



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit  
Ministry of Health

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## Family Health Programme - I

This is the first in a series of three articles on the Family Health Programme based on the Annual Report on Family Health Sri Lanka – 2012, published by the Family Health Bureau.

### Introduction

The Family Health Programme is dedicated to promote the health of families around the country with special emphasis on mothers and children. It is predominantly operating through the public health service network possessing linkages with curative health services, concerned government departments, professional organizations, development partners and other relevant stakeholders. This programme is based on a blend of domiciliary and institutionalized interventions delivered by a multi disciplinary team of health professionals. Major part of these interventions are preventive in nature while some of them focus on secondary care by including interventions to ensure the standards and quality of care.

This programme was initiated in Kalutara in 1926 as a field based health unit and after 85 years, now it forms a well organized health care system covering almost all MOH areas in the country.

### Components of the Programme

This programme is comprised of several major components that aim to promote maternal, child, school and adolescent health. It also includes Family planning and Women's health components incorporating peri-menopausal care and gender concerns. The maternal component is further sub-divided as; antenatal, Intrapartum, Postpartum and Maternal morbidity and mortality surveillance entities. Newborn care, Child nutrition, Child development and special needs, Child morbidity and mortality prevention and surveillance elements comprise the child health component. In addition, Family Health Programme includes an oral health component which fo-

cuses on maternal and child oral health care.

As a whole, Family Health Programme focuses on a sizable proportion (around 54%) of the population, which includes children, adolescents and those in reproductive ages. The population estimates show that these large numbers will remain so for several more years to come. Estimates also indicate that nearly 15 million people come under the purview of the Family Health Programme.

### Organization of the Family Health Bureau

Family Health Bureau (FHB) has several sub units that covers the different components of the Family Health Programme. These include,

- Maternal Health
- Maternal Morbidity and Mortality Surveillance
- Intrapartum and Newborn care
- Child Development and Special needs
- Child Nutrition
- School and Adolescent Health
- Gender and Women's Health
- Family Planning
- Planning, Monitoring and Evaluation
- Oral Health
- Research and Development

### Data Sources and Indicators

- Quarterly MCH Return (H 509)

This provides a comprehensive set of data on the performance of Family Health Programme. It is a quarterly return compiled by the MOH area. The data covered by this include, information on target population, performances of maternal care, child care, well women clinic and family planning services provided both at field and clinic settings by the MOH staff. Several registers, records and returns used in field and clinic settings are used to compile H 509.

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- Family Planning Monthly Return (H 1200)

H 1200 serves dual purposes of record and return of family planning service provision points has to maintain a H 1200 for new acceptors of all modern methods except for Condoms (H 1200 A). Each service delivery point is sending H 1200 A to the respective MOH office.

- Quarterly School Health Return (H 797)

H 797 summarizes the size of the target school population and the performance of school health programme. It covers the school medical inspections, immunizations and follow up of children identified to have problems.

- Maternal Mortality Surveillance System

Each maternal death is expected to be reported within 24 hours to the RDHS and FHB by the MOH of the field and/or the Institutional Head, where the death occurred. This is the standard procedure to be followed and the information is recorded in a standard format (H 677, H 677 A). District and National Maternal Mortality Reviews are conducted each year.

- Annual Data Sheet of MOOH

This is a data sheet used to collect basic information on MOH such as staff positions, facilities, population data etc.

- Annual Nutrition Month return

Data on nutrition month activities are to be reported annually to the FHB from each RDHS area once the activities of the designated month are over. Nutritional status of Children the age of five and Grade 10 students are to be provided by PHMM and PHII respectively. Data compiled by MOH area is being sent.

- Monthly Return from Dental Therapists

School Dental Therapists are sending returns on their monthly performances and summary of this is available for the district.

- Registrar General's Department and other relevant sources

The national population estimates and fertility and mortality rates published by the Registrar General are used in some of the denominators of indicators used in the annual report.

### Target Population of the Family Health Programme

Public Health Midwives (PHMM) are supposed to maintain an Eligible Family Register (H 526) and the Public Health Inspectors (PHII) compile the School Health Survey report (H 1015). These contain data on target populations.

