

## Quarterly Return on Health Education and Health Promotion

Should be filled by a Health Education Officer`

Province .....

District.....

Year .....

Quarter.....

### 1. Availability of resource persons for Health Education(HE) & Health Promotion (HP) in the district

officer	No	Yes	If “Yes” Number
Medical Officer/Health Education		-	-
Medical Officer/Health Promotion		-	-
Medical Officer/Public Health		-	-
Medical Officer/Add Medical officer of Health			
Health Education Officer			

### 3.1 Summary of HE activities conducted by all FOO in the district by MOH Areas (Grand Total of 2.1)

	MOH Aria	Population	Number of PHM Aria	Number of PHM Area

	MOH Ariars																		
		01 Communicabal disease	02 Dengue	03 Non Communicabal disease	04 Privention of Tobacco Use	05 Privention of Alcohol Use	06. Maternal & Child health	07. Health of estate settlements	08. Health of urban settlements	09 Nutrition & Food safety	10. Life skills	11. Adolescent Health	12. Elderly Health	13. Oral Health	14. Mental Health	15 Environmental Health	16. Occupational Health	17 Others	
	Total																		

3.2 Improvement/establishment of active HP settings in the District ( Number of active HP settings as at the last month of the quarter) (Grand Total of 2.2)

Active HP settings	Number improved established by				
	M	PHI	SDT	Other	TOTAL
Village/Town					
Preschool					
Workplaces					
Hospital					
Total					

3.3 Information on active HP settings by MOH area

MOH area	Village/Town	Preschool	School	Hospital	Workplace	Total

3.4 District information on Mothers' Support Groups (MSG) (Grand total of 2.3)

MOH area	No. of active MSG as at the last month of the quarter	Number of PHM areas in the MOH area with at least one active MSG (as at the last month of the quarter)	Total number of PHM areas in the MOH area	Percentage of PHM areas with at least one active MSG (as at the last month of the quarter)

3.5 Inter sectoral coordination at district level - number of activities conducted in collaboration with formal and informal Sector (Grand total of 2.4)

	PHM	PHI	SDT
Formal-activities conducted with field staff	-	-	-
Informal-activities conducted with community based organizations	-	-	-

3.6 Volunteer training and Community leadership involvement at district level (Grand total of 2.5)

MOH Area	Number of health volunteers actively involved in Health Promotion in the MOH area (as at the last month of the quarter)	Number of trained health volunteers (as at the last month of the quarter)	Number of community leaders actively involved in Health Promotion in the MOH area (as at the last month of the quarter)
	-	-	-
<b>Total</b>			

3.7 Training Programs conducted by HEOO in the district during the Quarter (Grand total of 2.6)

Health Promotion Area Trained on	Number of training programmes

3.8 Participation of HEOO at Review meetings and training programmes during the quarter

Office of the Regional Director of Health Services		Office of the Director of Services	Provincial Health	National level	
Review meetings	Training programmes	Review meetings	Training programmes	Review meetings	Training programmes

### 3.9 HE & HP activities facilitated by HEOO in the district during the quarter

MOH Area	Setting	Activity Facilitated

### 3.10 Monthly conferences attendance by HEOO during the quarter

MOH Area	Number of Monthly conferences attendance

### 3.11 Exhibitions organized by HEOO to improve public awareness on health related issues during the quarter

MOH Area	Subject area	Average Number of participants
	-	-

### 3.12 HE Documentaries screened at night with HEOO participation during the quarter

MOH Area	Subject area	Average Number of participants
		-
		-

### 3.1.3 IEC material developed in the district by HEOO Type

Type of IEC material	Subject area	Quantity distributed	Target group

3.14 Number of Quarterly HE and HP meetings facilitated by HEOO at Office of RDHS

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3.15 Number of supervisions by HEOO on communication skills during the quarter

MOH area	PHM/PHI/HENO/SDT supervised				
	Number of PHMM	Number of PHII	Number of HENOO	Number of SDT	Others (Specify

3.16 Research / surveys conducted by HEOO during the quarter

Compiled by: Name: -.....

Designation: - .....

Signature: .....

Date:- ..... DD /MM /YY

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Regional Director of Health Services  
Signature & Official seal

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DD/MM/YY