With Compliments

from

Chief Medical Officer of Health
University Community Health Project Kotte

&

Head
Department of Community Medicine
Faculty of Medicine
University of Colombo
Sri Lanka

PERFACE

The Annual Report of the University Community Health Project (UCHP) Kotte for 2017 is the Forty three in the series of reports on the health services in the project area.

Being an University Project area, this serves as a “field training area” for undergraduate medical students in the Faculty of Medicine, University of Colombo and for some of the postgraduate students at the Postgraduate Institute of Medicine, University of Colombo and Elective Students from foreign University also. The Ministry of Health has encouraged experimentation in the delivery and management of health services and this report includes information on such activities.

February 2019

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Abbreviations

AMOH	Additional Medical Officer of Health
aTd	Adult Tetanus diphtheria
AIDS	Acquired Immuno Deficiency Syndrome
BCG	Bacillus Calmette Guerin
BI	Breteau index
BMT	Best Member of the Team
CHDR	Child Health Development Record
CMC	Colombo Municipal Council
CWC	Child Welfare Clinics
DMPA	Depo Medroxy Progesterone Acetate
DPDHS	Deputy Provincial Director of Health
DPT	Diphtheria, Pertussis Tetanus
DT	Diphtheria Tetanus
EPI	Expanded Programme of Immunization
Hep B	Hepatitis B
IUCD	Intra Uterine Contraceptive Device
JE	Japanese Encephalitis
JI	Jadelle Insertions
LRT	Ligation & Resection of Tubes
LA	Laboratory Attendant
MOH	Medical Officer of Health
MR	Measles Rubella
OPV	Oral Polio Vaccine
Pap	Papanicolaou smear
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNS	Public Health Nursing Sister
RDHS	Regional Director Health Services

RMO	Registered Medical Office
SDT	School Dental Therapist
SL	Sanitary Labourer
SPHI	Supervising Public Health Inspector
SPHM	Supervising Public Health Midwife
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TT	Tetanus Toxoid
UCHP	University Community Health Project
VDRL	Venereal Disease Research Laboratory
POA	Period of Amenorrhoea ,

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ACKNOWLEDGEMENTS

We wish to express our appreciation for the assistance received from the Department of Health Services inclusive of the decentralized units, Sri Jayawardenapura Kotte Municipal Council and voluntary organizations.

All staff both in the Department of Community Medicine and the Community Health Project Kotte has contributed much to the work of the UCHP area. To all of them, we are grateful. We wish to thank in particular Mrs. DPA Jayawardene, Senior Instructor in Social Work and Dr. Hemali Jayakody for their assistance, in the preparation of this report and Ms. Chamali Dasanayaka for secretarial assistance.

We hope that the same goodwill and co-operation we received in 2017 will be extended to us in the years to come.

Prof. Manuj C Weerasinghe
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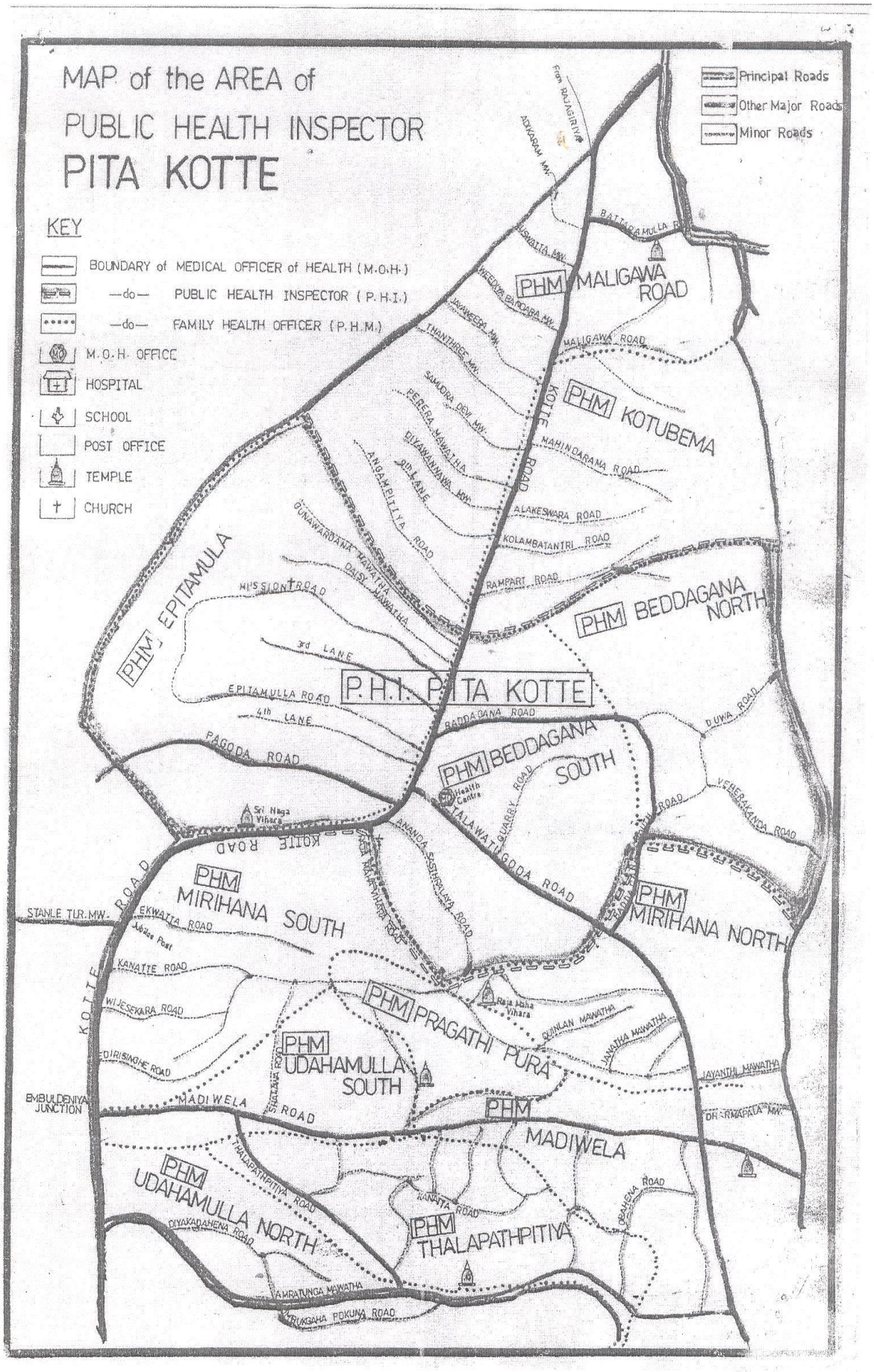

MAP of the AREA of
PUBLIC HEALTH INSPECTOR
PITA KOTTE
KEY
BOUNDARY of MEDICAL OFFICER of HEALTH (M.O.H.)
—do— PUBLIC HEALTH INSPECTOR (P.H.I.)
—do— FAMILY HEALTH OFFICER (P.H.M.)
M.O.H. OFFICE
HOSPITAL
SCHOOL
POST OFFICE
TEMPLE
CHURCH
Principal Roads
Other Major Roads
Minor Roads
P.H.I. PITA KOTTE
PHM MALIGAWA ROAD
PHM KOTUBEMA
PHM BEDDAGANA NORTH
PHM BEDDAGANA SOUTH
PHM EPITAMULA
PHM MIRIHANA SOUTH
PHM MIRIHANA NORTH
PHM PRAGATHI PURA
PHM UDAHAMULLA SOUTH
PHM MADIWELA
PHM UDAHAMULLA NORTH
PHM THALAPATHPITIYA
KOTTE ROAD
MALIGAWA ROAD
MAHINDARAMA ROAD
ALAKESWARA ROAD
KOLAMBATANTRI ROAD
RAMPART ROAD
MISSION ROAD
3rd LANE
EPITAMULLA ROAD
4th LANE
PAGODA ROAD
BADDAGANA ROAD
DUWA ROAD
VEHERAKANDA ROAD
THALAWATHUGODA ROAD
ANANDA SASTHRALAYA ROAD
STANLE TUR.MW.
EKWATTA ROAD
KANATTE ROAD
WIJESEKARA ROAD
EDIRISINGHE ROAD
MADIWELA ROAD
EMBULDENIYA JUNCTION
THALAPATHPITIYA ROAD
DIYAKADAHENA ROAD
KANATTA ROAD
AMRATUNGA MAWATHA
VRUKSAHA POKUNA ROAD
JAYANTHI MAWATHA
DHARMAPALA MW.
Sri Naga Vihara
Raja Maha Vihara
Health Centre

Figure 1

KOTTE REPORT 2017

1. INTRODUCTION

1.1 University Community Health Project area (UCHP)

The University Community Health Project area is one of the 349 Health Units in Sri Lanka. It comprises of four Public Health Inspector areas, namely, Ethul Kotte, Pita Kotte, Mirihana and Udahamulla. Ethul Kotte and Pita Kotte are electoral divisions of the Sri Jayawardenapura - Kotte Municipal Council, while the two areas Mirihana and Udahamulla are electoral divisions of the Maharagama Municipal Council. Kotte health project area consists of urban and suburban communities (Figure 1).

Since 1952, the Department of Community Medicine, Faculty of Medicine, Colombo has been responsible for providing community health services for the people of the Ethul Kotte and Pita Kotte PHI areas. On the 1st of February 1974, the University Community Health Project (UCHP) was established with the addition of two more PHI areas, viz. Mirihana and Udahamulla. Since then, this project area has functioned as a separate health unit.

The office of the Medical Officer of Health (MOH) is situated at Pita Kotte, approximately six kilometers from the Faculty of Medicine, Colombo.

1.2 Objectives of the University Community Health Project

- To provide comprehensive health care services to the population of the area in keeping with the national health policies.
- To be a centre for field teaching and training in Community Medicine for medical undergraduates, postgraduates and para-medical personnel, with emphasis on providing learning experiences in the multi-disciplinary approach to the practice of Community Medicine.
- To be an “Experimental area" where research into new methods of administration, management, provision of health care, epidemiological and intervention research can be undertaken, so as to develop models of comprehensive health care.
- To be a "Field Laboratory” for all departments of the Faculty of Medicine in Colombo and the Department of Health Services.

1.3 Criteria Used in Selection of UCHP Area, Kotte

Factors that were taken into consideration in selecting the area were: the proximity of the area to the Faculty of Medicine, Colombo and the availability of satisfactory transport and communication facilities.

2. ADMINISTRATION, STAFF, BUILDINGS AND TRANSPORT

2.1 Administration

The Professor of Community Medicine, Faculty of Medicine, Colombo, serves as the Chief Medical Officer of Health of the area, on an honorary basis. The Medical Officer/s of Health are officials of the Department of Health Services and are responsible to the Director General of Health Services through the Provincial Director of Health Services (Western Province) and the Regional Director of Health Services, Colombo, for carrying out the community health services in the area.

