DRAFT: 5

THE COMPREHENSIVE PRIMARY HEALTH CARE SERVICES PACKAGE

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THE COMPREHENSIVE PRIMARY HEALTH CARE SERVICE PACKAGE OVERVIEW

Please find enclosed a copy of the latest draft of the Comprehensive Primary Health Care Service Package of PHC Services.

The purpose of this package is, in the perspective of equity, to define a minimum basket of PHC services which within a period of 3 to 5 years will be common to the whole country. This package would help to quantify requirements in terms of staffing, infrastructure, equipment and financial resources. It is hoped that this quantification would then assist health managers negotiating an appropriate budget with their provincial authorities.

Development of this package was commissioned to the Centre for Health Policy at Wits University and the Centre for Health Research and Development at the University of the Free State, with funding from the Health Systems Trust. The development of the Package built on the work on "Needs/Norms" from the Centre for Health Policy and on the initial package developed by the Gauteng Health Department. The package went through a process of consultation initially with managers and providers in Gauteng and the Free State, then with all directorates in the Department of Health. A series of consultation workshops were held in eight provinces. Comments from all these consultation process have been integrated in the package to form this latest draft.

The package is presented as follows : an introduction explaining the background to the Package, the Package itself with an explanation of the different levels of services presented, a list of services and their components with suggested prioritisation. The two appendixes cover the following : Appendix 1 is a presentation of the envisaged resources implications : financial, staffing and facilities; Appendix 2 is a report from the provincial consultation process with its ensuing recommendations.

At this stage, it is worth noting the following :

a) *the package is still in the form of a listing on paper. Its real feasibility, and the consequent prioritisation, can only be assessed through a thorough piloting process.*

b) *the resource implications have been assessed through the adaptation of the 'needs/norms' quantification model. It is essential to firm up, through piloting, the norms and standards underlying the model as well as the costing.*

c) *implementation of the package carries with it a number of human resources implications : categories of staff for specific level of services, code of practice . This will need to be looked at in the very near future to enable appropriate piloting.*

ACKNOWLEDGEMENTS :

Financial Assistance for the development of the Package was provided by the Health Systems Trust, and for the consultation in provinces by the European Union.

The research work was carried out by Emmanuelle Daviaud and Jorge Cabral from the Centre for Health Policy at Wits University and by Abdul Elgoni from the Centre for Health Systems Research and Development at the University of the Free State. The consultation wo rkshops were run by Ms Assy Moraka from the Department of Health and the two principal researchers.

Core-Package initiative was co-ordinated for the Department of Health by Dr Louis Classens , Ms Myrah Mashigo and Ms Assy Moraka .

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THE COMPREHENSIVE PRIMARY HEALTH CARE SERVICES PACKAGE INTRODUCTION

At the request of the Department of Health, a Comprehensive Primary Health Care Service Package of Primary Health Care Services has been developed by the Centre for Health Policy (University of the Witswatersrand) and the Centre for Health Systems Research and Development (Free State University). It covers services rendered at community level, clinic/mobile level and Community Health Centre level.

These represent the services which should be rendered, for in order PHC services to be fully comprehensive. However it is clear that not all provinces, regions, districts and local authorities will be able to immediately provide all these services. Rather they represent a 5 years goal, both in terms of services and type of organisation, by which time the Department of Health expects that this basket of services will be delivered everywhere. In that perspective , timing for phasing-in implementation has been suggested, reflecting which services should be rendered now, which within 3 years and which within 5 years. In order to assess the feasibility of such a project, an indicative calculation of resources implications has been added, covering both the financial and human resource costs.

WHY SUCH A PACKAGE NOW ?

A tool to negotiate budgets for PHC

The development of the package takes place in a context where provinces have complete discretion on their budget allocations between health and other sectors. This discretion also applies within health, between tertiary, secondary and primary health sectors. In an attempt to move towards a higher level of equity in the delivery of PHC services throughout the country, and to protect a reasonable part of the budget for Primary Health Care, the DoH suggested to develop a package with common norms and standards and to draw the budgets implications. This, it is hoped, would assist health managers in their budget negotiations at provincial level.

A planning tool to move towards comprehensive services

With the policy shift towards greater emphasis on PHC, comes the need to plan for the implications of introducing a comprehensive primary health care service. In a large number of areas, PHC services are limited to preventative/promotive with a significant part of PHC level curative services being rendered by hospitals. The detailed list of services with their staffing (both in numbers and level of competency) and costing implications may assist managers to plan the phasing-in of comprehensive services both in terms of resources and in terms of organisational implications.

Planning for the integration of non-personal services :

There is a danger that, given the scarcity of resources managers have to deal with, primary health care be reduced to the delivery of personal services. The White Paper for the Transformation of the Health System in South Africa emphasizes the importance of community services as part of Primary Health Care. The section on community services in the Package aims at helping future districts planning this aspect of Primary Health Care.

A tool to monitor move towards Comprehensive PHC services :

Together with the package listing services, a monitoring and evaluation tool will be prepared. This should assist managers monitoring what aspects of the package have been implemented, and which ones have not. This would assist in identifying the reasons for the selective implementation and help the next planning phase.

A tool to assist health workers identifying the scope of services to be delivered :

For a number of health workers used to deliver preventative/promotive services only, or for ex-hospital workers used to provide curative services, the scope of services to be delivered will change. As mentioned by a number of health workers during the initial consultation, the format of the package could be a useful tool for both health workers and health managers to help this process. Whilst concerns were raised by managers that this could lead to workers refusing to carry out activities not specifically mentioned in the package, the package is not detailed enough to carry that risk. It is able to a ddress scope of work , rather than detailed activities.

A tool to assist communities on what they can expect :

As the move towards comprehensive health care will have to be a progressive one, with services being phased-in over a period of time, having a document which states clearly what services are and are not included in the current package at a point in time, would help informing politicians and communities about what they can expect from their local health services. This in turn is likely to help involvement of politicians and communities in the debate on priorities and their implications.

