

Ministry of Health

Essential Health Care Package for Swaziland

“A Healthy Nation is A Wealthy Nation”

2010



Foreword

The development and completion of the National Essential Health Care Package (EHCP) is a crucial part of public health reform, as it is a critical step to define the services that should be universally accessible according to need in the context of the renewed Primary Health Care (PHC). This document is vital because it aims at achieving the major goals of the National Health Policy; are ensuring provision of quality health services that are relevant.(National Health Policy 2007) This will also improve access to affordable health care service to all citizens regardless of their socio-economic status.

There is evidence that the best measure of health systems performance is its impact on the health outcomes. As such, the EHCP will address the urgent need to improve the performance of the country's health system. Over the past 20 years, Swaziland has become characterized by decline in the economic growth, an increase in poverty, and a rise in morbidity and mortality rates; due to communicable diseases especially HIV/AIDS and TB. At the same time, non-communicable diseases, and injuries are emerging as significant contributors to the disease burden. It is estimated that in the year 2000, the African region lost 319 Million Disability- Adjusted Life Years (DALYs) compared to 100.5 million for all the developed countries.

For the year 2020 the loss of DALYs for African region is estimated at 330 million, of which 199 million will be due to non communicable diseases and injuries.

There is no doubt that the health status of the population has improved compared with levels recorded 30 years ago, however, these improvements do not measure up the projections for the MDGs and National ones, as stipulated in the National Health Sector Strategic Plan (NHSSP).

The availability of the EHCP for health service delivery at all levels of care will help enhance the achievement of the set objectives, in the NHSSP and the Annual Action Plan (AAP), subsequently resulting in the improvement of the Health System performance for the country.

The development of this document was highly consultative; hence I commend the efficient and effective leadership role played by the Directorate and the Task Team during the whole process of the development of the EHCP. I urge all health workers in the Kingdom of Swaziland to endeavour to provide all the health services to the deserving clients and patients as guided by the EHCP.

We at the MOH with support from the Development Partners are committed in ensuring that all the necessary inputs for the implementation of the package are made available at all times.

Benedict Xaba MP

Honourable Minister for Health

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List of Acronyms

ADL	Activities of Daily Living
AHINI	Influenza A H1N1
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APH	Antepartum Haemorrhage
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Zidovudine
BFHI	Baby friendly Hospital Initiative
BLS	Brankson Language Screener
BLT-2	Bankson Language Test
BMI	Body Mass Index
BP	Blood Pressure
CEDAW	Convention on the Elimination of Discrimination Against Women
CELF	Clinical Evaluation of Language Functions
CME	Continued medical Education
CMS	Central Medical Stores
CNS	Central Nervous System
COPD	Chronic obstructive Pulmonary Disease
CRC	Convention on the Rights of the Child
CSF	Cerebro spinal Fluid
CT SCAN	Computed Tomography Scan
CTG	Cardiotocograph
CTX	Cotrimoxazole
DALYS	Disability-Adjusted Life Years
DAP	Draw A Person Test
DBS	Dried Blood specimen
DCS	Dynamic Condylar Set
DLS	Derbyshire Language Scale
DNA	Deoxyribonucleic Acid
DOT	Directly Observed Treatment
DR TB	Drug Resistance Tuberculosis
EAT	Edingburg Test of articulation
ECG	Electrocardiogram
EEG	Electro Encephalogram
EHCP	Essential Health Care Package
ENT	Ear Nose and Throat
EPI	Expanded Program on Immunization
ESR	Estimated Sedimentation Rate
FBP	Food by Prescription
FBS	Full Blood Count
FNA	Fine Needle Aspiration
GIT	Gastro Intestinal Tract
HAART	Highly Active Anti Retroviral Therapy
HB	Haemoglobin
HBA1c	Glycosylated haemoglobin
HCG	Human Chorionic Gonadotrophin

HCW	Health Care Worker
HDL	High Density Lipoprotein
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resource for Health
HSG	Hysterosalpingogram
HTC	HIV Testing and Counselling
I&D	Incision and Drainage
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IHR	International Health Regulations
IHT	Inter Hospital Transfer
IMCI	Integrated Management of Childhood Illnesses
INH	Isoniazid
ITP	In-patient Therapeutic Program
IUCD	Intrauterine Contraceptive Device
IV	Intravenous
IVP	Intravenous Pyelogram
LDL	Low Density Lipoprotein
LEEP	Loop Electrosurgical Excision Procedure
LLNs	Long Lasting Nets
MEPD	Ministry of Economic Planning and Development
MDR-TB	Multi Drug Resistant - Tuberculosis
MOH	Ministry of Health
MPDS	Myofacial Pain Dysfunction syndrome
MRI	Magnetic Resonance Imaging
MUAC	Mid Upper Arm Circumference
MVA	Manual Vacuum Aspiration
NCDs	Non Communicable Diseases
NDS	National development Strategy
NRH	National Referral Hospital
OGTT	Oral Glucose Tolerance Test
OHI	Oral Hygiene Instructions
OPD	Out Patient Department
OPE	Oral Peripheral Examination
OTP	Out Patient Therapeutic Program
PACS	Phonological Assessment of Child Speech
PCP	Pulmonary Jirovechi Pneumonia
PCR	Polymerase Chain Reaction
PHC	Primary Health Care
PHU	Public Health Unit
PIH	Pregnancy Induced Hypertension
PMTCT	Prevention of Mother to Child Treatment
PPH	Post Partum Haemorrhage
PROM	Premature Rupture of Membranes
PRSAP	Poverty Reduction Strategy Action Plan
QA	Quality Assurance
RBS	Random Blood Sugar
RDT	Rapid Diagnostic Test

RHM	Rural Health Motivator
RPR	Rapid Plasma Reagin
RRH	Regional Referral Hospital
SDHS	Swaziland Demographic Health Survey
SHI	Social Health Insurance
SPEED	Swaziland Program on Economic Empowerment and Development
SRH	Sexual Reproductive Health
STH	Soil Transmitted Helminthes
STIs	Sexually Transmitted Infections
SWERLA	siSwati Expressive Receptive Language Assessment
TACL	Test of Auditory Comprehension of Language
TB	Tuberculosis
TMJ	Temporo Mandibula Joint
TOAL	Test of Adolescent Language
TOLD	Test of Language Development
TOWL	Test of Written Language
WBC	White Blood Count
WHO	World Health organization
XDR-TB	Extreme Drug Resistant - Tuberculosis

Chapter 1: Introduction

Swaziland

Swaziland is a small lower middle income country with a population of just over 1 million and a per capita income of USD 2,280. Nevertheless the population is predominantly rural (77%) with a markedly unequal income distribution (Gini coefficient 51% PRASP 2006) leaving 69% of the population living below the upper poverty line of USD7.2/capita/month (MEPD, 2001). During the past two decades Swaziland has witnessed a marked decline in a number of health indicators, with life expectancy falling from 56 years in 1986 to 32.5 years in 2003. This leaves over 50% of the population below the age of 18, with around one third of children classified as orphans or vulnerable children. This dramatic drop in life expectancy is mainly attributed to the impact of HIV/AIDS epidemic.

Policy Background

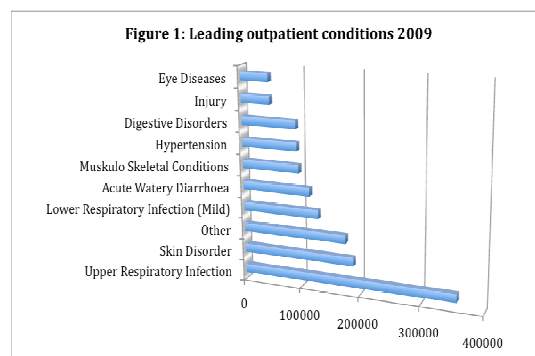
Swaziland, under the overall context of the National Development Strategy (NDS), Poverty Reduction Strategy Action Plan (PRSAP), and the Swaziland Program on Economic Empowerment and Development (SPEED), adopted a National Health Policy in 2007. The implementation of the National Health Policy through a National Health Sector Strategic Plan (2009) and operationalised through the Annual Action Plan (2010) which identifies baselines and targets, assigns responsibilities and links budgets to activities.

Rationale

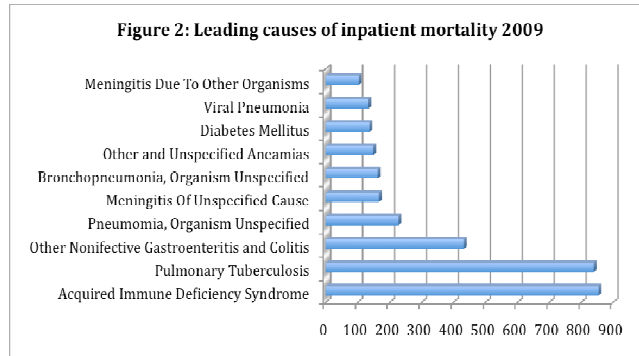
Despite substantial investment in the health sector over the past 5 years, with around USD120 of public money per capita annually and a further estimated USD60 of donor finance, the sector has struggled to keep pace with the rising disease burden. Although some 70,500 people are estimated to be in need of ART treatment, by the end of 2009 only 68% of these had received treatment in 70 facilities (out of 223) and the TB case detection and treatment success rates both remain well below WHO guidelines. In this environment, ensuring cost effective delivery of health services has a particular premium. The development of an Essential Health Care Package, defining the services that should be available at each level, not only allows for more effective and equitable health service delivery, with a renewed emphasis on Primary Health Care, but also allows for the establishment of a working referral system and the rationalization of sector funding.

Health status of the population

Communicable diseases impose the largest burden on the health system, as can be seen in the leading outpatient conditions, shown in **Figure 1** below. Upper respiratory infections (TB) are by far the leading condition. With an 80% co-infection rate, this can largely be attributed to the HIV epidemic, as is the case with increased incidence of skin disorders, the second largest condition.



The burden of communicable diseases is similarly reflected in the leading causes of inpatient mortality, with AIDS and TB together accounting for around one third of all deaths, as shown in **Figure 2** below. There has also been a significant impact on infant mortality, which has risen to 85 deaths per 1,000 live births, and under 5 mortality which now stands at 120 per 1,000 live births (Ministry of Health, 2007). A HIV prevalence of 39% amongst pregnant women (15-24) in 2009 can partially account for these trends and challenges the health sector to provide an effective response. The most important output indicators for the various health programmes are based on the Demographic and Health Survey (DHS) (Ministry of Health, 2007) and the regular Health Management Information System (HMIS). They have been summarised in the sector performance indicator table in **Annex 1**.



The organization of the Swaziland Health Sector

The service delivery system of the Swaziland Health Sector is loosely organized in a four-tier system:

- (i) Three National (referral) Hospitals
- (ii) Five Regional Hospitals
- (iii) Primary Health Care facilities including Health Centres, Public Health Units, Rural Clinics and a network of outreach sites
- (iv) Community Based Care where Rural Health Motivators (RHM), Faith-based Healthcare Providers, Traditional Births Attendants (TBAs), Volunteers and Traditional Practitioners provide care, support and treatment.

Clinics themselves are divided into Type A and Type B, with the main distinction in the provision of maternity services (Type B offer maternity services). Meanwhile Public Health Units concentrate on public health services, and provide a base for outreach services, while Health Centres have traditionally provided a more curative and inpatient care as well as Primary Health care services.

The distribution of these facilities around the regions is not even, as shown in **Table 1** below. Nevertheless, the Service Availability Mapping (2008) suggests that 85% of the Swaziland population lives within an 8km range from a health facility. Of the 224 health facilities, 172 provide ANC (77%), 137 provide PMTCT (61%); 70 provide ART (31%) and 170 provide AIDS testing and counselling (70%). The adoption of an Essential Health Care Package will contribute to ensuring a more equitable access to these services throughout the country.

Table 1: Distribution of Public Hospitals, Health Centres and Clinics by Region

Regions	Population	National + Regional Hospitals	Health Centres	Public Health Units	Clinics Type A + B	**Total Number of Health Facilities	Health Facilities per 100,000
Hhohho	331 734	2	2	3	62	64	22.6
Lubombo	249 153	1	1	1	43	44	21.7
Manzini	360 248	4	0	2	80	82	25.0
Shiselweni	241 365	1	2	2	33	34	16.3
Total	1 182 500*	8	5	8	218	224	21.9

*Estimated population from 2007 census

**Total Number of Health Facilities excluding public health units, hospitals and health centres

The ownership of health facilities is also of relevance to the development of the Essential Health Care Package, noting that a majority of all health facilities are owned by the Government (See **Table 2** below). The effectiveness of an Essential Health Care Package will therefore be dependent on full participation and commitment by all health sector stakeholders.

Table 2: Ownership of Health Facilities by Region

Regions	Public Sector (Clinic + HC)	Industry	Mission Facilities	NGO	Private (Doctor)	Private (Nurse)	Totals
Hhohho	24+2	4	11	4	19	3	67
Lubombo	21+2	8	7	0	4	2	44
Manzini	28+0	15	12	4	18	7	86
Shiselweni	22+1	1	3	4	3	0	34
Total	95+5	28	33	12	44	6	224
Percentages %	45%	12%	15%	5%	20%	3%	100%

Rationale

The National Health Policy recognises the burden of disease that still remains high and the commitment of the Government of the Kingdom of Swaziland to reduce this burden in line with the Millennium Development Goals (MDGs). Without an Essential Health Care Package, the sector has been vulnerable to uncoordinated and poorly harmonized health services. In that context it was difficult to have standard services, subsequently leading to inequitable access to services and an overburdening of tertiary facilities. The pressure on these facilities has led to a corresponding misalignment of sector funding. A recent public expenditure review showed that over 50% of the recurrent health budget is directed towards urban hospitals services with only 20% allocated to clinics.

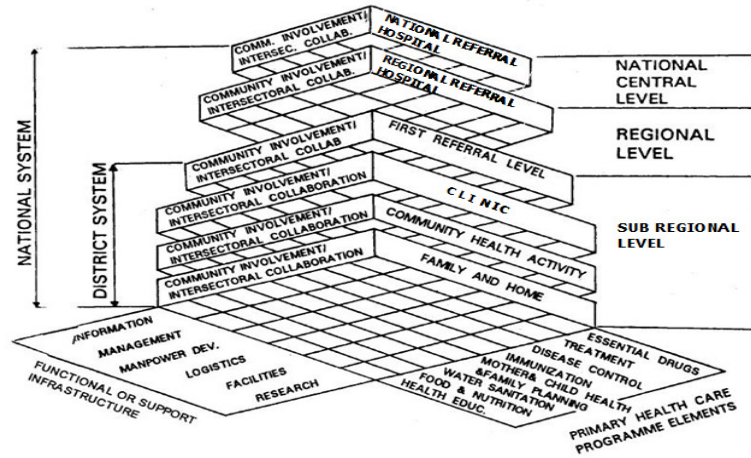
Furthermore, in the absence of a standard set of services by level, quality assurance has been a challenge, as there was no single reference. Clients have not been aware of which services to expect and what role they needed to play, affecting their health seeking behaviour as well as accountability of the health providers to the clients.

In this regard, Guiding Principle 3.5 in the National Health Policy states that priority for sector funding shall in the future be given to public health (non-personal health) and essential clinical services. It further proclaims that these services will be **accessible to all citizens and inability to pay will not deny access** to these services and that investment in public health and essential clinical services shall be based on the burden of disease profile. Furthermore, section 4.46 of the Policy requests the Ministry of Health to define and support the delivery of an Essential Health Care Package (EHCP) by all service delivery levels to address common health conditions that have major contribution to the burden of disease.

This development is in line with the call for renewal of Primary Health Care through the adoption of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa by the Regional Committee for Africa (Resolution AFR/RC58/R3) and the World Health Report of 2008 by the World Health Assembly in May 2009. During delivery of the EHCP, the relationship and roles of the different

health service delivery levels/structures should be seen as complementary and linked as demonstrated in the **Figure 3** below. Thus failure in performance at one level, needlessly affects the functioning of other levels, hence the need to have a functional referral system.

Figure 3: Model of a Health System based on Primary Health Care (adapted from WHO/WPRO)



As the Ministry embarked on the definition and development of the EHCP, to address the above concerns, among others, it was important to understand that the EHCP refers to **a set of the most cost-effective, affordable and acceptable interventions for addressing conditions, diseases, and associated factors that are responsible for the greater part of the disease burden of a given community.** The definition and development of the package therefore has taken into consideration the following

1. the burden of disease/ill-health of the population of Swaziland
2. Cost-effectiveness of the interventions addressing the conditions, diseases and associated factors responsible for the greater part of the disease burden
3. Affordability relative to the available and projected resources
4. Service delivery models that maximize synergies and linkages.

Thus the EHCP is the reference document that guides the provision of health services to the population of the Kingdom of Swaziland. It is a guide to all the stakeholders that are involved in the health sector, irrespective of whether they are public or private. It provides the standards that will be followed by all health providers. Consequently, it will be the basis for investments in the overall health sector, both public and private. Protocols and standards of practice in health service delivery will be carved out of this EHCP. All stakeholders in the health sector at all levels will be sensitized on the EHCP so as to familiarize themselves with what is expected of them at each level.

Chapter 2: Methodology for Development of the Essential Health Care Package

The work to define and develop the EHCP is built on existing resource materials and on the on-going work done by the Ministry of Health through the EHCP Working Group. Documents used to inform the process of the development of the EHCP included the following; HRH projections, work on health facility infrastructure, equipment and staffing, service availability mapping, individual program documentation on specific service guidelines, HMIS data, survey reports such as the Swaziland Demographic Health Survey (DHS) of 2006-2007, as well as on globally assembled cost effective analysis data on interventions and on the expertise of individuals.

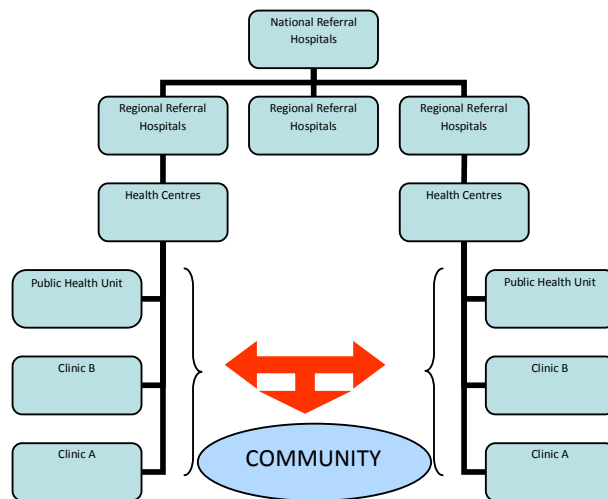
Defining the EHCP:

To facilitate the consultations and interactions in the process of developing the EHCP, the Ministry of Health established a multi-disciplinary National Task Team that coordinated the process. Various sensitization efforts and consultations were made with different stakeholders through a series of retreats and consultation workshops. Expert groups from the various disciplines were also consulted with regard to the standard intervention practices, types of health personnel, specialized equipment used in delivering these interventions and the medicines and other supplies. The stakeholders consulted included the Ministry of Health Programs, the hospitals at National and Regional level, as well as other health facilities at lower levels. Others included the private sector health providers, Faith-based organizations and Non-Governmental Organizations, health training institutions, other government sectors, and Development Partners. Technical support was provided by WHO (WHO Country Office and the WHO/AFRO Inter-country Support Team for Eastern and Southern Africa.

While developing the EHCP, focus was put on defining what services are to be provided at each particular service delivery level; determining to whom the services are to be provided (target population/beneficiaries); determining how the services will be provided (delivery models and mechanisms); and identifying mechanisms to know and ensure that the services are appropriately provided. With the call for renewal of Primary Health Care, the EHCP is seen as a crucial part of public health reform as it is a critical step to define the services that should be universally accessible according to need.

The health services to be delivered were considered under the existing National Health Service delivery structure. The latter consists of the community level, clinics, public Health Unit, Health Centre, Regional Referral Hospital and National Referral Hospital, as shown in the figure below. It is at the level of the clinics and the Public Health Units that the health service delivery systems interfaces with the community, an interface that is well operationalized through outreach services as well as through the Rural Health Motivators’ (RHM) programme.

Figure 4: National Health Service Delivery Levels/Structures adopted for the EHCP



The defined package does not merely list the services to offer at different levels but also aims at adopting client-oriented delivery models. For example, when a woman comes to a health facility for Antenatal Care, opportunity needs to be taken to attend to other issues of interest (e.g. Non-Communicable Diseases (NCDs), child welfare, nutrition, health literacy etc.). It should be noted that such considerations will have implications on other supportive services, like human resources, organization of the service outlets, equipment and supplies needed, etc. For this purpose, for each service, specific interventions to be provided at each of the service delivery levels were identified, and for each health care service delivery, intervention components and inputs were also outlined.

Costing of the Essential Health Package:

Using the defined EHCP with specific interventions and inputs, unit costs of the inputs were identified, and based on their requirement for each intervention, the target population coverage of the intervention, and the frequency of the intervention, the cost of the interventions and service provided were estimated.

Structure adopted for the Essential Health Package

The Essential Health Care Package for Swaziland has been arranged in such a way that it has two major categories of services, namely the essential clinical and essential public health interventions. These are facilitated by a group of allied health services and other support services required for these essential health interventions to be delivered to the appropriate target populations. The structure of the EHCP is summarized in the **Table 3** below.

Table 3: Structure of the Package

Category	Cluster of services
Essential Public Health Services	Family Health Services
	Prevention, Management and Control of Communicable Diseases
	Prevention, Management and Control of Non-Communicable Diseases
	Health Promotion
Essential Clinical Care Services	Oral Health Care
	Eye Care and Prevention of Blindness
	Ear, Nose and Throat
	Dermatology
	Internal Medicine Clinical Services
	Intensive Care/Renal Care Services
	Surgical Services
	Obstetrics and Gynecology
	Paediatric Care
	Anaesthesia
Allied Health Services	Biomedical Services
	Procurement and Supply Chain Management
	Laboratory services
	Medical Imaging
	Blood Transfusion Services
	Occupational Health
	Physiotherapy
	Speech and Hearing
	Paramedical Services
Support Services	Strategic Information Services
	Quality Assurance Services
	Epidemiology Services

Chapter 3: Strategic Approaches for Service Delivery of the EHCP

The Essential Health Care Package will require adoption of appropriate strategic approaches for its effective delivery. The aim is to ensure that these essential health interventions reach the appropriate target populations and that they are delivered with utmost quality and most appropriate service delivery methods. Such approaches include, among others, adoption of client centred service delivery models, further decentralization in management of services, strengthening of the referral system, and augmentation of the capacity to mobilize and manage resources. Furthermore, the Ministry will have to put in place appropriate arrangements to coordinate implementation.