2.2 Staff

2.2.1 Staff members comprising the Health Team:

- Chief Medical Officer of Health – Head of the Department of Community Medicine
- Medical Officers of Health, attached to the Department of Health Services;
- Academic staff of the Department of Community Medicine and post graduate trainees;
- Four Public Health Inspectors (PHI);
- Public Health Nursing Sister (PHNS);
- One Supervising Public Health Inspector (SPHI);
- One Supervising Public Health Midwife (SPHM);
- Registered Medical Officers;
- One senior instructor in social work attached to the Department of Community Medicine;
- Two medical laboratory technologists attached to the Department of Community Medicine;
- One laboratory attendant attached to the Department of Community Medicine;
- Two dental surgeons, Four dental Therapists and two assistants;
- One entomological assistant and one labourer;
- One clerk;
- Thirteen PHMMs appointed by the Department of Health Services;
- One Programme Assistant.
- Two labourers from the Municipal Council.

2.2.2 Other categories of staff

- Employees of the Department of Health Services;
  Drivers 01 Labourers 03

2.2.3 New Appointments (Permanent / Contract Basic)

Name	Designation	Date
Dr. Yasasvi Walpita	Lecturer	23.11.2017
Dr. Aruni Gallage	Probationary Lecturer	04.09.2017
Mr. M A N Prematilake	Labourer	01.07.2017
Mr. M H Y Siriwardane	Development officer	19.05.2017
Ms. P K G M Samuddhika	PHNS	20.09.2017
Mr. K D L M Kumarage	PHI	12.12.2017
Mr. J A A N Jayasinghe	PHI	14.12.2017

Transfers

Ms. K D Roshini Perera	Development officer	16.02.2017
Ms. R P J N K Rathnayake	PHNS	31.10.2017
Mr. K A D D A Kumara	PHI	26.12.2017

Resignations

- Nil -

Promotions

- Nil -

Retirements

- Nil -

2.3 Monthly Conferences

Monthly conferences were held at the Pita Kotte Health Centre. These were attended by the field health staff and the academic staff of the Department of Community Medicine and were chaired by the CMOH. The main objective of the conference is to assess and monitor the health services in the project area so as to improve their coverage and quality of service delivery.

Figure 2: Monthly conference at Kotte MOH

During the discussions, recommendations are made to correct any failures or weaknesses of the services in the area. Implementations of the recommendations are reviewed at the subsequent conferences.

2.4 Buildings

2.4.1 MOH Office, Pita Kotte

The MOH office Pita Kotte was refurbished in March 2012 by the Sri Jayawardenepura Municipal Council. The MOH office therefore has now a well-equipped and spacious clinic with a well ventilated waiting area, examination room and vaccination area. MOH office also had a refurbishment in the year 2014.

Figure 3: MOH office

2.4.2 Other Clinics in the Project Area

The Health Centres at Mirihana, Madiwela and Thalapathpitiya continue to function at the same sites as in 2016.

At the three Health Centres described above, primary health care services were provided to the population resident in the areas within the Municipal Council of Maharagama.

2.5 Transport

- Nil-

2.6 Funds

All drugs, stationary and equipment were obtained from the Ministry of Health. No funds were obtained from any foreign or international agencies.

3. DEMOGRAPHY

3.1 The area

The area is approximately 5 square kilometers in extent. The area is bordered by the MOH areas of Battharamulla and Nugegoda.

3.2 Facilities available

3.2.1 General

The area is well served with motorable roads. The public transport services within the area are satisfactory; hence the health centres within the project area are easily accessible. There is a post office at Ethul Kotte and sub-post offices at Pita Kotte, Beddagana, Madiwela, Mirihana and Thalapathpitiya.

Burial grounds are situated at Beddagana in the Pita Kotte PHI area, at the Thalapathpitiya Kanatta Road in the Uduahamulla PHI area and at Maligawa Road for the Ethul Kotte PHI area. The closest railway station is at Udahamulla, which is 2.4 k.m. away from the MOH office. Nugegoda serves as the main shopping centre for people in the area even though such facilities at Pita Kotte have shown a considerable improvement, in the recent years. Many modern supermarkets have established themselves in the Pita Kotte area.

3.2.2 Health

Several major hospitals with many specialist services can be conveniently reached by the people of the area. These include the National Hospital of Sri Lanka, Colombo South Teaching Hospital, De Soyza and Castle Street Maternity Hospitals, Lady Ridgeway Children's Hospital, Sri Jayawardanapura General Hospital and the Ayurvedic Hospital. There are ten General Practitioners in the area.

Since November 1995, the Municipal Council, Sri Jayawardenapura Kotte conducts a central dispensary at Angampitiya. The staff at the dispensary comprises of a Medical Officer (Grade I), RMO and two labourers, appointed by the Municipal Council, Sri Jayawardenapura Kotte and ministry of Health. Equipment and drugs are provided by the Department of Health Services. During the year 2017, a total of 15,690 outpatient visits have been recorded at this dispensary.
After renovation of the building at Madiwela, Primary Medical Care Unit was established whereby a Medical Officer and RMO conduct an out-patient clinic service. A total of 54,072 outpatient visits were recorded at this dispensary in 2017.

In the year 2017, 20,903 out patients visited the Mirihana central dispensary. The staff of this dispensary comprises of a Medical Officer and RMO, Dispenser and a Labourer appointed by the Ministry of Health.

3.3 Population and Vital Statistics

The estimated midyear population in the project area for the year 2017, as provided by the regional director of health services, (RDHS) Colombo is 67,283. The population reported by PHMM was 61,938.

Table 1 shows the distribution of the population of the project area among the public health inspector areas and PHM areas. In the year 2017, out of 13 PHMs, three PHM areas were vacant.

Table 2 gives some of the basic statistical data of the project area.

Accordingly,

- The birth rate and still birth rate were lower when compared with the latest available national level statistics. No maternal deaths were reported during the year 2017.
- Information on infant deaths was obtained through reports by PHMs. One infant death was reported during the year 2017.

Table – 1: Population by heath worker areas UCHP Kotte – 2017

DEVIDED HEALTH PHI AREAS	POPULATION	PHM AREAS	POPULATION
Etul Kotte	8038	Etul Kotte	5013
		Etul Kotte West	3025
Pita Kotte	11138	Pita Kotte	3382
		Pita Kotte East	3382
		Pita Kotte West	4374
Mirihana	23557	Mirihana North	5742
		Mirihana South	5688
		Madiwela	6189
		Pragathipura	5938
Udahamulla	19205	UdahamullaWest A	3783
		Udahamulla West B	3109
		Udahamulla East	5418
		Thalapathpitiya	6895
Total	**61,938**	**Total**	**61,938**

Table – 2: Demographic data in the University Community Health Project – Kotte area since 2012

BASIC STATISTICAL DATA	2013	2014	2015	2016	2017	Sri Lanka 2017**
Estimated midyear population	64783	64984	65936	66657	67283	20,966,000
No. of live births	706	665	623	586	517	334,821
Birth rate per 1000 midyear population	10.8	10.4	9.4	8.8	8.3%	16.00
No. of deaths	95	52	121	93	-	131,614
Death rate per 1000 midyear population	0.8	0.8	1.8	1.4	-	6.3
No of births in government hospitals	713	682	516	635	595	94.1
No. of Home deliveries	01	01	-	-	-	-
Deliveries without assistants	01	-	-	-	-	0.2
Percentage of home deliveries	-	0.01	-	-	-	-
No. of infant deaths	03	06	02	02	01	-
Infant mortality rate per 1000 live births	4.24	9.02	3.21	3.4	1.93	9.0010.
No. of deaths among pre-school children	02	-	03	01	-	113
No. of maternal deaths	-	-	-	-	-	-
Maternal death rate per 100,000 live births	-	-	-	-	-	33.833.
No. of still births	06	07	02	02	04	-
Still birth rate per 1000 live & still births	8.4	10.5	3.2	3.4	7.7	6.36

** Source – Annual Health Report – 2013, Family Health Bureau Statistics (website), 2015 Bulletin of vital statistics – RGD, DHS 2016

4. HEALTH CARE SERVICES

4.1 Family Health

4.1.1 Maternal Health Services

Maternal care is provided in the field through home visits by the Public Health Midwives (PHM) and at ante-natal clinics. During the home visits, PHMs register pregnant mothers, examine them and carry out appropriate educational activities. After delivery, the PHMs are expected to visit the mother at least twice during the first ten days.

The Ante-natal clinics schedule for the Kotte MOH area for the year 2017 is as follows:

- four clinics per month at the Pita Kotte health centre;
- two clinics per month at Mirihana health centre;
- four clinics per month at Madiwela health center.
- four clinics per month at the Thalapathpitiya health centre.

The ante-natal, family planning and child welfare clinics (CWC) at Pita Kotte serve the community of Ethul Kotte and Pita Kotte and are held once a week. These clinics are conducted by the Post Graduate Registrars from the Department of Community Medicine and are assisted by the PHNS and PHMs of the area. At this health centre, the services of laboratory technicians are available for the estimation of hemoglobin-levels and blood sugar levels of pregnant mothers.

At Thalapathpitiya and Madiwela, the ante-natal, family planning and child welfare clinics are held weekly and at Mirihana once in two weeks. These are conducted by the Medical Officer of Health or additional Medical Officer of Health assisted by the PHNS and the PHMs.

A total of 734 pregnant mothers have been registered by the midwives during the year 2017. Tables 3, 4 & 5 provide information related to these mothers.

Table 3 shows the Period of Amenorrhea (POA) at registration of the pregnancy of 734 of mothers according to parity by PHM areas.

Table – 3: Pregnant mothers registered according to the POA at registration, by PHM areas – 2017

PHM area	Less than 8 weeks	Between 8 and 12 weeks	More than 12 weeks	Total
Ethul Kotte	47	13	06	66
Ethul Kotte West	21	08	10	39
Pitakotte	17	13	02	32
Pitakotte East	19	06	09	34
Pitakotte West	21	04	19	44
Mirihana North	60	15	10	85
Mirihana South	36	13	13	62
Madiwela	44	20	19	83
Pragathipura	43	28	04	75
Udahamulla West A	25	11	06	42
Udahamulla West B	14	05	03	22
Udahamulla East	43	15	07	65
Thalapathpitiya	36	24	25	85
Total	**426**	**175**	**133**	**734**

Of all mothers, 58.3% (n=426) got registered before 8 weeks of POA. Only 18.1% (n=133) got registered after the completion of the first trimester. It was a good coverage on initiation of antenatal care for mothers.

Of the registered pregnant mothers, 734 visited local clinics 5 times or more (Table 4). It is likely that the group who did not attend clinics the field received care at the hospitals and from the private sector. The pattern of clinic attendance was similar among different parity groups.