Why a package defined centrally ?

As stated earlier, an important goal of the package is to establish national minimum norms and standards as a move towards greater equity in PHC service provision. Whilst the initiative to create such a package was taken at a national level, the work to develop the initial version of the package built on work carried out in some provinces. Comments and suggestions from the consultation with the provinces were integrated to create a new version of the package. It is likely that if consultation with the provinces would have started with a blank slate, the process would have been much more lengthy at a time where there is a real urgency with defining the content of Primary Health Care.

HOW WAS THE PACKAGE DEVELOPED ?

An horizontal approach

The approach used for developing the package was deliberately a service-based, rather than a program-based type of approach. It aimed a t defining services per level of facility as a way to maximize the integration of services. However, in order to ensure that all the different components of services (ie. the range of personal and non-personal services, and the range from community based services to community health centres) a vertical breakdown per type of condition was performed in parallel with the horizontal analysis. The two approaches were then merged to produce the Package.

An inclusion rather than exclusion approach

Some argue that it would be easier to define services as "everything except ...". Whilst this approach has been used for hospital packages to define which kind of procedures has to be performed by different levels of hospitals, the purpose of this PHC package is to move towards the definition of comprehensive services. It is thus more operational to specify what is included at the different steps of the

phasing-in process. This approach also allows to better quantify the resources implications.

What Health Objectives are being targeted ?

The package, and the suggested timing for phasing-in, reflect the definition of the priority areas which need to be protected :

a) Child Health, and in particular infectious diseases

b) STDs and AIDs

c) TB

d) Reproductive Health : Ante-Natal, Family Planning and Maternity

e) Mental Health

f) Chronic Diseases (HP, Diabetes, Asthma)

g) Trauma and Injuries

h) Disabilities

Costing and staffing quantification

In order to assess the resources implications of the proposed package, an indicative costing and quantification of staffing was carried out. (See Appendix 1). Steps to reach the indicative costing are explained, and the factors most likely to influence level of costing are identified.

Staffing level (numbers and categories of staff for clinics and CHCs) are suggested, for areas with high and low density of population.

Whilst based on observations of a number of clinics and CHCs, this quantification is theoretical and will need to be adapted to the local situation. A computer program for such an exercise is in the process of being finalized.

Consultation process

The package grew out of work developed by the Centre for Health Policy (The 'Need/Norms' project) and package developed by the Gauteng Health Department. The former relied heavily on consultations with experts whilst the

latter developed out of a lengthy process of consultation with provincial and local authorities officials. From these two initiatives emerged a new version of the Comprehensive Primary Health Care Service Package. It was discussed further with experts, and a process of consultation on the ground was then set up in Gauteng and the Free State. Health services managers and front-line providers working in mobiles, clinics and community health centres were consulted. Urban, peri-urban and rural areas were covered and a mix of local authorities and province-run services were contacted. Comments from this consultation process led to a revised version of the Package which was then presented to the Department of Health. Each Directorate made comments and suggestions which were incorporated in this latest version of the Comprehensive Primary Health Care Service Package.

Subsequently consultation workshops were held in 8 provinces. Comments, suggestions and recommendations from these workshops were integrated in this new version of the Package.

DESCRIPTION OF LEVEL OF SERVICES

COMMUNITY SERVICES *:*

This section covers the whole catchment population and as such includes three different types of services :

a) district management functions

b) non-personal services

c) personal services : home-based

District management functions

The district management will have a co-ordinnating function between the various levels of services. To list just a few amongst them :

* *ensuring proper referral system from community, to clinic, to CHC, to district hospital and beyond.*
* *ensuring a smooth drug supply across the district*
* *ensuring and monitoring that activities take place outside of facilities: adequate organisation of outreach services by clinics, adequate systems of visits by CHCs, environmental health, and other relevant specialists to local clinics. Given the pressures on facilities from the immediate workload of presenting patients, there is a danger that these out-of-facility activities will be undermined. It is thus important that district management ensures proper planning and monitoring of such activities.*

Non-personal services

These cover district-wide services : environmental health, health promotion, school health services and services to other institutions. Again smooth and equitable distribution of these services will need to be co-ordinnated by district management, even if rendered from a more localized base.

Personal services : home-based

Given the scarcity of resources for this type of services, it is essential in the pursuit of equity that such services be planned at a district management level from a picture of localized needs.

CLINICS AND MOBILE SERVICES

Services at clinics were defined, not by the size of the facility, but by the level of skills of the staff. As such they include, as part of the common package, services which can be delivered by a professional nurse. Additional services could be delivered if regular visits by doctors or other specialists (psychiatric team, ophthalmologist, rehabilitation specialists, environmental health officers ...) are organized. This is of particular importance in rural areas where CHCs/hospitals may be non-existant or very distant.

Proposed organisation of clinics suggest three service points (children, adults, fast-queue/repeat), although local clinics may choose different types of organisation, better adapted to their situation.

COMMUNITY HEALTH CENTRES

The proposed organisation of CHCs is a target, and may not apply immediately to the current organisation of services. Some areas do not have CHCs yet, and for other some services would , in the short term, be better rendered from existing hospitals (eg. deliveries, casualty, TOPs). However the proposed organisation suggests that a CHC be structured with three components :

** a clinic for the local catchment area*

** a referral section with specialists*

** a 24 Hours unit with maternity and casualty*

In addition to the services rendered at CHC level, the CHC referral section staff will also visit clinics to hold clinical sessions and training/audit/staff support sessions. Such visits would decrease the level of referrals and increase the quality of care at a local level. Where CHCs do not exist, local hospitals could take over that function.