Eligible Family is defined as a family either legally married or living together where the woman is between 15 to 49 years and/or having a child under 5 years of age. A family with a pregnant or cohabiting woman irrespective of marital status and age and single women (widowed, divorced, separated) are also considered under eligible family.

All the children in schools with enrolment less than 200 and those in grades 1, 4, 7 and 10 in schools having enrolments over 200 are supposed to be subjected to medical examinations by MOH staff.

### Pre-conception care

Interventions in improving maternal and child health should be started from the pre-conception stage. A new package of inter-

ventions for pre-conception care has been introduced to the Family Health Programme to promote health of women and their partners to enter pregnancy in optimal health and to maintain it throughout the life's course.

The care includes creating awareness, health promotion, screening and appropriate medications to reduce risk factors that might affect future pregnancies of the reproductive aged women. This aims to extend the maternal health continuum prior to pregnancy to reduce indices such as maternal mortality, infant mortality and low birth weight into lower indices. The care includes,

- Improve knowledge and attitudes of men and women specially in relation to pre-conception health which would lead to behavioural changes.
- Assure that all newly wedded couples receive pre-conception care services. (Health promotion, evidence based risk screening, interventions etc.)
- Improve the health of women before pregnancy by giving pre-conception care.
- Detect the health problems of the couple to prevent, minimize, treat or correct health problems before they attain parenthood.

### Maternal and Newborn Care

Maternal and newborn care component of the family health programme includes interventions that focus the antenatal, intranatal and postnatal aspects of pregnancy.

### Antenatal Care

Antenatal care begins with the registration of a pregnant mother by PHM either at the field or clinic. The basic antenatal care following registration is consisted of clinic and domiciliary care. Identification of the pregnancy as early as possible is encouraged to offer the standard package of interventions as soon as possible. The care includes,

- Preliminary clinical assessment and screening for pregnancy health and clinical risks
- Provision of prophylaxis and management where relevant (assessment of fundal height, screening for pre-eclampsia and Syphilis, screening for Anaemia and management, Tetanus toxoid immunization, provision of anthelmintics, prevention and management of sexually transmitted infections (STIs), prevention of mother to child transmission of HIV, intermittent presumptive treatment for malaria where relevant)
- Monitoring of maternal and foetal well-being in subsequent visits, nutrition supplementation (Iron, Folate, Iodized salt, Thriposha etc)
- Referral of high risk pregnancies for specialist care
- Providing information and counselling for pregnancy related issues (breast feeding and family planning, birth and emergency preparedness)