Table – 4: Distribution of Ante-Natal Clinic visits at the time of delivery among mothers who have delivered in 2017 in Kotte university health project area

PHM area		Number of clinic Visits for Ante-natal Care to the field clinics				
		No clinic visits	1	2-5	5+	Total
Ethul Kotte	**No**	01	01	38	26	66
	%	1.5	1.5	57.6	39.4	100
Ethul Kotte West	**No**	0	02	21	16	39
	%	0	5.2	53.8	41.0	100
Pita Kotte	**No**	4	6	22	0	32
	%	12.5	18.8	68.7	0	100
Pita Kotte East	**No**	0	01	23	10	34
	%	0	3.0	67.6	29.4	100
Pita Kotte West	**No**	04	03	19	18	44
	%	9.0	6.8	43.2	41	100
Mirihana North	**No**	02	06	08	69	85
	%	2.3	7.1	9.4	81.2	100
Mirihana South	**No**	05	09	12	36	62
	%	8.1	14.5	19.3	58.1	100
Madiwela	**No**	03	06	29	45	83
	%	3.6	7.2	35	54.2	100
Pragathipura	**No**	0	03	13	59	75
	%	0	04	17.4	78.6	100
Udahamulla West A	**No**	11	0	06	25	42
	%	26.2	0	14.3	59.5	100
Udahamulla West B	**No**	08	01	05	08	22
	%	36.4	4.5	22.7	36.5	100
Udahamulla East	**No**	0	01	12	52	65
	%	0	1.5	18.5	80	100
Thalapathpitiya	**No**	5	6	17	57	85
	%	5.9	7.1	20	67	100
Total	**No**	43	45	225	421	734
	%	5.8	6.2	30.6	57.4	100%

Table 5 shows the distribution of parity at registration of antenatal mothers. Of them, 351 (47.8%) were primipara and 158 (21.5%) were mothers of parity 3 and above.

Table – 5: Distribution of Parity at registration of antenatal mothers by PHM area

PHM Area		Parity 1	Parity 2	Parity 3	Parity 4	Parity 5	Total
Ethul Kotte	No	32	20	10	3	1	66
	%	91	8.8	9.1	7.9	10	9
Ethul Kotte West	No	22	9	2	3	3	39
	%	6.3	4	1.8	7.9	30	5.3
Pita Kote	N	18	12	0	1	1	32
	%	5.2	5.3	0	2.6	10	4.4
Pita Kott East	No	22	8	4	0	0	34
	%	6.3	3.6	3.6			4.6
Pita Kotte West	No	17	19	8	0	0	44
	%	4.8	8.4	7.3			6
Mirihana North	No	41	28	13	3	0	85
	%	11.7	12.4	11.8	7.9		11.6
Mirihana South	No	39	17	5	0	1	62
	%	11.1	7.6	4.5		10	8.5
Madiwela	No	36	21	19	5	2	83
	%	10.3	9.3	17.35	13.2	20	11.3
Pragathipura	No	25	28	18	4	0	75
	%	7.1	12.5	16.4	10.5		10.2
Udahamulla West A	No	18	13	6	5	42	42
	%	5.2	5.8	5.5	13.2		5.7
Udahamulla West B	No	10	9	2	0	1	22
	%	2.8	4	1.8		10	3
Udahamulla East	No	30	19	9	6	1	65
	%	8.5	8.5	8.2	15.8	10	8.8
Thalapathpitiya	No	41	22	14	8	0	85
	%	11.6	9.8	12.7	21		11.6
Total	**No**	**35**	**225**	**110**	**38**	**10**	**734**
	%	**100**	**100**	**100**	**100**	**100**	**100**

Table 6 shows the distribution of mothers who delivered during 2017 by age.

Majority (602, 82%) of the mothers who delivered were more than 25 years of age (602, 82%). It should be noted that 23 (3.1%) mothers were less than 19 years of age.

Table – 6: Pregnant Mothers who delivered during 2017 by age categories

PHM Area	≤ 19y	20–25y	>25->30y	Total
Ethul Kotte	5	13	48	66
Ethul Kotte West	1	5	33	39
Pita Kotte	1	6	25	32
Pita Kotte East	0	3	31	34
Pita Kotte West	1	3	40	44
Mirihana North	2	13	70	85
Mirihana South	2	13	47	62
Madiwela	1	7	75	83
Pragathipura	4	10	61	75
Udahamulla West A	5	7	30	42
Udahamulla West B	1	4	17	22
Udahamulla East	0	12	53	65
Thalapathpitiya	0	13	72	85
Total	**23**	**109**	**602**	**734**

Of the 734 pregnant mothers, 607 (82.7%) received either 2 doses of tetanus toxoid or a booster dose from the government sector. Data was obtained at the time of delivery. Thus table 7, does not include mothers who got their vaccination from private sector and the group who left the area after obtaining the vaccine.

Table – 7: Immunization with tetanus toxoid for pregnant mothers given from government sector in 2017 (at the time of delivery)

PHM Area	No of mothers who had tetanus coverage	Deliveries reported	%
Ethul Kotte	51	51	100
Ethul Kotte West	17	17	100
Pita Kotte	32	32	100
Pita Kotte East	29	29	100
Pita Kotte West	44	44	100
Mirihana North	63	63	100
Mirihana South	59	62	95.2
Madiwela	64	64	100
Pragathipura	59	59	100
Udahamulla West A	34	35	97.2
Udahamulla West B	19	19	100
Udahamulla East	52	52	100
Thalapathpitiya	84	85	98.8
Total	**607**	**612**	**99.2**

4.1. 2 Lab Work

Figure 4: Lab work at Kotte

Mrs. Siyani S. Batagoda, staff technical officer and Mrs. G.G Nisansala Sankalpani, Trainee technical officer with laboratory attendant from the Department of Community Medicine, Faculty of Medicine, University of Colombo provide laboratory services at the Poly clinic at Pita Kotte every Thursday. The investigations offered are Glucose Challenge Test (GCT), Random Blood Sugar (RBS) and Hemoglobin (Hb) estimations of antenatal and postnatal mothers. Except for Hb, where the estimations are done using the Haemoglobin analyzer and the reports are given at the clinic itself, the blood samples for the other investigations are brought to the laboratory of the department and are analyzed using the Semi Auto Analyzer in the department.
Following tables gives the summary of results of GCT, RBS and Hb estimations done at the clinics:

Table 8: Results of assessment of Glucose Challenge Test (GCT) carried out in pregnant mothers attending antenatal clinic at Pitakotte 2017

Blood Sugar level of GCT (mg/dl)	Number	%
<140	63	88.7
≥140	07	9.8
>200	01	1.4
Total	71	100

Among the pregnant mothers whose glucose levels were assessed using GCT in 2017, 63 (88.7%) had their blood sugar levels below 140 mg/dl. Six mothers (9.8%) had their blood glucose levels above 140 mg/ml indicating that they are having gestational diabetes mellitus. There was one pregnant mother whose blood sugar level was above 200 mg/dl.

Table 9: Hemoglobin levels (Hb) of pregnant mothers attending antenatal clinic at Pita Kotte- 2017

Hb range (g/dl)	Number	%
<7	Nil	-
7-9	3	1.7
9-11	39	22.1
≥11.1	134	76.1
Total	176	100.00

Hemoglobin levels were checked for 176 pregnant mothers who attended the clinics in 2017. Their results are presented in table 9. Forty two mothers (23.8%) who had their hemoglobin levels between 7-11 g/dl were considered moderately anemic and were managed in the field clinic. Majority (76.1%) were normal as they were having a hemoglobin level greater than 11 g/dl. There were none who were severely anemic (<7 g/dl).

Table 9A: Results of Assessment of Random blood sugar levels carried out on pregnant mothers attending antenatal clinic at Pita Kotte- 2017

Random blood sugar (RBS) mg/dl	Number	%
Normal (<100)	49	70
Impaired Glucose Tolerance (100.1-126)	20	28.5
Diabetic range (>126)	01	1.4
Total	70	100

*Two pregnant mothers who attended Suwanari clinic had their RBS between 100.1-126.

Random blood sugar test performed on 70 pregnant mothers showed that in majority i.e. 49 (70%) the blood sugar levels were normal. Twenty (28.5%) showed an impaired glucose tolerance. Only one mother had the blood sugar level in the diabetic range (>126).

4.1.3 Family Planning Services

Family planning service is an integral component of the Family Health Programme. Carrying out the family planning programme is a collective responsibility of the health team.

Discussions are held and educational programmes are conducted for groups of mothers who attend the ante natal clinics, regarding family planning methods. The medical officers discuss individual needs of mothers during clinic visits, at antenatal clinics as well as at child welfare clinics. Even though husbands are encouraged to attend the clinics, their participation is poor.

The entire range of temporary contraceptive methods is available at the family planning clinics. In addition, the PHM provides oral contraceptive pills and condoms in the field.

Table 10 shows the number of new acceptors of family planning methods by health project divisions. This information was obtained from the monthly statements of the public health midwives.

Compared to 2016, there was a decrease in the proportion of women who accepted modern methods Oral Contraceptive Pills (OCP), LRT, injectables and implants. There was an increase in using IUCDs. A Comparison between health project areas indicates that the percentage of oral contraceptive use was lowest in the Ethulkotte and PitaKotte areas. Injectables and IUCDs were the most commonly used contraceptive method in 2016 and while Injectables, condoms and LRT were the most commonly used contraceptive methods in 2017 in the Kotte UCHP area.

Table - 10: Family planning methods used by new acceptors by divided health areas – 2017

Methods	Pitakotte		Mirihana		Udahamulla		Total	
	No	%	No	%	No	%	No	%
OCP	10	8	11	8.1	4	6.8	25	7.8
IUCD	19	15.2	35	25.5	9	15.3	63	19.6
Injectables	18	14.4	30	21.9	20	33.8	68	21.2
LRT	15	21.7	36		10	17	9	2.8
Vasectomy	-	-	-	-	-	-	-	-
Implant	07	5.6	8		11	18.6	54	16.8
Condoms	56	44.8	16	11.6	5	8.5	77	24
TOTAL	**125**	**100**	**137**	**100**	**59**	**100**	**321**	**100**

Source: Annual Health Statistics Sri Lanka

1. LRT = Ligation & Resection of Tubes 2. IUCD = Intra Uterine Contraceptive Device

The number of new acceptors by itself is inadequate to monitor, evaluate and plan family planning services and must be used along with the prevalence rate . Since the latter rate is not readily available from the present records, the rate was obtained from data gathered at the monthly random field surveys. The surveys carried out in 2017 showed that, of the 109 eligible females on whom information was available, 62 (56.8%) practiced a modern method of family planning and an additional 10 (9.17%) no information, compared to 43% practicing modern methods and 13 (11.3%) practicing traditional methods in 2016. The data for the year 2017 is presented in section 5 under "Monthly Random Field Surveys" (Table 37).
Recheck AJ

4.1.4 Child welfare services

These services are provided in the field through home visits by public health midwives Child Welfare C (CWC) Newborns should be seen at home at least two times during the first ten days in case of institutional deliveries. During these visits, the PHM registers the newborn and gives the first appointment to bring the child to the post natal clinic in the area. Newly infants are provided with a Child Health Development Record (CHDR) if they were not

provided a CHDR at birth from the hospital and the detachable part (Part B) is kept with PHM. The CHDR contains information on the child's growth, development, immunization and infant feeding.