Adoption of client centred delivery model

Adoption of this type of service delivery model will mean that the current delivery system will require to gradually move from stand-alone and specific-day clinics towards a 24hours-seven-days-a-week availability of all services that are associated with that level. Specific clinics will no longer concentrate only on the health needs of the individual client, thus disregarding the health needs of the family of the client, but rather integrate holistic care of the individual client and her/his family as need arises. Consequently, there will be need to review and rationalize the existing health facilities and staffing. In addition, it also calls for close linkages and referrals across different service units within the same facility and across facilities.

Decentralization of management support services

To be able to adequately and timeously respond to the needs of the clients, the health providers will need to be empowered to take appropriate decisions and actions accordingly. Referral to higher levels for such decisions may often result into denial of or delays in service to the client. As such it will require that, to a given extent, powers to manage funds and other resources including human resources are delegated or decentralized to those levels. Augmentation of the local capacity for other support services like repair and maintenance of infrastructure and equipment, local procurements, supplies and logistics will go a long way in bringing the Essential Health Care Package to the people.

Strengthening the referral system

The essence of delivering a package of services is to maximize the opportunity of contact of a client with the health service delivery system. This will avail the client with other services he/she may require other than the primary reason for accessing the system. In order to achieve this, it means that the health delivery structures will need to have adequate capacity to provide these services. Whereas it may be possible to offer some of these services at one service outlet, it often will require good linkages and referrals within service outlets in the same service delivery structure /facility as well as between different service delivery levels. One of the key goals in delivering the package is to maintain continuity of care for clients.

Financing of and Resource Mobilization for the EHCP

The effective delivery of the EHCP calls for improved investment in the health sector. To be able to meet this increased financial demand, it will be important for Government to increase its efforts in mobilizing resources both from within and outside the country. Mobilization of the financial resources in the country could also be made possible through the introduction of Social Health Insurance (SHI), which is capable of allowing the MOH autonomy in managing some finances and enhance procurement at facility level. However, besides increased investments, the EHCP will require improved efficiency to get more value for money. Improved financial management systems to allow good financial flow, tracking and reporting, as well as for contract management, will be needed now more than before.

Implementation Arrangements

All health facilities and community structures must prioritize implementation of the EHCP. In this regard, Government should appropriately fund and build capacity of the public facilities to provide the EHCP. Appropriate arrangements should be undertaken to enable the private sector and their private health facilities to provide the EHCP to the population where the private sector would be paid by Government for the services rendered or to be rendered. The Ministry of Health at National and Regional levels will need to establish mechanisms to ensure regular supervision and monitoring

of the provision of the EHCP in both public and private sectors. In that regard, the Ministry should set up a Quality Assurance program to ensure quality in the provision of the EHCP.

To increase access of the population to the health interventions, the peripheral health facilities will strengthen the outreach services into the communities. At the same time, the community structures will be supported. Collaboration with other sectors operating at community level will be strengthened.

Chapter 4: Description of the Essential Health Care Package

4.1 Family Health Services

The scope of family health covers child health, neonatal care, antenatal care, intrapartum care (delivery), post-natal care, cervical cancer screening and nutrition. The various interventions with their target populations and intended coverage are shown in **Table 4** below. Details of each intervention are found in **Tables 5-15**.

Table 4: Interventions and their Target Populations

Intervention	Target Population	Intended Coverage
Immunization	Infants	100%
	Children under 5 years of age	100%
	Pregnant mothers	100%
IMCI	Children under 5 years of age	All children presenting with illness
Antenatal Care	Pregnant mothers	100%
Intra-partum Care	Pregnant mothers	100% of those pregnant women at delivery
Postnatal Care	Pregnant mothers	100% of pregnant women after delivery
Family Planning	Child bearing women and male adults	
Neonatal Care	Infants aged up to 4 weeks	100%
Nutrition	Children under 5 years of age	100%
	Pregnant mothers	100%

4.1.1 Child Health

Table 5: Child Health Services

Child Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health Education						
Promote early health seeking behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Counsel the mother on what to do at home (Promote home management of childhood illnesses)	Yes	Yes	Yes	Yes	Yes	Yes
Counsel the mother when to return immediately	No	Yes	Yes	Yes	Yes	Yes
Child welfare						
Complementary feeding (Breastfeeding problems)	Yes	Yes	Yes	Yes	Yes	Yes
Growth monitoring (Weight, MUAC)	Yes	Yes	Yes	Yes	Yes	Yes
Screening for malnutrition, skin diseases, anaemia)	Yes	Yes	Yes	Yes	Yes	Yes
Immunisation/Vaccination:						
BCG	Yes	Yes	Yes	Yes	Yes	Yes
Oral Polio	Yes	Yes	Yes	Yes	Yes	Yes
DPT/HepB/Hib	Yes	Yes	Yes	Yes	Yes	No
Pneumococcal Conjugate Vaccine (PCV10)	Yes	Yes	Yes	Yes	Yes	No
measles,	Yes	Yes	Yes	Yes	Yes	No
DT	Yes	Yes	Yes	Yes	Yes	No
TT	Yes	Yes	Yes	Yes	Yes	No
Rotavirus	Yes	Yes	Yes	Yes	Yes	No
Hepatitis B	Yes	Yes	Yes	Yes	Yes	Yes
HPV vaccine	Yes	Yes	Yes	Yes	Yes	No

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Child Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Disease surveillance (Detection, reporting and investigation Vaccine Preventable Diseases)						
Measles	Yes	Yes	Yes	Yes	Yes	Yes
Poliomyelitis	Yes	Yes	Yes	Yes	Yes	Yes
Neonatal Tetanus	Yes	Yes	Yes	Yes	Yes	Yes
Paediatric Bacterial Meningitis	Yes	Yes	Yes	Yes	Yes	Yes
Campaigns						
Measles	Yes	Yes	Yes	Yes	Yes	Yes
Oral Polio	Yes	Yes	Yes	Yes	Yes	Yes
Tetanus Toxoid	Yes	Yes	Yes	Yes	Yes	Yes
AH1N1	Yes	Yes	Yes	Yes	Yes	Yes
Outbreak Response Activity	Yes	Yes	Yes	Yes	Yes	Yes
Measles	Yes	Yes	Yes	Yes	Yes	Yes
Oral Polio	Yes	Yes	Yes	Yes	Yes	Yes
Tetanus Toxoid	Yes	Yes	Yes	Yes	Yes	Yes
Paediatric Bacterial Meningitis	Yes	Yes	Yes	Yes	Yes	Yes
Rotavirus (Gastro Enteritis)	Yes	Yes	Yes	Yes	Yes	Yes
Child Health days	Yes	Yes	Yes	Yes	Yes	Yes
Deworming	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A Supplementation	Yes	Yes	Yes	Yes	Yes	Yes
Case management of acute respiratory infections						
No pneumonia (cough or cold)	Yes	Yes	Yes	Yes	Yes	Yes
Pneumonia	No	Yes	Yes	Yes	Yes	Yes
Severe pneumonia	No	No	No	Yes	Yes	Yes
Case management of diarrhoea						
No dehydration	Yes	Yes	Yes	Yes	No	No
Some dehydration	No	Yes	Yes	Yes	No	No
Severe dehydration	No	Yes	Yes	Yes	Yes	Yes
Persistent diarrhoea	No	Yes	Yes (Refer)	Yes	Yes	Yes
Severe persistent diarrhoea	No	Yes (Refer)	Yes (Refer)	Yes	Yes	Yes
Dysentery	No	Yes	Yes	Yes	Yes	Yes
Ear problem						
Acute ear infection	No	Yes	Yes	Yes	Yes	Yes
Chronic ear infection	No	Yes	Yes	Yes	Yes	Yes
Mastoiditis	No	No	No	Yes	Yes	Yes
Fever						
Fever malaria unlikely	No	Yes	Yes	Yes	No	No
Uncomplicated malaria	No	Yes	Yes	No	No	No
Complicated malaria	No	No	No	No	Yes	Yes
Very severe febrile disease	No	No	No	Yes	Yes	Yes
Measles						
Measles	No	Yes	Yes	Yes	No	No
Measles with eye or mouth complications	No	Yes	Yes	Yes	Yes	Yes
Severe complicated measles	No	No	No	Yes	Yes	Yes
Malnutrition						
Underweight	No	Yes	Yes	Yes	No	No
Severe underweight	No	No	No	Yes	Yes	Yes
Kwashiokor	No	No	No	Yes	Yes	Yes
Marasmus	No	No	No	Yes	Yes	Yes
Paediatric HIV						
Prevention of Mother to Child transmission (Refer to adult section on HIV)	Yes	Yes	Yes	Yes	Yes	Yes
Infant feeding counselling	Yes	Yes	Yes	Yes	Yes	Yes
Male Neonatal and infant Circumcision	No	No	No	Yes	Yes	Yes
Post Exposure Prophylaxis (sexual assault)						
HIV testing and Counselling	No	Yes	Yes	Yes	Yes	Yes
Provision of ART	No	Yes	Yes	Yes	Yes	Yes
Baseline blood tests	No	Yes	Yes	Yes	Yes	Yes

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Child Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Follow up tests	No	Yes	Yes	Yes	Yes	Yes
Paediatric HIV diagnoses						
HIV Testing and Counselling	No	Yes	Yes	Yes	Yes	Yes
DNA PCR infant diagnoses	No	Yes	Yes	Yes	Yes	Yes
Rapid HIV testing	Yes	Yes	Yes	Yes	Yes	Yes
Clinical diagnosis and staging	No	Yes	Yes	Yes	Yes	Yes
ACTIVE HIV/AIDS MANAGEMENT						
Pre ART services						
Immunological monitoring (CD4 cell count according established guidelines)	No	Yes	Yes	Yes	Yes	Yes
TB screening	Yes	Yes	Yes	Yes	Yes	Yes
Screening for opportunistic infections	Yes	Yes	Yes	Yes	Yes	Yes
Management of opportunistic infections						
Minor mucocutaneous manifestations	Yes	Yes	Yes	Yes	Yes	Yes
Herpes Zoster	No	Yes	Yes	Yes	Yes	Yes
Chronic diarrhoea	No	Yes	Yes	Yes	Yes	Yes
Oral Candidiasis	No	Yes	Yes	Yes	Yes	Yes
Oesophageal Candidiasis	No	Yes	Yes	Yes	Yes	Yes
Bacterial infections	No	Yes	Yes	Yes	Yes	Yes
Pneumocystic Pneumonia (PCP)	No	No	No	Yes	Yes	Yes
Toxoplasmosis	No	No	No	Yes	Yes	Yes
TB	No	Yes	Yes	Yes	Yes	Yes
Extra pulmonary TB	No	No	No	Yes	Yes	Yes
Cytomegalovirus Infection	No	No	No	Yes	Yes	Yes
Kaposi's sarcoma	No	No	No	Yes	Yes	Yes
Lymphoma and other HIV related malignancies.	No	No	No	Yes	Yes	Yes
Prophylaxis						
CTX	Yes	Yes	Yes	Yes	Yes	Yes
INH	No	Yes	Yes	Yes	Yes	Yes
Psychosocial support, nutrition education, safe water, education, treatment literacy education.	Yes	Yes	Yes	Yes	Yes	Yes
Care giver adherence support and counselling	Yes	Yes	Yes	Yes	Yes	Yes
HIV disclosure to the infected child	Yes	Yes	Yes	Yes	Yes	Yes
Sexual and reproductive health	Yes	Yes	Yes	Yes	Yes	Yes
End of life care and support	Yes	Yes	Yes	Yes	Yes	Yes
Pain Management (Morphine)	Yes	Yes	Yes	Yes	Yes	Yes
ART INITIATION						
Baseline laboratory tests	No	Yes	Yes	Yes	Yes	Yes
Treatment adherence counselling	No	Yes	Yes	Yes	Yes	Yes
Clinical examination and screening for Opportunistic infections	No	Yes	Yes	Yes	Yes	Yes
Provision of the appropriate ARV regimen	No	Yes	Yes	Yes	Yes	Yes
Two Weeks follow up (Clinical laboratory, psychosocial and adherence)	No	Yes	Yes	Yes	Yes	Yes
TB screening	No	Yes	Yes	Yes	Yes	Yes
ART Refills	No	Yes	Yes	Yes	Yes	Yes
Defaulter tracing (Active follow up)	Yes	Yes	Yes	Yes	Yes	Yes
Adherence counselling	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care	Yes	Yes	Yes	Yes	Yes	Yes
Chemotherapy	No	No	No	Yes	Yes	Yes
Radiotherapy	No	No	No	No	No	Yes
ART Monitoring	Yes	Yes	Yes	Yes	Yes	Yes
Quality improvement	Yes	Yes	Yes	Yes	Yes	Yes
TB (Refer to TB section on Table 18)						
Parasitic Infestation Treatment						
Worm infestations (Routine deworming)	Yes	Yes	Yes	Yes	Yes	Yes
Bilharzia Diagnosis (Urine microscopy)	No	No	No	Yes	Yes	Yes
Bilharzia Treatment	No	Yes	Yes	Yes	Yes	Yes
Other parasitic infestations	Yes	Yes	Yes	Yes	Yes	Yes
YOUNG INFANTS LESS THAN 2 MONTHS						
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes

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Child Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Stimulate, clean airway; clean, clamp, and cut cord; establish early breastfeeding	No	Yes	Yes	Yes	Yes	Yes
Prevention of ophthalmia of the newborn	No	Yes	Yes	Yes	Yes	Yes
Administer vitamin K injection	No	Yes	Yes	Yes	Yes	Yes
Resuscitation of the newborn	No	Yes	Yes	Yes	Yes	Yes
Promote skin to skin contact	No	Yes	Yes	Yes	Yes	Yes
Incubate newborn as indicated	No	Yes	Yes	Yes	Yes	Yes
Manage neonatal local bacterial infections	No	Yes	Yes	Yes	Yes	Yes
Manage serious bacterial infections	No	No	No	Yes	Yes	Yes
Manage neonatal tetanus	No	No	No	Yes	Yes	Yes
Blood in stool	No	No	No	Yes	Yes	Yes
Feeding problems	No	Yes	Yes	Yes	Yes	Yes
CONDITIONS BY SYSTEMS						
Head, Ear, Nose and Throat						
Pharyngitis/Tonsillitis/Sinusitis	No	Yes	Yes	Yes	Yes	Yes
Eye infections	No	Yes	Yes	Yes	Yes	Yes
Respiratory System						
Croup Syndrome (laryngitis, tracheitis, epiglottitis)	No	No	No	Yes	Yes	Yes
Asthma/bronchiolitis	No	Yes	Yes	Yes	Yes	Yes
Aspiration syndrome (foreign body, near drowning)	No	No	No	Yes	Yes	Yes
Cardio Vascular System						
Congenital Heart Diseases	No	No	No	No	Yes	Yes
Infective endocarditis	No	No	No	No	Yes	Yes
Rheumatic Fever/Rheumatic heart diseases	No	No	No	Yes	Yes	Yes
Congestive heart failure	No	No	No	Yes	Yes	Yes
Shock	No	No	No	Yes	Yes	Yes
Hypertension	No	No	No	Yes	Yes	Yes
Gastrointestinal System						
Hepatitis/Jaundice	No	No	No	No	Yes	Yes
Liver failure	No	No	No	No	Yes	Yes
Ascitis	No	No	No	No	Yes	Yes
Malabsorption	No	No	No	No	Yes	Yes
Gastro intestinal bleeding	No	No	No	No	Yes	Yes
Acute abdomen	No	No	No	No	Yes	Yes
Genito-Urinary System						
Haemolytic-Uremic Syndrome	No	No	No	No	Yes	Yes
Nephritis	No	No	No	No	Yes	Yes
Nephrotic syndrome	No	No	No	No	Yes	Yes
Renal Failure	No	No	No	No	Yes	Yes
Urinary Tract Infections (Lower)	No	Yes	Yes	Yes	Yes	Yes
Pyelonephritis	No	No	No	Yes	Yes	Yes
Wilms' Tumour (Nephroblastoma)	No	No	No	No	Yes	Yes
Ambiguous Genitalia	No	No	No	No	No	Yes
Muscular Skeletal						
Pyomyositis	No	No	No	No	Yes	Yes
Septic arthritis	No	No	No	No	Yes	Yes
Osteomyelitis	No	No	No	No	Yes	Yes
Juvenile rheumatoid arthritis	No	No	No	Yes	Yes	Yes
Intergumentary (Skin) Conditions						
Impetigo	No	Yes	Yes	Yes	Yes	Yes
Dermatitis/Eczema	No	Yes	Yes	Yes	Yes	Yes
Scabies	No	Yes	Yes	Yes	Yes	Yes
Fungal skin infections (ringworms)	No	Yes	Yes	Yes	Yes	Yes
Central Nervous System						
Meningitis	No	No	No	Yes	Yes	Yes
Encephalitis	No	No	No	Yes	Yes	Yes
Seizure disorders	No	Yes	Yes	Yes	Yes	Yes
Cerebral palsy	No	No	No	No	Yes	Yes
Tumours	No	No	No	No	Yes	Yes
Raised intracranial pressure	No	No	No	No	Yes	Yes

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Child Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Coma	No	No	No	No	Yes	Yes
Poisoning	Yes	Yes	Yes	Yes	Yes	Yes
Endocrinology						
Diabetes Mellitus	No	No	No	Yes	Yes	Yes
Hypothyroidism	No	No	No	No	Yes	Yes
Hyperthyroidism	No	No	No	No	Yes	Yes
Haematology						
Anaemia	No	No	Yes	Yes	Yes	Yes
Septicaemia	No	No	No	Yes	Yes	Yes
Haemophilia	No	No	No	No	Yes	Yes
Idiopathic Thrombocytopaenic Purpura (ITP)	No	No	No	No	Yes	Yes
Leukaemia	No	No	No	No	No	Yes
Lymphoma	No	No	No	No	No	Yes
Child Abuse	Yes	Yes	Yes	Yes	Yes	Yes
Paediatric social services	Yes	Yes	Yes	Yes	Yes	Yes
Chromosomal anomalies						
Down's Syndrome	No	No	No	Yes	Yes	Yes
Edward's Syndrome	No	No	No	Yes	Yes	Yes
QUALITY ASSURANCE						
Vaccine Management & Logistics						
Forecasting of vaccines and logistics	No	Yes	Yes	Yes	Yes	Yes
Vaccine storage	No	Yes	Yes	Yes	Yes	Yes
Vaccine distribution	No	Yes	Yes	Yes	Yes	Yes
Cold chain management	Yes	Yes	Yes	Yes	Yes	Yes
Drug management	No	Yes	Yes	Yes	Yes	Yes
Stock Control	No	Yes	Yes	Yes	Yes	Yes
Clinical Audits	No	Yes	Yes	Yes	Yes	Yes

4.1.2 Maternal and Newborn Health

Table 6: Antenatal Care Services

Antenatal Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Identify and refer (clients with problems)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis of pregnancy	No	Yes	Yes	Yes	Yes	Yes
Registration of the client (booking for ANC)	No	Yes	Yes	Yes	No	No
Taking history						
Social history	No	Yes	Yes	Yes	Yes	Yes
Medical	No	Yes	Yes	Yes	Yes	Yes
Surgical	No	Yes	Yes	Yes	Yes	Yes
Obstetric (present and past pregnancies)	No	Yes	Yes	Yes	Yes	Yes
Assess and manage obstetric emergencies						
Eclampsia	No	Yes	Yes	Yes	Yes	Yes
Shock	No	Yes	Yes	Yes	Yes	Yes
Vaginal bleeding (abortions, APH,PPH)	No	Yes	Yes	Yes	Yes	Yes
Premature rupture of membranes	No	Yes	Yes	Yes	Yes	Yes
Convulsions or unconsciousness	No	Yes	Yes	Yes	Yes	Yes
Severe abdominal pain	No	Yes	Yes	Yes	Yes	Yes
Assess and manage obstetric complications						
Fever/ infections (temp. more than 38 ⁰ C)	No	Yes	Yes	Yes	Yes	Yes
Pre eclampsia	No	Yes	Yes	Yes	Yes	Yes
Abnormal uterine contractions	No	Yes	Yes	Yes	Yes	Yes
PIH	No	Yes	Yes	Yes	Yes	Yes
Diabetes	No	Yes	Yes	Yes	Yes	Yes
Medical	No	Yes	Yes	Yes	Yes	Yes
Surgical	No	Yes	Yes	Yes	Yes	Yes
Malaria	No	Yes	Yes	Yes	Yes	Yes
Diagnostic tests						