REFERRAL MECHANISMS

There is a danger that CHCs would be seen as center of excellence and be overloaded with patients, as is evidenced now by the by-passing phenomenon of PHC patients attending OPDs in hospitals. Given the proposed structure of CHCs with its three components, the following suggestions were then made :

* *All patients attending the referral section will need a letter from the clinic*

* *Those patients presenting directly to the referral section without a letter will be sent to the clinic section of the CHC where the need for referral will be assessed.*
* *Referral down from CHC to clinic must be accompanied by a letter clarifying the diagnosis and next steps.*
* *Serious casualty cases will be referred directly from clinic to hospital without going through CHC.*
* *Smooth referral system from CHC to District hospital need to be set up.*

Such strict referral system will however require the following :

* *A concerted marketing campaign to describe the respective roles of the clinics and CHCs, and mention visits of specialists teams at clinics.*
* *A regular supply of drugs to clinics. Inadequacy of drug supply at clinic level has proven to be an important factor in the by-passing phenomenon.*

THE PACKAGE

The current package is divided in three sections :

** Community services (non-personal services and ommunity-based personal services)*

** Clinics/ ♦ mobiles*

**Community Health Centres (CHC)*

For each section, detailed components of services are listed, with a proposed timing for implementation. The overall aim is to reach delivery of comprehensive services across the country within 5 years.

As such the proposed organisation of services, in particular CHCs, as well as the list and components of services represent a five year target.

The following section "Description of level of services" explains the criteria used for allocation of services in one level of the other. It also makes a few suggestions concerning referral mechanisms.

The next section is the Comprehensive Primary Health Care Service Package itself with list of services and components of services. Sections on infrastructure and equipment have been left blank. These will be filled when agreement on the content of the Package will have been reached. In the same way management structure and support services have not been detailed, nor the information and monitoring systems. This will be done following agreement on the content of the Package.

Appendix 1 presents theoretical resources implications of the Package : staffing, cost, facilities. Those are only notional and will be firmed up with the piloting process .

Appendix 2 is a report from the consultation process in the provinces, which spells out the main issues raised, as well as some recommendations.

RICT BASED SERVICES

	PROCESSES
TRUCTURE AND EQUIPMENT :	*COMPONENTS OF SERVICE:*
	5
	5 *District level services*
F STAFF :	5 ⇒ *Marketing message*
	⇒ *Health promotion*
	5 ⇒ *School health services*
onal Nurse	⇒ *Environmental/occupational*
lurse	5
Health Therapist	5 *Institutions :*
ssistant Health Therapy	*65535 Children*
sychologists	

65535	*Tertiary Education Institution*
65535	*Prisons*
5	*Home-based Care :*
a65535	*Special needs register*
b65535	Terminally ill/palliative
65535	Geriatrics
165535	Disabled
65535	
65535	School Health Services
g65535	Promotive Health Services

t/Dietitian

LOs

ASOs

HOs

ealth promoters

harmacy Support Staff

ral Health Professionals

ocial Workers

1.1 DISTRICT LEVEL SERVICES/INTERSECTORAL

The District should ensure the inter-sectoral collaboration between Health and Social welfare, Education, Water Affairs and H Departments and other related sectors.

ENTS	*Time Frame*
h :	
Youth Commission	
community organizations	
NGOs about liaison of services	*xx*
l healers :	

coordination	
training: referral follow-up STDs, HIV, TB	*xx*
training other	*o*
h other health workers :	
Environmental Health	
Private GPs and nurses	*xx*
Social workers	*xx*
Occupational Health services	
community on :	
perception of quality and convenience of services	*xx*
coverage	*o*
community participation	*xx*
on of disaster relief plans	*xx*
and hazard investigation and response	*xx*
on immunization , other health days, Youth	*xx*
on of DOT system for TB	*xx*
acing : typhoid ...	*xx*
racing for :	
immunization	
TB	*xx*
Mental Health	*xx*

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1.2 NON-PERSONAL SERVICES :

1.2.1 MARKETING MESSAGES

ENTS	*Time Frame*
IEC messages and material on :	
rights of the child	*xx*
immunization	*xx*
breast-feeding	*xx*
oral health	*xx*
lifestyle	*xx*
life skills	*xx*
TB,	*xx*
AIDS, STDs, condoms	*xx*
mental health	*xx*
Nutrition including safe food preparation	*xx*
abuse	*xx*
substance abuse	*xx*
prevention of road accidents	*xx*
prevention domestic accidents	*xx*
environmental issues	
use of appropriate level of service	*xx*
clinic versus hospital for PHC	
need of Road to Health Card	*xx*
in relevant places and media on services available, means of access and opening times	*xx*

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section refers to marketing through use of media or posters ... It does not refer to education and training activities, which covered either in CHC Promotive activities.

PROTOCOL PROMOTIVE HEALTH SERVICES

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NENTS	Time Fr me
Promotion healthy lifestyle	
	xx
Plan health promotion for the center and other clinics	
	xx
Implement health promotion activities with mass and traditional media	
	xx
Provide training and other support to the attached clinics health promotion activities	xx
	xx
Ensure health promotion in schools, workplace, community groups	xx
	xx
ASOs with special emphasis on :	
	xx
utrition including food safety	
ronic diseases	

enetic/congenital disorders
e skills especially sexuality and parenting
coholl/substance abuse
noking
creation, relaxation and stress management
evention of violence and substance abuse
vironmental health issues

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NENTS	Time Fra me
lanage /co-ordinate environmental health for district	xx
	xx
anage community interface for environmental services	xx
	xx
vironmental Impact assessment	xx
	xx
nemical safety/ food safety	xx
	xx
sure resource management : budget, resource, infrastructure	xx
	xx
	xx
	xx
formation system	xx
ticipate / Recognize / plan for environmental health problems	
sure inter-sectoral collaboration	
anage disposal of sharps	
onitor implementation of environmental health and food safety regulations	

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SONAL COMMUNITY BASED SERVICES

District will liaise with and provide appropriate support e.g. health professionals, EDL and other materials the
s :Children (creche, centre for young offenders), Disabled, Geriatrics,
Tertiary Institutions, Other (e.g. Shelters)
titutions, will refer to the nearest centre as appropriate