The for the population in Ethul Kotte and Pita Kotte are held once a week and are conducted by the medical officers from the Department of Community Medicine. In 2008, ante-natal clinics, family planning clinics and child welfare clinics were integrated into poly clinics.

The clinics at Madiwela, Mirihana and Talapathpitiya are held once a week. They are conducted by the Medical Officer of Health, Kotte with the help of the field health staff of the respective areas.

The number of poly clinics held each month in the area is as follows:

PHM areas	Health centre	No of Clinics per month
• Ethul Kotte & Pita Kotte	Pita Kotte	4
• Mirihana	Mirihana	2
• Madiwela	Madiwela	4
• Thalapathpitiya and Udahamulla	Thalapathpitiya	4

Table – 11: Numbers of child welfare clinics held, and attendance according to divided health project areas - 2017

	Pitakotte	*Mirihana*	*Madiwela*	*Thalapathpitiya*
No. of clinic sessions	24	06	12	42
Average Attendance (Infant & pre school) per quarter	708	2955	1590	5253
Average Attendance pre clinic session	29.5	49.2	13.2	91.9

Children are weighed once a month up to 2 years of age and once in 3 months thereafter. But if there is a need this is done more frequently. At each visit, a brief history is obtained from the mother regarding feeding, milestones, general health and immunization. The number of clinics held for the year 2017 and the number of children who visited the clinics and the average attendance per clinic are given in table 11.
The average clinic attendance per clinic session was 91.9 children per session. (Table 11).

4.1.5 Well women clinics

Since 2002, Well Women Clinics have been conducted once a month at all four clinic centers; on the first wednesday of the month at the Pita Kotte health centre, second wednesday of the month at the Madiwella health centre, third wednesday of the month at the Mirihana Health centre and the fourth wednesday of the month at the Thalapathpitiya Health centre.

The Medical Officer of Health conducts the clinic with the assistance of the PHNS and the PHM of the area. The following activities are carried out in respect of each attendee.

- General physical examination
- Blood pressure measurement
- Breast examination and training for self – examination
- Testing of urine for reducing substances
- Cervical examination and PAP smear
- Education on: nutrition, family planning, STD/AIDS and menopause.

Clinic attendance and services provided are given in Tables 12 and 13. During the year 2017, 403 women attended to the well women clinic. Among all attendees 72.4% were in the age group of 35 years or less. It must be noted that the attendance per clinic is low, and it is therefore important for the PHM to encourage the participation of women in the target age group.

Table – 12: Number of women attending well women clinics by age in the UCHP area – 2017

Quarter of the year	*Age Distribution (years)*		*Total*	*Cumulative percentage*
	≤35	*>35*		*%*
1st Quarter	28	20	48	11.91
2nd Quarter	33	35	68	28.78
3rd Quarter	24	28	52	41.68
4th Quarter	207	28	235	99.99
Total	**292**	**111**	**403**	

Well women coverage for age 35 year old cohort is 54.2 % and measures are being taken to improve their participation in 2017. (Target population = 553)

Table – 13: Number and percentage coverage of well women in 35 years age cohort by PHM area in 2017

PHM Area	WWC Target No	No received WWC services from the target	% coverage of the 35 year age cohort
Ethul Kotte	37	28	75.7
Ethul Kotte West	21	6	28.6
Pita Kotte	33	10	30.3
Pita Kotte East	32	27	84.3
Pita Kotte West	32	25	78.1
Mirihana North	57	33	57.8
Mirihana South	55	31	56.3
Madiwela	54	37	68.5
Pragathipura	52	17	32.7
Udahamulla West A	35	20	57.1
Udahamulla West B	31	7	22.6
Udahamulla East	54	24	44.4
Thalapathpitiya	60	35	58.3
Total	**553**	**300**	**54.2**

4.1.6 School Health

There are seven (7) schools within the UCHP area, four (4) in the PHI areas of Ethul Kotte and Pita Kotte, one (1) in the PHI area of Mirihana and two (1) in the Udahamulla PHI area. School medical inspections are usually held on Fridays. All the students were examined in the schools which had less than 200 students, and students in grades 1, 4, 7 and 10 are examined in other schools.

PHIs are responsible for arranging school medical inspections in their areas. School medical inspections were conducted by the Medical Officer of Health with the participation of medical officers from Department of Community Medicine. Other members of the health team assist the PHI in carrying out the school health activities. Minor health defects detected in the children were treated during this activity.

Some children with defects were referred to the CWC and polyclinics in MOH area as a special university community health project, where they were treated. Children with dental defects were referred to the school dental clinics in the Kotte area and also to the Thalapathpitiya dental clinic. Other defects which cannot be treated in the clinics in the community health project area were referred to the relevant specialist clinics at hospitals.

A total of 2284 children were examined and of them 214 children were found to have defects. The most frequently observed defect was underweight, which was reported in 38.3% of children. Several children had more than one defect. (Tables 14 & 15)

Table – 14: School medical inspection activities in the community health project Kotte – 2017

Name of School	*Target No. of children*	*Total no examined*	*Percentage examined*	*No of children with defects*	*Percentage Defects (%)*
Siddartha Vidyalaya Udahamulla	73	71	97.3	8	11.3
Stanly Tilakaratne Vidyalaya	130	122	93.8	21	17.2
Sri Rahula Vidyalaya	123	119	96.7	27	22.7
Ananda Shastralaya	791	754	95.3	18	2.4
CMS Boys School	490	457	93.3	30	6.6
CMS Girls School	519	451	86.9	57	12.6
St Tomas College	374	310	82.9	53	16.8
Total	2500	2284	91.4	214	9.4

Table – 15: Defects detected among children at school medical inspections – 2017

Defects detected among children at school medical inspections	*No. referred*	*Percentage (%)*	*No. followed up*	*Percentage of followed up (%)*
Under weight	109	38.4	109	100
Anaemia	-		-	
Defective vision	18	6.3	18	100
Behavior problems	4	1.4	4	100
Learning difficulties	-		-	
Heart disease	27	9.5	27	100
Scabies	-		-	
Dental caries	94	33.1	94	100
Gingivitis	2	0.7	2	100
No. of children stunted Over weight	8	2.8	8	100
Paediculosis	22	7.7	22	100
Malocclusion	-		-	
Total	**284**	**100.0**	**284**	**100**

Table – 16: National Immunization Schedule Sri Lanka 2017

NATIONAL IMMUNIZATION SCHEDULE - SRI LANKA

NATIONAL IMMUNIZATION PROGRAMME

FIRST YEAR OF LIFE

0-4 Weeks	BCG	Preferably within 24 hours of birth (Before leaving hospital) If a scar is not present 2nd dose could be offered after 6months, upto 5 years

On completion of :

2 Months	OPV & Pentavalent (DTP-HepB-Hib) (1st dose) fIPV (Fractional IPV) (1st dose)	For a defaulter or for an un-vaccinated child minimum of 6-8 weeks gap between doses is adequate
4 Months	OPV & Pentavalent (DTP-HepB-Hib) (2nd dose) fIPV (Fractional IPV) (2nd dose)	
6 Months	OPV & Pentavalent (DTP-HepB-Hib) (3rd dose)	
9 Months	MMR (1st Dose)	

SECOND YEAR OF LIFE

On completion of :

12 months	Live JE
18 months	OPV & DTP (4th dose)

PRE-SCHOOL AGE

On completion of :

3 years	MMR(2nd Dose)

SCHOOL- GOING AGE

On completion of :

5 years	OPV & DT (5th dose)	
10 years (Grade 6)	HPV (1st Dose)	
	HPV (2nd Dose)	6 months after 1st dose
11 years (Grade 7)	aTd (adult Tetanus diphtheria) (6th dose)	

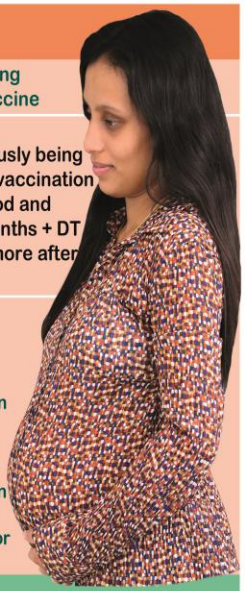
FEMALES IN THE CHILD-BEARING AGE

15-44 years	Rubella containing vaccine (MMR)

One dose of MMR vaccine should be given to all females between 15 and 44 years of age, who have not been vaccinated with rubella containing vaccines earlier

PREGNANT WOMEN — Tetanus Toxoid

No documented evidence of previously being vaccinated with Tetanus Toxoid containing vaccine		With documented evidence of previously being vaccinated with Tetanus Toxoid containing vaccine
1st Dose	1st Pregnancy, after 12 weeks of POA	One booster dose of Tetanus Toxoid (TT) is indicated during 1st pregnancy, with a written evidence of previously being vaccinated with 6 doses of Tetanus Toxoid containing vaccination as per National Immunization schedule during childhood and adolescence (3 doses of DTP in infancy + DTP at 18 months + DT at 5 years + aTd at 11 years) and a gap of 10 years or more after the last Tetanus Toxoid containing vaccination
2nd Dose	1st Pregnancy,6-8 weeks after the 1st Dose	
3rd Dose	2nd Pregnancy, after 12 weeks of POA	
4th Dose	3rd Pregnancy, after 12 weeks of POA	
5th Dose	4th Pregnancy, after 12 weeks of POA	



Tetanus Toxoid is not indicated :

1. Mothers already received 5 doses of Tetanus Toxoid during previous pregnancies are protected and do not need further Tetanus Toxoid vaccination for the present pregnancy

2. Mothers already received 6 doses of Tetanus Toxoid containing vaccination according to the National Immunization Schedule and if the gap between the last Tetanus Toxoid containing immunization and the present pregnancy is less than 10 years, are protected and do not need further Tetanus Toxoid vaccination for the present pregnancy

3. Mothers already received 6 doses of Tetanus Toxoid containing vaccination according to the National Immunization Schedule during childhood and adolescence and have received at least 1 booster dose of Tetanus Toxoid during pregnancy or due to trauma within last 10 years, are protected and do not need further Tetanus Toxoid vaccination for the present pregnancy

