INTERSECTORAL ACTION FOR HEALTH
AT DISTRICT LEVEL -
GAMPAPA DISTRICT

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1. Introduction

It is now widely recognised that a sustained improvement in the health status of people of Sri Lanka can be achieved only by a combined effort of health and health related sectors.

It is at the district level where perhaps the greatest opportunities lie for effective intersectoral action. District level is a critical point where national objectives are broken down further, national strategies are converted to action plans, horizontal relationships are established with other sectors and also it is at this level that local health demands can be harmonised and suitably incorporated into action plans. In addition there are existing mechanisms to facilitate effective inter-sectoral action at the district level.

2. Decentralisation

Government of Sri Lanka embarked on a major decentralisation process. This is in support for better implementation of government programmes and development projects by emphasising greater local participation and improved coordination between different government sectors.

In the context of decentralisation of the development process in the country, District Development Councils have been established. Taking the advantage of this process and for more effective implementation of health programmes in the country, five major health functions hitherto performed by the Ministry of Health at the national level have been delegated to the Districts. One such function delegated to the District Minister is to ensure intersectoral coordination for and community participation in the implementation of health development plan in the district. To facilitate this process health committees at district, sub-district (Pradeshiya) and Village (Gramodaya) levels were established. These would assist the District Minister to execute the functions delegated to him in order to bring about improved health status of the people in the district.
3. District Level Committee

3.1 District Health Committee

Chairman : District Minister
Secretary : Regional Director of Health Services
Members : Government Agent
          Deputy Director/Planning
          Assistant Director/Agriculture
          Regional Director/Education
          Assistant Director/Social Services
          Assistant Commissioner of Local Government
          2 members of DDC

The committee can co-opt any other public officers as the need arises.

3.2 Pradeshiya Mandalaya Health Committee (one for the AGA division)

Chairman : Member of Parliament
Secretary : Medical Officer of Health
Members : Pradeshiya Mandalaya Members
          officers representing sectors at this level.

3.3 Gramodaya Mandalaya Health Committee (one for a Grama-sevaka division)

Chairman : Gramodaya Mandalaya Chairman
Secretary : Public Health Inspector/Public Health Midwife
Members : Gramodaya Mandalaya members
          officers representing sectors at this level.

The above mechanisms are to support intersectoral action in health development. These committees are not operational yet in all the AGA divisions of Gampaha district.

In addition to the above committees there are other committees that are dealing with health and health related activities such as population, nutrition, young child development, environmental protection, housing development, at district level. There are also many voluntary organisations such as Red Cross, Lions, Sarvodaya that conduct many health programmes in various parts of the district. These programmes are separately organised and managed in a vertical manner.

The district provides many opportunities to coordinate all the health activities carried out by different agencies both government and non-government. This improved coordination will bring about greater impact
on health, reduce duplication and improve efficiency of various activities.

4. **District Health plan**

Formulation of the annual district health development plan and its review on a regular basis is yet another function delegated to the District Minister. Its basic purpose is to clearly delineate the focus of health development efforts in the district and ensure rational allocation of resources. It lists out priority deficient areas in health services provision under the programmes/projects run by the Health Ministry and actions to overcome them. It could be a convenient entry point for intersectoral action if one can proceed to identify intersectoral inputs required to overcome the deficiencies. This will also provide a basis for effective implementation of the plan.

Education, agriculture, housing etc. make a direct contribution to health through their programmes as well as some projects and programmes of other sectors pose health risks. Positive contributions to health by other sectors can be maximised and negative effects minimised if joint planning can be undertaken directed to achieving the district health development objectives.

5. **Plan of action at district level for Intersectoral Action for Health**

The action plan intends to achieve the following objectives:

- To improve the health status of vulnerable groups through appropriate intersectoral action.

5.1 **Strengthening of existing mechanisms at district level**

i. Sensitise the group of district level decision makers on the need for intersectoral action for health

   - Secretary Ministry of Plan Implementation will convene a meeting with the District Minister, GA RDHS and heads of health related fields in the district.

ii. Appointment of a task force at district level to

   (a) review the existing mechanisms of intersectoral nature and their activities and impact on health

   (b) identify the deficiencies in the existing mechanism

   (c) suggest corrective action.
iii. Orientation of members of District Health Committee, Pradeshhya Mandalayas and Gramodaya Mandalayas health committees on intersectoral approach towards health.

5.2 Identification of areas for action

i. Areas where intersectoral support is required from areas listed in the annual district health plan, where activities are planned for the deficiencies in health status as well as health service provision deficiencies.

ii. Sectoral inputs for health in the implementation plans of other sectors.

iii. Analysis of health implications of these projects/programmes in the district that are known to cause health hazard.

iv. Priority health problems of the district
   (a) analysis of their causes
   (b) prepare a cause-effect relationship and identify attack links.
   (c) Select few health problems that are amenable to intersectoral action.

v. Vulnerable groups and their risk factors
   (a) develop criteria to select vulnerable groups
   (b) prepare a profile of vulnerable groups by making use of data already available eg. eligible couples register
       health indicators
       socio-economic indicators etc.
   (c) risk factors

5.3 Formulation of a detailed intersectoral action plan

- by task force at district level
  supported by the secretariat which includes planning units of Kachcheri and RDHS office

Entry points:

5.3.1 (a) Select priority problem/deficient areas already identified in the District Health Plan 1986 amenable to intersectoral action.
5.3.2 (b) Select the vulnerable groups under-developed villages or GS area in each electorate on the criteria that are to be developed.

5.3.3 (c) Concentrate on a group that has easy access as well as an impact namely primary school child, later to be extended to the pre-school child that is identified in general as a vulnerable group.

5.3.4 Development of indicators and targets under each area mentioned above.

   Entry point (a) - Activities to overcome the deficiencies have been already identified in District Health Plan
          - Proceed to develop targets
          - List activities involving other sectors
          - Implementation of activities

   Entry point (b) - Activities to improve quality of life of the vulnerable group (by all sectors)
          - develop a district quality of life index (indicators/targets)

   Entry point (c) - Activities to improve health status of the primary school child (by all sectors)
          - set of indicators and targets

The objectives that are developed would be common to all sectors involved, while separate targets for activities under each sector for the fulfilment of the common objectives have to be worked out by each sector.

6. Monitoring and Evaluation of progress

6.1 Monitor progress of the activities of the intersectoral action plan by the District Health Committee regularly. District Health Committee meets once in two months.

6.2 Assess the impact on the key health problems identified/on PQL of vulnerable group/on health status of primary school child.

7. Other activities
   - Training workshop
   - Development of manuals/guidelines
   - Documentation of the process
In this intersectoral action plan there will be inputs from all sectors at district level towards accomplishment of common specific objectives. The relevant activities would be conducted by each sector which collectively would bring about the achievement of the objectives.

8. Conclusion

It is recognised that sectors even at the district level wish to work in watertight compartments to achieve their own objectives. The current situation needs much more concerted action and trade-offs within the sectors themselves so as to focus activities to bring about equity that will be indicated by the rapid improvement of the health status of the vulnerable groups in the district.