Situational analysis on services provided by Primary medical care institutions -2020

SLESP	service status	Improvement
	in PIVICI	(Infrastructure/Human resource/ training, etc)
HEALTH SERVICES LINK TO THE LIFE C	OURSE	, , , , , , , , , , , , , , , , , , ,
ternal health	in as it is. PMCI shou	ıld support the services already
PRE CONCEPTION CARE : healthcare for newly wedded		
-Information and counselling on		
sexuality, pregnancy related issues ,		
V S S S S S S S S S S S S S S S S S S S		
emergency preparedness		
-support for women living with HIV/AIDS		
violence		
 -monitoring of progress of pregnancy, and assessment of maternal and foetal well being 		
-Tetanus immunization		
Anamia screening, prevention and		
control (iron and folic acid, calcium		
supplementation, and deworming)		
-nutrition assessment and counselling		
of syphilis and HIV/woman and partner		
-management of mild-moderate		
pregnancy complication(anaemia,) ·	(3)
	ternal health isting preventive health services will remained by the Medical Officer of Health team.) PRE CONCEPTION CARE: healthcare for newly wedded Information and counselling on sexuality, pregnancy related issues, nutrition, domestic violence, family planning, etc -Manage or refer identified problems ANTENATAL CARE Information and counselling on selfcare, nutrition, etc -birth planning, danger signs and emergency preparedness -support for women living with HIV/AIDS -assessment of signs of domestic violence -monitoring of progress of pregnancy, and assessment of maternal and foetal well being -Tetanus immunization Anamia screening, prevention and control (iron and folic acid, calcium supplementation, and deworming) -nutrition assessment and counselling -syphillis and HIV testing and treatment of syphilis and HIV (woman and partner) -management of mild-moderate pregnancy complication (anaemia,	SLESP Service status in PMCI HEALTH SERVICES LINK TO THE LIFE COURSE ternal health isting preventive health services will remain as it is. PMCI should by the Medical Officer of Health team.) PRE CONCEPTION CARE: healthcare for newly wedded -Information and counselling on sexuality, pregnancy related issues, nutrition, domestic violence, family planning, etc -Manage or refer identified problems ANTENATAL CARE -Information and counselling on selfcare, nutrition, etc -birth planning, danger signs and emergency preparedness -support for women living with HIV/AIDS -assessment of signs of domestic violence -monitoring of progress of pregnancy, and assessment of maternal and foetal well being -Tetanus immunization Anamia screening, prevention and control (iron and folic acid, calcium supplementation, and deworming) -nutrition assessment and counselling -syphillis and HIV testing and treatment of syphilis and HIV (woman and partner) -management of mild-moderate

	-post-abortion (miscarriage care)	
	-Management of severe pregnancy	
	complication (pre-eclampsia, eclampsia,	
	bleeding, infection and complicated	
	abortion)-identification and referral only	
	-management of late pregnancy	
	complications (premature rupture of	
	membranes, preterm labour, mal-	
	presentations) – identification and	
	referral only	
.1.3	DELIVERY CARE	
	-diagnosis of labour – identification and	
	referral only	
	-infection prevention	
	-detection and management of	
	complications (mal-presentations,	
	prolonged or obstructed labour,	
	hypertension, bleeding and infection)-	
	identification and referrals only	
	-Diagnosis of labour-selected hospitals	
	-Delivery- selected hospiitals	
	-Active management of third stage of	
	labour- selected hospitals	
	-Monitoring progress of labour with	
	partograph- selected hospitals	
1.1.4	POSTNATAL CARE	
1.1.4.1	-Immediate postnatal care (at the place	
	of delivery)	
	-Detection and management of	
	complications (genital tears, retention	
	of placenta, retention of membranes,	
	uterus atony, bleeding)- Prevention,	17 (
	identification and referral only	
	*Monitoring and assessment of	
	maternal well-being-selected hospitals	
	Detection and management of	
	complications (genital tears, retention	
	of membranes ,uterus atony, bleeding)-	
	Prevention, identification and referral	
	only	
1.1.4.2	Postpartum care	
	(from delivery to 6 weeks later)	
	-Support and counselling for exclusive breastfeeding	

-Counselling on healthy lifestyle, nutrition and safe disposal/washing of pads	
-Assessment of maternal wellbeing including nutrition	
-Prevention, identification and management of blues/depression - Identification and Referral only	
-Identification of signs of domestic violence	
*Vitamin A mega-dose supplementation-selected hospitals	

1.2 NEWBORN CARE

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

1.2.1	Immediate new-born care	
	-BCG within 24 hours of birth	
	*Identification & management of breathing problems (digital stimulation, bag & mask resuscitation)- selected hospitals	
	Delayed cord clamping- selected hospitals	
	Hygienic cord clamping- selected hospitals	
	Prevention and management of - selected hospitals hypothermia -Drying and wrapping -Skin -to- skin contact -Delayed bathing (after 72hrs)	
	Breastfeeding within one hour after delivery- selected hospitals	
	Prevention of new – born conjunctivitis- selected hospitals	
	Screening for Congenital Hypothyroidism- selected hospitals	
	New-born examination before discharge- selected hospitals	
1.2.2	New-born care after delivery (early and late care)	
	-Counselling about breastfeeding, nutrition, immunization.	
	-Birth registration	
	-Promotion and support for Exclusive Breastfeeding	