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Antenatal Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Rapid Plasma Reagent (RPR)	No	Yes	Yes	Yes	Yes	Yes
Haemoglobin (HB)	No	Yes	Yes	Yes	Yes	Yes
Urinalysis	No	Yes	Yes	Yes	Yes	Yes
Random blood sugar (RBS)/ Fasting blood sugar (FBS)	No	Yes	Yes		Yes	Yes
Pregnancy test	No	Yes	Yes	Yes	Yes	Yes
Rapid diagnostic test for malaria	No	Yes	Yes	Yes	Yes	Yes
Ultrasound scan	No	No	No	Yes	Yes	Yes
HIV test	Yes	Yes	Yes	Yes	Yes	Yes
Antenatal visits						
Maternal assessment (including vaginal discharge/ STIs)	No	Yes	Yes	Yes	Yes	Yes
Vital signs (weight, temperature, blood pressure, pulse, respiration, and height) measurement	No	Yes	Yes	Yes	Yes	Yes
Physical assessment (head to toe, inspection, auscultation, palpation, percussion)	No	Yes	Yes	Yes	Yes	Yes
Counselling	No	Yes	Yes	Yes	Yes	Yes
Foetal assessment						
Foetal heart rate	No	Yes	Yes	Yes	Yes	Yes
Palpation	No	Yes	Yes	Yes	Yes	Yes
Ultra sound scan	No	No	No	Yes	Yes	Yes
Amniocentesis	No	No	No	Yes	Yes	Yes
Tetanus Immunization	Yes	Yes	Yes	Yes	No	No
External cephalic version	No	No	No	Yes	Yes	Yes
Supplementation:	No	Yes	Yes	Yes	Yes	Yes
Folic acid	No	Yes	Yes	Yes	Yes	Yes
Multivitamins	No	Yes	Yes	Yes	Yes	Yes
Calcium	No	Yes	Yes	Yes	Yes	Yes
Ferrous sulphate	No	Yes	Yes	Yes	Yes	Yes
Albendazole	Yes	Yes	Yes	Yes	Yes	Yes
Provision of insecticide treated bed nets (ITNs)	Yes	Yes	Yes	Yes	No	No
Diagnosis of malaria	No	Yes	Yes	Yes	Yes	Yes
Treatment of malaria	No	Yes	Yes	Yes	Yes	Yes
PMTCT	No	Yes	Yes	Yes	Yes	Yes
HIV testing	No	Yes	Yes	Yes	Yes	Yes
Counselling (HTC)	Yes	Yes	Yes	Yes	Yes	Yes
Syndromic management of STIs	No	Yes	Yes	Yes	Yes	Yes
TB screening	No	Yes	Yes	Yes	Yes	Yes
CD 4 count	No	Yes	Yes	Yes	Yes	Yes
ARV prophylaxis (for infant and mother)	No	Yes	Yes	Yes	Yes	Yes
Highly active anti retroviral therapy (HAART)	No	Yes	Yes	Yes	Yes	Yes
Infant feeding counselling	No	Yes	Yes	Yes	Yes	Yes
Cotrimoxazole prophylaxis	No	Yes	Yes	Yes	Yes	Yes
Advise on:						
Nutrition and self care	Yes	Yes	Yes	Yes	Yes	Yes
Routine follow up visits	Yes	Yes	Yes	Yes	Yes	Yes
Facility delivery	Yes	Yes	Yes	Yes	Yes	Yes
Signs of labour	Yes	Yes	Yes	Yes	Yes	Yes
Danger signs						
Vaginal bleeding	Yes	Yes	Yes	Yes	Yes	Yes
Premature Rapture of Membranes (PROM)	Yes	Yes	Yes	Yes	Yes	Yes
Severe pallor	Yes	Yes	Yes	Yes	Yes	Yes
Abdominal pain	Yes	Yes	Yes	Yes	Yes	Yes
Severe headache	Yes	Yes	Yes	Yes	Yes	Yes
Blurred vision	Yes	Yes	Yes	Yes	Yes	Yes
Fever (temperature more than 38°C)	Yes	Yes	Yes	Yes	Yes	Yes
Breathing difficulty	Yes	Yes	Yes	Yes	Yes	Yes
Conduct operational research	Yes	Yes	Yes	Yes	Yes	Yes

Table 7: Intra Partum Care Services

Intra Partum Care Services	Service components offered by level of service delivery					
	Community	Clinic B	PHU	HC	RRH	NRH
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
HTC during labour	No	Yes	Yes	Yes	Yes	Yes
Administer PMTCT prophylaxis at onset of labour (if no ARVs taken during pregnancy)	Yes	Yes	Yes	Yes	Yes	Yes
Use partogram to monitor first stage of labour:						
Foetal condition and position	No	Yes	No	Yes	Yes	Yes
Status of membranes, liquor and moulding	No	Yes	No	Yes	Yes	Yes
Progression of labour (cervical dilatation and foetal head descent)	No	Yes	No	Yes	Yes	Yes
Uterine contractions	No	Yes	No	Yes	Yes	Yes
General maternal condition (drugs, vital signs, urine, vomitus)	No	Yes	No	Yes	Yes	Yes
Normal Vaginal Delivery	No	Yes	No	Yes	Yes	Yes
Assisted vaginal delivery (vacuum extraction)	No	No	No	Yes	Yes	Yes
Caesarean section	No	No	No	Yes	Yes	Yes
Examination of the neonate	No	Yes	Yes	Yes	Yes	Yes
Management of intra partum haemorrhage	No	Yes	No	Yes	Yes	Yes
Management of third stage of labour and immediate postpartum problems	No	Yes	No	Yes	Yes	Yes
Management of intrapartum complications						
Prolonged labour	No	No	No	Yes	Yes	Yes
Parenteral administration of oxytocin	No	Yes	No	Yes	Yes	Yes
Administration of prostaglandins	No	No	No	Yes	Yes	Yes
Shoulder dystocia	No	No	No	Yes	Yes	Yes
Cord prolapsed	No	No	No	Yes	Yes	Yes
Acute inversion of the uterus	No	No	No	Yes	Yes	Yes
Amniotic fluid embolism	No	No	No	Yes	Yes	Yes
Hysterectomy	No	No	No	No	Yes	Yes
Parenteral administration of anticonvulsants	No	Yes	No	Yes	Yes	Yes
Provision of intravenous fluids	No	Yes	No	Yes	Yes	Yes
Blood transfusion	No	No	No	Yes	Yes	Yes
Symphysiotomy	No	No	No	Yes	Yes	Yes
Craniotomy	No	No	No	Yes	Yes	Yes
Parenteral administration of antibiotics	No	Yes	No	Yes	Yes	Yes

Table 8: Post Natal Care Services

Post Natal Care Services	Service components offered by level of service delivery					
	Community	Clinic B	PHU	HC	RRH	NRH
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Examination of the placenta	No	Yes	Yes	Yes	Yes	Yes
Prevention of post partum haemorrhage						
Controlled cord traction	No	Yes	No	Yes	Yes	Yes
Manual removal of placenta	No	No	No	Yes	Yes	Yes
Bimanual compression of the uterus	No	yes	No	Yes	Yes	Yes
Suturing of tears (cervical and perineal)	No	Yes (1 ^o & 2 ^o)	No	Yes	Yes	Yes
Removal of retained products of conception (manual or aspiration)	No	Yes	No	Yes	Yes	Yes
Management of post partum haemorrhage						
Primary	No	Yes	No	Yes	Yes	Yes
Secondary	No	No	No	Yes	Yes	Yes
Manage acute inversion of the uterus	No	No	No	Yes	Yes	Yes
Vitamin A supplementation	No	Yes	Yes	Yes	Yes	Yes
Detection of anaemia	No	Yes	Yes	Yes	Yes	Yes
postpartum care and hygiene	Yes	Yes	Yes	Yes	Yes	Yes
Counsel on:						
Infant feeding and exclusive breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes
Family planning	Yes	Yes	Yes	Yes	Yes	Yes
Advise on:						
Routine postpartum visits	Yes	Yes	Yes	Yes	Yes	Yes
Danger signs during postpartum period	Yes	Yes	Yes	Yes	Yes	Yes
Provision of Immunizations	Yes	Yes	Yes	Yes	Yes	Yes
Provision of Family planning	Yes	Yes	Yes	Yes	Yes	No
Detection management of puerperal infection	No	No	No	Yes	Yes	Yes

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Post Natal Care Services	Service components offered by level of service delivery					
	Community	Clinic B	PHU	HC	RRH	NRH
Breast examination	Yes	Yes	Yes	Yes	Yes	Yes
Manage perineal pain	No	Yes	Yes	Yes	Yes	Yes
Conduct postpartum examination at 6 weeks						
I Vital signs	No	Yes	Yes	Yes	Yes	Yes
Anaemia	No	Yes	Yes	Yes	Yes	Yes
Signs suggestive of HIV/TB (mother and baby)	No	Yes	Yes	Yes	Yes	Yes
Vaginal discharge	No	Yes	Yes	Yes	Yes	Yes
Status of the perineum	No	Yes	Yes	Yes	Yes	Yes
Dribbling urine	No	Yes	Yes	Yes	Yes	Yes
Breast problems	No	Yes	Yes	Yes	Yes	Yes
Treatment	No	Yes	Yes	Yes	Yes	Yes
Conduct operational research	Yes	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	Yes	Yes	Yes	Yes	Yes	Yes

Table 9: Neonatal Care Services

Neonatal care services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Prevention of hypothermia	No	Yes	Yes	Yes	Yes	Yes
Immediate care of the newborn						
Stimulate breathing	No	Yes	No	Yes	Yes	Yes
Maintain warm temperature	No	Yes	No	Yes	Yes	Yes
Clean airway clamp and cut cord	No	Yes	No	Yes	Yes	Yes
Establish early breastfeeding	No	Yes	Yes	Yes	Yes	Yes
Manage asphyxia (resuscitation of the newborn)	No	Yes	No	Yes	Yes	Yes
Administer vitamin K injection	No	Yes	No	Yes	Yes	Yes
Prevention of ophthalmia neonatorum of the newborn	No	Yes	Yes	Yes	Yes	Yes
Incubate newborn if necessary	No	Yes	No	Yes	Yes	Yes
Physical examination	No	Yes	Yes	Yes	Yes	Yes
Manage low weight babies	No	Yes	No	Yes	Yes	Yes
Transportation of very small baby	Yes	Yes	No	Yes	Yes	Yes
Newborn immunization	No	Yes	Yes	Yes	Yes	Yes
Initiate AZT prophylaxis (if mother is HIV positive)	No	Yes	Yes	Yes	Yes	Yes
HIV testing at 6 weeks if exposed	No	Yes	Yes	Yes	Yes	Yes
Promote skin to skin contact	No	Yes	Yes	Yes	Yes	Yes
Management of neonatal:						
Jaundice	No	No	No	Yes	Yes	Yes
Infections	No	No	No	Yes	Yes	Yes
Bleeding	No	No	No	Yes	Yes	Yes
Birth injuries	No	No	No	Yes	Yes	Yes
Congenital abnormalities	No	No	No	Yes	Yes	Yes
Respiratory disorders	No	No	No	Yes	Yes	Yes
Cardiovascular disorders	No	No	No	Yes	Yes	Yes
Gastrointestinal disorders	No	No	No	Yes	Yes	Yes
Genito-urinary disorders	No	No	No	Yes	Yes	Yes
Skin and tissue disorders	No	No	No	Yes	Yes	Yes
Metabolic and endocrine system disorders	No	No	No	Yes	Yes	Yes
Musculoskeletal disorders	No	No	No	Yes	Yes	Yes
Preventing neonatal tetanus	Yes	Yes	Yes	Yes	Yes	Yes
Conduct operational research	Yes	Yes	Yes	Yes	Yes	Yes
Documentation and reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	Yes	Yes	Yes	Yes	Yes	Yes

4.1.3 Sexual and Adolescent Health

Table 10: Family Planning Services

Family Planning Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Counselling on family planning methods (natural & modern)	Yes	Yes	Yes	Yes	Yes	Yes
Physical examination						
History: (Social, Medical, Obstetrical, Gynecological)	No	Yes	Yes	Yes	Yes	Yes
Vital signs	No	Yes	Yes	Yes	Yes	Yes
Physical examination	No	Yes	Yes	Yes	Yes	Yes
Pelvic examination	No	Yes	Yes	Yes	Yes	Yes
Screening for sexually transmitted infections(STIs)	No	Yes	Yes	Yes	Yes	Yes
Screening for cervical cancer (VIA/ Pap smear)	No	Yes	Yes	Yes	Yes	Yes
Syndromic management of STIs	No	Yes	Yes	Yes	Yes	Yes
Distribution and provision of family planning commodities						
<i>Barrier methods</i>						
Males and female Condoms	Yes	Yes	Yes	Yes	Yes	Yes
Diaphragms, caps, vagina ring and sponge	No	Yes	Yes	Yes	Yes	Yes
<i>Hormonals</i>						
Oral contraceptives	No	Yes	Yes	Yes	Yes	Yes
Injectable contraceptives	No	Yes	Yes	Yes	Yes	Yes
Subdermal implants	No	No	No	Yes	Yes	Yes
<i>IUCDs</i>						
Copper –bearing	No	Yes	Yes	Yes	Yes	Yes
Hormone –releasing	No	Yes	Yes	Yes	Yes	Yes
Inert or unmedicated	No	Yes	Yes	Yes	Yes	Yes
Surgical methods						
Tubal Ligation	No	No	No	Yes	Yes	Yes
Vasectomy	No	No	No	Yes	Yes	Yes
Natural methods	Yes	Yes	Yes	Yes	Yes	Yes

Table 11: Cervical Cancer Screening Services

Cervical Cancer Screening Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health promotion and prevention IEC	Yes	Yes	Yes	Yes	Yes	Yes
Taking a history	No	Yes	Yes	Yes	Yes	Yes
Performing a pelvic examination	No	Yes	Yes	Yes	Yes	Yes
Screening for cervical cancer						
Taking a Pap smear	No	Yes	Yes	Yes	Yes	Yes
Perform Visual inspection with acetic acid	No	Yes	Yes	Yes	Yes	Yes
Diagnosis of pre-cancer cells						
Colposcopy	No	No	No	Yes	Yes	Yes
Biopsy	No	No	No	Yes	Yes	Yes
Management of pre-cancer cells						
Pelvic exam with pap smear or screen and treat method	No	Yes	Yes	Yes	Yes	Yes
Endocervical curettage	No	No	No	No	Yes	Yes
Cryotherapy	No	No	No	No	Yes	Yes
Loop electrosurgical excision procedure (LEEP)	No	No	No	No	Yes	Yes
Cold knife konization	No	No	No	No	Yes	Yes
Cone biopsy or loop	No	No	No	No	No	Yes
Cervical biopsy	No	No	No	No	No	Yes
Management of invasive cancer						
Cervical cancer staging (stages I – IV)	No	No	No	Yes	Yes	Yes
Treatment	No	No	No	Yes	Yes	Yes
Surgery	No	No	No	No	Yes	Yes
Radiotherapy	No	No	No	No	Yes	Yes
Chemotherapy	No	No	No	No	Yes	Yes
Manage pain	No	Yes	Yes	yes	Yes	Yes
Management in:						
Pregnancy	No	No	No	No	Yes	Yes

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Cervical Cancer Screening Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
HIV/AIDS	No	No	No	No	Yes	Yes
Provide palliative care	Yes	Yes	Yes	Yes	Yes	Yes
Conduct operational research	Yes	Yes	Yes	Yes	Yes	Yes
Documentation and reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	Yes	Yes	Yes	Yes	Yes	Yes

Table 12: Adolescent Health Services

Adolescent Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health promotion and IEC	Yes	Yes	Yes	Yes	Yes	Yes
Provide adolescent friendly health services	No	Yes	Yes	Yes	Yes	Yes
Improve quality and access to adolescent health services	Yes	Yes	Yes	Yes	No	No
Integrate adolescent health	No	Yes	Yes	Yes	No	No
Promote early health seeking behaviour	Yes	Yes	Yes	Yes	No	No
Acquisition of life skills	Yes	Yes	Yes	Yes	No	No
Provide information on risk reduction						
Delay sexual debut	Yes	Yes	Yes	Yes	No	No
Prevention of HIV/AIDS and STI	Yes	Yes	Yes	Yes	No	No
Male circumcision	Yes	Yes	Yes	Yes	No	No
Prevention of unwanted pregnancy	Yes	Yes	Yes	Yes	No	No
Prevention of use and abuse of alcohol, tobacco and hard drugs	Yes	Yes	Yes	Yes	No	No
Prevention of accidents and violent behaviour	Yes	Yes	Yes	Yes	No	No
Provide information on gender	Yes	Yes	Yes	Yes	No	No
Conduct operational research	Yes	Yes	Yes	Yes	No	No

Table 13: Post-Abortion Care Services

Post-Abortion Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health promotion	Yes	Yes	Yes	Yes	Yes	Yes
Provision of therapeutic abortion	No	No	No	No	Yes	Yes
Provision of post abortion care						
Use of manual vacuum aspiration to manage incomplete abortion	No	No	No	Yes	Yes	Yes
Manage complications of abortion	No	Yes	Yes	Yes	Yes	Yes
Counselling on family planning	Yes	Yes	Yes	Yes	Yes	Yes

4.1.4 Women's Health

Table 14: Women's Health Services

Women's Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health promotion	Yes	Yes	Yes	Yes	Yes	Yes
Promoting equity and quality health for women	Yes	Yes	Yes	Yes	No	No
Access to quality health services for women	Yes	Yes	Yes	Yes	No	No
Provide timely, affordable response to women's health needs	Yes	Yes	Yes	Yes	No	No
Integrated services for women (one stop shopping)	Yes	Yes	Yes	Yes	No	No
Empowering women to:						
Play leadership role in family health	Yes	Yes	Yes	Yes	No	No
Educate children on growth and development	Yes	Yes	Yes	Yes	No	No

4.1.5 Nutrition Services

Table 15: Nutrition Services

Nutrition Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Nutrition education and counselling						
Promote appropriate infant and young child feeding	Yes	Yes	Yes	Yes	Yes	Yes
Baby friendly hospital initiative (BFHI)	No	Yes	No	Yes	Yes	Yes
Promote healthy nutrition practices	Yes	Yes	Yes	Yes	Yes	Yes
Promote healthy nutrition practices in vulnerable groups	Yes	Yes	Yes	Yes	Yes	Yes
Integrated community based growth monitoring						
Weight measurement	Yes	Yes	Yes	Yes	Yes	Yes
Height measurement	Yes	Yes	Yes	Yes	Yes	Yes
Mid upper arm circumference	Yes	Yes	Yes	Yes	Yes	Yes
Analysis and interpretation of the above data	No	Yes	Yes	Yes	Yes	Yes
Evaluation of child health card	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
Community mobilization						
World breast feeding week campaign	Yes	Yes	Yes	Yes	Yes	Yes
Micro nutrients awareness campaign	Yes	Yes	Yes	Yes	Yes	Yes
Establishment of backyard garden	Yes	Yes	Yes	No	No	No
Nutrition assessment for school children	Yes (Refer)	Yes	Yes	No	No	No
School feeding program	Yes	Yes	Yes	No	No	No
Food demonstrations	Yes	Yes	Yes	No	No	No
Promotion of micro nutrients						
Micro nutrients rich foods	Yes	Yes	Yes	Yes	Yes	Yes
The use of iodized salt	Yes	Yes	Yes	Yes	Yes	Yes
Micro nutrients supplementation	Yes	Yes	Yes	Yes	Yes	Yes
Malnutrition						
Diagnosis of malnutrition						
Kwashiorkor	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
Marasmus	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
Vitamin A deficiency	No	Yes	Yes	Yes	Yes	Yes
Anaemia	No	Yes	Yes	Yes	Yes	Yes
Iodine deficiency	Yes	Yes	Yes	Yes	Yes	Yes
Investigation						
Blood test	No	Yes	Yes	Yes	Yes	Yes
Urine test	No	Yes	Yes	Yes	Yes	Yes
Stool test	No	Yes	Yes	Yes	Yes	Yes
Weight	Yes	Yes	Yes	Yes	Yes	Yes
Height	Yes	Yes	Yes	Yes	Yes	Yes
Body mass index (BMI)	No	Yes	Yes	Yes	Yes	Yes
Treatment						
Inpatient therapeutic feeding (e.g. F 75 and F 100)	No	No	No	Yes	Yes	Yes
Supplements e.g. iron, folic acid, vitamin A, B, C, zinc	No	Yes	Yes	Yes	Yes	Yes
Food by prescription (FBP)	No	No	No	Yes	Yes	Yes
Plumpy nut and corn-soya blend	Yes	Yes	Yes	Yes	Yes	Yes
Identify and address challenges	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient therapeutic feeding						
Plumpy nut and corn-soya blend	Yes	Yes	Yes	Yes	Yes	Yes
Defaulter tracing from the outpatient therapeutic program (OTP)	Yes	Yes	Yes	Yes	Yes	Yes
Food by prescription nutrition in HIV/Care and support	No	No	No	Yes	Yes	Yes
Establishment of community support groups	Yes	Yes	Yes	No	No	No
Baby friendly out-patient initiative	No	Yes	Yes	Yes	Yes	Yes
Quality improvement and management	Yes	Yes	Yes	Yes	Yes	Yes
Monitor and evaluate outcomes of implemented activities	Yes	Yes	Yes	Yes	Yes	Yes
Identify and address challenges	Yes	Yes	Yes	Yes	Yes	Yes

4.2 Prevention, Management and Control of Communicable Diseases

The scope of the interventions under this cluster covers prevention, treatment, and care of the key communicable diseases in Swaziland, namely HIV and AIDS, Tuberculosis, Malaria, Bilharzia and Soil Transmitted Helminths (STH). The interventions aim at utilization of preventive approaches, early detection and treatment, environmental management (for malaria, Bilharzia and STH), and counselling and testing (for HIV and TB). The summary of the interventions and their target populations are shown in **Table 16**, while the details of the interventions by level are given in **Tables 17 - 20**.