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH NUTRITION AND INDIGENOUS MEDICINE

4. 1. 6. 1 Immunization for Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B, Poliomyelitis and Measles

Table – 17: Immunizations received by children born in 2017 in the UCHP area Kotte

Immunization	Areas in UCHP													Total	Annual Health Statistics in Sri Lanka 2017
	Ethul Kotte & Pita Kotte					Mirihana & Madiwela				Udahamulla & Talapathpitiya					
	Etul Kotte	Etul Kotte West	Pita Kotte	Pita Kotte East	Pita Kotte West	Mirihana North	Mirihana South	Madiwela	Pragathipura	Udahamulla West A	Udahamulla West B	Udahamulla East	Thalapatpitiya		
B.C.G.															
Number due	47	18	33	30	44	62	66	61	56	39	25	46	91	618	
Number given	47	18	33	30	44	62	66	61	56	39	25	46	91	618	
%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	95%
Penta and OPV 1st Dose															
Number due	46	18	33	25	44	64	66	61	56	38	31	46	94	622	
Number given	46	18	33	25	44	64	66	61	56	38	31	46	94	622	
%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	96%
Penta and OPV 2nd Dose															
Number due	43	15	33	21	44	66	55	60	54	33	25	45	73	567	
Number given	43	15	33	21	44	66	55	60	54	33	25	45	73	567	
%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	96%
Penta and OPV 3rd Dose															
Number due	41	13	32	17	42	65	61	58	56	33	30	43	77	568	
Number given	41	13	32	17	42	65	61	58	56	33	30	43	77	568	
%	100	100	100	100	100	100	100	100	100	100	100	100	100	99.0	96%
LJE															
Number due	47	27	34	44	43	61	57	64	48	36	34	44	80	619	
Number given	47	27	34	43	43	59	56	62	45	35	33	40	80	604	
%	100	100	100	98	100	97	98.2	98.8	93.7	97.2	97	91	100	97.6	96%
MMR 1															
Number due	46	31	36	13	42	65	57	68	52	34	33	42	58	577	
Number given	46	31	35	13	42	65	57	68	52	34	33	42	58	576	
%	100	100	97.2	100	100	100	100	100	100	100	100	100	100	99.8	95.1%
MMR II															
Number due	59	31	28	39	53	89	55	66	51	44	32	46	82	675	
Number given	55	31	26	39	53	89	55	66	51	44	32	46	81	668	
%	100	100	93	100	100	100	100	100	100	100	100	100	99	99	99%
DT															
Number due	52	42	53	42	48	70	54	59	49	43	23	51	84	670	
Number given	52	42	51	40	48	70	54	56	46	43	23	48	83	656	
%	100	100	96.2	95.2	100	100	100	95	94	100	100	94.1	99	98	97%
DPT															
Number due	57	32	38	40	52	74	48	60	48	37	36	53	76	651	
Number given	57	32	36	40	52	74	48	60	48	37	36	53	75	648	
%	100	100	94.7	100	100	100	100	100	100	98	100	100	98.6	99.5	96%

Table 17 shows the number of children born in each PHM area in the year 2017 who received their immunization according to the schedule given above. This information is based on the Birth and Immunization Register maintained by the midwives.

In the majority of PHM areas, the coverage of all primary immunizations during infancy and pre- school periods was above 90%.

4.1.6.2 aTd for school children

Vaccinating school children in the age group 12 years with aTd commenced in January 2001. 600 Children were given the aTd vaccine in the year 2017.

Table – 18: Atd immunization received by school Children - 2017

Name of school	Target no of Children in Gr 7 in 2017	No of Children who received vaccine	Vaccine Coverage
Ananda Shastralaya	217	208	**95.9**
CMS Boys	136	132	**97.0**
CMS Girls	150	144	**96.0**
St Thomas College	98	86	**87.8**
Siddartha Vidyalaya	21	20	**95.2**
Sri Rahula Vidyalaya	11	10	**90.9**
Total	**633**	**600**	**94.8**

4.1.6.3 School dental health services

School dental health services are available in all seven schools in the area. A total of 2344 children were treated at the school dental clinics. The details are given in Table 19.

Table – 19: Number of children treated through the school dental health programme by schools – 2017

Name of School	*No. of Children treated by school dental clinics*			*Total*
	Grade I	Grade 4	Grade 7	
Ananda Balika Vidyalaya	137	152	186	475
Ananda Sastralaya	178	180	210	568
St. Thomas College, Kotte	57	119	95	271
Siddhartha Vidyalaya Talapathpitiya	12	29	34	75
Stanley Tilakaratne Vidyalaya	23	35	34	92
Sri Jayawardanepura Balika Vidyalaya	85	142	147	374
Sri Jayawardanepura Boys School	108	113	137	358
Rahula Vidyalaya	98	18	15	131
Total	**698**	**788**	**858**	**2344**

*Ananda Balika Vidyalaya is situated in the Nugegoda MOH area but the school dental health activities are carried out through the MOH Kotte.

During the year 2017, there were two dental therapists in the area attached to the Sri Jayawardenapura Balika Maha Vidyalaya dental clinic. School dental clinics were held at the Sri Jayawardenapura Balika Maha Vidyalaya and Sri Jayawardenapura Boys school in which grade one, four and seven children were examined and treated. In these schools, a majority of children in grade two, three, five, six and eight were also examined and treated as necessary.
Another two dental therapists provided their services to the Siddhartha Vidyalaya and Stanley Tilakaratne Vidyalaya. A summary of the work carried out by the school dental clinics are given in Table 20.

Dental health education programmes were conducted for the grade one, four and seven children as well as their parents and teachers in the Sri Jayawardenapura Balika Vidyalaya.

Table – 20: Summary of dental health services in UCHP- 2017

Services	*Number of children seen at school dental clinics*	*%*
Number of temporary fillings	295	**14**
Number of dental fillings	1474	**70.1**
Number of extractions	-	**-**
Number of dental scalings	334	**15.9**
Total number treated	**2103**	**100**

4.1.6.4 Dental clinic at Thalapathpitiya

The dental clinic at Talapathpitiya provides services to school children as well as to adults from 8.30 a.m. to 3.00 p.m. on Mondays and Fridays and from 8.30 a.m. to 12.00 noon on Saturdays. It provides services mainly to pregnant mothers on Wednesdays. This clinic is run by a dental surgeon.
As shown in Table 21, a total of 3209 visits were recorded at this Dental Clinic, during the year 2017.

Table – 21: Summary of work carried out at the dental clinic Thalapathpitiya – 2017

SUMMARY OF WORK	*Number*	*%*
No of pregnant mothers	78	2.4
Total No. of extractions	342	10.6
Total No of restorations	2789	87
Total No. of patients	**3209**	**100%**

4.1.6.5 Dental clinic at Madiwela

In addition to the community dental clinic Thalapathpitiya, another dental clinic was started at Madiwala from September 2006 onwards. It is opened on Tuesdays and Thursdays hence, the community dental clinic/Thalapathpitiya has to be closed on those days (Table 22).

Table – 22: Summary of work carried out at the dental clinic Madiwela – 2017

SUMMARY OF WORK	*Number*	*%*
No of pregnant mothers	183	3.8
Total No. of extractions	1050	21.4
Total No of restorations	3676	74.8
Total No. of patients	**4909**	**100%**

4.1.7 Well person clinic

Suwadivi piyasa

Non communicable diseases have become a priority issue when discussing current health concerns among Sri Lankans. There is an upward trend of the reporting of heart attacks, high blood pressure, diabetes and strokes etc, and increasingly such diseases are reported among the young adults. These diseases do not have a permanent cure and the best possible solution identified by the experts is to prevent acquiring the disease by lifestyle changes through addressing of risk factors.

With the above objective the Medical Officer of Health Kotte, in collaboration with the Community Medicine Department of the Faculty of Medicine, University of Colombo conducts a healthy lifestyle promotion work shop every first Saturday of the month through the healthy lifestyle center named "Suwadivi Piyasa". This programme was initiated in year 2011 and had been serving thousands of people in the Pitakotte Medical Officer of Health area over the last 4 years.

The programme is mainly aimed at preventing diabetes, strokes, cancers and psychiatric illnesses by addressing the principle risk factors namely high blood pressure, high blood glucose levels, high cholesterol level, unhealthy diet, lack of physical exercise, smoking and alcohol and mental stress. The programme provides resources to control above risk factors through active participation of community members. Currently the programme has been upscaled to outreach centers away from the MOH office too.

Figure 6: Well person clinics

4.2 Control of communicable diseases

Table 23 shows the number of cases of communicable diseases, which were notified during the year 2017. According to the Notification Register maintained by the MOH, there were 946 notifications. Dengue fever contributed to 915 (96.4%) of the notifications and tuberculosis accounted for 14 (1.5%) (Table 23).

Table – 23: Notifications received on communicable diseases by PHI areas – 2017

Notifiable Disease	*No*
Bacillary dysentery	6
Chickenpox	4
Dengue Fever	915
Measles	0
Leptospirosis	3
Leprosy	4
Tuberculosis	14
Typhoid	0
Total	**946**

The notified cases of pulmonary tuberculosis in the project area from 2007 to 2017 are given in Table 24. The rate of pulmonary tuberculosis was 22.6 per 100,000 population of the project area in 2017. It must be noted that the TB notifications per 100,000 populations have increased during this year.

Table – 24: Number of reported cases of pulmonary tuberculosis 2007-2017

Year	*Number*	*Rate per 100,000 population in Project Area*	*Rate per 100,000 * population in Sri Lanka*
2007	05	10.2	45
2008	20	41.1	46.9
2009	29	48.9	48.4
2010	19	33.6	NA
2011	20	35.0	NA
2012	10	16.8	NA
2013	18	30.8	NA
2014	06	9.2	NA
2015	32	51.5	NA
2016	21	35.7	
2017	14	22.6	

* Annual Health Statistics 2007
NA – Not Available

Of all diseases notified in 2017, 98.5% were investigated within 7 days of notification. However, information on disease notifications was not available from Ethulkotte PHI area.

Table – 25: Timely investigation on notifiable diseases in the MOH area - 2017

PHI area	No of notifications received	No investigated within 7 days	% investigated within 7 days	No Cannot be traced
Mirihana	542	542	100	-
Udahamulla	115	101	87.8	14
Pitakotte	298	298	100	-
Ethulkotte	-	-	-	-
Total	955	941	98.5	

4.2.1 Rabies control activities

Table – 26: Rabies control activities - 2017

Rabies control activities	Number
Mirihana	442
Udahamulla	399
Pitakotte	21
Total	**862**

4.2.2 Entomological investigations in Kotte area

One entomological assistant and one mosquito collector was attached to the entomological unit in the Kotte MOH area during the year 2017. The details of the entomological activities carried out in the project area in 2017, as a component of the filariasis control programme are given in table 26. Filariasis infection rate was not indicated for Kotte area but for Colombo RDHS division, which was 0.17%. In the year 2017 filariasis activities were carried out only from January to September.