-Identification and management of	
sepsis-Identification and referral only	
-Identification and management of omphalitis	
-Identification and management of preterm-low birth weight babies (skin to skin)	*
-Identification and management of neonatal jaundice	
-Identification and management of breast-feeding problems	
*weighing, temperature management and cord care-selected hospitals	
Newborn immunization BCG - selected hospitals	
Screening for congenital problems - selected hospitals	
Vitamin K supplementation	

1.3 Child care

(the existing preventive health services will remain as it is. PMCIs should support the services already provided by the medical officer of the health team)

1.3.1	Immunization	
	-Immunization as per national schedule- in hospitals where MOH team conducts the clinics	
1.3.2	Nutrition	
1.3.2.1	Promotion of child nutrition (infant and young children (IYCF)practices)	
	-Exclusive breast feeding for the first six months	
	-Introduction of appropriate complimentary foods at six months	
	-Continue breast feeding for at least two years	
1.3.2.2	Growth monitoring and correction of nutritional problems.	
	-Growth monitoring and nutrition counselling-Child welfare clinic(CWC) conducted by MOH team in hospitals where the MOH team conducts the clinic	
	-Identification and referral of Moderate Acute Malnutrition (MAM)-CWC conducted by MOH team in hospitals	

	where the MOH team conducts the		111		
	The second secon				
	-Identification and referral of Severe				
1					
	Acute Malnutrition (SAM)-identification				
	and referral only -Disease -related malnutrition-				
	Identification and referral only				
2.2	hospitals				
.3.3	-Promotion of child development				
	-Early intervention and referral to				
	The state of the s				
	specialist Management of sick children				
.3.4					
	-Prevent /identify child abuse				
	-Management of moderate and severe cases of fever, asthma and respiratory				
	infections, diarrhoea, etc				
	! / dorato cacoc only				
	mild/moderate cases only				
the ex	-Zink supplementation in management of diarrhoea ool health isting preventive health services will remain	ı as it is.PMC	s should suppo	rt the services	; already
the ex	-Zink supplementation in management of diarrhoea ool health isting preventive health services will remained by the MOH team.)	as it is.PMC	s should suppo	rt the services	; already
the ex	-Zink supplementation in management of diarrhoea ool health isting preventive health services will remained by the MOH team.) -Immunization with HPV to girls 10-11 years old(6 th grade)	as it is.PMC	s should suppo	rt the services	s already
the ex	-Zink supplementation in management of diarrhoea ool health isting preventive health services will remained by the MOH team.) -Immunization with HPV to girls 10-11	ı as it is.PMC	s should suppo	rt the services	s already
the ex	-Zink supplementation in management of diarrhoea cool health disting preventive health services will remained by the MOH team.) -Immunization with HPV to girls 10-11 years old(6 th grade) -Immunization with aTd vaccine at 12 years of age	as it is.PMC	s should suppo	rt the services	s already
the ex	-Zink supplementation in management of diarrhoea cool health disting preventive health services will remained by the MOH team.) -Immunization with HPV to girls 10-11 years old(6 th grade) -Immunization with aTd vaccine at 12	as it is.PMC	s should suppo	rt the services	s already
the ex	-Zink supplementation in management of diarrhoea cool health disting preventive health services will remained by the MOH team.) -Immunization with HPV to girls 10-11 years old(6 th grade) -Immunization with aTd vaccine at 12 years of age	as it is.PMC	s should suppo	rt the services	s already

	-Sexual and reproductive health services		
	to adolescents		
	The state of the s		
1.6 Fan	nily planning health		
50	isting preventive health services will remai	n as it is.PMCIs sho	uld support the services already
provide	d by the MOH team.)		
	-Counselling on family planning and its		
	methods, particularly at some periods		
	Pre-conception		
	Post -partum		
	Post- abortion		
	Adolescents		
	-Determine medical eligibility for the		
	chosen method		
	-IUD insertion and removal		
	-DMPA		
	-Hormonal implants		
	-Combine oral contraceptives		
	-Condoms		
	-Emergency contraception		
	-Management of adverse effects of		
	family planning methods		
1.7	Gender based violence (GBV)		
	102 0 00 00 00 00 00 00 00 00 00 00 00 00		DNACIs should support the services
	(the existing preventive health services	will remain as it is.	PIVICIS STIDUIU SUPPORT THE SERVICES
	already provided by the MOH team.)		
	-Prevention and idenfication of Gender-		
	The control of the co		
	based violence -Post -GBV care (prevention of STD and		
	F15 - 180-28		
	HIV, emergency contraception, support and counselling)		
1.0	Elderly care		
1.8	Elderly care		
	-Prevention and identification of		
	common issues		
	-Identification of Dementia recovering		
	care (Home/Institution)		
	-Information and promotion of active		
	aging		
	Identification of elderly requiring care		
	(Home/Institution)		
	-Day care -selected hospitals		