Table 16: Summary of Interventions and their Target Populations

Intervention	Target Population	Intended Coverage
HIV & AIDS:		
HIV counselling and testing	All population groups	50% women;40% men
HIV prevention	All population groups	100%
Prophylaxis treatment	Those with HIV	100%
Treatment Retention	All initiated on treatment	85% after 3yrs of initiation
Care and support	All infected and affected households	80%
Tuberculosis:		
Prevention	All population groups	100%
Case detection	Population with suspected TB	85%
DOTS	All TB patients	100%
HIV Testing and counselling for TB patients	ALL TB patients	100%
Malaria:		
Vector control and personal protection	Populations at risk	100%
Case management	Population infected with Malaria	100%
Disease surveillance	High risk communities/areas	100%
Bilharzia and Soil Transmitted Helminths		
Prophylaxis	Pregnant women and School going age children	100%
Diagnosis	Population presenting with worm infestations symptoms	100%
Treatment	Those diagnosed with infestation Cases of infestation	100%

4.2.1 HIV and AIDS

Table 17: HIV/AIDS Management Services

HIV/AIDS Management Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
HIV PREVENTION						
Health education	Yes	Yes	Yes	Yes	Yes	Yes
Social and behaviour change communication	Yes	Yes	Yes	Yes	Yes	Yes
Information Education Communication materials distribution	Yes	Yes	Yes	Yes	Yes	Yes
Condom demonstration and distribution	Yes	Yes	Yes	Yes	Yes	Yes
HIV Testing and Counselling	Yes	Yes	Yes	Yes	Yes	Yes
Prevention of Mother to Child Transmission						
Testing and counselling	Yes	Yes	Yes	Yes	Yes	Yes
CD4 cell count testing	No	Yes	Yes	Yes	Yes	Yes
Provision of adequate ARV regimen (AZT or HAART)	No	Yes(Selected)	Yes	Yes	Yes	Yes
Provision of infant ARVs (NVP)	No	Yes(Selected)	Yes	Yes	Yes	Yes
Male Circumcision – add MC package						
Male circumcision counselling	Yes	Yes	No	Yes	Yes	Yes
Syndromic mgt of STIs	No	Yes	No	Yes	Yes	Yes
Provider initiated counselling and testing	Yes	Yes	No	Yes	Yes	Yes
Surgery	Yes	Yes	No	Yes	Yes	Yes
Post operative management	Yes	Yes	No	Yes	Yes	Yes
Syndromic management of sexually transmitted infections						
Clinical examination	No	Yes	Yes	Yes	Yes	Yes

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HIV/AIDS Management Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Provider Initiated Testing and Counselling	Yes	Yes	Yes	Yes	Yes	Yes
Syndromic management of STI	Yes	Yes	Yes	Yes	Yes	Yes
Partner Notification	Yes	Yes	Yes	Yes	Yes	Yes
Condoms	Yes	Yes	Yes	Yes	Yes	Yes
Post Exposure Prophylaxis						
Wound management	Yes	Yes	Yes	Yes	Yes	Yes
HIV testing and Counselling	Yes	Yes	Yes	Yes	Yes	Yes
Provision of prophylaxis ART	No	Yes	Yes	Yes	Yes	Yes
Baseline blood tests	No	Yes	Yes	Yes	Yes	Yes
Follow up tests	No	Yes	Yes	Yes	Yes	Yes
ACTIVE HIV/AIDS MANAGEMENT						
Provider Initiated HIV Testing and Counselling	Yes	Yes	Yes	Yes	Yes	Yes
Pre ART services						
Clinical staging	No	Yes	Yes	Yes	Yes	Yes
Immunological monitoring (CD4 cell count according established guidelines)	No	Yes	Yes	Yes	Yes	Yes
TB screening	Yes	Yes	Yes	Yes	Yes	Yes
Screening for opportunistic infections	No	Yes	Yes	Yes	Yes	Yes
Management of opportunistic infections						
Minor mucocutaneous manifestations	Yes	Yes	Yes	Yes	Yes	Yes
Herpes Zoster	No	Yes	Yes	Yes	Yes	Yes
Chronic diarrhoea	No	Yes	Yes	Yes	Yes	Yes
Oral Candidiasis	No	Yes	Yes	Yes	Yes	Yes
Oesophageal Candidiasis	No	Yes (Medical Officer)	Yes	Yes	Yes	Yes
Bacterial infections	No	Yes	Yes	Yes	Yes	Yes
PCP	No	Yes(MO)	No	Yes	Yes	Yes
Toxoplasmosis	No	No	No	Yes	Yes	Yes
TB	No	Yes	Yes	Yes	Yes	Yes
Extra pulmonary.	No	Yes(MO)	No	Yes	Yes	Yes
Cytomegalovirus Infection	No	No	No	Yes	Yes	Yes
Kaposi's sarcoma	No	No	No	Yes	Yes	Yes
Lymphoma and other HIV related malignancies.	No	No	No	Yes	Yes	Yes
Prophylaxis						
CTX	Yes	Yes	Yes	Yes	Yes	Yes
INH	No	Yes	No	Yes	Yes	Yes
Psychosocial support, nutrition education, safe water education, adherence support, treatment literacy	Yes	Yes	Yes	Yes	Yes	Yes
STI management, Sexual and reproductive health	No	Yes	Yes	Yes	Yes	Yes
End of life care and support.	Yes	Yes	Yes	Yes	Yes	Yes
Pain Management (Morphine)	Yes	Yes	Yes	Yes	Yes	Yes
Prevention with positives	Yes	Yes	Yes	Yes	Yes	Yes
ART INITIATION	No	Yes (selected)	Yes	Yes	Yes	Yes
Baseline laboratory tests.	No	Yes	Yes	Yes	Yes	Yes
Treatment literacy/ adherence counselling.	Yes	Yes	Yes	Yes	Yes	Yes
Clinical examination and screening for Opportunistic infections.	No	Yes	Yes	Yes	Yes	Yes
Provision of the appropriate ARV regimen	No	Yes (selected)	Yes	Yes	Yes	Yes
Two Week follow up.(Clinical laboratory, psychosocial and adherence)	No	Yes (selected)	Yes	Yes	Yes	Yes
TB screening	Yes	Yes	Yes	Yes	Yes	Yes
ART REFILLS	No	Yes	Yes	Yes	Yes	Yes
Defaulter tracing(Active follow up)	Yes	Yes	Yes	Yes	Yes	Yes
Adherence counselling	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care	Yes	Yes	No	Yes	Yes	Yes
Chemotherapy	No	No	No	Yes	Yes	Yes
Radiotherapy	No	No	No	No	No	Yes
ART Monitoring	Yes	Yes	Yes	Yes	Yes	Yes
Prevention with positives	Yes	Yes	Yes	Yes	Yes	Yes
Quality improvement	Yes	Yes	Yes	Yes	Yes	Yes

4.2.2 Tuberculosis

Table 18: Tuberculosis Services

Tuberculosis Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education	Yes	Yes	Yes	Yes	Yes	Yes
TB diagnosis:						
TB screening	Yes	Yes	Yes	Yes	Yes	Yes
Identification of TB suspects	Yes	Yes	Yes	Yes	Yes	Yes
TB household contact investigation	Yes	Yes	Yes	Yes	Yes	Yes
Sputum collection for TB suspects	No	Yes	Yes	Yes	Yes	Yes
Chest X-ray	No	Yes (Selected)	No	Yes	Yes	Yes
Diagnosis for sputum smear positive TB	No	Yes (Selected)	No (Refer)	Yes	Yes	Yes
Diagnosis of smear negative and EPTB	No	Yes (Selected)	No (Refer)	Yes	Yes	Yes
Diagnosis of TB in children	No	Yes (Selected)	No (Refer)	Yes	Yes	Yes
Tuberculin Skin test	No	No	No	Yes	Yes	Yes
Provision of HTC to all TB suspects and patients	Yes	Yes	Yes	Yes	Yes	Yes
Provision of condoms	Yes	Yes	Yes	Yes	Yes	Yes
Provision of Family Planning services to TB patients	No	Yes	Yes	Yes	Yes	Yes
TB Treatment						
Prescription of anti-TB drugs	No	Yes (Cat 1-3 only)	No (Refer)	Yes	Yes	Yes (Cat 4)
Dispensing of anti-TB drugs including refills	No	Yes	Yes	Yes	Yes	Yes
Monitoring by scheduled sputum examinations;	No (Promote)	Yes	No (Promote)	Yes	Yes	Yes
Clinical review of TB patients	No	Yes	No	Yes	Yes	Yes
Identification and education of treatment supporters	No	Yes	Yes	Yes	Yes	Yes
Provision of Directly Observed Therapy	Yes	Yes	No	Yes	Yes	Yes
Provision of nutritional supplements	No	Yes	Yes	Yes	Yes	Yes
Provision of food packages	No	Yes	Yes	Yes	Yes	Yes
Provision of cotrimoxazole preventive therapy to TB/HIV co-infected patients	No	Yes	Yes	Yes	Yes	Yes
Initiation of ART for TB/HIV co-infected patients	No	Yes (Selected)	No	Yes	Yes	Yes
Provision of Isoniazid Preventive Therapy (IPT) for under 5 years TB contacts	No	Yes (Medical Offer)	Yes	Yes	Yes	No
IPT for HIV patients with no active TB	No	Yes	Yes	Yes	Yes	No
Management of TB complications	No (Refer)	Yes (mild)	Yes (Mild)	Yes (Severe)	Yes (Severe)	Yes (Severe)
Management of side effects and adverse reactions as indicated	Refer	Yes (Minor)	Yes (Minor)	Yes	Yes	Yes
Surgical intervention as indicated	No	No (Refer)	No (Refer)	Yes(Minor)	Yes	Yes
Tracing of initial defaulters	No	YES	Yes	Yes	Yes	Yes
Tracing of treatment interrupters and defaulters	Yes	Yes	Yes	Yes	Yes	Yes
Formation of support groups	Yes	Yes	Yes	Yes	Yes	Yes
Management of Drug Resistant TB						
Identification of DR-TB suspects	No	Yes	Yes	Yes	Yes	Yes
Collection of sputum for Culture and Sensitivity for suspected Drug Resistant TB (DRTB)/ XDR-TB	No	No	No	Yes	Yes	Yes
Diagnosis of DR-TB	No	No	No	Yes(Selected)	Yes	Yes
Prescription of second line drugs and initiation of DR-TB treatment	No	No	No	Yes	Yes	Yes
Monthly sputum for microscopy and culture /laboratory tests	No	No	No	Yes	Yes	Yes
Monthly clinical monitoring	No	No	No	Yes (Selected)	Yes	Yes
Management of side effects	No	No	No	Yes(Selected)	Yes	Yes
Provision of (Directly Observed Treatment) DOT for DR-TB patients	Yes	Yes	No	Yes	Yes	Yes
Surgery for TB complications	No	No	No	No	Yes	Yes
Outreach services to facilities to review Susceptible TB and DR-TB patients	No	No	No	No	Yes	No
Supervision, monitoring and evaluation	Yes	Yes	Yes	Yes	Yes	Yes

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Tuberculosis Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Recording of TB patients and TB suspects in the TB monitoring tools	Yes	Yes	Yes	Yes	Yes	Yes
Notification	No	Yes	Yes	Yes	Yes	Yes
-Quarterly reporting	No	Yes	No	Yes	Yes	Yes
PREVENTION						
IEC	Yes	Yes	Yes	Yes	Yes	Yes
Community sensitization	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of cough etiquette	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of well ventilated environment	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of protective clothing	Yes	Yes	Yes	Yes	Yes	Yes
BCG vaccination/BCG scar screening	No (Promote)	Yes	Yes	Yes	Yes	Yes
Cough triaging and rapid processing of TB patients	No	Yes	Yes	Yes	Yes	Yes
Isolation of infectious patients	Yes	Yes	Yes	Yes	Yes	Yes
Home Assessment (Infection Prevention and Control) before patient discharge	No	No	No	No	Yes	Yes
Provision of N95 respirator and surgical to TB patients masks	Yes	Yes	Yes	Yes	Yes	Yes
Routine TB screening of HCWs	Refer Community Health Care Workers	Yes	Yes	Yes	Yes	Yes
Rehabilitation (occupational therapy) for TB patients						
Assessments of patients	No	No	No	No	Yes	Yes
Draw-up programme for each patient based on their needs	No	No	No	No	Yes	Yes
Educate the patient and his/her family on importance of gaining self independence on ADL, leisure and work	No	Yes	No	Yes	Yes	Yes
Eliminate the effects of long-term hospitalization	No	No	No	No	Yes	Yes

4.2.3 Malaria

Table 19: Malaria Services

Malaria Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
PREVENTION						
Health Education on:						
Use of long lasting nets (LLNs)	Yes	Yes	Yes	Yes	Yes	Yes
Indoor residential house spraying	Yes	Yes	Yes	Yes	Yes	Yes
Personal protection methods	Yes	Yes	Yes	Yes	Yes	Yes
Provision of Long lasting nets	Yes	Yes	Yes	Yes	Yes	Yes
Indoor residual house spraying	Yes	Yes	Yes	Yes	Yes	Yes
Prophylaxis for high risk groups	Yes	Yes	Yes	Yes	Yes	Yes
Environmental management	Yes	Yes	Yes	Yes	Yes	Yes
Provision of LLNs to newborns	Yes	Yes	Yes	Yes	Yes	Yes
Provisions of LLNs to under 5	Yes	Yes	Yes	Yes	Yes	Yes
Provision of LLNs at ANC	No	Yes	Yes	Yes	Yes	No
CASE MANAGEMENT						
Health education on:						
Early recognition of signs and symptoms	Yes	Yes	Yes	Yes	Yes	Yes
Early treatment seeking behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Referral	Yes	Yes	Yes	Yes	Yes	Yes
Compliance with prescribed treatment	Yes	Yes	Yes	Yes	Yes	Yes
Rapid Diagnostic Tests (RDT)	No	Yes	Yes	Yes	Yes	Yes
Microscopy for diagnosis	No	No	No	Yes	Yes	Yes
Treatment of uncomplicated malaria	No	Yes	Yes	Yes	Yes	Yes
Treatment of complicated malaria	No	No	No	Yes	Yes	Yes
Treatment of Malaria in pregnancy	No	No (Refer immediately)	No (Refer immediately)	Yes	Yes	Yes
Monitoring drug efficacy	No	No	No	No	Yes	Yes
Active case surveillance	No	Yes	Yes	Yes	Yes	Yes

4.2.4 Bilharzia and Soil Transmitted Helminths

Table 20: Bilharzia and Soil Transmitted Helminths

Bilharzia and Soil Transmitted Helminths	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education	Yes	Yes	Yes	Yes	Yes	Yes
Community assessments and diagnosis						
Identify risk population	Yes	Yes	Yes	Yes	Yes	Yes
Signage on rivers infected with Bilharzia	Yes	Yes	Yes	Yes	Yes	Yes
Community awareness on snail shells in the rivers in high prevalent areas/ behavioural change/good sanitary practices	Yes	Yes	Yes	Yes	Yes	Yes
Early recognition of signs and symptoms	Yes	Yes	Yes	Yes	Yes	Yes
Active case Disease surveillance amongst school aged 6-15 years (School screening)	No	Yes	Yes	Yes	Yes	Yes
Awareness campaign and training of school teachers on administering of de worming tablets	Yes	No	No	No	No	No
Pre-school teachers training on routine de-worming of under fives	Yes	No	No	No	No	No
Educate parents on routine de-worming	Yes	No	No	No	No	Yes
Establishment of community routine de-worming support groups	Yes	Yes	Yes	Yes	Yes	Yes
CARE AND TREATMENT						
Health education on:						
Early recognition of signs and symptoms	Yes	Yes	Yes	Yes	Yes	Yes
Compliance with prescribed treatment	Yes	Yes	Yes	Yes	Yes	Yes
History taking	No	Yes	Yes	Yes	Yes	Yes
Collection of stool and urine specimen	No	Yes	Yes	Yes	Yes	Yes
Testing and diagnosis by microscopy/rapid testing	No	No	No	No	Yes	Yes
Biopsy of organs and tissue affected with complication of bilharzias and STH	No	No	No	No	Yes	Yes
Treatment dose for bilharzias and STH through clinical signs	No (Promote)	Yes	Yes	Yes	Yes	Yes
Treatment dose for bilharzias and STH through lab investigations	No	Yes	Yes	Yes	Yes	Yes
Routine de-worming treatment of bilharzias and STH suspected cases from endemic population of the country	No (Promote)	Yes	Yes	Yes	Yes	Yes
Issue routine control dose or bilharzias and STH in pregnant women during ANC visit and under fives during EPI	No	Yes	Yes	Yes	Yes	Yes
Investigations for complicated cases and treatment						
Biopsy of organs and tissue to confirm Bilharzia and STH infection	No	No	No	No	Yes	Yes
Surgical procedures as indicated	No	No	No	No	Yes	Yes
Management and Treatment as indicated	No	No	No	No	Yes	Yes
Counselling on drug compliance and side effects	Yes	Yes	Yes	Yes	Yes	Yes
Management of side effects and complications	No	Yes	Yes	Yes	Yes	Yes
Quantification and delivery of routine de-worming drugs for the three target groups (under fives, school aged and pregnant women)	No	No	No	No	No	Yes
Recording and Reporting	No	Yes	Yes	Yes	Yes	Yes
Support Supervision	Yes	Yes	Yes	Yes	Yes	Yes
Storage and Distribution of Bilharzia and STH drugs	No	Yes	Yes	Yes	Yes	Yes

4.3 Prevention, Management and Control of Non-communicable Diseases

The scope of prevention, management and control of Non-Communicable Diseases covers management of mental health conditions, cardio-vascular diseases, endocrine system disorders, cancers, nutritional conditions and injuries/trauma. The target population cuts across all population groups. The interventions are focused on screening of risk factors and early intervention in terms of change in lifestyles, and appropriate management once the disease/condition is diagnosed.

4.3.1 Mental Health

Table 21: Mental Health Services

Mental Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
PREVENTIVE SERVICES						
Mental health education and awareness						
Individuals	Yes	Yes	Yes	Yes	Yes	Yes
Families	Yes	Yes	Yes	Yes	Yes	Yes
Groups including schools and out of school youth	Yes	Yes	No	Yes	Yes	Yes
Community	Yes	Yes	Yes	Yes	No	Yes
Education on						
Signs and symptoms of mental illness	Yes	Yes	Yes	Yes	Yes	Yes
Substance misuse	Yes	Yes	Yes	Yes	Yes	Yes
Suicide	Yes	Yes	Yes	Yes	Yes	Yes
Vulnerable groups	Yes	Yes	Yes		Yes	Yes
Traditional leaders and key stake holders		Yes	Yes	Yes	No	No
Importance of nutrition and mental health.	Yes	Yes	Yes	Yes	Yes	Yes
Emotional needs of children and adolescents.	Yes	Yes	Yes	Yes	Yes	Yes
Violence and all forms of abuse. E.g. Physical, sexual emotional and its complications	Yes	Yes	Yes	Yes	Yes	Yes
Rehabilitation						
Establish community crisis care support centres	Yes	Yes	No	No	No	No
Recreational activities	Yes	Yes	No	No	No	Yes
Incorporate the national occupational health services in the mental health services	Yes	Yes	Yes	Yes	Yes	Yes
Wellness program for health service staff	No	Yes	Yes	Yes	Yes	Yes
Psychosocial care to patient and family	Yes	Yes	Yes	Yes	Yes	Yes
Identification and referral of mentally ill patients	Yes	Yes	Yes	Yes	No	No
Assessment of all patients	Yes	Yes	Yes	Yes	Yes	Yes
Investigation of Mental illness						
Blood	No	No	No	Yes	Yes	Yes
Urine	No	No	No	Yes	Yes	Yes
Radiology	No	No	No	Yes	Yes	Yes
Initiation & Treatment of mental illness						
Psychosis	No	No	No	Yes	Yes	Yes
Depression	No	No	No	Yes	Yes	Yes
Anxiety	No	Yes	Yes	Yes	Yes	Yes
Epilepsy	No	Yes	No	Yes	Yes	Yes
Mental Retardation						
Identification	Yes	Yes	Yes	Yes	Yes	Yes
Education to community and family						
Follow- up treatment (Bio-psychosocial management)	No	Yes	Yes	Yes	Yes	Yes
Review illness	No	Yes	No	Yes	Yes	Yes
Identify & manage side effects & complications	No	Yes	No	Yes	Yes	Yes
Refill of medication	No	Yes	No	No	No	Yes
Defaulter tracing	Yes	Yes	Yes	Yes	Yes	Yes
Psychological interventions						
Counselling/psychotherapy	Yes	Yes	No	Yes	Yes	Yes
Formation of therapy groups	Yes	Yes	No	Yes	Yes	Yes
Formation of crisis support units for trauma/rape patients	Yes	Yes	No	Yes	Yes	Yes
Unemployment counselling	Yes	Yes	No	Yes	Yes	Yes
Provide social welfare services						
Assessment of social needs of mentally ill patients	Yes	Yes	Yes	Yes	Yes	Yes
Refer for monthly social grants	No	No	No	No	Yes	No
Occupational Therapy services	Yes	Yes	Yes	Yes	Yes	Yes
Vocational skills training	Yes	Yes	Yes	Yes	Yes	Yes
Set-up Halfway houses	No	No	No	No	Yes	No
Community rehabilitation with the counteracting of the effects of institutionalization	Yes	Yes	No	No	No	No

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Mental Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Set up Mental Health Research Unit to promote evidence based clinical practice	No	No	No	No	Yes	Yes
Re-establish the regional psychiatric units	No	No	No	No	Yes	No
Establish Paediatric/Adolescent and Frail (Geriatric) care Unit	No	No	No	No	No	Yes
Establish Psychiatric Forensic units	No	No	No	No	Yes	Yes
Conduct Mental Health campaigns	Yes	Yes	Yes	Yes	Yes	Yes
Monitoring and evaluation of mental health	Yes	Yes	No	Yes	Yes	Yes

4.3.2 Management of Asthma and Chronic Obstructive Pulmonary Diseases

Table 22: Management of Asthma and Chronic Obstructive Pulmonary Diseases

Asthma and Chronic Obstructive Pulmonary Diseases	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical History						
Past and present medical history	Yes	Yes	Yes	Yes	Yes	Yes
Physical Assessment						
Height	Yes	Yes	Yes	Yes	Yes	Yes
Weight	Yes	Yes	Yes	Yes	Yes	Yes
Waist circumference	Yes	Yes	Yes	Yes	Yes	Yes
Peak Flow measurement/Spirometry	No	No	No	Yes	Yes	Yes
Lifestyle Assessment						
Dietary behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Physical Activity	Yes	Yes	Yes	Yes	Yes	Yes
Vital signs						
Temperature	Yes	Yes	Yes	Yes	Yes	Yes
Pulse\Heart Rate	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Tests						
Blood Gases	No	No	No	Yes	Yes	Yes
Full Blood Count	No	No	No	Yes	Yes	Yes
Sputum m/c/s	No	No	No	Yes	Yes	Yes
Radiology						
Chest x- ray(if signs of infection)	No	No	No	Yes	Yes	Yes
Health promotion						
Targeted patient education	Yes	Yes	Yes	Yes	Yes	Yes
Community awareness	Yes	Yes	Yes	Yes	Yes	Yes
Self care & monitoring	Yes	Yes	Yes	Yes	Yes	Yes

4.3.3 Management of Diabetes Mellitus

Table 23: Management of Diabetes Mellitus Services

Diabetes Mellitus Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical History						
Past & Current medical history	Yes	Yes	Yes	Yes	Yes	Yes
Routine screening						
Blood sugar levels	Yes	Yes	Yes	Yes	Yes	Yes
Blood Pressure levels	Yes	Yes	Yes	Yes	Yes	Yes
Blood Lipid levels	No	No	No	Yes	Yes	Yes
Fundoscopy	No	No	No	Yes	Yes	Yes
Physical Assessment						
Height	Yes	Yes	Yes	Yes	Yes	Yes
Weight	Yes	Yes	Yes	Yes	Yes	Yes
Waist circumference	Yes	Yes	Yes	Yes	Yes	Yes
Foot pulses/ Sensation	Yes	Yes	Yes	Yes	Yes	Yes
Lifestyle Assessment						
Dietary behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Physical Activity	Yes	Yes	Yes	Yes	Yes	Yes
Vital signs						
Temperature	Yes	Yes	Yes	Yes	Yes	Yes