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th -30th May 2014 (22nd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**	
Colombo	442	4518	2	65	0	8	0	42	1	153	1	54	0	1	0	16	0	0	0	2	248	0	23	0	3	75	25
Gampaha	167	2031	4	70	0	5	1	21	0	10	4	97	0	6	6	76	0	4	4	7	184	0	29	0	2	73	27
Kalutara	101	892	2	75	1	4	2	20	0	45	4	125	0	0	0	6	0	0	4	4	139	2	35	0	0	85	15
Kandy	44	335	3	46	0	2	0	9	1	4	0	15	2	42	1	56	0	0	5	121	1	14	0	1	91	9	
Matale	4	121	1	28	0	1	0	11	4	5	0	21	0	2	3	83	0	1	2	29	0	7	0	12	85	15	
NuwaraEliya	5	83	6	128	0	1	0	13	0	65	1	6	1	31	1	19	0	0	4	52	2	10	0	0	92	8	
Galle	11	349	1	37	0	5	0	3	2	17	4	87	1	37	0	2	0	0	8	262	0	21	0	3	80	20	
Hambantota	11	154	2	15	0	4	0	9	0	8	0	50	1	42	0	7	0	0	5	91	0	20	27	158	83	17	
Matara	4	127	0	26	0	3	0	20	0	6	2	30	0	21	2	19	0	0	5	113	0	21	1	37	100	0	
Jaffna	19	424	9	206	0	3	1	130	0	39	0	6	2	249	0	8	0	0	2	65	1	14	0	0	92	8	
Kilinochchi	0	30	1	52	0	1	0	13	0	0	0	0	0	15	0	0	0	0	11	14	0	3	0	8	75	25	
Mannar	0	5	0	12	0	8	0	22	0	0	0	4	0	20	0	1	0	0	0	8	0	5	0	1	60	40	
Vavuniya	2	46	0	20	0	0	2	9	4	13	0	8	0	4	0	1	0	0	0	5	2	7	0	1	50	50	
Mullaitivu	0	49	0	28	0	0	0	7	0	12	0	8	0	7	0	0	0	0	0	4	0	4	0	4	40	60	
Batticaloa	26	464	4	121	0	2	1	19	0	15	0	13	0	1	0	5	0	1	0	32	0	4	0	0	86	14	
Ampara	3	67	0	22	1	1	0	1	0	8	2	14	1	9	0	3	0	1	1	50	1	4	0	6	100	0	
Trincomalee	8	380	0	19	0	1	0	1	0	3	0	9	0	10	0	1	0	0	0	44	0	1	0	0	75	25	
Kurunegala	14	480	6	54	0	13	1	12	0	10	5	56	0	31	4	16	0	0	6	237	1	31	0	67	78	22	
Puttalam	14	235	1	20	1	1	0	10	0	9	1	48	1	19	1	3	1	2	2	56	0	3	0	4	77	23	
Anuradhapura	3	173	0	45	0	2	0	0	2	11	1	53	0	24	0	3	0	0	4	104	0	21	1	128	21	79	
Polonnaruwa	0	90	0	12	0	1	0	1	0	0	0	9	0	0	0	1	0	0	0	29	0	2	0	23	0	100	
Badulla	20	199	2	46	0	6	0	6	0	3	3	31	2	39	4	60	0	0	1	37	1	44	0	0	76	24	
Monaragala	0	86	0	26	0	2	0	3	4	32	1	52	1	66	0	68	0	2	1	47	1	14	0	13	73	27	
Ratnapura	93	498	11	113	0	15	0	9	0	9	6	133	1	56	16	197	0	0	2	125	1	19	11	21	67	33	
Kegalle	54	425	7	68	0	6	0	18	0	8	2	75	2	35	0	36	0	0	5	139	0	26	0	1	91	9	
Kalmune	3	61	0	49	0	1	0	5	0	50	0	1	0	0	0	0	0	0	3	72	0	4	0	0	54	46	
<b>SRILANKA</b>	<b>1048</b>	<b>12322</b>	<b>62</b>	<b>1403</b>	<b>3</b>	<b>96</b>	<b>8</b>	<b>414</b>	<b>18</b>	<b>535</b>	<b>37</b>	<b>100</b>	<b>15</b>	<b>767</b>	<b>38</b>	<b>687</b>	<b>1</b>	<b>11</b>	<b>80</b>	<b>2307</b>	<b>13</b>	<b>386</b>	<b>40</b>	<b>493</b>	<b>75</b>	<b>25</b>	

Source: Weekly Returns of Communicable Diseases (WRCD).

\*T=Timeliness refers to returns received on or before 30th May, 2014. Total number of reporting units 337. Number of reporting units data provided for the current week: 255. C\*\*-Completeness  
A = Cases reported during the current week. B = Cumulative cases for the year.

**Table 2: Vaccine-Preventable Diseases & AFP**

24<sup>th</sup> - 30<sup>th</sup> May 2014 (22<sup>nd</sup> Week)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2013& 2014
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	02	01	00	00	00	01	00	00	00	04	01	41	32	+28.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	01	01	08	01	00	00	00	04	15	23	323	709	-54.4%
Measles	15	00	03	07	05	07	00	02	04	43	57	1813	550	+229.6%
Rubella	00	00	00	00	00	00	00	00	00	00	00	11	11	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	03	05	-40%
Tetanus	00	00	00	00	00	00	00	00	00	00	02	08	10	-20%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	01	17	211	-92.0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	26	34	-23.6%
Tuberculosis	49	15	14	03	29	43	08	09	46	216	232	4172	3600	+15.9%

**Key to Table 1 & 2**

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.  
 RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

**Data Sources:**

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP\* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS\*\* =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

**Dengue Prevention and Control Health Messages**

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them**

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**ON STATE SERVICE**

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