	*geriatric ward(acute and intermediate		
	care) Geariatric step down care		
	Long term care		
	Delivery of home health care-selected		
	hospitals		
	Respite care		
2	nesp. ts-series	·	
.	Ship-hard to show	prevention and management	of
	communicable diseases		
2.1	Vaccine-preventable diseases	III	e services
	(the existing preventive health services value already provided by the MOH team.)	vill remain as it is. PMCIs should support th	
	-Immunization mentioned under		
	maternal and child health, school Health		
	and Adolescent and Young Health-		
	conducted by MOH team in hospital		
	where the MOH team conducts the		
	clinics		
2.2	Tuberculosis		
	Presumptive/suspicion diagnosis		
	Laboratory diagnosis-selected hospitals		
	Drug distribution, including Directly		
	Observed Treatment Short		
	Course(DOTS)		
	*screening of contacts-selected		
	Follow up ,clinical-selected hospitals		
	Follow up, laboratory-selected hospitals		
2.3	Dengue		
	Presumptive diagnosis(complete blood count(CBC) as per guide lines)		
	Management for dengue fever -		
	ambulatory/inward care and follow-up		
	after discharge only		
	Notification (surveillance of suspicion)		
2.4	Malaria		<u> </u>
	Presumptive diagnosis(fever +potential		
	exposure) Diagnosis: rapid diagnostic test (RDT)-		
	selected hospitals		
	Diagnosis: blood smear-selected		
	hospitals		
I	Hospitals		

	Management of uncomplicate diseases	
	*diagnosis: RDT	
	5 955	
2.5	STD/HIV/AIDS	
	-Counselling on safe sexual practices	
	and other risk factors -Distribution of condoms	
	-STD suspicion and referral	
AS ONE	-HIV testing: RTD selected areas	
2.6	Leprosy	
	-Screening with support of dermatology unit	
2.7	Leptospirosis	
	-Suspicion (fever, history of exposure and/or evidence of organ involvement) and referral for diagnosis, treatment and notification	
3	Health services link to the non-communicable disease	
3.1	Cardio vascular diseases	
	-Primordial prevention of risk factors	
	-Primary prevention including reduction	
	of indoor air pollution, tobacco	
	cessation, avoiding harmful alcohol	
	consumption, increasing physical	
	activity, adapting a healthy diet	
	-Screening for risk factors,including	
	indoor and outdoor air pollution	
	-Total Risk Assessment (TRA) for CVD	
	-Lab test(Fasting blood	
	sugar,cholesterol,renal function)	
	-ECG	
	-Clinical management and follow-up	
	according to TRA score and blood	
	pressure levels	
	-Secondary prevention:	
	counselling and support for life style	
	modification (including air pollution)	
	support to stop alcohol dependence and	
	smoking,	
	screening/school medical inspection	
	(SMI)	

	-Screening/examination for chronic complication; retinopathy (ophthalmoscopy)-referral only Renal function	
	-Identification, stabilization and referral	
	of acute complication (ischemic heart disease, cerebrovascular accidents)	
	-Management of ischemic heart	
	diseases, stroke-long term management	
	with aspirin, statins and BP agents only	
	-Management of heart failure-long term	
	medical management only	
	-Prevention of Rheumatic heart diseases	
3.2	Diabetes mellites	
	-Screening(fasting or random blood sugar)	
	-Diagnostic(FBS/HBA1C)	
	-Management of DM II	
	-Management of DM II - requiring	
	insulin-selected hospitals	
	-Counselling and support for life style changes	
	-Screening/examination for chronic complications Retinopathy (ophthalmoscopy)-referral only Renal function (albuminuria) Neurological and vascular: diabetic foot	
	-Management of chronic complications	
	-Lab follow up (FBS,cholesterol,HBA1C)	
	-Identification and stabilization of acute complications according to guidelines (hypoglycaemia, hyperglycaemia, diabetic ketoacidosis)-identification and referral only	
3.3	Chronic respiratory diseases	
	-Primordial prevention of exposure to risk factors(allergens, smoking, indoor and outdoor pollutions, occupational risk)	
	-Primary prevention, including smoke cassation, air pollution and exposure to occupational risk	

	-Screening for risk factors	
	-Diagnostic and characterization-clinical	
	history, examination and peak flow	
	meter	
	-Management of mild/moderate cases	
	-Management of exacerbations-	
	identification a d referral only	
	-Management of complicated cases	
	(example-status asthmaticus) requiring	
	monitoring and admission-identification	
	and referral only	
	-Counselling and support on life style	
	change	
3.4	Chronic kidney disease -CKD	
	-Information on CKD and CKDu,risk	
	factors, consequences and management	
	options	
	-Screening in selected sites-collection	
	only	
	serum creatinine,	
	estimated glomerular filtration	
	All the second s	
	rate, urine albumin creatinine ratio	
	-Diagnostic and assessment of	
(0.000)	additional risk factors for CVD	
3.5	Mental Health	
	-Identification of mental health issues-in	
	collaboration with school health,	
	maternal health, etc-including	
	 substance abuse, 	
	 depression, 	
b	 behavioral issues in adolescent 	
	and youth,	
	 determinants of deliberate self- 	
	harm	
	-Referral to mental health clinic-	
	MO/MH,MO-diploma	
	-Management and follow-up of mild	
	conditions	
	*diagnostic and prescription of	
	psychotropics -selected hospitals with	
	mental health clinics ,	
	devices colocted hospitals	
	day care -selected hospitals	