HOME-BASED CARE

	COMPONENTS	*Time Frame*
needs register : *and families :*	*Organization of home visits by / support by social worker*	*o*
growth faltering	*Selection of cases needing more health intervention, including emotional growth faltering*	*o*
needing Rehab	*Provision of aids for improving activity for daily living*	*o*
	Support to families , including for Welfare Grants	*o*
	Enlisting support from community groups for individuals and families	*o*
e care *te stage care*	*Visits by auxiliary nurse, supported by professional nurse*	*xx*
l care	*Home nursing care and training for care givers*	*o*
	Enlist support (as above)	*o*

	Provide equipment	*o*

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WORKPLACE :

ct will liaise with the following institutions and provide appropriate support e.g. health professionals, EDL and othe

	COMPONENTS	*Time Frame*
ATIONAL H	*ender occupational health promotion services*	*oo*
	romotes development of child-care facilities and ctation areas	*oo*
	ensitize workers to specific occupational health problems	*oo*
	rimary risk assessment of occupational health exposure	*oo*
	acilitate formation of Occupational health / safety committees at workplace	*oo*
	lonitor child labor	*oo*
	ducation of employers and workers	*oo*
	upport of people with substance abuse	*oo*
	are of people with chronic diseases	*oo*

	upport data collection	*oo*
E	*rovide DOTs*	*o*
	Education of employers and workers	*o*
	Where occupational health service exists, diagnose, treat TB and trace contacts	*o*

RAME FOR IN TROCUTION OF SERVICE
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oduce after y ar 2000 ; oo = introduce after year 2005

SERVICES FOR SCHOOL AGE CHILDREN

in of service :

now : 1 visit per year to grade 1 children , Priority 2 : grades 1 and 7, Priority 3 : grades 1, 4 and 7

ents	*Time Frame*
development of child to child program re: hearing and visual deficiencies	*xx*
screening :	*xx* *xx*

eyes *rs* *al health care* *mmunization status* *eart problems* *enetic/congenital disorders* *hysical development* *ental health & neurological problems* *hild abuse*	*xx* *xx* *o* *o* *xx* *x* *x*
mass deworming in endemic areas	*x*
health education and prevention *oral health* *e skills, sexual health*	*o* *o*

referral when needed	*xx*
organization of youth oriented services and overall activities in the community groups) and schools	*o*

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REHABILITATION SERVICES

should ensure the inter-sectoral collaboration between Health and Social welfare, Education, Water Affairs and Housing Departments and ors..

ENTS	*Time Frame*
alysis regarding services	*xx*
and supporting the development of self-help groups	*xx*
ts for detection and follow up of people with disabilities	*xx*
working with rehabilitation and disability forums, CBOs and NGOs.	*xx*
supporting research, training and sensitizing programs for care givers, volunteers, h disabilities, etc...	*xx*

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2.CLINIC

IC / MOBILE - SERVICE POINT : CHILDREN UP TO 12 (or 18 ?)

	PROCESSES
RUCTURE AND EQUIPMENT :	CIFIC ORGANIZATION DETAILS :
	All services available daily
STAFF :	Checking on schedules for preventive activities to be done for each curative contac
	Monitoring of normal growth and development
eneralist Nurse	Health Promotion
rolled Nurse or Assistant Nurse ther support staff : cleaner, clerk . siting dental therapist, Oral hygienist and sistant	Maintain records for follow-up and stats
	COMPONENTS OF SERVICE:

	Child Preventative
	Child Curative
EQUIREMENTS :	

COMPONENTS		Time Fram
tion :		
B	birth	xx
		xx
ertussis, Diphteria, Tetanus	birth, 10 weeks, 14 weeks	xx
olio	ditto	xx
		xx
epatitis B .	ditto	o
		o
easles	9 months, 18 months	
btiter		
ubella		
g according to protocol & appropriate referral :		
onitor child weight focusing on at risk children: 5 visits first year and 4 visits second year		xx
sk factors linked to growth faltering (individual + family) needing attention (according to schedule) - PEM		xx
her physical development problems		
enetic/congenital disorders (detectable by simple clinical means)		xx
		xx
tellectual, behavioral, emotional development problem		xx
		xx
gns of abuse		

al health *eeds of curative care (at the time of each visit)*	*xx* *xx*
ion, education and counselling to parents	*xx*
utritional supplements (Vit A. Iron) in accordance with policy	*xx*
hment of breast-feeding support groups	*oo*
oad to Health Card	*xx*

RAME FOR IN TROCUTION OF SERVICE
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CE COMPONENTS	*Time Frame*
g Road to Health card, immunization schedules and responding to problems d through this screening	*xx*
for complications in case of congenital disorders	*o*
deworming of primary school children in specified endemic areas, and primary hildren where school-based program not in place *deworming of pre-school children in specified endemic areas*	*xx* *o*
ion, education and counselling to parents	*xx*
tics and Prescriptions according to protocols (including indications for referrals)	*xx*
e care	*xx*
emergencies : *ressings , bandages and splints* *ture* *hydration for mild diarrhea* *ebulising / asthma*	 *xx* *oo* *xx* *xx* *xx*

urns management	
g prior to emergency referral	*xx*
ment of malaria and other endemic diseases	
port information on outbreak for clinic catchment area	*xx*

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
oduce after y ar 2000 ; oo = introduce after year 2005

IIC / MOBILE - SERVICE POINT : ADULTS, > 12 (OR 18 ?)