Table – 27: Summary of data on investigations on filariasis vector - 2017

Data on routine investigations	*Pitakotte MOH area*	*Colombo RDHS division*
No of premises examined	160	1676
No of filariasis vector	135	1619
vector density (catch /men hour)	9	8.4
No of mosquitoes dissected	135	1590
No of infected mosquitoes	0	0.07
Infection rate (%)	0	0.44

4.2.3 Dengue vector (larval) surveillance data

Dengue control activities in the Pita Kotte MOH area are carried out by its entomological unit. These activities include the entomological surveillance programme carried out in selected localities in the Pita Kotte MOH area (Table 27).

Table–28A: Dengue Entomological surveillance summary data and estimated indices – 2017 (Survey done by the Entomological Unit Kotte)

Month	*No of G N Divisions inspected*	*No of premises inspected*	*No of premises positive for Ae=p*	*No of containers inspected*		*No of containers positive for Ae=bpx*	*Estimated combine indices*		
				wet	*Dry*		PI	CI	BI
January	12	300	25	176	303	30	9	17	10
February	12	300	15	156	327	16	5	10.3	5
March	12	300	40	320	64	52	13	16.3	17
April	12	300	34	231	27	44	11	19	15
May	10	325	23	202	37	25	7	12.4	8
June	11	350	56	341	143	92	16	27	26
July	12	300	27	277	140	37	9	13.4	12
August	12	300	8	201	195	9	3	4.5	3
September	12	300	31	480	94	37	10	7.7	12
October	10	250	44	338	98	54	18	16	22
November	12	300	42	380	137	52	14	13.7	17
December	12	300	21	158	192	22	7	13.9	7
Total	**139**	**3,625**	**366**	**3260**	**1757**	**470**			

PI: Premises Index
CI: Container Index
BI: Breteau Index

Table – 28B: Description of different types breeding sites in Pitakotte MOH area - 2017

Breeding site	Relative abundance of different types breeding sites from total inspected (%)	Percentage of positive containers for Aedes from same type containers (%)	Relative abundance of positive breeding site for Aedes (%)
Water storage	4.0	10.6	3.1
Concrete slab	2.0	13.1	1.9
Roof gutter (limited inspected)	4.7	19.6	6.6
Discarded (non degradable)	19.2	19.3	26.5
Discarded (degradable)	4.9	11.9	4.2
Ornamentals	8.2	11.5	6.8
Temporary remove items	29.1	13.4	27.9
Tyre	1.9	21.1	2.8
Covering item (polythene/other)	5.3	18.7	5.2
Pet feeding cup	8.0	2.5	1.4
Natural (leaf axil/treehole/bamboo stamp)	4.85	15.5	5.4
Containers with something	2.5	21.1	3.8
Non use cisterns/commode/squatting fan	1.6	20.8	2.3
Refrigerator tray	2.3	7.0	1.2
Other (Wet cement floors,fence with open poles, Earth pipe,on the compose bin, container under sink,cement pit, drain, well)	1.5	11.1	0.9

4.3 Environmental sanitation

4.3.1 Housing

The Housing and town improvement ordinance is enforced in all PHI areas. Hence all building applications and plans should be forwarded by the respective local authority to the Medical Officer of Health who ensures that they comply with the provisions of the ordinance.

Howerver since 1990, the Sri Jayawardenapura Kotte Municipal Council has discontinued this practice as it employs its own Technical Officers and the Maharagama Pradesiya Saba forwards the building applications to the PHI only to obtain certificates of conformity.

4.3.2 Water Supply

The Pita Kotte and Ethul Kotte areas are supplied with pipe-borne water by the Sri Jayawardenapura Kotte Municipal Council. Those who do not have access to pipe-borne water supply rely on private wells and the community stand pipes.

Some PHI areas such as Udahamulla, Mirihana and Madiwela are supplied with pipe-borne water while others rely on private wells.

4.3.3 Sewage Disposal

A majority of households in the Kotte Municipal Council area have water-sealed latrines.

4.3.3.1 Activities on food and water sanitation

Food sampling coverage was 94.4% from the target number of 72 samples per year. Coverage for water quality surveillance was 83.3%. However, no food sampling or water quality surveillance were performed at PHI area Ethulkotte.

Table 29 – Activities on food and water sanitation by PHI areas

	Food sample			**Water quality surveillance**		
	Target number	**No of samples taken**	**% of the target**	**Target number**	**No of samples taken**	**% of the target**
Mirihana	24	19	79.2	24	16	66.6
Udahamulla	24	24	100	24	23	95.8
Pitakotte	24	24	100	24	21	87.5
Ethulkotte	Vacant area					
Total	72	68	94.4	72	60	83.3

Majority of food handling establishments in the MOH area were classified as Grade B (75.3%). Improving the number of establishments in Grade A is a huge task ahead for PHII in 2017.

Table 29 A – Distribution of graded food handling establishment by PHI areas

PHI area	Grade A	Grade B	Grade C	Total
Mirihana	01	18	12	31
Udahamulla	02	34	04	40
Ethulkotte	Vacant area			
Pitakotte	02	46	11	59
Total	05	98	27	130

4.3.4 Refuse Disposal

Refuse Disposal is done by Kotte Municipal Council, with the help of Abans Ltd.

The scavenging service of the Pradesiya Saba, Maharagama is responsible for the disposal of all solid waste in the Udahamulla and Madiwela areas.

4.4 Licensed Trades

The licensing authorities for trade in the Kotte area are the Municipal Council, Kotte and the Pradesiya Saba, Maharagama. All trade applications should be referred to the MOH, Kotte, for recommendations.

The trades in the area include aerated water manufactories, bakeries, eating houses, dairies, tea and coffee boutiques, meat, fish and vegetable stalls. It is a requirement for all these trades to be inspected by the PHIs of the respective areas to ensure cleanliness of buildings and utensils, proper storage, food preservations, food handling, and personal hygiene of the employees. Licensing is done by the local authority. The shortcomings observed by the PHIs are informed to the head of the local authority with recommendations for remedial measures. Mayor of the Sri Jayawardenapura Kotte Municipal Council serves notices on the owners under the relevant by-laws, indicating the recommendations of the MOH, and a time limit is stipulated to comply with the requirements of the notices. Subsequently, the PHIs submit a report on the action taken to rectify or improve the existing conditions and bring them into conformity with the existing by-laws. Those that conform to the standards laid down are recommended an issue of a license while defaulters are followed up with legal action.

However, it is regrettable that the above procedure is not followed at present in issuing trade licenses. The application forms are sent directly to the local authority, by-passing the MOH.

4.4.1 Industrial Establishments

The number of industries classified according to the Sri Jayawardenapura Kotte Municipal Council by-laws and registered for the year 2017 with the Sri Jayawardenapura Kotte Municipal Council, Kotte is given in Table 30.

Table – 30: Number of Industries by type – 2017

Trades	*Number*
Dangerous Trades	
Printing, publishing & allied industries	08
Tailoring & manufacture of finished garments	14
Sale of timber & timber stores	02
Sale of empty bottles and old papers	02
Paint stores	05
Fuel filling stations	02
Total	**33**
Offensive Trades	
Sales of household furniture	04
Manufacture and sale of cement and asbestos products	14
Manufacture of plastic / polythene products	04
Curtain and cushion works	02
Sale of glass and picture framing Packing of joss-ticks	04 01
Bakeries	05
Salons	11
Total	**45**
Dangerous and offensive Trades	
Laundries	05
Manufacture and repair of electrical items	09
Lathe machines and welding workshops	08
Repair of motor vehicles	08
Manufacture and fabrication of metal and metal products	06
Sale of tires and batteries	09
Total	**45**

4.5 Social Work

Social work was introduced to the Community Health Project, Kotte in 1971. The broad objectives of this service are as follows:

- To introduce the concept of social work which aims to improve the quality of the comprehensive health care system;
- To assist families with social problems in the use of available medical and social services;
- To educate the communities on resources available and enable them to make the maximum use of such resources;
- To assist in teaching, training and research programmes undertaken by the Department of Community Medicine in particular and the other departments of the Faculty of Medicine in general.

In keeping with the above objectives, the Senior Instructor in Social Work of the Department of Community Medicine visits the clinics at Kotte along with the medical staff. Those with social problems are seen at the Health Centre and their needs are attended to. Family visits are done where necessary.

Some who require such assistance are referred by the medical and para-medical staff while others come on their own. Although the project area has four Health Centers, this service is confined only to the Kotte Health Centre. Persons from Madiwela, Mirihana and Udahamulla are also included on a referral basis.

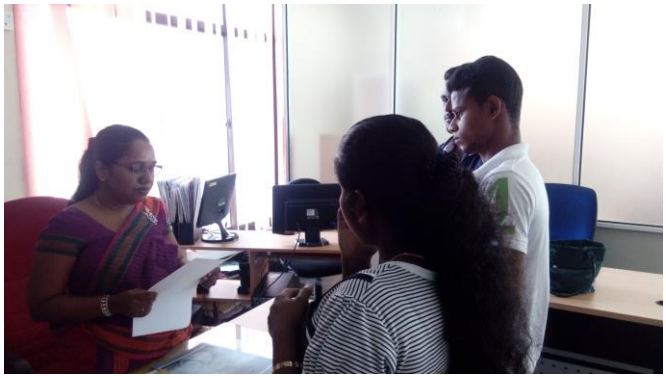


Figure 7: Social work

Table 31 shows the number of cases referred by the field staff, medical students and clinics held at Kotte MOH area. The highest percentage of 46.8% of referrals was due to financial problems. Drug addiction and alcoholism were found to be important root causes which had led to marital problems.

Table – 31: Classification of referred social problems Kotte area - 2017

Nature of problem	*No. of Problems*	*%*
Marital problems	52	11.5
Looking for institutions for care (Disabled people, Elders etc.)	05	1.1
Drug- addiction and alcoholism	68	15.1
Financial problems	211	46.8
Nutrition problems	105	23.3
Housing problems & Toilet Problems	08	1.8
Psychiatric problems	02	0.4
Total	451	**100**

4.6 Community Resources

The community resources available for care of the "needy" groups are limited. Available facilities include "Homes"; one each for physically handicapped and mentally handicapped; one for elders; and two others for orphans. Some information on these services are given below.

- "Sevana" is a home for physically handicapped children and is situated at No. 389, Pita Kotte, Kotte. It belongs to crippled children's aid association of Sri Lanka. It provides residential facilities for 22 physically handicapped children in the age range of 5 to 18-20 years. It has 8 staff members. The center also has a semi government school for differently abled children. In addition to residential children, 12-15 day students also benefit from the special school.