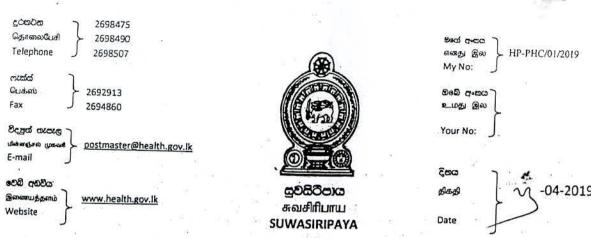
	rehabilitation/ intermediate care- selected hospitals	
	9	
3.6	Cancer	
	-Counselling and support for healthy life	
	style, avoiding risk factors	
3.6.1	Cervical cancers	
	(The existing preventive health services will remain as it is. PMCI should support	
	the services already provided by the	
	Medical Officer of Health team)	
	-Immunization with HPV vaccine at 10-	
	11 years old	
	-PAP smear	
3.6.2	Breast cancer	
	(The existing preventive health services	
	will remain as it is. PMCI should support	
	the services already provided by the	
	Medical Officer of Health team)	
	-Teaching of self examination	
	-Screening by history and clinical	
	examination	
3.6.3	Oral cancer -Counselling for avoidance of risk factors	
	-betel chewing, smoking, snuff dipping,	
	arecanut chewing, alcohol and oral	
	hygiene	
	-Identification and referral of people	
	with risk factor to dental surgeon	
	-Screening for oral potentially malignant	
	disorders in individuals with high risk	
	score-selected hospitals with dental	
	surgeon	
	-Referral of suspicious cases to oral and	
	maxilla-facial unit	
	*screening for oral potentially malignant	
	disorders in individuals with high risk	
	score	
3.6.4	Other cancers Thyroid cancer	
	-Thyroid cancer Screening by history and clinical	
	examination	

1.1	Emergency care		
	-Triage system		
	-Identification and stabilization of		
	emergency cases		
	-Resuscitation with basic life support		
	measures		
	-Referral: communication and transportation		
	-Management of minor emergencies		
	-Post exposure rabies vaccine		
	-Anti-venom for snake bites		-
4.2	Outpatient care		
	-Management of common conditions including medical, surgical, obstetrics and gynecology, paediatrics, ophthalmology, ENT and medically unexplained symptoms (MUS) with the support of essential medicines for the level		
	-Refer to higher level		
	*specialized medical clinics on internal medicine, obstetrics and gynecology, peadiatrics, surgery-selected hospitals		
4.3	Inpatient care		
	*management of common conditions requiring hospital admission within the limits of the essential medicines list for the level		
	Short term admissions		
	Long term inpatient care-selected hospitals		
4.4	Surgery and trauma care	V	
	-Drainage of superficial abscesses		
	-Suture of lacerations		
4.5	Oral healthcare		
	-Screening for dental caries, periodontal disease, oral potentially malignant disorders, and oral cancers, malocclusions, oral manifestation of		

	systemic diseases, risk factor identification for oral health problems	
	-Health promotion and habit	
	intervention	
	-Detection of children under 3 years	
	having risk for early childhood caries	
	-Basic oral health care package for	
	children under 3 years-dietary	
	counselling, use of fluoride toothpaste	
	for oral hygiene improvements. etc	
	-Fluoride application-only in hospitals	
	with a dental surgeons	
	-Fissure sealant -only in hospitals with a	
	dental surgeon	
	-Screening of all antenatal mothers for	
	oral health status and provision of basic	
	oral health care package-only in	
	hospitals with a dental surgeon	
	-Oral urgent treatment-management of	
	oral pain, infection and trauma	
	-Management of simple dental trauma- only in hospitals with dental surgeon	
_	-Early management of dental caries-	
	only in hospitals with dental surgeon	
	simple restorations	
	(emergency surgical dressings, glass	
	lonomer cement, light cure composite	
	restorations)	
	-Early management of peri odontal	
	diseases- only in hospitals with dental	
	surgeon scaling with ultrasonic scalar	
	-Providing oral hygienic instructions	
	-Uncomplicated tooth extractions- only	
	in hospitals with dental surgeon	
	-Root canal treatment- only in hospitals	
	with dental surgeon	
	-Uncomplicated minor oral surgery- only	
	in hospitals with dental surgeon	
	-Inbuilt dental x ray units in dental	
	chairs- only in hospitals with dental	
	surgeon	
	*Removable prosthesis- only in	
	designated hospitals with dental	
	surgeon	
	1)	

1.6	Rehabilitation	
	-Information and counselling on the role of families in the provision of palliative care	
	-Support to self help groups	
	-Control of acute and chronic pain	
	-Delivery of palliative care at PMCU/DH	
	-Delivery of home based palliative care - selected hospitals	
	*delivery of palliative care at intermediate units-selected hospitals, under shared care of consultant at apex hospital	
4.8	Support services	
4.8.1	Laboratory (OPD)	
4.8.1.1	Chemical pathology	
	-Blood sugar, serum cholesterol, U.albumin	
	-Collection of samples for UFR, lipid profile, Hb A1c	
	-Blood sugar, serum cholesterol, u.albumin, serum electrolytes, Troponin I, urine full report collection of samples for SGOT/SGPT, TSH, HbA1c, S bilirubin, S alkaline phosphatase, lipid profile, C reactive protein, serum creatinine	
4.8.1.2	Heamatology	
	-Collection of samples for blood grouping,full blood count, Erythrocyte sedimentation rate	
	*blood grouping, full blood count, Erythrocyte sedimentation rate	
4.8.1.3	Histology and cytology	
	Collection of cervical smear for PAP	
4.8.1.4	Microbiology	
	Sputum AFB-selected hospitals	
	HIV rapid test	
	Malaria RDT and microscopy- selected hospitals	
	Collection of samples for VDRL, sputum AFB	
	* Collection of samples for VDRL, sputum AFB, urine culture, blood culture, wound swab culture	