	PROCESSES
TRUCTURE AND EQUIPMENT :	*CIFIC ORGANIZATION DETAILS :*
	All services available every working day
F STAFF :	
onal Nurse	*COMPONENTS OF SERVICE:*
Nurse or Assistant Nurse	
	Ante-Natal Care and deliveries
port staff : cleaner ,clerk ...	
	Post-natal Services
ting specialized staff	
	Family Planning
	Sexual Abuse
	Medical TOPs
	Screening Cervical cancer,
	Screening genetic disorders

	Acute Curative
	TB
	Basic Rehab
	Environmental Services
	Chronic Diseases and Mental Health will be covered in the fast point
EQUIREMENT:	

2.2.1PROTOCOL ANTENATAL CARE AND DE

Only low risks pregnancies are seen a
Designated clinics should be categorized

ENTS	*Time Frame*
observations according to schedules for ANC at each step of the pregnancy isits)	*xx*
g for risk factors and situations in the evolution of the pregnancy according to protocols	*xx*
o CHC if needed, according to protocols	*xx*
ooking - preparation for delivery - where required	*xx*
ducation and counselling to pregnant women and partner on:	

onitoring signs of problems (bleeding , ...)	*xx*
nutrition	
STDs / HIV	
elivery	*xx*
ew-born and child care	*xx*
advanced maternal age	
pre-disposition to congenital/genetic disorders	
12-24 weeks prenatal diagnosis	
e counselling to very young pregnant women regarding parenting	
of uncomplicated pregnancies	*xx*
Ds	*xx*
unselling if appropriate	*xx*
mpletion of patient-retained ANC card	*xx*

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PROTOCOL POST-NATAL CARE

o take place within two weeks after delivery

ONENTS	*Time Fram*
bservation of mother to screen for:	
bleeding,	*xx*
	xx
P, urine	*xx*
epression	
g for development impairment of the New Born and congenital/genetic disorders	*xx*
pects of the schedules and protocols for a midwife	*xx*
formation on booking / dates for Child Preventive care	*xx*

upport breast-feeding	*xx*
ducation on child feeding, introduction of solid food and child care	*xx*
rther information to mother on: care of breasts, vaginal bleeding and scars, signs of sion, diabetes, anaemia, return to usual physical efforts, labour rights , rights of the rescribe as per protocols. *er and child abuse*	*xx*
ice on FP & child preventive	*xx*

RAME FOR IN	***TROCUTION OF SERVICE***
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oduce after y	***ar 2000***
roduce after y	***ear 2005***

PROTOCAL FERTILITY REGULATION / FAMILY PLANNING

ONENTS	*Time Fra e*
utine of observations according to national protocols : schedules for each FP including screening for side-effects of methods and acceptability to user	*xx*
ily history to determine pre-disposition to breast-ovarian cancer	*xx*
on of appropriateness of involving male partner in decisions and awareness of FP / control of fertility	*xx*
ision on method (new / change) between clinical staff and user	*xx*
n on self-care, continuation and complications or signs of risk, including substance	*xx*
eferral to MO if needed, according to protocols	*xx*
g for:	
BP	*xx*
	o
aCx : Pap smear (women over 30, never had before)	*oo*
	o
aCx : Pap smear repeated intervals	*oo*
	o
fertility if national policy set up	

nditions predisposing to congenital anomalies *Mental Health*	
s using syndromic approach	*xx*
tification sheet for STD's	*xx*
for pregnancy if necessary and referral to ANC or TOPs	*xx*
emergency pill	*xx*
king for next FP visits	*xx*

FOR INTROCU	***TION OF SERVICE***
ce and in place	***before end of 1999***
ce after year 20	***00***
ce after year 2	***05***

ONENTS	Time Fram e
ling patient , identify further support needs and refer to CHC / Hospital	xx
TD prophylaxis and Offer HIV testing	xx
ssuing emergency contraception pill	xx
ledical / clinical assessment of injuries	xx
ledico legal consultation	o
mplete appropriate register	xx

2.5 PROTOCOL MEDICAL TOPS

ONENTS	Time Fra e
ling and refer for surgical TOPS	oo

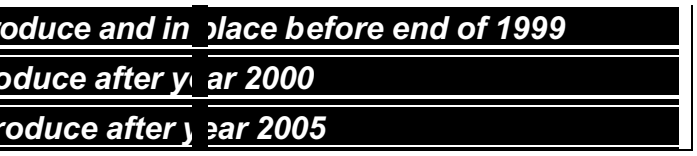
Medical termination if under 9 weeks as per protocols	*xx*
Recall back daily up to abortion	*oo*
fer if no abortion after a week	*oo*

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
oduce after y ar 2000
roduce after y ear 2005

PROTOCOL SCREENING FOR CERVICAL CANCER

ONENTS	*Time Fra ne*
ical observation and history taking for symptomatic disease	*xx*
: *erson is re-contactable* *n - dispatch of specimens for laboratory work -* *once after thirty for never tested* *r intervals*	 *o* *o* *oo*
of results, recontacting/tracing patient	*o*
or further attention if results so require	*xx*
n to women and partner on sexual hygiene, STD', self-care	*xx*

RAME FOR IN TROCUTION OF SERVICE


oduce and in lace before end of 1999
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PROTOCOL ACUTE CURATIVE :

ONENTS	*Time Fra.ne*
t :	
	xx
History taking	*xx*
BP, urine testing, full examination	*o*
	xx
Checking difficulty in seeing and hearing (puberty, 45 years old)	
assessment and management for common illnesses (within the job-description of the within the EDL), and referral as appropriate	*xx*
disease : preliminary diagnosis and referral to CHC	*xx*
disease : diagnosis and assessment	*oo*
ng of evolution of condition and referral as appropriate	*xx*
on to the patient on specific matters (seasonal interest for the staff, raised by the user)	*xx*
ons on how to take the medicines + self-care for the disease under observation	*xx*

nistic Screening :	
P, annually if OK, opportunistic	*xx*
nger prick test for diabetes when suspected	*oo*
ervical cancer screening : pap smear at 30+ for never screened before	*o*
repeated intervals (to be defined)	*oo*
ental Health (high risk awareness : if patient presents 3 times , no physical problem	*xx*
g	
e care	*xx*
mergencies :	*xx*
dressing, bandaging (in non-urgent cases)	*o*
suture	
ment of malaria and other endemic diseases	
tion prior to emergency referral	

ion of patient retained card	*o*
ation of special times for Youth health services - pilot (to include STDs - see below)	*xx*
information on outbreak for clinic catchment area	