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Diabetes Mellitus Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Pulse \ Heart Rate	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Tests						
Chemistry: U&E + Cr	No	No	No	Yes	Yes	Yes
HBA1c (glycolated haemoglobin)	No	No	No	No	Yes	Yes
Fasting Blood Sugar	Yes	Yes	Yes	Yes	Yes	Yes
Random Blood Sugar	Yes	Yes	Yes	Yes	Yes	Yes
Oral Glucose Tolerance Test (OGTT)	No	No	No	Yes	Yes	Yes
Health promotion						
Targeted patient education	Yes	Yes	Yes	Yes	Yes	Yes
Community awareness	Yes	Yes	Yes	Yes	Yes	Yes
Self care & monitoring	Yes	Yes	Yes	Yes	Yes	Yes
Nutritional Support						
Small vegetable gardens	Yes	Yes	Yes	No	No	No
Nutritional supplements (F75 & F100)	No	No	No	Yes	Yes	Yes
Provide outreach services						
Workplace screening programme	Yes	No	No	No	No	No
School based screening programme	Yes	No	No	No	No	No
Community based screening	Yes	No	No	No	No	No
Rehabilitation						
Emotional support & care	Yes	Yes	Yes	Yes	Yes	Yes
Counselling on drug adherence	Yes	Yes	Yes	Yes	Yes	Yes
Provision of refills through home based care.	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy & occupational therapy & any other relevant services.	Yes	Yes	Yes	Yes	Yes	Yes
Support Groups – physical activity, dietary control, drug adherence.	Yes	Yes	Yes	Yes	Yes	Yes

4.3.4 Management of Epilepsy

Table 24: Epilepsy Services

Epilepsy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical History						
Medical history – (past, present and family history).	Yes	Yes	Yes	Yes	Yes	Yes
Physical Assessment						
Weight	Yes	Yes	Yes	Yes	Yes	Yes
Height	Yes	Yes	Yes	Yes	Yes	Yes
Electro Encephalogram (EEG)	No	No	No	No	No	Yes
CT – scan	No	No	No	No	No	Yes
Lifestyle Assessment						
Occupation, sports, home situation	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory tests						
Liver Function Tests	No	No	No	Yes	Yes	Yes
Lipid Profile	No	No	No	Yes	Yes	Yes
Blood Chemistry/Electrolytes	No	No	No	Yes	Yes	Yes
Health promotion						
Targeted patient education	Yes	Yes	Yes	Yes	Yes	Yes
Community awareness	Yes	Yes	Yes	Yes	Yes	Yes
Rehabilitation						
Emotional support & care	Yes	Yes	Yes	Yes	Yes	Yes
Counselling on drug adherence	Yes	Yes	Yes	Yes	Yes	Yes
Provision of refills through home based care.	Yes	Yes	Yes	Yes	Yes	Yes
Rehabilitation and other Paramedical services	Yes	Yes	Yes	Yes	Yes	Yes
Support Groups – physical activity, dietary control, drug adherence.	Yes	Yes	Yes	Yes	Yes	Yes

4.3.5 Prevention and Management of Cardiovascular Diseases

Table 25: Management of Cardiovascular Diseases

Hypertension & Cardiovascular Disease	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical History						
Past & Current medical history	Yes	Yes	Yes	Yes	Yes	Yes
Routine screening -						
Blood sugar levels	Yes	Yes	Yes	Yes	Yes	Yes
Blood Pressure levels	Yes	Yes	Yes	Yes	Yes	Yes
Blood Lipid levels	No	No	No	Yes	Yes	Yes
Dilated Fundus Exam	No	No	No	Yes	Yes	Yes
Physical Assessment						
Height	Yes	Yes	Yes	Yes	Yes	Yes
Weight (BMI)	Yes	Yes	Yes	Yes	Yes	Yes
Waist circumference	Yes	Yes	Yes	Yes	Yes	Yes
Electrocardiogram(ECG)	No	No	No	Yes	Yes	Yes
Echo cardiogram	No	No	No	No	Yes	Yes
Magnetic resonance imaging (MRI)	No	No	No	No	No	Yes
Lifestyle Assessment						
Dietary behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Physical Activity	Yes	Yes	Yes	Yes	Yes	Yes
Vital signs						
Temperature	Yes	Yes	Yes	Yes	Yes	Yes
Pulse \ Heart Rate	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Tests						
Cholesterol	No	No	No	Yes	Yes	Yes
Triglycerides	No	Yes	Yes	Yes	Yes	Yes
LDL – Cholesterol	No	No	No	Yes	Yes	Yes
HDL – Cholesterol	No	No	No	Yes	Yes	Yes
Cardiac Enzymes	No	No	No	No	Yes	Yes
Health promotion						
Targeted patient education	Yes	Yes	Yes	Yes	Yes	Yes
Community awareness	Yes	Yes	Yes	Yes	Yes	Yes
Self care & monitoring	Yes	Yes	Yes	Yes	Yes	Yes
Nutritional Support						
Small vegetable gardens	Yes	Yes	Yes	No	No	No
Nutritional supplements (omega fats supplements)	No	No	No	Yes	Yes	Yes

4.3.6 Prevention and Management of Malignancies

Table 26: Prevention and Management of Malignancies

Malignancies	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical History						
Medical/Social history	Yes	Yes	Yes	Yes	Yes	Yes
Routine screening						
Breast exam by palpation	Yes	Yes	Yes	Yes	Yes	Yes
Cervical cytology	No	Yes	Yes	Yes	Yes	Yes
Pelvic exam with pap smear	No	Yes	Yes	Yes	Yes	Yes
Endocervical curettage	No	No	No	Yes	No	Yes
Cervical biopsy	No	No	No	No	No	Yes
Cone biopsy	No	No	No	No	No	Yes
Electro surgical excision	No	No	No	No	No	Yes
Fine needle Aspiration	No	No	No	No	No	Yes
Core Needle biopsy	No	No	No	No	No	Yes
Direct Acetic Acid Visualization	No	No	Yes	Yes	Yes	Yes
Colposcopy	No	No	No	No	Yes	Yes
Prostate exam	No	No	No	Yes	Yes	Yes
Bowel cancer screening by digital examination.	No	No	No	No	Yes	Yes
Mammography	No	No	No	No	No	Yes
Endoscopy (Upper & Lower GIT)	No	No	No	No	No	Yes

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Malignancies	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Colonoscopy(rigid)	No	No	No	Yes	Yes	Yes
Physical Assessment						
Height	Yes	Yes	Yes	Yes	Yes	Yes
Weight	Yes	Yes	Yes	Yes	Yes	Yes
Waist circumference	Yes	Yes	Yes	Yes	Yes	Yes
Lifestyle Assessment						
Dietary behaviour	Yes	Yes	Yes	Yes	Yes	Yes
Physical Activity	Yes	Yes	Yes	Yes	Yes	Yes
Vital signs						
Temperature	Yes	Yes	Yes	Yes	Yes	Yes
Pulse \ Heart Rate	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Tests						
Full Blood Count	No	No	No	Yes	Yes	Yes
Blood Chemistry	No	No	No	Yes	Yes	Yes
Tumor markers eg PSA	No	No	No	Yes	Yes	Yes
Urine: Bence Jones Protein	No	No	No	Yes	Yes	Yes
Biopsy(FNA/Tru cut/Inc./Excision))	No	No	No	Yes	Yes	Yes
Radiology						
X rays	No	No	No	Yes	Yes	Yes
Ultrasonography	No	No	No	Yes	Yes	Yes
CT Scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Yes
Treatment						
Chemotherapy	No	No	No	No	No	Yes
Radiotherapy	No	No	No	No	No	Yes
Palliative treatment	No	No	No	No	No	Yes
Health promotion						
Targeted patient education	Yes	Yes	Yes	Yes	Yes	Yes
Rehabilitation						
Emotional support & care	Yes	Yes	Yes	Yes	Yes	Yes
Counselling on drug adherence	Yes	Yes	Yes	Yes	Yes	Yes
Provision of refills through home based care.	Yes	Yes	Yes	Yes	Yes	Yes
Physiotherapy & occupational therapy & any other relevant services.	Yes	Yes	Yes	Yes	Yes	Yes
Support Groups – physical activity, dietary control, drug adherence.	Yes	Yes	Yes	Yes	Yes	Yes

4.4 Health Promotion Services

4.4.1 Health Promotion

Table 27: Health Promotion Services

Health Promotion Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
BEHAVIOUR CHANGE COMMUNICATION						
Promote an enabling environment for behaviour change	Yes	Yes	Yes	Yes	Yes	Yes
Review of policies to ensure they create an enabling environment for behaviour change	No	No	No	No	Yes	Yes
Advocate and lobby for the enactment and/or review of laws/policies that promote a healthy environment	Yes	Yes	Yes	Yes	Yes	Yes
Increase participation of non-health sectors in improving the social determinants of health.	Yes	Yes	Yes	Yes	Yes	Yes
Intersectoral mobilization	Yes	Yes	Yes	Yes	Yes	Yes
Ensure access by the entire society to information on healthy living, prevention of disability and disease.	Yes	Yes	Yes	Yes	Yes	Yes
Development and production of Information, Education and Communication (IEC) materials	Yes	Yes	Yes	Yes	Yes	Yes
Distribution of IEC materials	Yes	Yes	Yes	Yes	Yes	Yes
Dissemination of health messages	No	No	No	No	Yes	Yes
Support healthy behaviour of individuals, households and groups.	Yes	Yes	Yes	Yes	Yes	Yes
Formation of health clubs at community level	Yes	Yes	Yes	Yes	Yes	Yes
Support integrated implementation of priority health programs and health initiatives especially at community level.						

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Health Promotion Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Coordinate health programmes for community education	Yes	Yes	Yes	Yes	Yes	Yes
Social Mobilisation						
Health education including use of Information, Education and Communication (IEC) materials i.e. leaflets, posters, audio-visual materials						
Group education/counselling	Yes	Yes	Yes	Yes	Yes	Yes
Family/couple education	Yes	Yes	Yes	Yes	Yes	Yes
Individual education	Yes	Yes	Yes	Yes	Yes	Yes
Equipping all facilities with audio-visual equipment	Yes	Yes	Yes	Yes	Yes	Yes
Coordination and facilitation of mass media communication	Yes	Yes	Yes	Yes	Yes	Yes
Awareness creation during epidemics	Yes	Yes	Yes	Yes	Yes	Yes
Community health days	Yes	Yes	Yes	Yes	Yes	Yes
Integrate health education and promotion into National events such as the international trade fair, Umhlanga, Incwala etc.	Yes	Yes	Yes	Yes	Yes	Yes
Conduct community dialogues/conversations on various health issues	Yes	Yes	Yes	Yes	Yes	Yes
Quality audits of all health messages (Clearing house)	No	No	No	No	Yes	Yes
Establishment of multisectoral committee	No	No	No	No	Yes	Yes
Review of materials before printing	No	No	No	No	Yes	Yes
CAPACITY BUILDING						
Orientation of health workers on health promotion practice at facility level	Yes	Yes	Yes	Yes	Yes	Yes
ADVOCACY						
Establish a comprehensive and integrated advocacy and communication programme	No	No	No	No	Yes	Yes
Research						
Conducting baseline surveys	Yes	Yes	Yes	Yes	Yes	Yes
Knowledge, attitudes and practices surveys	Yes	Yes	Yes	Yes	Yes	Yes
Evaluating the impact of health interventions	Yes	Yes	Yes	Yes	Yes	Yes

4.4.2 Rural Health Motivator Services

Table 28: Rural Health Motivator Services

Rural Health Motivator Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education	Yes	Yes	Yes	No	No	No
Community mobilization						
Child health days	Yes	No	No	No	No	No
PMTCT Campaign (sidla inhloko)	Yes	No	No	No	no	No
Water and sanitation activities (Promote construction & usage of pit latrines, household water purification)	Yes	No	No	No	no	No
Health oriented support groups	Yes	No	No	No	No	No
Defaulter Tracing						
TB, NCD, mental health cases	Yes	No	No	No	No	No
DOTs	Yes	No	No	No	No	No
Supervise treatment supporters	Yes	No	No	No	No	No
Immunization	Yes	No	No	No	No	No
ART	Yes	No	No	No	No	No
Growth Monitoring of under fives						
Weigh the child	Yes	No	No	No	No	No
Measure MUAC	Yes	No	No	No	No	No
Assess nutritional status	Yes	No	No	No	No	No
Assess immunization status of the child	Yes	No	No	No	No	No
Check for illness	Yes	No	No	No	No	No
Refer all missed opportunities and sick child to health care facility	Yes	No	No	No	No	No
Link the community to the health system						
Report disease out breaks	Yes	Yes	Yes	Yes	No	No
Report incidences and accidents occurrences	Yes	Yes	Yes	Yes	No	No
Initiate income generating projects						
Vegetable gardens	Yes	No	No	No	No	No
Bee Keeping	Yes	No	No	No	No	No
Sawing of school uniforms	Yes	No	No	No	No	No

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Rural Health Motivator Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Home Base Care						
Provide basic health care	Yes	No	No	No	No	No
Mentor family carer	Yes	No	No	No	No	No
Provide HBC supplies (disposable nappies, jik, sunlight, gloves, Vaseline, Linen saver, plastic aprons)	Yes	No	No	No	No	No
Provide first aid treatment and refer	Yes	Yes	Yes	Yes	Yes	Yes
Emergency home delivery of pregnant women						
Provision of safe and clean delivery materials	Yes	No	No	No	No	No
Refer mother and baby to nearest health facility	Yes	No	No	No	No	No
Provide community based health information	Yes	No	No	No	No	No

4.4.3 Environmental Health

Table 29: Environmental Health Services

Environmental Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
WATER AND SANITATION						
Hygiene promotion and health education	Yes	Yes	Yes	Yes	Yes	Yes
Community mobilization and formation of water and sanitation committee	Yes	No	No	No	No	No
Water quality testing and monitoring of all new & existing protected water sources	Yes	Yes	Yes	Yes	Yes	Yes
Micro water source protection (springs)	Yes	Yes	Yes	No	No	No
Provide technical advice on human excreta disposal Options	Yes	Yes	Yes	Yes	Yes	Yes
Ensure and /or provide temporary water and sanitation facilities during National event and social gatherings	Yes	No	No	No	No	No
Building plans inspection and certification	Yes	Yes	Yes	Yes	Yes	Yes
Domestic Water tanker service & reservoir provision	Yes	Yes	Yes	Yes	Yes	Yes
Vacuum tanker service provision	Yes	Yes	Yes	Yes	No	No
Ensure water and sanitation in Health care Facilities		Yes	Yes	Yes	Yes	Yes
FOOD HYGIENE AND SAFETY						
Health Education	Yes	Yes	Yes	Yes	Yes	Yes
Inspection of business premises (institutions, shops, factories etc.)	Yes	Yes	Yes	Yes	No	No
Inspections of food outlets (restaurants, hotels, canteens, markets)	Yes	Yes	Yes	Yes	No	No
Meat inspections (abattoirs, slaughter poles and butcheries)	Yes	Yes	Yes	Yes	No	No
Food quality testing and monitoring	Yes	Yes	Yes	Yes	Yes	Yes
Proper disposal of condemned food stuff	Yes	Yes	Yes	Yes	Yes	Yes
POLLUTION CONTROL AND WASTE MANAGEMENT						
Assessment of indoor and outdoor air pollution	Yes	Yes	Yes	Yes	Yes	Yes
Ensure development and implementation of Health Care Waste Management System	Yes	Yes	Yes	Yes	Yes	Yes
Ensure proper general waste management	Yes	Yes	Yes	Yes	Yes	Yes
Assessment and monitoring of water body and soil pollution	Yes	Yes	Yes	Yes	Yes	Yes
Ensure compliance to waste management related legislation; investigations of reported complaint and take appropriate action	Yes	Yes	Yes	Yes	Yes	Yes
Housing:						
Promotion of health housing-control of respiratory infections e.g. T.B.	Yes	Yes	Yes	Yes	Yes	Yes
PORT HEALTH AND INSECT AND VECTOR CONTROL						
Health education	Yes	Yes	Yes	Yes	Yes	Yes
Control and Monitoring of imported and exported commodities in relation to Public Health e.g. food stuff, chemicals and animal by-products—Food inspection	Yes (Border gates)	No	No	No	No	No
Control and Monitoring of in and out movement of people in relation to international regulated diseases—scrutinise Health Certificates	Yes (Border gates)	No	No	No	No	No

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Environmental Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Chemical control of vectors of public health importance e.g. cockroaches, rodents, flees, flies etc.	Yes	Yes	Yes	Yes	Yes	Yes
Implementation of International Health regulation	Yes	Yes	Yes	Yes	Yes	Yes
OCCUPATIONAL HEALTH & SAFETY						
Inspection of factories and workplaces	Yes	Yes	Yes	Yes	Yes	Yes
Ensure development and implementation of occupational health and safety program and plan in workplaces (e.g. health care institutions, factories, construction industries etc)	Yes	Yes	Yes	Yes	Yes	Yes
Ensure development and implementation of internal and external risk management program in workplaces	Yes	Yes	Yes	Yes	Yes	Yes
COMMUNICABLE DISEASE CONTROL AND SURVEILLANCE						
Health Education						
Produce & dissemination of Information,	Yes	Yes	Yes	Yes	Yes	Yes
Education and Communication (IEC) material	Yes	Yes	Yes	Yes	Yes	Yes
Community meetings, school programmes, electronic and print media	Yes	Yes	Yes	Yes	Yes	Yes
Awareness Campaigns (Commemoration of Water and Sanitation Day)	Yes	Yes	Yes	No	No	No
Active and passive case detection/surveillance						
Identification of source of contamination	Yes	Yes	Yes	No	No	No
Collection of sample	Yes	Yes	Yes	No	No	No
Referral of suspected cases for treatment	Yes	Yes	Yes	No	No	No
Contact tracing	Yes	Yes	Yes	No	No	No
Stop community contact with source	Yes	Yes	Yes	Yes	Yes	No
Environmental health risk assessment:						
Water Quality monitoring & testing	Yes	Yes	Yes	Yes	Yes	Yes
Sanitation audits/ inspections	Yes	Yes	Yes	Yes	Yes	Yes
Mitigation measures during communicable disease outbreaks (e.g. Cholera)						
Information Dissemination	Yes	Yes	Yes	Yes	Yes	Yes
Water purification/treatment	Yes	Yes	Yes	No	No	No
Provision of sanitary facilities	Yes	Yes	Yes	No	No	No
Provision of tankered water	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory investigation						
Contaminated foods analysis	Yes (Refer)	No	No	No	No	Yes
Contaminated water analysis	Yes (Refer)	No	No	No	No	Yes

4.4.4 School Health

Table 30: School Health Services

School Health Services	School			
	Pre-School	Primary	High	Clinic
Health education sessions				
Personal hygiene	Yes	Yes	Yes	Yes
Oral health	Yes	Yes	Yes	Yes
Eye care	Yes	Yes	Yes	Yes
HIV/AIDS	Yes	Yes	Yes	Yes
STIs	Yes	Yes	Yes	Yes
TB	Yes	Yes	Yes	Yes
Elimination of malaria	Yes	Yes	Yes	Yes
Mental health	Yes	Yes	Yes	Yes
SRH (teenage pregnancy, adolescent health)	Yes	Yes	Yes	Yes
H1N1	Yes	Yes	Yes	Yes
Environmental health	Yes	Yes	Yes	Yes
Non communicable disease	Yes	Yes	Yes	Yes
Bilharzia	Yes	Yes	Yes	Yes
Nutrition	Yes	Yes	Yes	Yes

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School Health Services	School			
	Pre-School	Primary	High	Clinic
Physical screening				
Physical examination	Yes	Yes	Yes	Yes
Palpate the child	Yes	Yes	Yes	Yes
Use screening equipment (height board, weighing scale diagnostic set, BP machine, tape measure)	Yes	Yes	Yes	Yes
Take vital signs (pulse, respirations and temperature)	Yes	Yes	Yes	Yes
Oral health screening				
Examination of oral cavity	Yes	Yes	Yes	Yes
Use screening equipment (mirrors, forceps)	Yes	Yes	Yes	Yes
Provide emergency treatment (tooth extractions)	Yes	Yes	Yes	Yes
Vision screening	Yes	Yes	Yes	Yes
Screening for pathological ailments (ophthalmoscope)	Yes	Yes	Yes	Yes
Use vision screening chart (Snellens chart)	Yes	Yes	Yes	Yes
Treatment of minor ophthalmic ailments	Yes	Yes	Yes	yes
Environmental health services				
Sanitary audits of educational institutions (inspection)	Yes	No	No	No
Drinking water testing and monitoring	Yes	No	No	No
Promotion of WASH activities (education)	Yes	No	No	No
Promotion of food hygiene (inspection, and education)	Yes	No	No	No
Testing of salt for iodine	Yes	No	No	No
Treatment of minor ailments.	Yes	Yes	Yes	No
Essential public health drugs prescribed	Yes	Yes	Yes	No
Referrals of acute cases	Yes	Yes	Yes	Yes
Immunizations and deworming	Yes	Yes	Yes	Yes
Tracing of immunization defaulters	Yes	Yes	Yes	Yes
Giving of antigens, Vitamin A and albendazole	Yes	Yes	Yes	Yes
Issuing of immunization cards	Yes	Yes	Yes	Yes
Mental health assessment				
Identifying children with abnormal behaviour	Yes	Yes	Yes	Yes
Identifying children with learning difficulties	Yes	No	No	No
Identifying children with mental retardation	yes	Yes	Yes	Yes
Forming rehabilitative clubs	Yes	Yes	Yes	Yes
Nutritional assessments				
Examine child through inspection	Yes	Yes	Yes	Yes
Take height and weight	Yes	Yes	Yes	Yes
Use of MUAC	Yes	Yes	Yes	Yes

4.4.5 Emergency Preparedness and Response

Table 31: Emergency Preparedness and Response Services

Emergency Preparedness and Response Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Emergency Medical Services (EMS)						
Health education (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Basic Life Support	Yes	Yes	Yes	Yes	Yes	Yes
Intermediate Life Support	Yes	Yes	Yes	Yes	Yes	Yes
Advanced Life Support	Yes	No	No	Yes	Yes	Yes
Advanced Paediatric Life Support	Yes	No	No	Yes	Yes	Yes
Cardiac Life Support	Yes	No	No	Yes	Yes	Yes
Emergency Obstetric Care/ Emergency Deliveries	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Medical Call Centre (977)	Yes	Yes	Yes	Yes	Yes	Yes
Inter-Hospital Transfers (IHT)	No	Yes	Yes	Yes	Yes	Yes
Casualty and Trauma Service	No	No	No	Yes	Yes	Yes
Equipment support	No	No	No	Yes	Yes	Yes
Ambulance Specifications	Yes	Yes	Yes	Yes	Yes	Yes
Mass Casualty and Trauma Management Services	Yes	Yes	No	Yes	Yes	Yes (National Trauma Centre)
Assessment of Inventory of Emergency Medical Equipment	No	Yes	Yes	Yes	Yes	Yes
Epidemic forecasting, Surveillance and Response						
Prevention Hotline Services	Yes	Yes	Yes	Yes	Yes	Yes

