

Abstract

Over 150 year ago, during the Colonial period, which was the time cheap labour brought into the plantation from Southern part of India, and they confined socially and economically to the plantation as they were captive labour.

Currently population almost over one million out of which 95% are labour force. People in the Estate sector contribute immensely for the income of the country. Incidence of poverty in Estate sector was higher (30%) than national level (22.7 %)

Remote locations, difficult and inaccessible terrain, poor living conditions, predominantly female workforce on prolonged working hours are the highlighted unique features of this part of the population. Health of this population looked after by their own plantation companies with P.H.D.T. and not by the government sector.

To reduce the disparity that exists between the plantation sector and the other sectors of the country in the provision of primary healthcare services the Ministry of Health has taken steps like absorbing qualified estate PHM's to the national cadre, taking over the management of estate hospitals etc. In addition, Ministry of Health has decided to take a mass screening program for the estate population in Sri Lanka as a health improvement programme known as "Wathusuwsaviya". Instead of the current paper based personal health record, feed the data in to a database. Then it can be used as an Electronic Medical Record and use for analysis of the collected data.

Proposed solutions developed by customising District Health Information System2 (DHIS2) and Open Medical Record System (OpenMRS) software packages where DHIS2 designed to handle aggregated data and the OpenMRS designed to manage Personal Health Records. Both of this software are components of W.H.O. recommended Health Information Management tool kit, and this software has customised as much as possible to meet the requirements of the programme.

The proposed solution addresses most of the issues in estate health improvement program.