- Madiwela Home for mentally handicapped boys. The home was established in 1960 Dr. A. I. Senanayake and currently being governed by National Council for children and youth welfare which is a nongovernmental organization. It has 24 inmates above the age of 14 years of age. There are 3 permanent staff members and few local and International Volunteers. The residential training of the inmates includes day today activities, skills development, house keeping, survival and social skills. New recruits for the centre are being referred from young boys homes (<14 years of age) which are looked after by the same NGO and from the probation authorities on legal reasons. The center is currently struggling with multiple sustainability problems.
- "Vajira" Children's Home "Singithi" division belongs to UCHP area. It is at Pagoda Road, Pita Kotte. The Singithi division has 10 children youngest being 2 years of age. There are 2 staff members.

- “Vajira” Sri Children’s Development Centre Which was initially located at UCHP area. Now it is being re located to Ananda Balika Mawatha, Pagoda Road, Pitakotte, which now belongs to Maharagama MOH area. Presently it has 40 girls and 54 boys with 3 staff members for each section. The center is funded by the donors. It has a government registered private School, in the same premises to educate the residential children. The school has classes from grade 1-11 and has a staff of 15 teachers.

4.7 Day care centers

There are three-day care centers, managed by charitable organizations. Relevant information is given below:

“Dayamina”, the center for the differently abled young people is run by the sisters of charity of Jesus and Mary. Dayamina comes under the Sudaya trust, which is the umbrella organization. Methmina and Spem Uyana training facilities for differently abled children. The center accepts children above the age of 14 years. It has 60-65 students as day students (both girls and boys) and 7 girls are in the hostel. The Institution provides skills oriented training in several areas. It has 12 permanent staff members and 2 sisters. Parents provide financial expenses for the maintenance of the centre.

- St. Anne's Convent Day Care Centre, which was established with 5 to 6 children in 1975, is located in Epitamulla. Presently, 35 children attend the centre of whom 15 are girls and 20 are boys. It is open from 8.00 a.m. to 5.30 p.m. on weekdays and the children are provided with lunch. There is a sister in-charge of the day care centre and two assistants. There is a monthly charge of Rs. 450.00 though some children are cared for free of charge. The money to build the 'Home' has been provided by the Catholic Church, but daily expenses are borne by the fees collected from the students.

In addition to the above there are several pre- schools, with daycare facilities. They are conducted on a fee-levying basis.

4.8 Elderly Homes

- "Sanhinda" which was established in June 2002 and managed by the EAP Edirisinghe Group of Companies is located at Mirihana. This centre accepts persons over 65 years. At present there are 25 females and 21 males. It has 6 permanent staff members. There are 5 paying rooms as well.

- The Saint Vincent De Paul (S.V.P.) Friendship home for elders is located in Madiwela. It is partially funded by the Archdiocese of Colombo and managed by the S.V.P. Society of the St. Thomas' Church Kotte. It relies heavily on public donations as the contributions from the church amount to Rs.4,000/= quarterly. At present, this home accommodates 9 elderly women in age group 70-80 years.

5. RANDOM FIELD SURVEYS

Random Field Surveys have been carried out in the UCHP area since May 1972, and have proved to be a useful method for monitoring and evaluating field health services. The surveys were carried out once a week, prior to the monthly conference. The responsibility of carrying out the survey is entrusted to the public health nursing sisters. By this means the PHNS could effectively evaluate and monitor the work done by the PHMs while making a self-assessment of her own work. Four PHM areas are included in the survey, every month.

The objectives of the field survey are:

- To obtain data on service provision to pregnant mothers, newborns, infants and preschool children and on immunization coverage, family planning, environmental sanitation, social problems etc;
- To assess the extent to which the people are aware of and are making use of the existing community resources;
- To evaluate and monitor the work done in the area using the data obtained above;
- To identify hitherto the un-met medico-social needs of the community and plan out programmes to meet such needs.

5.1 Objectives

The PHM areas where the surveys are to be carried out are randomly selected. Within each identified area, a road in which the survey is to be conducted is selected randomly. This information is given to the field staff on the day of the survey. Houses along the selected roads are then visited by a medical officer from the Department of Community Medicine, the instructor in social work, the public health nursing sister and the public health inspector of that particular area. Approximately 10 houses are surveyed in each area on a given day.

The questionnaire used in the survey includes questions on: household structure, number of children, illnesses including psychiatric disorders, immunization, family planning practices, and problems of elderly, social problems and relationship with the PHM. The PHI collects information related to environmental sanitation practices and vaccination of dogs.

At the end of the survey, all information is checked by the divided health project areas against the registers maintained by the midwives. The data is rechecked by the instructor in social work prior to the discussion at the monthly staff conference. The problems so identified are discussed with the field staff and remedies suggested. These suggestions are followed up at the next monthly conference.

With regard to chronic illnesses, the treatment taken is discussed and an attempt is made to follow up the patients during the home visiting activities of the midwives.

5.2 Results of Random Field Surveys

Sixteen household surveys were carried out during the year 2017. 137 households were surveyed, where 543 individuals were included for the survey.

Table 32 : Distribution of the surveyed population in field surveys carried out in 2017, by their age and sex

Age Category	Male		Female		Total
	Number	%	Number	%	
<1 year	1	33.3%	2	66.7%	3
1-5 years	16	43.2%	21	56.8%	37
6-12 years	32	52.5%	29	47.5%	61
13-19 years	33	64.7%	18	35.3%	51
20-64 years	153	47.1%	172	52.9%	325
=>65 years	26	41.3%	37	58.7%	63
Total	261	48.3%	279	51.7%	540
Missing data = 3					

There were only three infants in the surveyed population, and there were 37 children in the pre-school age group. Majority of the population (60.1%) belonged to the age group of 20-64 years. More than ten percent (11.7%) of the surveyed population were elders above the age of 65 years.

Infants and Pre-school children

There were 31 children who were eligible to receive growth monitoring and promotion services from the government sector. Table 33 gives a description of the services received by these children.

Table 33: Services received by children less than 5 years with regard to growth monitoring during the past 6 months (N=31)

Service	Number	Percentage (%)
Registered with birth and immunization register	26	83.9
At least a single growth measurement was marked during the last 6 months	26	83.9
Growth monitoring was done according to the correct frequency	25	80.6
Utilized government sector for services	20	64.5
Vitamin A mega dose was received during the past 6 months	21	67.7
Weight was normal (according to the last recorded weight)	23	74.2

Adult illness and non-communicable diseases

Details of 82 adults were available for further analysis under this section.
The following table summarizes the already diagnosed chronic illnesses of the surveyed adults. Forty seven adults were suffering from at least one chronic illness, while 35 adults were not suffering from a chronic disease. The most common chronic illness among the survey population was diabetes mellitus, followed by hypertension.

Table 34: Distribution of diagnosed chronic illnesses among the surveyed adults

Type of chronic illness	Number	Percentage
Diabetes Mellitus	31	37.8%
Hypercholesterolaemia	5	6.1%
Hypertension	24	29.2%
Rheumatoid Arthritis	1	1.2%

Out of the 47 adults who were suffering from a chronic illness, 37 (78.7%) were on regular follow up for their illnesses.

Utilization of healthcare services was assessed among the adults who were currently not suffering from any chronic illness.

Table 35: Utilization of healthcare services by the adults included in the surveys (n=35)

Service	Number	Percentage
Blood Pressure checked at least once during the past year	7	20%
Fasting Blood Glucose level checked at least once during the past year	6	17.1%
Attended Healthy Lifestyle Centre (HLC) at least once during their lifetime	13	37.1%
Attended the Elderly Clinic at least once during the lifetime	0	0%

More than one third of the surveyed adults (37.1%) had attended the Healthy Lifestyle Centre which showed a considerable improvement from the statistic of 2016, which was only 1.8% of the surveyed adults.

School going children

The number of school children identified during the survey was 72. Among them 45 children attended government schools and one child attended a semi government school. This information was not available for 13 children. Of these children, 55 participated in the last School Medical Inspection (76.4%). They were further inquired about the services received by them in the SMI. Their responses are summarized in table 36.

Table 36: Details of participation in School Medical Inspections by school children (n=72)

Service	Number	Data not available	%
Number of school children who participated in the last possible SMI	55	07	76.4
WIFS received during last year	42	15	58.3
aTD vaccination	31	21	
Number of government/ semi government school children who participated in the SMI	40	01	86.9

Antenatal care services

Six pregnant mothers were identified during the surveys.

Care for eligible families

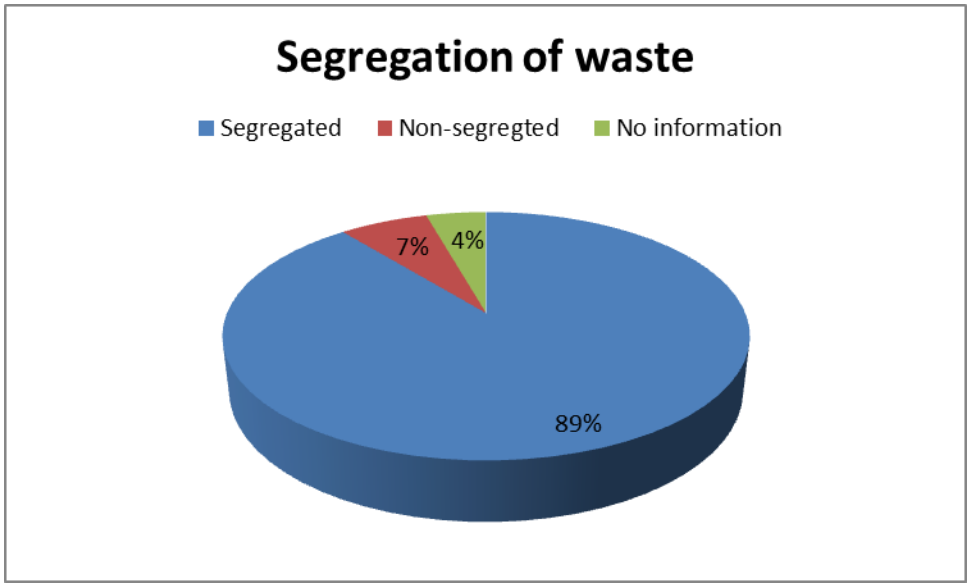
Details were available for 240 eligible families. However eligible family registration numbers were available for 78 families only.
Out of the eligible families surveyed, information on use of a family planning was available for 109 families only (45.4%). The family planning methods used by them are summarized in table 37.

