

comprising of around 60 housing units / other building units in rural sector and around 80 housing units / other building units in the urban sector. These boundaries are given in the census mapping process as a subunit of a GN area). The latter needs to be done in liaison with the Grama Niladhari of the respective area. Adjacent census blocks should be taken as a single PHM area and shall be given an appropriate name.

Medical Officer of Health should prepare a proposal for new PHM areas after discussing with the Medical Officer- Maternal and Child Health (MOMCH), Medical Officer- Planning (MO Planning), Consultant Community Physician (CCP) and Regional Director of Health Services (RDHS). It should include a situational assessment, anticipated benefit for the clients and to the service providers. A proposed new area map should be developed with proposed service delivery points and the population. Use the annexed format for this purpose.

## 2. Approval for the proposal

The completed proposal needs to be sent to the RDHS for further review. RDHS together with the CCP (district), MOMCH should review the proposal for new PHM areas. They should consider the availability of cadre provisions, vacancies in the district, ability to provide infrastructure for newly identified area, actual need for establishing new PHM area for service improvement and cost effectiveness. Consensus of the Provincial Director of Health Services (PDHS) should be obtained on the ability to gain human resources and infrastructure for the newly identified areas.

## 3. Obtain the cadre approval for new PHM areas

Newly identified PHM areas always need corresponding cadre approvals. RDHS team should include new cadre proposals for annual revisions of the PHM cadre and obtain approval from Provincial Health authorities and Management and Cadre Commission of the relevant province.

## 4. Declaration of the new PHM areas