ix. Evaluation
        1. Type of evaluation (Concurrent/ Mid- term/ Summative)
        2. Effectiveness, efficiency and the quality of achievements
        3. Impact (this may not appear in the report, because normally an impact evaluation will be conducted after sometime, giving a reasonable period to get such impact)
        4. Short comings, if any
        5. Barriers or constraints which had influence on effectiveness, efficiency and the quality of achievements
        6. Evaluation findings
        7. Recommendations
        8. Acknowledgements
        (express your gratitude to persons whom you think should share the credit with you for successfully completing the project)
        9. Annexures

11.8 Community Health Survey

From the inception of the Health Unit System in Sri Lanka, the slogan of all public health staff has been "Know your area – Know your people". This type of information is gained by undertaking a house-to-house survey.

Within three months of assuming duties in an area, a PHI should carry out a health survey, prepare the survey report and submit it to his supervising officer. The survey findings should form the basis for the preparation of the programme of work which would subsequently be implemented by him.

An outline for a health survey is given below. Initially a questionnaire should be planned for collecting the necessary information. The Participatory Rural Appraisal Methods may also be used to collect information and data. PHI should endeavor to obtain already available, all information from other health workers in the area, medical institutions, specialized campaigns, local authorities, other government institutions, Divisional Secretariat, Grama Niladharis, Field officers, Community Leaders and NGOO involved in health and welfare activities in the area.
If a survey has been already done, the PHI should, on assuming duties, review and update the survey findings and submit a review report to the supervising officer.

The report should be in narrative form and should include the relevant maps, tables, graphs, etc. Photographs may also be included. In the event of a PHI continuing in the same station for more than four years, a review report should be submitted once in every five years.

Outline for health survey report

1. Introduction
- Purpose
- References to any previous surveys
- Administrative structure; Province, District, DS Division Electorate, Local authority

2. The area
- Name, Location
- Extent (in square kilometers)
- Boundaries and sub divisions
- Topography; hills, valleys, plains, elevation
- Geology; top soil, sub soil, special features
- Hydrography; rivers, lakes, steams, canals
- Vegetation
- Animal life
- Use of land and water
- Roads, Transportation, Vehicles
- Parks, 'Osu Uyans' (gardens of medicinal plants)
- Sanctuaries
- Plantations
- Rainfall – pattern & figures
- History of Floods, and other Disasters (indicating disaster-prone areas)

3. Health Administration
- Provincial Health Care Delivery System
- District and Divisional Health Care Delivery System
- Curative and preventive services - present situation in the range
- NGOO involved in health care
- Special health projects, if any

4. Community Organizations
- Rural Development Societies
- Youth clubs
- Community- Based Organizations etc.
- Health volunteers
- Community Leaders

5. Population
- Population by village and GN divisions
- Classifications of population – Age, sex, religion, race etc.
- Population Density

Population					
Serial No.	GN division	Name of Village	No. of Dwellings	Population	
				Estimated	Actual

6. Vital Statistics
- Birth rate - (preferably for the last 10 years; at least for 5 years)
- Death rates -
        Infant mortality
        Maternal mortality
- Leading causes of death in the area
- Leading causes of hospitalization in the area
- Classify morbidity and mortality statistics due to major diseases by months, for five years

7. Economics status
- Classification of major sources of income
- Industries
- Classification of employment
- Physical resources in the area

8. Religions
- Classification of the population by religion
- Temples, churches, mosques, kovils and other places of worship, located in the area
- Historical and archeological sites found in the area
- Religious and cultural centres

9. Culture
- Cultural and social functions held
- Festivals held
- Cultural behaviour patterns
- Traditional beliefs among the population groups

10. Education
- Educational levels
- Educational Institutions (Schools, Pirivenas, Monasteries)
- Formal, Informal, Non-formal education

11. Communication
- Use of Radio and Television

- Postal and Telecommunication facilities
- Pattern of mobile phone and Internet/ web usage
- Newspaper reading habits
- Are community meetings held?
- Are public address systems available?
- Availability of Electronic Alarm Systems and conventional communication methods