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Emergency Preparedness and Response Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Early Warning Services	Yes	Yes	Yes	Yes	Yes	Yes
Daily disease notification (24hrs)	Yes	Yes	Yes	Yes	Yes	Yes
Weekly disease notification (Emergency Info)	No	Yes	Yes	Yes	Yes	Yes
Epidemiological Investigations	Yes	Yes	Yes	Yes	Yes	Yes
Sample Transportation in case of emergency	Yes	Yes	Yes	Yes	Yes	Yes
Screening						
Port health screening.	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis of epidemics /(Swine Flu)						
Community.	Yes	Yes	Yes	Yes	Yes	Yes
Individual case diagnosis.	Yes	Yes	Yes	Yes	Yes	Yes
Isolation and Quarantine	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of epidemics/ Swine Flu	No	No	No	Yes	Yes	Yes
Assess the current status of core requirement capacity for international health regulations (IHR).	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Essential Drugs	No	Yes	Yes	Yes	Yes	Yes
Protective Clothing	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Public Health Laboratory Services	No	No	No	No	No	Yes
Virolgy	No	No	No	No	No	Yes
RPR	No	Yes	Yes	Yes	Yes	Yes
Disaster Risk Reduction						
Disaster Plans	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Storage Facilities	No	Yes	Yes	Yes	Yes	Yes
Simulation Services	Yes	Yes	Yes	Yes	Yes	Yes
Risk Communication Services	Yes	Yes	Yes	Yes	Yes	Yes
Rapid Response Teams	Yes	Yes	Yes	Yes	Yes	Yes
Psychological interventions (Post Trauma/Disaster) Counselling/psychotherapy	Yes	Yes	Yes	Yes	Yes	Yes
Formation of therapy groups	Yes	Yes	Yes	Yes	Yes	Yes

4.5 Essential Clinical Care Service

4.5.1 Oral Health Care Services

Table 32: Oral Health Services

Oral Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
PREVENTIVE SERVICES						
Health education (IEC)						
Oral hygiene instructions (OHI) – Individual or groups	Yes	Yes	Yes	Yes	Yes	Yes
Behaviour change communication	Yes	Yes	Yes	Yes	Yes	Yes
Social mobilisation (e.g. oral health campaigns)	Yes	Yes	Yes	Yes	Yes	Yes
School health						
Oral health education	Yes	No	No	No	No	No
Tooth brushing programmes	Yes	No	No	No	No	No
Examination (intra and extra orally)	Yes	No	No	No	No	No
Provision of emergency treatment	Yes	No	No	No	No	No
Referrals	Yes	No	No	No	No	No
Fluorides						
Screening						
Examination (extra and intra oral)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis	Yes	Yes	Yes	Yes	Yes	Yes
Treatment planning	Yes	Yes	Yes	Yes	Yes	Yes
Referral	Yes	Yes	Yes	Yes	Yes	No
Management of oral conditions						
Scaling and polishing	No	No	No	Yes	Yes	Yes
Fluoride application	No	No	No	Yes	Yes	Yes
Pit and fissure sealants	No	No	No	Yes	Yes	Yes
Atraumatic restorative technique(ART)	No	No	No	Yes	Yes	Yes
Postero-anterior view of skull	No	No	No	Yes	Yes	Yes
Lateral skull view	No	No	No	Yes	Yes	Yes
Submentovertex view	No	No	No	Yes	Yes	Yes
Chest X-ray postero-anterior view	No	No	No	Yes	Yes	Yes
Specialized Imaging						
Computed tomography (CT scan)	No	No	No	No	Yes	Yes
Magnetic resonance imaging(MRI)	No	No	No	No	No	Yes

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Oral Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Radionuclide imaging	No	No	No	No	No	Yes
Sialography	No	No	No	No	No	Yes
Arthrography	No	No	No	No	No	Yes
Heamatological Investigations	No	Yes	Yes	Yes	Yes	Yes
Histopathological Investigations	No	No	No	Yes	Yes	Yes
Bacteriological Investigations	No	No	No	Yes	Yes	Yes
Biochemical Investigations	No	No	No	Yes	Yes	Yes
Urine Analysis	No	No	No	Yes	Yes	Yes
Microbiological Investigations	No	No	No	Yes	Yes	Yes
Restorative procedures						
Amalgam restorations	No	Yes	Yes	Yes	Yes	Yes
Composite restorations	No	Yes	Yes	Yes	Yes	Yes
Onlays	No	No	No	Yes	Yes	Yes
Inlays	No	No	No	Yes	Yes	Yes
Post and core and crown	No	No	No	Yes	Yes	Yes
Endodontics	No	No	No	Yes	Yes	Yes
Principles of Oral and Maxillofacial Surgery						
Management of medically compromised patients in oral surgery.	No	No	No	Yes	Yes	Yes
Suturing materials and technique.	No	Yes	Yes	Yes	Yes	Yes
Asepsis and sterilisation.	No	Yes	Yes	Yes	Yes	Yes
Infection control.	Yes	Yes	Yes	Yes	Yes	Yes
Antimicrobial therapy.	No	Yes	Yes	Yes	Yes	Yes
Minor oral surgical procedures						
Dental extractions	Yes	Yes	Yes	Yes	Yes	Yes
Surgical extractions(complicated extractions)	No	No	No	Yes	Yes	Yes
Mucoperiosteal flap design.	No	No	No	Yes	Yes	Yes
Surgical management of impacted teeth	No	No	No	Yes	Yes	Yes
Management of soft tissue injuries	No	Yes	Yes	Yes	Yes	Yes
Incision and drainage of abscesses	No	Yes	Yes	Yes	Yes	Yes
Major oral surgery	No	No	No	No	Yes	Yes
Maxillofacial Trauma	No	No	No	No	Yes	Yes
Management of mandibular fractures						
Condylar fracture	No	No	No	No	Yes	Yes
Coronoid fracture	No	No	No	No	Yes	Yes
Ramus fracture	No	No	No	No	Yes	Yes
Angle fracture	No	No	No	yes	Yes	Yes
Body fracture	No	No	No	yes	Yes	Yes
Parasymphysis and symphysis fracture	No	No	No	Yes	Yes	Yes
Dento-Alveolar Fractures	No	No	No	No	Yes	Yes
Zygomatic Complex Fractures	No	No	No	No	Yes	Yes
Management of mid-facial fractures						
Lefort I Fracture	No	No	No	No	Yes	Yes
Lefort II Fracture	No	No	No	No	Yes	Yes
Lefort III Fracture	No	No	No	No	Yes	Yes
Orbital Floor Fracture	No	No	No	No	Yes	Yes
Temporomandibular Joint Disorders						
Management of its disease and disorders	No	No	No	Yes	Yes	Yes
Management of TMJ ankylosis	No	No	No	No	Yes	Yes
Management of Myofacial Pain Dysfunction Syndrome(MPDS)	No	No	No	Yes	Yes	Yes
Management of Orofacial and Neck Infections.						
Aspiration	No	No	No	Yes	Yes	Yes
Prophylactic antibiotics	No	Yes	Yes	Yes	Yes	Yes
Therapeutic antibiotics	No	Yes	Yes	Yes	Yes	Yes
Incision and drainage	No	No	No	Yes	Yes	Yes
Ludwig's Angina	No	No	No	Yes	Yes	Yes
Pericoronitis	No	No	No	Yes	Yes	Yes
Complications						
Cavernous sinus thrombosis	No	No	No	No	Yes	Yes
Brain abscess	No	No	No	No	Yes	Yes
Mediastinitis	No	No	No	No	Yes	Yes
Neurogenic disorders						

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Oral Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Traumatic injuries	No	No	No	No	Yes	Yes
Trigeminal neuralgia	No	No	No	No	Yes	Yes
Bell's palsy	No	No	No	Yes	Yes	Yes
Management of tumours of the Oral Cavity and Oral Malignancies.						
Surgical treatment	No	No	No	Yes	Yes	Yes
Radiation therapy	No	No	No	No	No	Yes
Chemotherapy	No	No	No	Yes	Yes	Yes
Immunotherapy	No	No	No	Yes	Yes	Yes
Cryosurgery	No	No	No	No	Yes	Yes
Management of salivary glands disorders	No	No	No	No	Yes	Yes
Preprosthetic surgery						
Ridge Correction Procedures	No	No	No	No	Yes	Yes
Alveoplasty	No	No	No	No	Yes	Yes
Excision of tori reduction of maxillary tuberosity	No	No	No	No	Yes	Yes
Reduction of genial tubercle	No	No	No	No	Yes	Yes
Reduction of mylohyoid ridge	No	No	No	No	Yes	Yes
Frenectomy	No	No	No	No	Yes	Yes
Removal of crestal soft tissue	No	No	No	No	Yes	Yes
Removal of epulis fissuretum /fibrous hyperplasia/denture fibrosis	No	No	No	No	Yes	Yes
Ridge extension procedures	No	No	No	No	Yes	Yes
vestibuloplasty/sulcoplasty/sulcus deepening procedures	No	No	No	No	Yes	Yes
Ridge Reconstruction or Augmentation Procedures	No	No	No	No	Yes	Yes
Dental implants	No	No	No	No	Yes	Yes
Use of graft materials	No	No	No	No	Yes	Yes
Orthodontic surgery	No	No	No	No	Yes	Yes
Pericision	No	No	No	No	Yes	Yes
Corticotomy	No	No	No	No	Yes	Yes
Orthognathic surgery	No	No	No	No	Yes	Yes
Cleft lip and cleft palate	No	No	No	No	Yes	Yes
Endodontic surgery						
Surgical flaps	No	No	No	Yes	Yes	Yes
Apicoectomy with or without Retrograde Filling	No	No	No	Yes	Yes	Yes
Intentional Replantation	No	No	No	Yes	Yes	Yes
Bicuspidization	No	No	No	Yes	Yes	Yes
Hemisectioning	No	No	No	Yes	Yes	Yes
Trephination	No	No	No	Yes	Yes	Yes
Endodontic Microsurgery	No	No	No	Yes	Yes	Yes
Management of haemorrhage and Shock in oral Surgery	No	No	No	Yes	Yes	Yes
Management of facial neuropathy	No	No	No	Yes	Yes	Yes
Management of orofacial cysts						
Marsupialization	No	No	No	Yes	Yes	Yes
Enucleation	No	No	No	Yes	Yes	Yes
Combination of enucleation and marsupialization (Partsch II)	No	No	No	Yes	Yes	Yes
Management of orofacial clefts						
Cheilorrhaphy	No	No	No	Yes	Yes	Yes
Palatorrhaphy	No	No	No	Yes	Yes	Yes
Distraction osteogenesis	No	No	No	Yes	Yes	Yes
Management of maxillary sinus and its disorders						
Maxillary sinusitis	No	No	No	Yes	Yes	Yes
Chronic maxillary sinusitis	No	No	No	Yes	Yes	Yes
Oro-antral fistula	No	No	No	Yes	Yes	Yes
Functiona endoscopic surgery	No	No	No	Yes	Yes	Yes
Scaling and polishing	No	Yes	Yes	yes	Yes	Yes
Root planning	No	No	No	Yes	Yes	Yes
Mucogingival surgery	No	No	No	Yes	Yes	Yes
Management of oral manifestations of HIV						
Cotrimoxazole prophylaxis	Yes	Yes	Yes	Yes	Yes	Yes
HIV testing and counselling	No	Yes	Yes	Yes	Yes	Yes
ART initiation	No	Yes	Yes	Yes	Yes	Yes
ART refill (to be done at ART Refill Sites)	No	Yes	Yes	Yes	Yes	Yes
Orthodontics and paedodontics	No	No	No	Yes	Yes	Yes

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Oral Health Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Aesthetic dentistry	No	Yes	Yes	Yes	Yes	Yes
REHABILITATIVE CARE SERVICES						
Prosthodontics	No	No	No	No	Yes	Yes
Diagnosis of occlusal relationships	No	No	No	No	Yes	Yes
Impression taking (study casts)	No	No	No	No	Yes	Yes
Fixed prostheses						
Crowns and bridges	No	No	No	No	Yes	Yes
Overdenture	No	No	No	No	Yes	Yes
Removable prostheses (false teeth)						
Partial dentures	No	No	No	No	Yes	Yes
Acrylic	No	No	No	No	Yes	Yes
Chrome cobalt	No	No	No	No	Yes	Yes
Full dentures	No	No	No	No	Yes	Yes
Acrylic	No	No	No	No	Yes	Yes
Chrome cobalt	No	No	No	No	Yes	Yes
Obturator	No	No	No	No	Yes	Yes
Dental laboratory services	No	No	No	Yes	Yes	Yes

4.5.2 Eye Care and Prevention of Blindness

Table 33: Eye Care Services

Eye Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health Education						
Blindness prevention	Yes	Yes	Yes	Yes	Yes	Yes
Causes of visual loss	Yes	Yes	No	Yes	Yes	Yes
Develop and disseminate IEC materials (IEC)	Yes	Yes	No	Yes	Yes	Yes
Conduct outreach:						
Visual acuity	Yes	Yes	Yes	No	No	No
Screening of eye disorders	No	No	Yes	Yes	No	No
Assessment & correction of visual error	Yes	Yes	Yes	No	No	No
Diagnosis	Yes	Yes	Yes	No	No	No
referral						
Treatment of minor eye disorders						
School health screening:						
visual acuity	Yes	No	No	No	No	No
Screening of eye conditions	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of minor eye conditions	Yes	No	No	No	No	No
Diagnosis	Yes	No	No	No	No	No
Referral	Yes	Yes	Yes	Yes	No	No
Training of Rural Health Motivators (RHM's) :						
visual acuity	Yes	Yes	Yes	No	No	No
Screening of eye conditions	Yes	Yes	Yes	Yes	Yes	Yes
Rendering of first aid as indicated	Yes	Yes	Yes	No	No	No
Referral	Yes	Yes	Yes	No	No	No
Training of teachers on :						
Identification of visual & eye disorders	Yes (Refer)	No	No	No	No	No
Management of children with Visual Impairment in the classroom.	Yes (Refer)	No	No	No	No	No
General Screening of Patients						
Visual Acuity	Yes	Yes	Yes	Yes	Yes	Yes
Fundoscopy	No	Yes	Yes	Yes	Yes	Yes
Intra-ocular pressure	No	Yes	Yes	Yes	Yes	Yes
Curative						
Diagnosis (early detection)	No	Yes	Yes	Yes	Yes	Yes
Investigations	No	Yes	Yes	Yes	Yes	Yes
Treatment						
Refractive error & Low vision correction	No	No	No	Yes	Yes	Yes
Surgical treatment	No	No	Yes (Minor)	Yes (Minor)	Yes	Yes
Medical treatment	No	Yes	Yes	Yes	Yes	Yes
Counselling & Follow Ups	Yes	Yes	Yes	Yes	Yes	Yes
Rehabilitation						

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Eye Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Support groups	Yes	Yes	Yes	Yes	Yes	Yes
Income generating projects	Yes	Yes	Yes	Yes	Yes	Yes
Life skills adjustments:						
Use of low vision aids	Yes	Yes	Yes	Yes	Yes	Yes
Braille Training	Yes	Yes	Yes	Yes	Yes	Yes
Cane training	Yes	Yes	Yes	Yes	Yes	Yes
Quantify, receive and distribute:						
low cost essential assessment items	No	Yes	Yes	Yes	Yes	Yes
Spectacles	No	No	No	Yes	Yes	Yes
Low vision devices (Optical and non-optical)	No	No	No	No	Yes	Yes

4.5.3 Dermatology services

Table 34: Dermatology Services

Dermatology Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education	Yes	Yes	Yes	Yes	Yes	Yes
Early detection of ailments:						
Medical history taking	No	Yes	Yes	Yes	Yes	Yes
Physical assessment	No	Yes	Yes	Yes	Yes	Yes
Laboratory investigations						
Biopsy	No	No	No	Yes	Yes	Yes
Blood culture & sensitivity	No	No	No	Yes	Yes	Yes
Haematological investigations	No	No	No	Yes	Yes	Yes
Microscopic skin scrapings	No	Yes	Yes	Yes	Yes	Yes
Immune assay	No	No	No	No	Yes	Yes
TREATMENT						
Topical						
Ointments	No	Yes	Yes	Yes	Yes	Yes
Creams	No	Yes	Yes	Yes	Yes	Yes
Lotions	No	Yes	Yes	Yes	Yes	Yes
Sprays	No	Yes	Yes	Yes	Yes	Yes
Cryotherapy pencil	No	Yes	Yes	Yes	Yes	Yes
Silver nitrate pencil	No	Yes	Yes	Yes	Yes	Yes
Intra lesional	No	No	No	No	No	Yes
Systemic treatment						
Intravenous	No	No	No	Yes	Yes	Yes
Oral treatment	No	Yes	Yes	Yes	Yes	Yes
Radiotherapy						
Laser treatment	No	No	No	No	No	Yes
Puva (psoralen B)	No	No	No	No	No	Yes
Surgical treatment						
Excision	No	No	No	Yes	Yes	Yes
Curettage	No	No	No	Yes	Yes	Yes
Cryotherapy	No	No	No	No	Yes	Yes
REHABILITATION						
Care and support	Yes	Yes	Yes	Yes	Yes	Yes
Support groups	Yes	Yes	Yes	Yes	Yes	Yes

4.5.4 Ear, Nose and Throat

Table 35: Ear, Nose and Throat/Audiology Services

Ear, Nose and Throat/Audiology Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
AUDIOLOGY SERVICES						
Health Education						
Prevention of ear infections	Yes	Yes	Yes	Yes	Yes	Yes
Causes of Hearing impairment	Yes	Yes	No	Yes	Yes	Yes
Prevention of hearing impairment	Yes	Yes	No	Yes	Yes	Yes
Develop IEC materials	No	No	No	No	No	Yes
disseminate visual aid materials	Yes	Yes	Yes	Yes	Yes	Yes

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Ear, Nose and Throat/Audiology Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Awareness campaigns with regard to ear infections and hearing impairment.	Yes	Yes	Yes	Yes	Yes	Yes
Conduct outreach:						
Screening for ear infections	No	Yes	Yes	Yes	Yes	No
Diagnosis and treatment of uncomplicated ear infections	No	Yes	Yes	Yes	Yes	No
Treatment of complicated ear infections	No	No	No	No	Yes	No
Treatment of complicated ear infections	No	Yes	Yes	Yes	Yes	Yes
Assessment & screening for hearing impairment	No	Yes	Yes	Yes	Yes	Yes
Diagnosis & appropriate referral of ENT cases	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of minor ENT conditions	Yes	Yes	Yes	Yes	Yes	Yes
School health screening:						
Screening for hearing loss	Yes	Yes	Yes	Yes	No	No
Treatment of minor ENT conditions	Yes	Yes	Yes	Yes	No	No
Diagnosis & appropriate referral of ENT conditions	Yes	Yes	Yes	Yes	No	No
Audiological assessment						
Screening audiometry	No	Yes	Yes	Yes	Yes	Yes
Tuning fork tests	No	No	No	Yes	Yes	Yes
Oto-acoustic emission tests	No	No	No	Yes	Yes	Yes
Pure tone audiometry	No	No	No	Yes	Yes	Yes
Speech Audiometry	No	No	No	Yes	Yes	Yes
Paediatric hearing tests	No	No	No	No	Yes	Yes
Tympanometry	No	No	No	No	Yes	Yes
Stapedial reflexes	No	No	No	No	Yes	Yes
Auditory brain stem response tests	No	No	No	No	Yes	Yes
Rehabilitation						
Taking ear impressions	No	Yes	No	Yes	Yes	Yes
Fitting hearing AIDS	No	No	No	No	Yes	Yes
Motivating for redeployment of the hearing Impaired	No	No	No	No	Yes	Yes
Forming support groups	Yes	Yes	No	Yes	Yes	Yes
Income generating projects	Yes	Yes	No	No	No	No
Counselling the family & patients with hearing impairment	Yes	Yes	Yes	Yes	Yes	Yes
ENT SERVICES	No	No	Yes	Yes	Yes	Yes
General ENT examination						
Otoscopy	No	Yes	Yes	Yes	Yes	Yes
Anterior Rhinoscopy	No	Yes	No	Yes	Yes	Yes
Posterior Rhinoscopy	No	No	No	No	Yes	Yes
Indirect Laryngoscopy	No	No	No	No	Yes	Yes
Calorimetry	No	No	No	No	Yes	Yes
Investigations						
Lab investigations	No	No	No	Yes	Yes	Yes
Radiology	No	No	No	Yes	Yes	Yes
X-rays	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
Contrast radiology	No	No	No	No	No	Yes
MRI	No	No	No	No	No	Yes
Emergency ENT care						
Management of epistaxis	Yes	Yes	Yes	Yes	Yes	Yes
Nasal cautery	No	No	No	No	Yes	Yes
Anterior Nasal packing	No	Yes	No	Yes	Yes	Yes
Posterior nasal packing	No	No	No	No	Yes	Yes
Maxillary antral lavage	No	No	No	No	Yes	Yes
Reducing nasal fractures	No	No	No	No	Yes	Yes
Removal of submandibular duct stone	No	Yes	Yes	Yes	Yes	Yes
Ear syringing	No	Yes	Yes	Yes	Yes	Yes
Extraction of foreign bodies in the ear	No	Yes	Yes	Yes	Yes	Yes
FB removal from the nose	No	No	Yes	Yes	Yes	Yes
FB removal in the pharynx	No	No	No	No	Yes	Yes
FB removal from the oesophagus	No	No	No	No	Yes	Yes
FB removal from the larynx or bronchus	No	No	No	No	Yes	Yes
Relieving upper airway obstruction	No	No	No	No	Yes	Yes
Emergency tracheostomy	No	No	No	No	Yes	Yes