4.8.2	Radiology and other diagnostic tools	
	-ECG	
	*simple radiology-selected hospitals	
	Other ultrasound-selected hospitals	
	Spirometry- selected hospitals	
4.8.3	Pharmacy	
	Dispensing of medicine for OPD	
	*dispensing of medicine for in-patients	
	Dispensing medicines for special clinics - mental health,STI,TB,other consultants- selected hospitals	



සෞඛන, පෝෂණ තා දේශීය වෛදන අමාතනංශය சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு Ministry of Health, Nutrition & Indigenous Medicine

Provincial Directors of Health Services
Regional Directors of Health Services
Heads of all Health Institutions / Hospitals

Guideline on Services to be provided under the Sri Lanka Essential Services Package through Primary Medical Care Institutions (PMCI)

The Ministry of Health, Nutrition and Indigenous Medicine is adopting the Sri Lanka Essential Services Package (SLESP) as a tool towards achieving Universal Health Coverage.

It focuses on the interventions delivered at an individual level, under four components: (i) health services linked to the life course; (ii) prevention and management of communicable diseases; (iii) prevention and management of non-communicable diseases; (iv) services and platforms, which includes emergency care, dental care, rehabilitation services, palliative care and support services. These services are delivered at five main delivery sites: (i) home and community; (ii) Office of the Medical Officer of Health and Field Clinics; (iii) Primary Medical Care Units (PMCU); (iv) Divisional Hospitals (DH); and (v) Apex Hospitals. The current SLESP is valid for a period of five years, and thus, the services in the SLESP are expected to be made available to the citizens of Sri Lanka by the end of this period.

The PMCU, DH and Out Patient Departments (OPD) of Base, District General, Provincial General and Teaching Hospitals other than special institutions are collectively referred to as PMCIs for operational purposes. Please refer to the General Circular 01-18/2019 dated 7th March 2019 for further details.

The guideline on the services to be delivered by the PMCIs as given in the SLESP is attached herewith (Annex 1).

The Ministry of Health, Nutrition and Indigenous Medicine is emphasizing on the developments directed to strengthening primary curative care services and special attention is to be given to ensuring SLESP delivery at PMCI.

Dr. Anil Jasinghe

Dr. Anil Jasinghe Director General of Health Services Director General of Health Services Ministry of Health, Nutrition & Indigenous Medicine,

"Suwasiripaya" 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10.

Provincial Secretaries of Health CC:

Additional Secretaries of the Ministry of Health, Nutrition & Indigenous Medicine Deputy Directors General of Health Services

Guideline on the services to be provided at the Primary Medical Care Institutions (PMCIs) as out-patient services, as specified in the Sri Lanka Essential Services Package

Essential Service Package (ESP) is defined as detailed lists of interventions or services on personal care structured by level of care, and endorsed by the government at the national level. These interventions should be available to all and provided free of charge to the users. Interventions not included in the package should be made available but it cannot be guaranteed that they will cover the whole population.

ESP is" the set of preventive, promotive and curative health services, including the relevant medical goods, drugs and technologies, which every person should have access to, regardless of their ability to pay for them".

* Indicates additional minimum services which need to be provided at Primary Medical Care Institutions (PMCIs) with In-ward facilities

CROSS-CUTTING SERVICES

- Health Promotion (health education and behaviour change communication)
- Primordial prevention
- Life skills

1. HEALTH SERVICES LINKED TO THE LIFE COURSE

1.1 MATERNAL HEALTH

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

1.1.1 PRE-CONCEPTION CARE: healthcare for newly wedded

- Information and counselling on sexuality, pregnancy-related issues, nutrition, domestic violence, family planning, etc.
- Manage or refer identified problems

1.1.2 ANTENATAL CARE

- Information and counselling on self-care, nutrition, etc.
- Birth Planning, danger signs and emergency preparedness
- Support for woman living with HIV/AIDS
- Assessment of signs of domestic violence
- Monitoring progress of pregnancy, and assessment of maternal & foetal well-being
- Tetanus immunization
- Anaemia screening, prevention and control (iron & folic acid, Calcium supplementation, and deworming)

9/102/3786

- Nutrition assessment and counselling
- Syphilis and HIV testing and treatment of syphilis and HIV (woman & partner)
- Management of mild-moderate pregnancy complications (anaemia, urinary tract infection, vaginal infection)
- Management of severe pregnancy complications (pre-eclampsia, eclampsia, bleeding, infection Post-abortion (miscarriage) care and complicated abortion) - Identification and Referral only
- Management of late pregnancy complications (premature rupture of membranes, preterm labour, mal-presentations) – Identification and Referral only

1.1.3 DELIVERY CARE

- Diagnosis of labour Identification and Referral only
- Detection and management of complications (mal-presentations, prolonged or obstructed labour, Infection prevention hypertension, bleeding and infection) – Identification and Referral only
- * Diagnosis of labour selected hospitals Delivery – selected hospitals Active management of third stage of labour – selected hospitals Monitoring progress of labour with partograph – selected hospitals