Table 37: Methods of contraception used by eligible females

Method	Number	Percentage
OCP	11	10.1
Condoms	18	16.5
IUCD	18	16.5
DMPA	5	4.6
Hormonal Implants	2	1.8
LRT	8	7.3
Natural Methods	24	22.0
Unmet need	10	9.2
Other (Hysterectomy/ husband abroad/ widowed)	3+1+2	5.5
Sub fertility	1	0.9
Pregnant	6	5.5
Total	**109**	**99.9**

Environmental sanitation
Although 137 households were visited during the household survey, details of only 46 houses were available for further analysis.

Waste management
Out of the 46 houses, 41 houses (89.1%) segregated their waste, while three houses (6.5%) did not segregate their waste. For two houses, no information was available on this aspect.



Of the visited houses, 8 houses had a liquid waste pit, and 22 houses had sewage disposal pits.

Pet ownership
Four houses had pets and three of them were vaccinated for rabies during the past year.

Insect breeding sites
Out of the 46 houses visited, eighteen households had possible breeding sites. As the possible breeding sites, containers were found in fourteen households, natural habitat were found in five households, slabs and construction sites were found in two households, and other breeding sites were found in one household. However, no larvae were observed in any of the households at the time of the surveys. One household has been previously warned or fined regarding mosquito breeding sites, but no breeding sites were found in that premises during the survey. Excessive flies were observed in one household.

6. FIELD TRAINING PROGRAMMES

Conducting field training programmes for undergraduate medical students was one of the main activities undertaken in the UCHP area since its inception.

A major revision in the undergraduate medical curriculum was introduced commencing from the batch of medical students who entered the Faculty in 1994/95. The subject based curriculum was replaced by a more integrated curriculum, based on 5 Streams, one of which is the Community Stream. Teaching of Community Medicine as a subject was replaced by the Community Stream teaching programme, which commences in Term 2 of the undergraduate course and continues till Term 15.

The community based component of the teaching programme in the new curriculum commences after Term 7 and continues until the end of Term 13 and includes three components i.e. a **community attachment, family attachment and research.** The UCHP area was included as a field training area under the new curriculum during the year 2011.

6.1 Family attachment programme

In the 3rd year of the MBBS programme, students are assigned to the Family attachment programme. Pairs of students are allocated to one family within two selected PHM area in the Kotte MOH area.

6.2.1 Objectives of this programme are as follows:

Students work closely with their allocated families for two terms and in this process they apply the concepts of disease prevention and health promotion at family level.

6.3 Monitoring and evaluation of the field training programmes

Students are expected to discuss the work they have done with the families during case based presentation they prepare a report for each family looked after by them. Guidelines are given to assist in the preparation of the reports.

Assessment of the performance of the students in the Family Attachment programmes is done using multiple approaches - reports on the families, viva voce examinations and a field based assessments of the work carried out with the families.

7. EVALUATION AND ASSESSMENT

7.1 Present Methods

When health services are given to a community, it is essential that continuous monitoring, evaluation and assessment be done in order to ascertain the benefits the community has derived from such services as well as to assess the coverage and quality of these services. Under the system prevailing in Sri Lanka, the assessment and evaluation of the work done in an area of the Medical Officer of Health is based on the following:

- Data obtained from the records and registers maintained by the field staff, and monthly returns submitted to the Medical Officer of Health;
- Direct supervision of the field staff, their offices and their work in the field by the Medical officers of Health.

7.2 Methods of monitoring and assessing work at UCHP, Kotte

In addition to the above methods in the UCHP area, the work done is assessed by using the data available from the monthly random field surveys. This system is explained in detail in section 5. “Monthly Random Field Surveys” together with the monthly conference, provides additional information that is useful in the monitoring of services.

7.3 Extent of correction of shortcomings found in 2017

The Ministry of Health, Western Province provided the project with some of the equipment required for the proper delivery of care, eg. electric lamps, cupboards, chairs and a refrigerator. The clinic building and MOH office was refurbished by the Sri Jayawardenepura Municial Council. A laptop and a photocopy machine were presented to the MOH Office by the Nirogi Lanka project.

7.4 Shortcomings in the project area in 2017

Vacant PHM and PHI areas

- PHM Areas
  Pitakotte
  Ethulkotte } vacant

  Madiwela
  Mirihana South } maternity leave

- PHI Area
  Ethul Kotte

7.5 The Public Health Midwife – A comment on her work

In the existing programme the Public Health Midwives in the Kotte Health Project carried out their usual duties in keeping with the National Health Policy of the Department of Health Services.

In addition to these duties, they have the following functions as well.

- Participation in the teaching programmes of medical undergraduates and post graduates and other health personnel
- Detection, referral and follow up of adults and children with mental illness and behavioural problems
- Registration of all deaths occurring in their areas
- Registration of elderly i.e those above 65 years and attending to their needs.

8. IN SERVICE TRAINING PROGRAMMES FOR KOTTE FIELD STAFF - 2017

In-Service Training Programme 2017
MOH Office- Kotte

- **Lecture Discussions held:**

Topic	Resource Person
Post partum Depression	Dr F R Niyas Registrar in Community Medicine
Nutrition of pregnant mothers	Dr. Malith Kumarasinghe Registrar in Community Medicine
Choosing foods safety (toxin free) for family -	Dr Malith Kumarasinghe Registrar in Community Medicine
Reproductive health of adolescents	Dr F R Niyas Registrar in Community Medicine
Adolescent health and substance abuse	Dr. Ashan Pathirana Registrar in Community Medicine
Time Management	Dr. Ashan Pathirana Registrar in Community Medicine
Nutrition of under 5 children	Dr. Himali Herath Senior Registrar in Community Medicine
Reproductive health and sexually transmitted diseases	Dr. Kasuni Kalubowila
Delivery & Post partum complication	Dr. Niluka Gunathilake Registrar in Community Medicine
Mental wellbeing of mothers	Dr. Niluka Gunathilake Registrar in Community Medicine
Non communicable diseases and healthy behaviours	Registrar in Community Medicine Dr. S de Silva

9. PERMANENT STAFF IN THE KOTTE PROJECT IN 2017

1. Adikari (Mrs) AMMS (Public Health Midwife)
2. Arambepola Prof. NMCK (Professor in Community Medicine)
3. Amarasinghe (Mr) AJ (Lab Attendant)
4. Ayomi (Ms) N (School Dental Therapist)
5. Chaminda (Mr) U (Driver)
6. Chathurani (Ms) SABJ (Health Labourer - Dengu Unit)
7. Damayanthi (Ms) I (Labourer)
8. Darmapala (Mr) (Entomological Assistant)
9. Dasanayake ((Mrs) DAU (Public Health Midwife)
10. Dasanayaka (Ms) DCM (Computer Applications Assistant)
11. Dayarathne Dr. R (MOIC) PMCU - Anagampitiya
12. Gamage (Mr) STV (Health Labourer - Dengu Unit)
13. Gunathunga Prof. MW (Professor in Community Medicine)
14. Lasanthi (Ms) SK (Management Assistant)
15. Jayasekara Dr. SAHD AMOH
16. Jayathissa (Mr) TM (Spray Machine Operator)
17. Jayawardane (Mrs) DPA (Senior Instructor in Social Work)
18. Jayawardane Dr. DMS (Lecturer)
19. Katubeddage (Mrs) D (Labourer - Clinic Assistant)
20. Kumari (Ms) A (Dental Therapist)
21. Kumari (Mrs) DRN (Public Health Midwife)
22. Kumari (Mrs) MY (Public Health Midwife)
23. Lankatilake (Prof) KN (Associate Professor)
24. Manathunga Dr (Dental Surgeon)
25. Roshan Manoj (Mr) WW (Health Labourer - Dengu Unit)
26. Madushan (Mr) MA (Health Labourer - Dengu Unit)
27. Migahakotuwa (Mrs) MMCK (Public Health Midwife)
28. Nilanga (Mr) S (Labourer)
29. Nilmini (Mrs) BMA (Public Health Midwife)
30. Niroshini (Mrs) SADI (Public Health Midwife)
31. Padmasiri Dr. BMH (Registered Medical Officer)

32. Parakum Dr.	(Registered Medical Officer)
33. Perera (Mrs) MCJ	(Staff Assistant)
34. Perera (Mr) WAIU	(Sanitary Labourer)
35. Piyaratne (Mrs) LAIP	(School Dental Therapist)
36. Prabakara (Mr)	(Public Health Inspector)
37. Ranasinghe Dr. S	(Assistant Medical Officer of Health)
38. Ranasinghe (Mr) RR	(Supervising Public Health Inspector)
39. Ranepura (Mr) N	(Labourer)
40. Ruberu (Mr) TPC	(Health Labourer - Dengu Unit)
41. Ruklanthi (Mrs) JADN	(Public Health Midwife)
42. Sahira (Mr) MJ	(Sanitary Labourer)
43. Samaranayake Dr. DS	(Senior Lecturer)
44. Saranajeewa Dr. KS	(Assistant Medical Officer of Health)
45. Seetha (Mrs) AG	(Supervising Public Health Midwife)
46. Senadeera (Mrs) SP	(Public Health Midwife)
47. Senarath Prof. LDJU	(Senior Lecturer)
48. Siriwardana (Mr) MHYS	(DO-Trainee)
49. Somalatha (Mrs) P	(Labourer – Clinic Assistant)
50. Subash (Mr) DH	(Labourer)
51. Thusitha Sri Ram (Mr) CAN	(Public Health Inspector)
52. Wagasinghe (Mrs) PR	(Clerk)
53. Walpita Dr. DPK	(Registered Medical Officer)
54. Weerasinghe Dr. MC	(Senior Lecturer)
55. Weerasinghe (Ms) WPJ	(Public Health Midwife)
56. Weliange Dr. AASH	(Senior Lecturer)
57. Wickramaratne Dr. S	(Registered Medical Officer)
58. Wijeratne (Mrs) A S de S	(Senior Staff Technical Officer)
59. Wijethunga (Mr)	(Dispenser)

10. TEMPORARY STAFF IN THE KOTTE PROJECT IN 2017

1. Dr. Niluka Gunathilake (Post Graduate Trainee)
2. Dr. Kasuni Kalubowila (Post Graduate Trainee)
3. Dr. Ashan Pathirana (Post Graduate Trainee)
4. Dr. Sinha de Silva (Post Graduate Trainee)
5. Dr. Rimaza Niyas (Post Graduate Trainee)
6. Dr. Malith Kumarasinghe (Post Graduate Trainee)

ANNUAL REPORT OF THE UNIVERSITY COMMUNITY HEALTH PROJECT, KOTTE – 2017

The following persons wish to receive a copy of the Annual Report of the University Community Health Project, Kotte 2017.

Name	*Designation*	*Address*
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My / Our comments on the Annual Report of the University Community Health Project, Kotte – 2017 and suggestions for improvements for the Annual Report for 2017 are as follows.

Comments/ Suggestions

……
Signature

Name and Designation **……..**

Address: **……..**

……..

……..

Date: **…….....**