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Ear, Nose and Throat/Audiology Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
I & D septal abscesses	No	No	No	No	Yes	Yes
I & D retropharyngeal abscess	No	No	No	No	Yes	Yes
I & D Peritonsillar abscess	No	No	No	No	Yes	Yes
Tympanotomy	No	No	No	No	Yes	Yes
Diagnostic procedures						
Nasal endoscopy	No	No	No	Yes	Yes	Yes
Flexible laryngoscopy	No	No	No	No	Yes	Yes
Direct laryngoscopy	No	No	No	No	Yes	Yes
Oesophascopy	No	No	No	No	Yes	Yes
Bronchoscopy	No	No	No	No	Yes	Yes
Procedures most common in children						
Tonsillectomy	No	No	No	No	Yes	Yes
Adenoidectomy	No	No	No	No	Yes	Yes
Myringotomy and ventilation tube insertion	No	No	No	No	Yes	Yes
Surgery for choanal atresia	No	No	No	No	Yes	Yes
Surgical treatment						
Endoscopic surgery	No	No	No	No	Yes	Yes
Functional Endoscopic sinus surgery	No	No	No	No	No	Yes
Rhinological surgery	No	No	No	No	No	Yes
Otological surgery	No	No	Yes	Yes	Yes	Yes
Reconstructive surgery applicable to otolaryngology	No	No	No	No	No	Yes
Laryngeal surgery	No	No	No	No	No	Yes
Medical treatment	No	Yes	Yes	Yes	Yes	Yes
Radiotherapy for head and Neck cancers	No	No	No	No	No	Yes
Chemotherapy for head and Neck cancers	Yes	Yes	Yes	Yes	Yes	Yes
Palliative care	Yes	Yes	Yes	Yes	Yes	Yes
Organising surgical camps	No	No	No	Yes	No	Yes
Supportive supervision	No	No	No	No	No	Yes

4.6 Internal Medicine Clinical Services

4.6.1 Medical Clinical Services

Table 36: Medical Clinical Services

Medical Clinical Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Prevention						
Healthcare Education	Yes	Yes	Yes	Yes	Yes	Yes
Counselling	Yes	Yes	Yes	Yes	Yes	Yes
Complications	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic						
Point of Care	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory Tests	No	No	Yes	Yes	Yes	Yes
Echocardiography	No	No	No	No	No	Yes
ECG	No	No	No	Yes	Yes	Yes
Doppler	No	No	Yes	Yes	Yes	Yes
Angiography	No	No	No	No	No	Yes
X-ray	No	No	No	Yes	Yes	Yes
Ultrasound	No	No	No	Yes	Yes	Yes
CT Scan	No	No	No	No	No	Yes
MRI	No	No	No	No	No	Yes
Barium Swallow/Meal, Enema etc	No	No	No	No	Yes	Yes
Peak Flow	Yes	Yes	Yes	Yes	Yes	Yes
Lung Function	No	No	No	No	Yes	Yes
VQ Scan	No	No	No	No	No	Yes
Bronchoscopy	No	No	No	No	Yes	Yes
Endoscopy	No	No	No	No	Yes	Yes
Lumbar Puncture	No	No	No	Yes	Yes	Yes

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Medical Clinical Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Biopsy	No	Yes	Yes	Yes	Yes	Yes
Nerve Conduction Studies	No	No	No	No	No	Yes
EEG	No	No	No	No	No	Yes
Treatment(see Essential Drug List)						
<i>Support</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Medication</i>						
Oral	Yes	Yes	Yes	Yes	Yes	Yes
Intramuscular	No	Yes	Yes	Yes	Yes	Yes
Intravenous	No	Yes (Stat)	No	Yes	Yes	Yes
Complex e.g. chemotherapy	No	No	No	No	Yes	Yes
Interventional e.g. pacemaker	No	No	No	No	No	Yes
Radiation	No	No	No	No	No	Yes
Palliative	Yes	Yes	Yes	Yes	Yes	Yes
CONDITIONS BY SYSTEM (Treatment and Management)						
Cardiovascular						
Hypertension	Yes	Yes	Yes	Yes	Yes	Yes
Cardiac Failure	No	No (Refer)	No	Yes	Yes	Yes
Rheumatic Heart Disease	No	No	No	Yes	Yes	Yes
Infective Endocarditis	No	No	No	Yes	Yes	Yes
Cardiomyopathies	No	No	No	No	Yes	Yes
Myocardial Infarction	No	No (Refer)	No	Yes	Yes	Yes
Arrhythmias	No	No	No	Yes	Yes	Yes
Valvular Disease	No	No	No	Yes	Yes	Yes
Respiratory						
Upper respiratory Infection	No	Yes	Yes	Yes	Yes	Yes
Community acquired Pneumonia/Bronchitis	No	Yes	Yes	Yes	Yes	Yes
Tuberculosis (see CD Matrix)	Yes	Yes	Yes	Yes	Yes	Yes
Asthma/COPD	Yes	Yes	Yes	Yes	Yes	Yes
Industrial Lung Disease	No	No	No	No	Yes	Yes
Interstitial Lung Disease	No	No	No	No	Yes	Yes
Pulmonary Embolism	No	No	No	No	Yes	Yes
Lung Tumours	No	No	No	No	Yes	Yes
Gastrointestinal						
GERD	No	Yes	Yes	Yes	Yes	Yes
Gastric Ulcers	No	Yes	Yes	Yes	Yes	Yes
Diarrhoeal Diseases	Yes	Yes	Yes	Yes	Yes	Yes
Colitis	No	No	No	No	Yes	Yes
Tumours	No	No	No	No	Yes	Yes
Pancreatitis	No	No	No	Yes	Yes	Yes
Hepatitis	No	No	No	Yes	Yes	Yes
Cirrhosis(Liver Failure)	No	No	No	Yes	Yes	Yes
Liver Parasitic Disease	No	No	No	Yes	Yes	Yes
Nervous						
Headache	No	Yes	Yes	Yes	Yes	Yes
Meningitis	No	No (Refer)	No	Yes	Yes	Yes
Encephalitis	No	No (Refer)	No	Yes	Yes	Yes
Siezuers	No	Yes (Stat)	No	Yes	Yes	Yes
Cerebrovascular Accidents	No	No	No	Yes	Yes	Yes
Degenerative Neurological Disease	No	No	No	No	Yes	Yes
Dementia	Yes	Yes	No	Yes	Yes	Yes
Tumours	No	No	No	No	No	Yes
Endocrine						
Diabetes	Yes	Yes	Yes	Yes	Yes	Yes
Thyroid (hyper & hypo)	No	No	No	Yes	Yes	Yes
Adrenal	No	No	No	No	Yes	Yes
Tumours	No	No	No	No	No	Yes
Immune						
Connective Tissues Disorders	No	No	No	No	Yes	Yes
HIV (see CD matrix)	Yes	Yes	Yes	Yes	Yes	Yes

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Medical Clinical Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Allergic Disorders	No	Yes	No	Yes	Yes	Yes
Blood						
Anaemia	No	Yes	Yes	Yes	Yes	Yes
Thrombocytopenia	No	No	No	No	Yes	Yes
Clotting Disorders	No	No	No	No	Yes	Yes
Leukaemia	No	No	No	No	Yes	Yes
Lymphoma	No	No	No	No	Yes	Yes
Genitourinary						
Uncomplicated Urinary Tract Infections	No	Yes	Yes	Yes	Yes	Yes
Pyelonephritis	No	No	No	Yes	Yes	Yes
Glomerulonephritis	No	No	No	Yes	Yes	Yes
Renal Failure	No	No	No	No	Yes	Yes
Sexually Transmitted Infections	No	Yes	Yes	Yes	Yes	Yes
Parasitic Infections	No	Yes	Yes	Yes	Yes	Yes
Vaginitis	No	Yes	Yes	Yes	Yes	Yes
Genitourinary Tumours	No	No	No	No	Yes	Yes
Medical Emergencies						
Poisoning	No	Yes	No	Yes	Yes	Yes
Bites and Stings	No	Yes	No	Yes	Yes	Yes

4.7 Surgical Services

4.7.1 Surgical Clinical Services

Table 37: Surgical Clinical Services

Surgical Clinical services	Service components offered by level of service delivery					
	Clinic A	Clinic B	PHU	HC	RRH	NRH
GENERAL SURGERY						
Exploratory laparotomy	No	No	No	No	Yes	Yes
Appendicectomy	No	No	No	Yes	Yes	Yes
Herniorrhaphy	No	No	No	Yes	Yes	Yes
Hydrocelectomy	No	No	No	Yes	Yes	Yes
Thyroidectomy	No	No	No	Yes	Yes	Yes
Cholecystectomy	No	No	No	Yes	Yes	Yes
Orchiectomy	No	No	No	No	Yes	Yes
Mastectomy	No	No	No	Yes	Yes	Yes
Skin graft	No	No	No	Yes	Yes	Yes
Gastrostomy	No	No	No	No	Yes	Yes
Circumcision	No	No	No	Yes	Yes	Yes
Lipomectomy	No	No	No	No	No	No
Amputations	No	No	No	Yes	Yes	Yes
Haemorrhoidectomy	No	No	No	Yes	Yes	Yes
Wound debridement	No	No	No	Yes	Yes	Yes
Herniotomy	No	No	No	No	Yes	Yes
Release of contractures	No	No	No	No	Yes	Yes
Penius procedure	No	No	No	No	No	Yes
Scrotal exploitation	No	No	No	No	Yes	Yes
Sigmoidoscopy	No	No	No	No	Yes	Yes
Colostomy opening and closure	No	No	No	No	Yes	Yes
Incision and drainage	No	No	No	Yes	Yes	Yes
Biopsies	No	No	No	Yes	Yes	Yes
Minor and Secondary Suturing	Yes	Yes	No	Yes	Yes	Yes
Reduction of paraphimosis	No	No	No	Yes	Yes	Yes
Suprapubic catheter insertion	No	No	No	Yes	Yes	Yes
Manual Anal Dilatation (MAD)	No	No	No	Yes	Yes	Yes

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Surgical Clinical services	Service components offered by level of service delivery					
	Clinic A	Clinic B	PHU	HC	RRH	NRH
Hypospadias repair	No	No	No	No	No	Yes
Epididymectomy	No	No	No	No	No	Yes
Direct visual urethrotomy	No	No	No	No	No	Yes
Cystoscopy	No	No	No	No	NO	Yes
Nephroectomy	No	No	No	No	No	Yes
Orchidopexy	No	No	No	No	Yes	Yes
Penile repairs	No	No	No	No	N o	Yes
Prostatectomy (open)	No	No	No	No	Yes	Yes
Transurethral prostatectomy	No	No	N o	No	No	Yes
Urethroplasty	No	No	No	No	No	Yes
Urethrotomy	No	No	No	No	No	Yes
Radiological investigation						
Ultra Sound Scan	No	No	No	Yes	Yes	Yes
X-ray	No	No	No	Yes	Yes	Yes
Contrast studies	No	No	No	Yes	Yes	Yes
CT Scan	No	No	No	No	No	Yes
Magnetic resonance imaging	No	No	No	No	No	Yes
C-Arm fluoroscopy	No	No	No	No	No	Yes
Laparotomy						
Haematology	No	No	No	Yes	Yes	Yes
Chemistry	No	No	No	Yes	Yes	Yes
Microbiology	No	No	No	Yes	Yes	Yes
Histology and cytology	No	No	No	No	NRH	Yes
Endoscopic investigations						
Upper Gastro Intestinal	No	No	No	No	Yes	Yes
Lower Gastro Intestinal	No	No	No	No	Yes	Yes
Cystoscopy	No	No	No	No	No	Yes
Bronchoscopy	No	No	No	No	No	Yes

4.7.2 Orthopedic surgery

Table 38: Orthopaedic Services

Orthopaedic Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Incision and drainage	No	Yes	No	Yes	Yes	Yes
Traumatic amputation	No	No	No	No	Yes	Yes
Back ache	No	No	No	yes	Yes	Yes
Adult fractures (upper limbs)						
Fingers	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Metacarpal	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Wrist/colles	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Radius and ulna: undisplaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Radius and ulna displaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Elbow	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Humerus: uncomplicated	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Humerus complicated	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
(displaced,neurovascular)	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Shoulder/dislocation	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Shoulder fractures	Yes (Refer)	Yes (Refer)	NO	Yes	Yes	Yes
Clavicle	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Adult fractures Lower limbs						
Toes	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fracture dislocation of ankle	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fracture tibia and fibula: undisplaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes

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Orthopaedic Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Fracture tibia and fibula: displaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fractures around the knee	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Mid-shaft fracture femur	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Neck femur fracture	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Adult fractures of the pelvis	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Spinal Fractures	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
PEADIATRIC FRACTURES						
Upper limbs fractures						
Fractured distal radius	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fractured radius and ulna: undisplaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fractured radius and ulna: displaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Supracondylar fracture of the humerus	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fractured neck of humerus	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Pediatrics fracture of the lower limbs						
Fracture tibia and fibula: undisplaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fracture of tibia and fibula: displaced	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Fracture femur	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Congenital						
club foot	No	No	No	Yes	Yes	Yes
Cerebral palsy	No	No	No	Yes	Yes	Yes
Spinal bifida	No	No	No	Yes	Yes	Yes
Infections						
Acute osteomyelitis	No	No	No	Yes	Yes	Yes
Chronic osteomyelitis	No	No	No	No	No	Yes
Septic arthritis	No	No	No	Yes	Yes	Yes
Degenerative joint diseases						
Osteoarthritis	No	No	No	Yes	Yes	Yes
Hip	No	No	No	Yes	Yes	Yes
knee	No	No	No	Yes	Yes	Yes
ankle	No	No	No	Yes	Yes	Yes
wrist	No	No	No	Yes	Yes	Yes
elbow	No	No	No	Yes	Yes	Yes
shoulder	No	No	No	Yes	Yes	Yes
spine	No	No	No	Yes	Yes	Yes
Autoimmune						
Rheumatoid arthritis	No	No	No	No	Yes	Yes
Osteonechrosis						
Perthes disease	No	No	No	No	Yes	Yes
Bone tumour						
Primary tumour	No	No	No	No	No	Yes
Osteosacoma	No	No	No	No	No	Yes
Myeloma	No	No	No	No	No	Yes
Secondary	No	No	No	No	No	Yes
Orthopaedic emergency						
Sprains	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Dislocations and fractures	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Compound fractures	Yes (Refer)	Yes (Refer)	No	Yes	Yes	Yes
Multiple trauma	Yes (Refer)	Yes (Refer)	No	No	Yes	Yes
TECHNICAL ORTHOPEDIC SERVICES						
Lower limb prostheses						
Trough hip prostheses	No	No	No	No	No	Yes
Transfemoral prostheses	No	No	No	No	Yes	Yes
Through knee prostheses	No	No	No	No	No	Yes
Transtibial prostheses	No	No	No	No	Yes	Yes
Symes prostheses	No	No	No	No	No	Yes
Chopas prostheses	No	No	No	No	No	Yes
Upper limbs prostheses						

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Orthopaedic Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
elbow prostheses	No	No	No	No	No	yes
shoulder prostheses	No	No	No	No	No	yes
Finger prostheses	No	No	No	No	yes	yes
Lower limb Orthoses						
knee ankle foot orthoses	No	No	No	No	yes	yes
ankle foot orthoses	No	No	No	No	yes	yes
foot compensation	No	No	No	No	yes	yes
arch support	No	No	No	No	yes	yes
knee caps	No	No	No	No	yes	yes
orthopaedic boots	No	No	No	No	yes	yes
T-straps thigh cuffs	No	No	No	No	yes	yes
Ischial cuff bands	No	No	No	No	no	yes
Foot splints-Steenbeck braces	No	No	No	No	yes	yes
Orthopaedic assistive devices	No	No	No	No	yes	Yes
Upper limb orthoses						
spinal corsets	No	No	No	No	yes	Yes
traction devices	No	No	No	No	yes	Yes
hand splint	No	No	No	No	yes	yes

4.7.3 Neurosurgery

Table 39: Neurosurgery Services

Neurosurgery Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
HEAD TRAUMA						
Scalp Laceration	No	No	No	Yes	Yes	Yes
Skull x ray	No	No	No	Yes	Yes	Yes
Suture	No	No	No	Yes	Yes	Yes
Glasgow coma scale	No	Yes (<13 refer)	No	Yes (<13 refer)	Yes	Yes
Close observation for 6 hours	No	No	No	Yes	Yes	Yes
Skull fracture						
Skull x ray	No	No	No	No	Yes	Yes
Brain CT scan	No	No	No	No	Yes	Yes
Conservative treatment (i.e. analgesics, monitoring of vital signs and Glasgow coma scale)	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes
Cranioplasty	No	No	No	No	Yes	Yes
Epidural haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
Monitoring of vital signs and Glasgow coma scale	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes
Craniotomy	No	No	No	No	Yes	Yes
Analgesics	Yes	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Complex intracranial injury						
Subdural haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
Monitoring of vital signs and Glasgow coma scale	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes
Craniotomy	No	No	No	No	Yes	Yes
Analgesics	Yes(refer)	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Intracranial haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
Intensive Care Unit (ICU)	No	No	No	No	Yes	Yes
Monitoring of vital signs and Glasgow coma scale	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes
Craniotomy with removal of haematoma	No	No	No	No	Yes	Yes
Analgesics	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Chronic subdural haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
Monitoring of vital signs and Glasgow coma scale	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes

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Neurosurgery Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Craniotomy –burr hole	No	No	No	No	Yes	Yes
Analgesics	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Brain CT scan	No	No	No	No	Yes	Yes
Monitoring of vital signs and Glasgow coma scale	No	Yes (<13 Refer)	No	Yes (<13 Refer)	Yes	Yes
Intensive Care Unit (ICU)	No	No	No	No	Yes	Yes
Craniotomy	No	No	No	No	Yes	Yes
Analgesics	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
BRAIN TUMOUR						
Benign						
CT scan	No	No	No	No	Yes	Yes
Surgery	No	No	No	No	Yes	Yes
Pathology	No	No	No	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Malignancy						
CT scan	No	No	No	No	Yes	Yes
Surgery	No	No	No	No	Yes	Yes
Pathology	No	Yes	No	Yes	Yes	Yes
Chemotherapy and Radiotherapy	No	No	No	No	No	Yes
Analgesics and steroids	No	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Skull base tumour						
Brain CT scan	No	No	No	No	Yes	Yes
Magnetic Resonance Imaging (MRI)	No	No	No	No	No	Yes
Microscopic surgery	No	No	No	No	No	Yes
Abscess						
Brain CT scan	No	No	No	No	Yes	Yes
Antibiotics	No	Yes	N	Yes	Yes	Yes
Surgery	No	No	No	No	Yes	Yes
Metastasis						
Brain CT scan	No	No	No	No	No	Yes
MRI	No	No	No	No	No	Yes
Chemotherapy and radiotherapy	No	No	No	No	No	Yes
Craniotomy	No	No	No	No	Yes	Yes
Analgesics and steroids	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
CEREBRO-VASCULAR ACCIDENT						
Intra-cerebral Haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
ICU	No	No	No	No	Yes	Yes
Anti hypertensive drugs	N	Yes	Yes	Yes	Yes	Yes
Mannitol	No	No	No	Yes	Yes	Yes
Craniotomy with removal of haematoma	No	No	No	No	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Sub- arachnoid Haemorrhage						
Brain CT scan	No	No	No	No	Yes	Yes
Cerebral Angiography	No	No	No	No	No	Yes
Microscopic surgery – clipping aneurysm	No	No	No	No	No	Yes
CONGENITAL ABNORMALITIES						
Meningocele						
Brain CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Y
Surgery – repair of meningocele	No	No	No	No	Yes	Yes
OPD Follow up	No	No	No	No	Yes	Yes
Encephalocele						
Brain CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	Yes	Yes
Surgery – repair of encephalocele	No	No	No	No	Yes	Yes
OPD Follow up	No	No	No	No	Yes	Yes
Hydrocephalus						
Brain CT scan	No	No	No	No	Yes	Yes
Surgery – Ventricular peritoneal shunt (VP shunt)	No	No	No	No	Yes	Yes

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Neurosurgery Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
OPD follow up	No	No	No	No	Yes	Yes
Spinal injury						
Cervical spine injury	No	No	No	Yes	Yes	Yes
Cervical cord lesion	No	No	No	Yes	Yes	Yes
Cervical spine x ray	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	Yes	Yes	Yes
MRI	No	No	No	No	No	Yes
Massive steroids	No	No	No	Yes	Yes	Yes
Physiotherapy	No	No	No	No	Yes	Yes
Occupational therapy	No	No	No	No	Yes	Yes
B12 drug	No	No	No	Yes	Yes	Yes
Dislocation , fracture and complex injury						
Cervical spine x ray	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Yes
Traction	No	No	No	No	Yes	Yes
Open reduction internal fixation (screws and plates)	No	No	No	No	Yes	Yes
Analgesics	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
cervical collar	No	Yes	No	Yes	Yes	Yes
Thoracic spine injury						
Thoracic spine x ray	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Yes
Thoracic corset	No	No	No	Yes	Yes	Yes
Physiotherapy	No	No	No	Yes	Yes	Yes
Occupational therapy	No	No	No	Yes	Yes	Yes
Analgesics	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Lumbar spine injury						
Lumbar spine x ray	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Yes
Surgical and medical treatment	No	No	No	No	Yes	Yes
Physiotherapy	No	No	No	Yes	Yes	Yes
OPD follow up	No	No	No	No	Yes	Yes
Spinal tumour and spinal degenerative disease						
Spine x ray	No	No	No	Yes	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
MRI	No	No	No	No	No	Yes
Physiotherapy	No	No	No	No	Yes	Yes
Surgery	No	No	No	No	Yes	Yes
Analgesia	Yes (Refer)	Yes	Yes	Yes	Yes	Yes
OPD Follow up	No	No	No	No	Yes	Yes

4.7.4 Renal Services

Table 40: Renal Services

Renal Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Haemodialysis						
Medical history	No	No	No	No	Yes	Yes
Investigations	No	No	No	No	Yes	Yes
Diagnosis of renal failure	No	No	No	No	Yes	Yes
Education and counselling	No	No	No	No	Yes	Yes
Informed consent	No	No	No	No	Yes	Yes
Venous access	No	No	No	No	Yes	Yes
Disinfection of Machine	No	No	No	No	Yes	Yes
Lining the Machine	No	No	No	No	Yes	Yes
Priming the Machine	No	No	No	No	Yes	Yes