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
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roduce after y ear 2005

ONENTS	*Time Fra ne*
ation of special times for Youth health services - pilot (see above - to include other complaints)	*xx*
s + treatment as per syndromic approach	*xx*
ccording to same national protocols and if not responding after 2 courses of treatment	*xx*
n of syphilis testing specimens as per national protocols	*xx*
ducation and counseling *patient* *partner*	*xx* *o*
of partner notification sheet	*xx*
of condoms	*xx*
ing available	*o*

creening Infertility problems (clinically only), as part of infertility policy	*oo*
ion of patient retained card	*o*

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
oduce after y ar 2000
roduce after y ear 2005

TOCOL PEOPLE WITH HIV/AIDS

NENTS	Time Fra ne
are with patient records for privacy sake	
dication among patients visiting the clinic for other purposes	
counseling / test / post-test counseling	xx
IV test results available within 1 week	
n and Counselling to relatives / partners and community	
of condoms	
nent and treatment of infections, referring patients to CHC if needed	
e for persons with HIV / AIDS as defined in : ediatric protocol eat minor infections for adult, refer if appropriate	
iversal precautions and occupational exposure policies, including needle-stick licy	xx
ation and referral of cases in need of: l support;	xx

e care *erred for appropriate support through CHC to a range of services (NGO, etc.)*	*xx*
voluntary testing for ANC, STD and TB patients	*xx*

ME FOR INTR	***OCUTION OF SERVICE***
uce and in pla	***ce before end of 1999***
ce after year	***2000***
uce after yea	***2005***

OTOCOL PEOPLE WITH TUBERCULOSIS

ONENTS	Time Fra me
uspicion according to national protocols	xx
s on sputum microscopy , results within 48 hours	xx
EC to patient and relatives : if child presents with TB, there must be an active TB - g of family necessary	xx
voluntary testing HIV	o
t according to national protocols and refer to CHC if problems	xx
ng of drugs (standard regimen according to national protocols)	xx
eriodicity of visits for follow-up	
5 days a week DOTs through clinic, employer or other community member	xx
e-treatment	xx
	xx
ultiple drug resistance	xx
	xx
tensive phase (first 2 months) monthly	o
l other patients daily DOT	

RAME FOR IN	TROCUTION OF SERVICE
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oduce after y	ar 2000
roduce after y	ear 2005

ENVIRONMENTAL SERVICES

ONENTS	*Time Fr me*
ion on Environmental Health Services	*xx*
address of officer to attend complaints and requests	*xx*
formation on waste management	*xx*
ion on water quality	*xx*
al safety	*xx*
fety	*xx*

TOCOL REHABILITATION SERVICES

ONENTS	*Time Fr me*
on by early detection through screening and observations at clinic	
on by early detection through screening and observations on home visits	*xx*
asic assessment by means of formal diagnosis by visiting professional team and basic assistive devices	*xx*
egarding receiving and re-issue of assistive devices	*xx*

keeping and referrals for repairs	

ME FOR INTR	***OCUTION OF SERVICE***
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ce after year	***2000***
uce after yea	***2005***

NIC : *FAST QUEUE / REPEATS*

	PROCESSES

TRUCTURE AND MENT :	*CIFIC ORGANIZATION DETAILS :*
	rvice point is designed for patients who have been assessed previously, either at Community Health clinic . For repeat medicines, no assessment
REQUIREMENT:	*All services available daily*
	Pre-packed drugs will help decrease time at clinic
	Minimize waiting time, may consider bookings
	Appropriate hours to accommodate working patients
	Support for issues related to employers relations : simpler obtention of permit to attend th 'normal' working hours.
	All opportunities to be used to inform on healthy life-styles

F STAFF :	
rofessional Nurse	*COMPONENTS OF SERVICE:*
rolled Nurse or Assistant Nurse	
ther support staff : pharmacy cleaner ...	
	Chronic Disease care : adults, geriatrics and children (for repeats)
	Mental Health (for repeats)
	Family Planning (for repeats)
	Violence and sexual abuse
	Separate "walk through" service
	DOTs

PROTOCOL CHRONIC DISEASE CARE: ADULTS, GERIATRICS AND CHILDREN

control, re-supply of medicine and referral ONLY at clinic level
of visits for stabilized patients may be reduced to quarterly , rather than monthly

ENTS	*Time Fram*
neck-up procedures according to protocols for clinical management for each chronic disease : BP ent, measurement of glycemia, weighing, cardiac auscultation	*xx*
ng presence of complications (Diabetes, HPT, Asthma ...)	*xx*
people with disability problem and refer	
structions on taking prescribed medicines to be repeated at the consultation room and ary	*xx*
on of individual or group health education sessions	*xx*
directed at : *festyle : diet, exercise, control of obesity, smoking, alcohol and drug abuse, etc.* *elf-care : knowledge of drugs being taken, monitoring of signs of acute episode or complications (esp. diabetes)*	*xx*
next visit and visit to be done at CHC	*xx*
rescription continuation according to protocols and instructions	*xx*
ILDREN : in addition *hecking on schedule for preventive activities*	*xx* *xx*

	xx
formation, Education, Counseling to caretakers	*xx*
heumatic heart disease:	
prophylaxis	
ounselling to parents regarding effect of medication should children fall pregnant	
aison with or report sent to school in agreement with parent/legal guardian	

RAME FOR IN TROCUTION OF SERVICE : xx = introduce and in place before end of 1999 ;
oduce after y ar 2000 ; oo = introduce after year 2005