1.1.4 POSTNATAL CARE

1.1.4.1 Immediate postnatal care (at the place of delivery)

- Detection and management of complications (genital tears, retention of placenta, retention of membranes, uterus atony, bleeding) - Prevention, identification and referral only
- * Monitoring and assessment of maternal well-being selected hospitals Detection and management of complications (genital tears, retention of placenta, retention of membranes, uterus atony, bleeding) - Prevention, identification, basic management and referral only

1.1.4.2 Postpartum care (from delivery to 6 weeks later)

- Support and counselling for exclusive breastfeeding
- Counselling on healthy lifestyle, nutrition and safe disposal/washing of pads
- Assessment of maternal wellbeing including nutrition
- Prevention, identification and management of blues/depression Identification and Referral only
- Identification of signs of domestic violence

Vitamin A mega-dose supplementation – selected hospitals

1.2 NEWBORN CARE

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

1.2.1 Immediate new-born care

- BCG within 24 hours of birth
- * Identification & management of breathing problems (digital stimulation, bag & mask resuscitation)
 selected hospitals

Delayed cord clamping - selected hospitals

Hygienic cord care - selected hospitals

Prevention and management of hypothermia - selected hospitals

- -Drying & wrapping
- -Skin-to-skin contact
- -Delayed bathing (after 72 h)

Breastfeeding within one hour after delivery – selected hospitals
Prevention of new-born conjunctivitis – selected hospitals
Screening for Congenital Hypothyroidism – selected hospitals
New-born examination before discharge – selected hospitals

1.2.2 New-born care after delivery (early and late care)

- Counselling about breastfeeding, nutrition, immunization, etc.
- Birth registration
- · Promotion and support for Exclusive Breastfeeding
- Identification and management of sepsis Identification and Referral only
- Identification and management of omphalitis
- Identification and management of preterm/LBW babies (skin-to-skin)
- Identification and management of neonatal jaundice
- Identification and management of breastfeeding problems
- * Weighing, temperature management & cord care selected hospitals
 New-born immunizations (BCG) selected hospitals
 Screening for congenital problems selected hospitals
 Vitamin K supplementation

1.3 CHILD CARE

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

1.3.1 IMMUNIZATION

Immunization as per national schedule – In hospitals where the MOH team conducts the clinics

1.3.2 NUTRITION

1.3.2.1 Promotion of child nutrition (Infant and Young Children Feeding (IYCF) practices)-

- Exclusive breastfeeding for the first 6 months
- Introduction of appropriate complementary food at 6 months
- Continued breastfeeding for at least 2 years

1.3.2.2 Growth Monitoring and correction of nutritional problems

- Growth monitoring and nutrition counselling Child Welfare Clinic (CWC) conducted by MOH team in Hospitals where the MOH team conducts the clinics
- Identification and referral of Moderate Acute Malnutrition (MAM) CWC conducted by MOH team in Hospitals where the MOH team conducts the clinics.
- Identification and referral of Severe Acute Malnutrition (SAM) Identification and referral only
- Disease-related malnutrition Identification and Referral only

1.3.3 DEVELOPMENT CARE

- Promotion of child development
- Early interventions and referral to specialist

1.3.4 MANAGEMENT OF SICK CHILDREN

- Management of moderate and severe cases of fever, asthma and respiratory infections, diarrhoea, etc. - Mild/Moderate cases only
- Zn supplementation in management of diarrhoea

1.4 SCHOOL HEALTH

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Immunization with HPV to girls 10-11 years old (6th grade)
- Immunization with aTd vaccine at 12 years of age

^{*} Disease-related malnutrition – selected hospitals

1.5 ADOLESCENT AND YOUTH HEALTH

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Immunization with Rubella-containing vaccine to females above 15 years old if not immunized before
- Common complaints to be managed by curative side
- Sexual and Reproductive Health services to adolescents

1.6 FAMILY PLANNING

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Counselling on Family Planning and its methods, particularly at some periods
 - o Pre-conception
 - o Post-partum
 - o Post-abortion
 - o Adolescent
- Determine medical eligibility for the chosen method
- IUD insertion and removal
- DMPA
- Hormonal implants
- Combined Oral Contraceptive
- Condoms
- Emergency contraception
- Management of adverse effects of Family Planning methods

1.7 GENDER-BASED VIOLENCE (GBV)

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Prevention and identification of gender-based violence
- Post-GBV care (prevention of STD and HIV, emergency contraception, and support and counselling)

1.8 ELDERLY CARE

- · Prevention and identification of common issues
- Identification of Dementia requiring care (Home/Institution)
- Information and promotion of active ageing
- Identification of elderly requiring care (home or institution)
- Day care Selected hospitals

* Geriatric ward (acute and intermediate care)
Geriatric step down care (long term care)
Delivery of home health care – selected hospitals
Respite care

2. HEALTH SERVICES LINKED TO THE PREVENTION AND MANAGEMENT OF COMMUNICABLE DISEASES

2.1 VACCINE-PREVENTABLE DISEASES

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

 Immunization mentioned under Maternal and Child Health, School Health and Adolescent and Young Health - conducted by MOH team in Hospitals where the MOH team conducts the clinics