12. Environmental Sanitation

- Water supply
  - Drinking Water Sources by House units
  - Quality and Quantity
  - Common Drinking Water Sources
  - Catchment areas and authorities responsible for protection
  - Covering population for each Community Source of water
  - Purification systems at household level and in Common Drinking Water Sources
  - Consumption patterns and trends
  - Availability of water for personal hygiene activities

- Drainage of rain water in urban areas
  - Disposal of waste water
  - Disposal of other liquids such as industrial waste

- Disposal of human excreta
  - Present systems in the area (types of latrines)
  - Latrine construction strategies (methods/ materials/ techniques)
  - Public Latrines
  - Adequacy of latrines

- Disposal of Solid Wastes
  - Classify solid waste in urban and rural
  - Present waste disposal systems in urban areas
  - Present rural domestic waste disposal systems
  - Final waste disposal sites and responsible authorities
  - Disposal of dead animals
  - Utilization of solid wastes
  - Composting
  - Application of R 3 (Reduce, Re-use, Recycle)
  - Land fillings
  - Present Health problems due to waste disposal
  - Disposal of Human remains
  - Burial and burial grounds
  - Cremation and crematoriums

- Housing
  - Types of buildings
  - Techniques and materials of building Construction
  - Application of health requirements

- Implementation of H&TI Ordinance and UDA act
- Unauthorized constructions and problems

- Light and ventilation
- Drainage and waste water disposal
- Toilets, septic tanks and soakage pits
- Overcrowding
- Housing schemes
- Public buildings
- Kitchen and kitchen garden

- Food Hygiene and sanitation
  - General statement with regard to the diet pattern and types of food consumed by people in the area
  - Food preparation techniques
  - Food production, storage and distribution
  - Classify and grade Food Handling Establishments
  - Implementation of Food regulations
  - Food-borne diseases; prevalence during previous 5 years
  - Sanitation in Public markets, Public Fairs('Polas'),Wholesale markets
  - Sanitation in Slaughter Houses, Meat Stalls and Fish Markets
  - Street Vendors (sanitary status)

- Occupational health and safety
  - Occupations of the people in the area
  - Occupational hazards and accidents
  - Dangerous and offensive trades
  - Factories
  - Estates and agricultural plantations
  - Public complaints regarding nuisance caused
  - incidents of Chemical and Pesticide poisoning

- Vectors, Animals and Pests
  - Domestic pets
  - Stray dogs, cats, cattle, other animals and nuisance caused by them
  - Poultry and birds
  - Rodents
  - Mosquitoes and other insects
  - Poisonous snakes
  - Immigrant birds

13. Disease control
- Incidence of Communicable Diseases for last five years (by month)
- Present surveillance system
- Deaths due to Communicable Diseases
- Special diseases control programmes
- Vaccine Preventable Diseases
- Prevalence of Non-Communicable Diseases
- Clinic facilities

14. **Medicine and treatment**
- Popular Medical Systems and treatments methods
- Patient care services - Hospitals, Dispensaries and Clinics
- Ayurveda Hospitals, Homeopathy medical facilities
- Accessibility to hospital facilities
- Staff, Equipments

15. **Community Health Care**
- Maternal and Child care services
- Elderly care services
- Nutrition
- Immunization
- Rehabilitation of disabled
- Early Childhood Development
- Day-care centers
- Health care for displaced persons
- Primary Health Care services

16. **School Health**
- Number of schools
- Classification of schools-
  - total students less than or more than 200
  - for Boys, for Girls, Mixed
  - Sinhalese, Tamil, Muslim
- Location and accessibility
- School Building - light and ventilation
- Furniture
- Adequacy of Latrine and Urinal facilities
- Playgrounds
- School gardens
- Number of school children in each school
- Findings of Medical Inspections carried out in schools
- Health Promotion Programmes
- Meal patterns of children, Food hygiene, Condition of School Canteens

17. Health Education and Health Promotion
- Community Participation
- Community empowerment

18. Community Health Problems

19. Problem prioritization

20. Analysis the health problems

21. Action Plans/ Programmes/ Project proposals developed

22. Acknowledgements

23. Annexes

24. Certification and Forwarding