MENTAL HEALTH

ONENT	*Time Fra*
chronic psychiatric patients :(schizophrenia, major depression, dementias and other brain syndromes, neurological disorders : epilepsy ...)	
ent basic patient management plan as defined at CHC level or by psychiatric team:	*xx*
e and monitor medication prescribed by CHC for limited period according to defined s or case specific guidelines	*xx*
ck for periodic reassessment	*xx*

ation and referral of problems which do not respond to basic management	*xx*
itute crisis counselling and refer appropriately	*xx*
vere mental disorders : anxiety, minor depression, chronic stress, personality disorders	
· screening	*o*
· treatment	*o*
· brief counselling	*xx*
ce abuse :	
g	*oo*
t	*oo*
to CHC, psychiatric team for new cases and serious cases	*xx*

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Walk through service

Tuberculosis

of the patients are young adults (probably workers) services should be made available to suit their working hours (a
service hours) OR patients to be attended very early before other services start.
eatment record to be kept within consulting room

ONENTS	*Time Fra me*
ough service for daily DOT	*xx*
5 days /week *Pre-prepared dosages* *Observe person swallowing* *Record on patients card*	*xx*
ing of sun-screen for people with albinism	*xx*

3.4 PROTOCOL VIOLENCE, SEXUAL ABUSE AND OTHER ABUSE

ONENTS	*Time Fra e*
ling patient , identify further support needs and refer to Hospital if needed	*xx*
TD prophylaxis and Offer HIV testing	*xx*

suing emergency contraception pill	*xx*
edical / clinical assessment of injuries	*xx*
edico legal consultation	*o*
mplete appropriate register	*xx*

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MMUNITY HEALTH CENTRE :

	PROCESSES
TRUCTURE AND EQUIPMENT :	*COMPONENTS OF SERVICE:*
	Clinic (for local population) + all referrals from clinics
	Referrals from Hospital
include X-rays, lab, physiotherapy	
REQUIREMENT:	
	Day time service :

	Pediatrics
F STAFF :	
onal Nurse	Reproductive Health (including :
al with special areas of training	Ante-Natal
pecialized full-time :	TOP
dvanced midwives	Adult Curative (including :
hild health nurse	Chronic Disease care
sychiatric nurses	Acute illness
HO	Mental Health
	x Dental
ental therapist, oral hygienist and dental assistants	Service for people with Disabilities and genetic disorders
utritionist/Dietitian	Environmental Health
harmacy assistant	Specialized services : Ophtalmo, Dermato
ocial worker	
edical Officer	24 hours service :
ehabilitation assistant	Emergency care
adiology assistant	Normal deliveries
ab technicians	Minor operations
Specialized staff, include. dentist, genetic nurses	
	Management Out-reach services
	Management , Logistical and technical support

lurse or Assistant Nurse	*Support to clinics*
port staff : cleaner, clerk ...	*visit by specialized staff to clinic*
e and transport staff	*quality support and monitoring*
upport 24 hours unit	

PROTOCOL ANTENATAL CARE

at CHCs will see all first visits (TO BE FINALIZED), all first pregnancies throughout pregnancy (?) and all high risk pregnancies throughou
unless referred to the hospital

ENTS	*Time Fram*
observations according to schedules for ANC at each step of the pregnancy *isits)*	
creening for risk factors and situations in the evolution of the pregnancy according to protocols	
etanus immunization	*xx*
reening for:	
· *Syphilis*	*o*
· *Hemoglobin, Blood group, RH*	*o*
· *Nutrition / weight*	
· *Congenital/Hereditary disorders*	
· *Mental Health*	
oluntary HIV testing (if counselling/support available)	*xx*
ooking - preparation for delivery if required	
and counselling to pregnant women and partner on:	

onitoring signs of problems (bleeding , Std, HIV ...) *elivery* *ew-born and child care*	
s	
pletion of patient-retained ANC card	

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PROTOCOL TERMINATION OF PREGNANCY

ble incremental introduction and service available within 3-5 years

fic organization details:

a) details concerning legal rights of both users and staff secured

b) service for incomplete abortion should not be made available at Chic's as complicatio
surgical procedure can be greater - need the complete surgical casualty staff - equipment of a hos
Casualty Dept.

c) privacy during service + previous consultations

d) availability with / without partner consent

e) privacy in space for recovery after TOP

onents of service: *as per schedules and protocols*

a) medical termination under 9 weeks

b) surgical termination under 12 weeks

c) in selected CHCs with 24 hours unit in-patient and good transport system, surgical terminatio
weeks

ers of services to include:

a) 1 visit to confirm pregnancy

b) 1 visit for pre-TOP counseling, possibly more

c) *1 visit to perform the termination*

d) *1 visit for post-TOP counseling and check-up, possibly more*

PROTOCOL REPRODUCTIVE HEALTH - OTHER

NENTS	Time Fram
fertility :	o
screening, advice and referral as per national guidelines	
Limited initial investigations in specialized clinics	xx
	xx
	xx
cancer screening :	xx
	o
follow-up with MO for abnormal clinical features,	o
	xx
including colposcopy	xx
bnormality (breast self-examination and professional assessment)	
ynecological complaints : abnormal bleeding	
d Female Sterilization under local anesthetic	
counseling	

from clinics for other complaints *upwards to specialists*	
lescent/ Youth services : *FP, STD, Health Education & Counselling*	*xx*

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
oduce after ye ar 2000
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PROTOCOL CHRONIC DISEASES CARE

c diseases treatable with the EDL, or expanded EDL where there are doctors

ONENTS	*Time Fram*
ultation (initial diagnosis) by more qualified clinical staff at CHC	*xx*
clinical reviews (1-2 / Year) to be conducted by more qualified clinical staff at CHC	*xx*
f services enlarged by the presence of MO (e.g. for multiple diagnosis)	*xx*
terpretation of common laboratory and x-ray results	*xx*
curate screening for complications of diabetes, HP, Asthma, Epilepsy, Heart conditions	*xx*
g of mental health problems	*xx*
e	*xx*
e care consultation	*xx*
ephone consultation service for patients calling the CHC: for information on routine control of signs of risk and complications and taking of medications	*xx*