2.2 TUBERCULOSIS

- · Presumptive/suspicion diagnosis
- Laboratory diagnostic Selected hospitals
- Drug distribution, including Directly Observed Treatment Short-course (DOTS)
- * Screening of contacts selected

 Follow up, clinical selected hospitals

 Follow up, laboratory selected hospitals

2.3 DENGUE

- Presumptive diagnosis (Complete Blood Count (CBC) as per guidelines)
- Management of Dengue Fever ambulatory/ inward care and follow up after discharge only
- Notification (Surveillance on Suspicion)

2.4 MALARIA

- Presumptive diagnosis (fever + potential exposure)
- Diagnosis: Rapid Diagnostic Test (RDT) Selected hospitals
- Diagnosis: blood smear Selected hospitals
- Management of uncomplicated cases
- * Diagnosis: RDT

2.5 STD/HIV/AIDS

- Counselling on safe sexual practices and other risk factors
- Distribution of condoms

- STD suspicion and referral
- HIV testing: RDT (selected areas)

2.6 LEPROSY (Selected MOH areas)

Screening

2.7 LEPTOSPIROSIS

 Suspicion (fever, history of exposure and/or evidence of organ involvement) and referral for diagnosis, treatment and notification

3. HEALTH SERIVES LINKED TO THE PREVENTION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES

3.1 CARDIOVASCULAR DISEASES

- Primordial prevention of risk factors
- Primary prevention, including
 - o reduction of indoor air pollution
 - tobacco cessation
 - o avoiding harmful alcohol consumption
 - o increasing physical activity
 - o adopting a healthy diet
- Screening for risk factors, including indoor and outdoor air pollution
- Total Risk Assessment (TRA) for CVD
- Lab test (Fasting Blood Sugar (FBS), cholesterol, renal function)
- ECG
- Clinical management and follow up according to TRA score and Blood Pressure (BP) levels
- Secondary prevention:
 counselling and support for lifestyle n
 - counselling and support for lifestyle modifications (including air pollution)
 Support to stop smoking and alcohol dependence,
 screening at school medical inspection (SMI)
- Screening/examination for chronic complications
 - o retinopathy (ophthalmoscopy) Referral only
 - o renal function
- Identification, stabilization and referral of acute complications (ischemic heart disease, cerebrovascular accident)
- Management of ischemic heart disease, stroke Long-term management with aspirin, statins and BP agents only
- Management of heart failure Long-term medical management only
- Prevention of Rheumatic Heart Disease

3.2 DIABETES MELLITUS (DM)

- Screening (Fasting or Random Blood Sugar)
- Diagnostic (FBS/HbA1c)
- Management of DM-II
- Management of DM-II requiring Insulin Selected hospitals
- · Counselling & support for lifestyle changes
- Screening/examination for chronic complications
 - o retinopathy (ophthalmoscopy) Referral only
 - o renal function (albuminuria)
 - o neurological and vascular: diabetic foot
- Management of chronic complications
- Lab follow-up:
 - o FBS
 - Cholesterol
 - o HbA1c
- Identification & stabilization of acute complications according to guidelines (hypoglycaemia, hyperglycaemia, diabetic ketoacidosis) - Identification and Referral only

3.3 CHRONIC RESPIRATORY DISEASES

- Primordial prevention of exposure to risk factors (allergens, smoking, indoor and outdoor pollution, occupational risks)
- Primary prevention, including smoke cessation, air pollution and exposure to occupational risks
- Screening for risk factors
- Diagnostic and characterization
 - o clinical history, examination & peak flow meter
- Management of mild/moderate cases
- Management of exacerbations Identification and Referral only
- Management of complicated cases (e.g. status asthmaticus) requiring monitoring and admission

 Identification and Referral only
- Counselling and support on lifestyle change

3.4 CHRONIC KIDNEY DISEASE (CKD)

- Information on CKD and CKDu, risk factors, consequences and management options
- Screening in selected sites Collection only
 - o Serum Creatinine
 - estimated Glomerular Filtration Rate (eGFR)
 - Urine Albumin Creatinine Ratio (UACR)
- Diagnostic and assessment of additional risk factors for CVD

3.5 MENTAL HEALTH

- Identification of mental health issues —in collaboration with school health, maternal health, etc.—including
 - o substance abuse
 - depression

- o behavioural issues in adolescents and youth
- determinants of deliberate self-harm
- Referral to Mental Health Clinics (MO/MH, MO-Diploma)
- Management and follow-up of mild conditions
- * Diagnostic and prescription of psychotropics Selected hospitals (with MH clinic)
 Day care selected hospitals
 Rehabilitation/intermediate care selected hospitals

3.6 CANCER

Counselling and support for healthier lifestyle, avoiding risk factors

3.6.1 CERVICAL CANCER

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Immunization with HPV vaccine at 10-11 years old
- PAP smear

3.6.2 BREAST CANCER

(The existing preventive health services will remain as it is. PMCIs should support the services already provided by the Medical Officer of Health team.)