RAME FOR IN TROCUTION OF SERVICE
oduce and in place before end of 1999
oduce after ye ar 2000

clinic +

osis and treatment implemented by nurses at clinic level, including discharge.
ted problems are treated , e.g. :

a) *Sick patient*

b) *Diagnosis not made on sputum micro x 2*

c) *Poor progress on treatment*

d) *Other complications*

PROTOCOL PEOPLE WITH HIV / AIDS

Protocol clinic +

ONENTS	Time Fram
cute illness :e.g. :	
Lower Respiratory Tract Infection ,	
tion requiring intravenous therapy	
vestigations not available at clinic	
octor consultation	
t stay in some CHCs	
o refer to secondary level for :	
admission	
econdary consultation	
tic	
ation of home base care	

PROTOCOL OTHER CURATIVE

ONENTS	*Time Fram*
rals from Clinics and mobiles	
als from Hospital	
ation of common laboratory and X-ray results	

ME FOR INTI OCUTION OF SERVICE
ce and in place before end of 1999
ce after year 20 0
ce after year 2 05

MENTAL HEALTH

ONENT	Time Frame
f patients needing to be seen by psychiatric nurse or more specialized staff	xx
ation, assessment, management and referral of problems to community es/services	xx
g for common problems : trauma, abuse, depression, anxiety, substance	xx
ation with clinic or CHC nursing staff	xx
ment and management of referrals from clinic with support of multi-disciplinary ment	xx
dividual, group, family therapy	o
hment of management plans for patients sent back to clinic	xx
review of cases followed at clinic level	o
m interventions with individuals or families not exceeding 10 sessions per	xx
ation with/ referral to other specialist services	oo
with District for mental health promotion activities	xx

ME FOR INTR OCUTION OF SERVICE
uce and in pla ce before end of 1999
ce after year 2000

uce after yea 2005

4 ORAL HEALTH

here should be a monthly outreach dental service

ONENT	Time Frame
ation	xx
radiographs	variable
g of teeth	xx
ve measures including fissure sealants, etc..	xx
rative services including emergency relief of pain and infection control	xx
s to District Hospital or visiting dentists	xx
ve and Primary Preventive oral health services	xx

ME FOR INTR	OCUTION OF SERVICE
uce and in pla	ce before end of 1999
ce after year	2000
uce after yea	2005

PROTOCOL REHABILITATION AND DISABILITY SERVICES

	· *Provide all services provided at clinic level plus* · *Daily available service for patients attending the clinic + supervision of work of CBRW's in the com surrounding the CHC* · *Short waiting times è made easy through a booking system* · *Services to be introduced from now , stepwise with staff appointment*
	x

NENTS	*Time Fra ne*
sessment of all cases referred by CHC, clinics and community workers	*xx*
n of assisting activities to be provided to each patient	
	xx
g of "rehabilitation" needs and identification of disabilities at various service points (e.g. alth, Chronic Diseases Care) by clinical staff	*xx*
l to Rehabilitation technical staff for treatment and identification of assistive devices' rdering / provision through public funds if socially justified	
f devices	*xx*
ng supervision of Community Rehabilitation Assistants, carrying-out the supervision e	*xx*

n of basic rehabilitation services as prescribed	*xx*
h services by resident rehabilitation workers	*xx*
	xx

	x

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IRONMENTAL HEALTH

NENT	*Time Frame*
environmental health promotion services	*xx*
environmental health training programs	*xx*
environmental health legislation enforcement	*xx*
food safety and food hygiene services, including meat and milk control	*xx*
services in respect of public conveniences	*xx*
on-specialist impact/risk/hazard assessments and environmental evaluation	*xx*
on-specialist occupational hygiene/indoor environmental quality evaluation /exposure assessment	*xx*
environmental health services in formal sector	*xx*
environmental health services at care centres	*xx*
services in respect of keeping animals, nuisances	*xx*
services in respect of collection and collation of environmental health data, e with relevant care centres	*xx*
services in respect of outbreak investigations, communicable diseases ation, as part of a team	*xx*
disaster management services in respect of environmental health	*xx*
health aspects of housing, water and sanitation	*xx*

environmental health planning, zoning, license applications	*xx*
vector control services	*xx*
pollution control services : inspection and monitoring	*xx*
waste management services : litter control, waste storage and collection	*xx*
environmental health services in respect pauper burials	*xx*
food safety services	*xx*

3.7 PROTOCOL OCCUPATIONAL HEALTH

ONENT	*Time Frame*
occupational health promotion services	*xx*
e workers to specific occupational health problems	*variable*
risk assessment of occupational health exposure	*xx*
e formation of Occupational health / safety committees at workplace	*xx*
data collection	*xx*

PROTOCOL CASUALTY

ONENT	*Tir*

ma of limbs excluding fractures (temporary immobilization only)	
with X-rays facilities, treatment of minor fractures	
ion for urgent referral of serious trauma of trunk, limbs and head (including proper immobilization, IV and clearing of the airways) IF these cases brought in the CHC	*va*
ment of poisoning cases	
ment of acute psychiatric cases and referral	
nedical conditions under proper management of MO (which would not call for anaesthetic procedures) or re nursing) - and which the MO considers that the condition can be stabilized within 24 Hr	
cy treatment for stabilization before referral	
erral of all other cases to the appropriate referral hospital	

ME FOR INTR OCUTION OF SERVICE: xx = introduce and in place before end of 1999
ce after year 2000 ; oo = introduce after year 2005

3.9 *PROTOCOL MATERNITY*

ONENT	*Time Frame*
of normal delivery services, from reception to discharge	*xx*

e and forceps available	*variable*
on local service versus referral to hospital, according to protocols	*xx*
ducation to mother on general + NB care issues + immediate post-partum	*xx*
al polio given to NB before leaving maternity	*xx*

ME FOR INTR OCUTION OF SERVICE	
uce and in pla ce before end of 1999	
ce after year 2000	
uce after yea 2005	