- Teaching of self-examination
- Screening by history and clinical examination

3.6.3 ORAL CANCER

- Counselling for avoidance of risk factors (betel chewing, smoking, snuff dipping, areca nut chewing, alcohol) and oral hygiene
- Identification and referral of people with risk factor to Dental Surgeon
- Screening for Oral Potentially Malignant Disorders in Individuals with high risk score Selected hospitals (with Dental Surgeon)
- Referral of suspicious cases to Oral and Maxillo-Facial Unit

3.6.4 OTHER CANCERS

Thyroid cancer:
 Screening by history and clinical examination

^{*} Screening for Oral Potentially Malignant Disorders in Individuals with high risk score

4. SERVICES AND PLATFORMS

4.1 EMERGENCY CARE

- Identification and stabilization of emergency cases
- · Resuscitation with basic life support measures
- Referral: communication and transportation
- · Management of minor emergencies
- Post-exposure rabies vaccine.
- Anti-venom for snake bites

4.2 OUTPATIENT CARE

- Management of common conditions –including medical, surgical, Obstetrics & Gynaecology, paediatrics, ophthalmology, ENT, and Medically Unexplained Symptoms (MUS) etc.) with the support of Essential Medicines for the level
- Referral to higher level

4.3 INPATIENT CARE

*Management of common conditions requiring hospital admission, within the limits of the Essential Medicines List for the level

Short-term admissions

Long-term inpatient care – selected hospitals

4.4 SURGERY AND TRAUMA CARE

- Drainage of superficial abscesses
- Suture of lacerations

4.5 ORAL HEALTHCARE

- Screening for Dental Caries, Periodontal disease, Oral Potentially Malignant Disorders (OPMD) and Oral Cancer, Malocclusions, Oral manifestation of systemic diseases Risk factor Identification for oral health problems
- Health promotion and habit intervention
- Detection of children under 3- years having high risk for Early Childhood Caries
- Basic oral health care package for children under 3 years (dietary counselling, use of fluoride toothpaste for oral hygiene improvements, etc.)
- Fluoride application- Only in hospitals with a Dental Surgeon
- Fissure sealant -Only in hospitals with a Dental Surgeon

^{*} Specialized medical clinics on Internal Medicine (IM), Obstetrics & Gynaecology, Paediatrics, Surgery – selected hospitals

- Screening of all antenatal mothers for Oral Health Status and provision of basic oral health care package- Only in hospitals with a Dental Surgeon
- Oral Urgent Treatment (Management of Oral pain, Infection and Trauma)
- Management of simple dental trauma Only in hospitals with a Dental Surgeon
- Early management of dental caries Only in hospitals with a Dental Surgeon
 Simple restorations
 (Emergency surgical dressings, Glass Ionomer Cement (GIC), Light cure composite restorations)
- Early management of periodontal disease Only in hospitals with a Dental Surgeon Scaling (with ultrasonic scalar)
- Providing Oral Hygiene Instructions
- Uncomplicated tooth extractions Only in hospitals with a Dental Surgeon
- Root canal treatment Only in hospitals with a Dental Surgeon
- Uncomplicated minor oral surgery Only in hospitals with a Dental Surgeon
- In built dental x-ray units in dental chairs Only in hospitals with a Dental Surgeon

4.6 REHABILITATION

- Assessment of rehabilitation requirements selected hospitals
- Referral to Rehabilitation Departments/Hospitals

4.7 PALLIATIVE CARE

- Information and counselling on the role of families in the provision of palliative care
- Support to self-help groups
- Control of acute and chronic pain
- Delivery of palliative care at PMCU/DH
- Delivery of home-based palliative care selected hospitals

4.8 SUPPORT SERVICES

4.8.1 LABORATORY

4.8.1.1 Chemical pathology

- Blood Sugar, Serum Cholesterol, U. Albumin
- Collection of samples for UFR, lipid profile, Hb A1c

^{*}Removable prosthesis - Only in designated hospitals with a Dental Surgeon*

^{*} Assessment of rehabilitation requirements

Community Based Rehabilitation – selected hospitals

Physiotherapy – selected hospitals

^{*} Delivery of palliative care at intermediate units — Selected hospitals, under shared care of Consultant at Apex Hospital

* Blood Sugar, Serum Cholesterol, U. Albumin, Serum Electrolytes, Troponin I, Urine Full Report Collection of samples for SGOT/SGPT, TSH, HbA1c, S Bilirubin, S Alkaline Phosphatase, lipid profile, C-Reactive Protein, Serum Creatinine

4.8.1.2 Haematology

- Collection of samples for Blood Grouping, Full Blood Count, Erythrocyte Sedimentation Rate
- * Blood Grouping, Full Blood Count, Erythrocyte Sedimentation Rate

4.8.1.3 Histology and cytology

· Collection of cervical smear for PAP

4.8.1.4 Microbiology

- Sputum AFB selected hospitals
- HIV Rapid Test
- Malaria RDT and microscopy selected hospitals
- Collection of samples for VDRL, Sputum AFB

4.8.2 RADIOLOGY & OTHER DIAGNOSTIC TOOLS

ECG

*Simple Radiology – selected hospitals Other ultrasounds – selected hospitals Spirometry – selected hospitals

4.8.3 PHARMACY

Dispensing of medicines for OPD

*Dispensing medicines for inpatients

Dispensing medicines for special clinics (mental health, STI, TB, other consultants) – selected hospitals

^{*} Collection of samples for VDRL, Sputum AFB, Urine Culture, Blood culture, Wound Swab culture