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Renal Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Dialyse	No	No	No	No	Yes	Yes
End dialysis	No	No	No	No	Yes	Yes
Disinfection of the machine	No	No	No	No	Yes	Yes
Locking patients line	No	No	No	No	Yes	Yes
Peritoneal Dialysis						
Medical History	No	No	No	No	Yes	Yes
Investigations	No	No	No	No	Yes	Yes
Diagnosis of renal failure	No	No	No	No	Yes	Yes
Informed consent	No	No	No	No	Yes	Yes
Insertion of teckof catheter	No	No	No	No	Yes	Yes
Peritoneal dialysis	No	No	No	No	Yes	Yes
Haemodiafiltration (AS HAEMODIALYSIS)	No	No	No	No	Yes	Yes
Kidney donation						
Medical history	No	No	No	No	Yes	Yes
Investigations	No	No	No	No	Yes	Yes
Kidney transplant						
Medical history	No	No	No	No	Yes	Yes
Investigation	No	No	No	No	Yes	Yes

4.7.5 Intensive Care Services

Table 41: Intensive Care Services

Intensive Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Medical history	No	No	No	No	Yes	Yes
Investigations						
X-ray	No	No	No	No	Yes	Yes
MRI	No	No	No	No	Yes	Yes
Chest X-RAY	No	No	No	No	Yes	Yes
Liver function test	No	No	No	No	Yes	Yes
Renal function	No	No	No	No	Yes	Yes
CT Scan	No	No	No	No	Yes	Yes
Echo cardiography	No	No	No	No	Yes	Yes
Ultrasound imaging	No	No	No	No	Yes	Yes
Serum electrolytes	No	No	No	No	Yes	Yes
Renal blood profile	No	No	No	No	Yes	Yes
Liver blood profile	No	No	No	No	Yes	Yes
Cardiac blood profile	No	No	No	No	Yes	Yes
Coagulation profile	No	No	No	No	Yes	Yes
Peripheral blood smears	No	No	No	No	Yes	Yes
Blood cultures and sensitivity	No	No	No	No	Yes	Yes
Blood grouping and cross matching	No	No	No	No	Yes	Yes
Full blood picture	No	No	No	No	Yes	Yes
Blood serology	No	No	No	No	Yes	Yes
Blood dry chemistry	No	No	No	No	Yes	Yes
Blood gas analysis	No	No	No	No	Yes	Yes
Blood osmolarity	No	No	No	No	Yes	Yes
Blood metabolites	No	No	No	No	Yes	Yes
Blood hormonal assay	No	No	No	No	Yes	Yes
Protein plasma pheresis	No	No	No	No	Yes	Yes
Toxicology	No	No	No	No	Yes	Yes
DNA typing	No	No	No	No	Yes	Yes
Tissue typing	No	No	No	No	Yes	Yes
CD typing	No	No	No	No	Yes	Yes
Urinalysis	No	No	No	No	Yes	Yes
Urine microscopy	No	No	No	No	Yes	Yes
Urine specific gravity	No	No	No	No	Yes	Yes
Urine culture and sensitivity	No	No	No	No	Yes	Yes

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Intensive Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Plano test	No	No	No	No	Yes	Yes
Urine chemistry	No	No	No	No	Yes	Yes
Gram staining	No	No	No	No	Yes	Yes
Urine hormone assay	No	No	No	No	Yes	Yes
Sputum gram stain	No	No	No	No	Yes	Yes
Sputum Z stain	No	No	No	No	Yes	Yes
Sputum culture and sensitivity	No	No	No	No	Yes	Yes
CSF Microscopy	No	No	No	No	Yes	Yes
CSF chemistry	No	No	No	No	Yes	Yes
CSF Culture and sensitivity	No	No	No	No	Yes	Yes
CSF cytology	No	No	No	No	Yes	Yes
CSF Cryptococcus	No	No	No	No	Yes	Yes
CSF specific gravity	No	No	No	No	Yes	Yes
CSF pressure	No	No	No	No	Yes	Yes
Stool microscopy	No	No	No	No	Yes	Yes
Stool culture	No	No	No	No	Yes	Yes
Tissue biopsy	No	No	No	No	Yes	Yes
Scopes	No	No	No	No	Yes	Yes
Fundoscopy	No	No	No	No	Yes	Yes
Diagnosis						
Relevant history taking	No	No	No	No	Yes	Yes
Relevant patient examination	No	No	No	No	Yes	Yes
Relevant laboratory investigations	No	No	No	No	Yes	Yes
Radio diagnostics	No	No	No	No	Yes	Yes
Relevant radio diagnostics	No	No	No	No	Yes	Yes
Mechanical ventilation						
Airway access	No	No	No	No	Yes	Yes
Invasive ventilation	No	No	No	No	Yes	Yes
Non invasive ventilation	No	No	No	No	Yes	Yes
Capnography	No	No	No	No	Yes	Yes
Airway graphics	No	No	No	No	Yes	Yes
Lung recruitment	No	No	No	No	Yes	Yes
Airway suctioning	No	No	No	No	Yes	Yes
Airway lavage	No	No	No	No	Yes	Yes
Surfactant management	No	No	No	No	Yes	Yes
Medical gases humidification	No	No	No	No	Yes	Yes
Prevention ventilation pneumonia	No	No	No	No	Yes	Yes
Oxygen management	No	No	No	No	Yes	Yes
Carbon dioxide management	No	No	No	No	Yes	Yes
Airway colonization	No	No	No	No	Yes	Yes
Shunts management	No	No	No	No	Yes	Yes
Differential lung ventilation	No	No	No	No	Yes	Yes
Pneumothorax management	No	No	No	No	Yes	Yes
Surgical emphysema management	No	No	No	No	Yes	Yes
Drainage of effusion	No	No	No	No	Yes	Yes
Lung volumes management	No	No	No	No	Yes	Yes
Airway status management	No	No	No	No	Yes	Yes
Patient intubation						
Laryngoscopy	No	No	No	No	Yes	Yes
Pharyngoscopy	No	No	No	No	Yes	Yes
Bronchoscopy	No	No	No	No	Yes	Yes
Endotracheal/ nasotracheal tubes insertion	No	No	No	No	Yes	Yes
Trachiotomy tubes insertion	No	No	No	No	Yes	Yes
Min trachio tube insertion	No	No	No	No	Yes	Yes
Laryngo mask air way insertion	No	No	No	No	Yes	Yes
Oropharyngeal airway placement	No	No	No	No	Yes	Yes
Nasopharyngeal airway placement	No	No	No	No	Yes	Yes
Endoscopic airway intubation	No	No	No	No	Yes	Yes

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Intensive Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Retrograde airway intubation	No	No	No	No	Yes	Yes
Rapid sequence intubation	No	No	No	No	Yes	Yes
Awake intubation	No	No	No	No	Yes	Yes
Submental intubation	No	No	No	No	Yes	Yes
Blind nasal intubation	No	No	No	No	Yes	Yes
Patient monitoring						
CNS monitoring	No	No	No	No	Yes	Yes
Intracranial pressure monitoring	No	No	No	No	Yes	Yes
Evoked potentials	No	No	No	No	Yes	Yes
Electroencephalography [EEG]	No	No	No	No	Yes	Yes
Glasgow coma scale monitoring	No	No	No	No	Yes	Yes
Pupillary response	No	No	No	No	Yes	Yes
Eyelash reflex	No	No	No	No	Yes	Yes
Corneal reflex	No	No	No	No	Yes	Yes
Caloric test	No	No	No	No	Yes	Yes
Gag reflex	No	No	No	No	Yes	Yes
Swallowing reflex	No	No	No	No	Yes	Yes
Cranial nerve test	No	No	No	No	Yes	Yes
Cough reflex	No	No	No	No	Yes	Yes
Muscle tone	No	No	No	No	Yes	Yes
Joint reflexes	No	No	No	No	Yes	Yes
Plantar reflex	No	No	No	No	Yes	Yes
Clonus reflex	No	No	No	No	Yes	Yes
Brain preservation hypothermic intervention	No	No	No	No	Yes	Yes
Respiratory patterns/apnoeosis/ Kussmal	No	No	No	No	Yes	Yes
Drug titration						
Resuscitation drugs	No	No	No	No	Yes	Yes
Cardiac inotrops	No	No	No	No	Yes	Yes
Antibiotics	No	No	No	No	Yes	Yes
Antipyretics	No	No	No	No	Yes	Yes
Diuretics	No	No	No	No	Yes	Yes
Anti diuretics	No	No	No	No	Yes	Yes
Beta blockers	No	No	No	No	Yes	Yes
Alpha blockers	No	No	No	No	Yes	Yes
Mixed beta /alpha blockers	No	No	No	No	Yes	Yes
ACE inhibitor	No	No	No	No	Yes	Yes
Calcium channel blockers	No	No	No	No	Yes	Yes
Angiotensin II inhibitors	No	No	No	No	Yes	Yes
Anti coagulants	No	No	No	No	Yes	Yes
Thrombolitics	No	No	No	No	Yes	Yes
Anti emetics	No	No	No	No	Yes	Yes
Inhalants aerosols	No	No	No	No	Yes	Yes
Bronchodilators	No	No	No	No	Yes	Yes
Sedatives	No	No	No	No	Yes	Yes
Narcotics analgesics	No	No	No	No	Yes	Yes
Non narcotics analgesics	No	No	No	No	Yes	Yes
Laxatives	No	No	No	No	Yes	Yes
Anti diarrhoeal drugs	No	No	No	No	Yes	Yes
Proton pump inhibitors	No	No	No	No	Yes	Yes
H2 blockers	No	No	No	No	Yes	Yes
Lactulose	No	No	No	No	Yes	Yes
Mannitol	No	No	No	No	Yes	Yes
Potassium chloride	No	No	No	No	Yes	Yes
Cardiovascular interventions Hypertonic saline	No	No	No	No	Yes	Yes
Anti oxidants	No	No	No	No	Yes	Yes
Anti rabies	No	No	No	No	Yes	Yes
Anti venoms	No	No	No	No	Yes	Yes
Emetics	No	No	No	No	Yes	Yes
Charcoal	No	No	No	No	Yes	Yes

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Intensive Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Venous access						Yes
Peripheral venous cannulation	No	No	No	No	Yes	Yes
Central venous cannulation	No	No	No	No	Yes	Yes
Cut down	No	No	No	No	Yes	Yes
Radio diagnosis						Yes
CT scan brain/ abdomen /spine /total body	No	No	No	No	Yes	Yes
MRI	No	No	No	No	Yes	Yes
Ultra sound abdomen	No	No	No	No	Yes	Yes
Trans thoracic echo	No	No	No	No	Yes	Yes
Portable X-Ray	No	No	No	No	Yes	Yes
X-Ray interpretation	No	No	No	No	Yes	Yes
Angiography	No	No	No	No	Yes	Yes
Doppler flow	No	No	No	No	Yes	Yes
EKG	No	No	No	No	Yes	Yes
Cardiac output	No	No	No	No	Yes	Yes
Central venous pressure	No	No	No	No	Yes	Yes
Capillary pulmonary wedge pressure	No	No	No	No	Yes	Yes
Cardiac chambers pressures	No	No	No	No	Yes	Yes
Blood pressure non invasive/min /systolic/ diastolic	No	No	No	No	Yes	Yes
Invasive blood pressure	No	No	No	No	Yes	Yes
Cardiac index	No	No	No	No	Yes	Yes
Vascular peripheral resistance	No	No	No	No	Yes	Yes
Stroke volume	No	No	No	No	Yes	Yes
Peripheral perfusion	No	No	No	No	Yes	Yes
Shunts	No	No	No	No	Yes	Yes
Ventilation perfusion rat	No	No	No	No	Yes	Yes
Myocardial Oxygen consumption	No	No	No	No	Yes	Yes
Nutritional support						YES
Enteral	No	No	No	No	Yes	Yes
Parenteral	No	No	No	No	Yes	Yes
Renal support						Yes
Forced diuresis/ osmotic/ loop diuresis	No	No	No	No	Yes	Yes
Haemodialysis	No	No	No	No	Yes	Yes
Peritoneal dialysis	No	No	No	No	Yes	Yes
Volume correction	No	No	No	No	Yes	Yes
Urine alkalinization	No	No	No	No	Yes	Yes
Bladder catheterisation	No	No	No	No	Yes	Yes
Ureteric drainage	No	No	No	No	Yes	Yes
Acid base and electrolyte balance						Yes
Volume correction	No	No	No	No	Yes	Yes
Adequate tissue perfusion	No	No	No	No	Yes	Yes
Adequate tissue oxygenation	No	No	No	No	Yes	Yes
Base deficient correction	No	No	No	No	Yes	Yes
Anion gap-correction	No	No	No	No	Yes	Yes
Infection control						Yes
Hand washing	No	No	No	No	Yes	Yes
Floor cleaning	No	No	No	No	Yes	Yes
Equipment surface disinfection	No	No	No	No	Yes	Yes
Floor mopping	No	No	No	No	Yes	Yes
Fumigation	No	No	No	No	Yes	Yes
Antibiotic control	No	No	No	No	Yes	Yes
Linen change	No	No	No	No	Yes	Yes
Patient protection	No	No	No	No	Yes	Yes
Staff protection	No	No	No	No	Yes	Yes
Asepsis	No	No	No	No	Yes	Yes
Autoclaving/ steam / gas	No	No	No	No	Yes	Yes
Chemical disinfection	No	No	No	No	Yes	Yes
Use of sterile packs and gloves	No	No	No	No	Yes	Yes

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Intensive Care Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Waste management						Yes
Medical waste collection / pink bags /kick about buckets	No	No	No	No	Yes	Yes
Non medical waste collection / disposal / black liners	No	No	No	No	Yes	Yes
Incineration	No	No	No	No	Yes	Yes
Transportation	No	No	No	No	Yes	Yes
Prick protection	No	No	No	No	Yes	Yes
Posture management						Yes
Propping up for brain drainage 15-30 degrees	No	No	No	No	Yes	Yes
Propping up for cardiac patients 45 degrees	No	No	No	No	Yes	Yes
Leg elevation for venous drainage	No	No	No	No	Yes	Yes
Propagation of joints in anatomical functional position	No	No	No	No	Yes	Yes
Relieve of pressure points by lateral rotation	No	No	No	No	Yes	Yes
Relieve of pressure points by pneumatic mattress	No	No	No	No	Yes	Yes
Pillows up to five per patient	No	No	No	No	Yes	Yes
Temperature management						
Room cooling/ warming by air conditioning	No	No	No	No	Yes	Yes
Patient warming	No	No	No	No	Yes	Yes
Patient cooling	No	No	No	No	Yes	Yes
Use of active heated humidifier for air warming	No	No	No	No	Yes	Yes
Use of proximal heat generators filters	No	No	No	No	Yes	Yes
Radiant heating or conductive heating	No	No	No	No	Yes	Yes
Cold fluid infusion	No	No	No	No	Yes	Yes
Blood/ fluid warmer	No	No	No	No	Yes	Yes
Ice cooling	No	No	No	No	Yes	Yes
Room ventilation rate of air change at least 9 times an hour	No	No	No	No	Yes	Yes
Anti pyretic	No	No	No	No	Yes	Yes
Warm blankets / electrical	No	No	No	No	Yes	Yes
Patient hygiene						
Oral /pharyngeal toilets	No	No	No	No	Yes	Yes
Bed baths	No	No	No	No	Yes	Yes
Skin care	No	No	No	No	Yes	Yes
Linen change up to six times a day	No	No	No	No	Yes	Yes
Patient transportation [internal/external]						
Transit ventilation	No	No	No	No	Yes	Yes
Transit oxygen delivery	No	No	No	No	Yes	Yes
Transit suction	No	No	No	No	Yes	Yes
Transit monitoring	No	No	No	No	Yes	Yes
Transit intubation	No	No	No	No	Yes	Yes
Transit incubation/ neonatal	No	No	No	No	Yes	Yes
Transit defibrillation	No	No	No	No	Yes	Yes
Transit resuscitation drugs	No	No	No	No	Yes	Yes
Transit warming devices	No	No	No	No	Yes	Yes
Transit safety management	No	No	No	No	Yes	Yes
Fluid balance						
Electrolyte correction	No	No	No	No	Yes	Yes
Acid base correction	No	No	No	No	Yes	Yes
Volume correction	No	No	No	No	Yes	Yes
Osmolarity correction	No	No	No	No	Yes	Yes
Haemodilution	No	No	No	No	Yes	Yes
Blood and blood products optimisation	No	No	No	No	Yes	Yes
Metabolite correction	No	No	No	No	Yes	Yes

4.8 Allied Health Services

4.8.1 Biomedical Services

Table 42: Biomedical Services

Biomedical Engineering Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
CAPACITY BUILDING (Community ownership of infrastructure)	Yes	Yes	Yes	Yes	Yes	Yes
Basic health facility general equipment						
Develop maintenance and replacement plan for basic general equipment	No	Yes	Yes	Yes	Yes	Yes
Conduct maintenance and replacement of general equipment	No	Yes	Yes	Yes	Yes	Yes
Recommend condemnation of non serviceable general equipment	No	Yes	Yes	Yes	Yes	Yes
Evaluation and adjudication of tender number 35	No	Yes	Yes	Yes	Yes	Yes
Medical equipment						
Develop maintenance and replacement plan for all medical equipment	No	Yes	Yes	Yes	Yes	Yes
Conduct maintenance and replacement of all medical equipment according to health facility guidelines	No	Yes	Yes	Yes	Yes	Yes
Recommend condemnation of all non serviceable medical equipment	No	Yes	Yes	Yes	Yes	Yes
Installation of new medical equipment	No	Yes	Yes	Yes	Yes	Yes
Ensure availability of all required medical equipment	No	Yes	Yes	Yes	Yes	Yes
Keep an up to date inventory of all medical equipment	No	Yes	Yes	Yes	Yes	Yes
Ensure safety of equipment	No	Yes	Yes	Yes	Yes	Yes
Subcontract for equipment maintenance	No	Yes	Yes	Yes	Yes	Yes
Non medical equipment						
Develop maintenance and replacement plan for basic non medical equipment	No	Yes	Yes	Yes	Yes	Yes
Conduct maintenance and replacement of non medical equipment according to health facility guidelines	No	Yes	Yes	Yes	Yes	Yes
Recommend condemnation of non serviceable non medical equipment	No	Yes	Yes	Yes	Yes	Yes
Maintenance of non-medical equipment	No	Yes	Yes	Yes	Yes	Yes
Ensure availability of non-medical equipment	No	Yes	Yes	Yes	Yes	Yes
Subcontract for equipment maintenance	No	Yes	Yes	Yes	Yes	Yes
Infrastructure						
Plumbing system	No	Yes	Yes	Yes	Yes	Yes
Electrical	No	Yes	Yes	Yes	Yes	Yes
Painting	No	Yes	Yes	Yes	Yes	Yes
Carpentry	No	Yes	Yes	Yes	Yes	Yes
Training						
First line and second repair and maintenance of equipment	No	Yes	Yes	Yes	Yes	Yes
Orientation of staff on new equipment	No	Yes	Yes	Yes	Yes	Yes
Continuous training on ever changing technology in the market	No	Yes	Yes	Yes	Yes	Yes
Orientation and induction of new officers	No	Yes	Yes	Yes	Yes	Yes
Develop guidelines for out-sourced work	No	Yes	Yes	Yes	Yes	Yes
Quality assurance control and monitoring system of all equipment	No	Yes	Yes	Yes	Yes	Yes
Establish standard designs for different levels of health facilities in collaboration with the Ministry of works	No	Yes	Yes	Yes	Yes	Yes

4.8.2 Procurement and Supply Chain Management

Table 43: Procurement and Supply Chain Management Services

Procurement and Supply Chain Management Services	Service components offered by level of service delivery						
	CMS	Biomed	Clinic	PHU	HC	RRH	NRH
QUANTIFICATION							
Pharmaceuticals and Medical Supplies							
Essential Drug List	Yes	No	Yes	Yes	Yes	Yes	Yes
Standard Treatment Protocols (Guidelines)	Yes	No	Yes	Yes	Yes	Yes	Yes
Disease Pattern	No	No	Yes	Yes	Yes	Yes	Yes
Consumption Pattern	No	No	Yes	Yes	Yes	Yes	Yes
Distribution Pattern	Yes	No	No	No	No	No	No
Equipment (Biomedical)							
Essential Equipment List	No	Yes	Yes	Yes	Yes	Yes	Yes
Assessment of Inventory of Medical Equipment	No	Yes	Yes	Yes	Yes	Yes	Yes
Specifications	No	Yes	Yes	Yes	Yes	Yes	Yes
Replacement and Preventive Maintenance Policy	No	Yes	Yes	Yes	Yes	Yes	Yes
General services (Services required)							
General Supplies	No	Yes	Yes	Yes	Yes	Yes	Yes
Standard List of Requirements	No	No	No	Yes	Yes	Yes	Yes
Consumption Rates	No	No	No	Yes	Yes	Yes	Yes
Procurement Plan/Implementation							
Cost Estimates	Yes	Yes	No	Yes	Yes	Yes	Yes
Procurement Thresholds	No	No	No	No	No	No	No
Method of Procurement	No	Yes	No	No	No	No	No
Timelines	Yes	Yes	No	No	No	No	No
Expected Payment Timelines	Yes	Yes	No	Yes	Yes	Yes	Yes
Contract Management							
Expediting	No	No	No	No	No	No	No
Receiving	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Storage	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Payment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Spend Analysis							
Expenditure analysis	No	No	No	No	No	No	No
Supplier performance	No	No	No	No	No	No	No
Procurement performance analysis NB: Spend analysis rightfully done at National level/ Main Procurement Office.	No	No	No	No	No	No	No

4.8.3 Laboratory Services

Table 44: Laboratory Services

Laboratory Services	Service components offered by level of service delivery						
	Community	Clinic	PHU	HC	RRH	NRH	
Health education	Yes	Yes	Yes	Yes	Yes	Yes	
Point of Care tests							
Rapid diagnostic tests HIV ,RPR ,Malaria, Pregnancy	No	Yes	Yes	Yes	Yes	Yes	
Glucose	No	Yes	Yes	Yes	Yes	Yes	
Haemoglobin	No	Yes	Yes	Yes	Yes	Yes	
Urine dipsticks	No	Yes	Yes	Yes	Yes	Yes	
DBS collection	No	Yes	Yes	Yes	Yes	Yes	
Haematology							
Complete blood count/ Full blood count (With Differential)	No	No	No	Yes	Yes	Yes	
Manual WBC and Differential	No	No	No	No	No	Yes	
ESR	No	No	No	Yes	Yes	Yes	
Bleeding time and coagulation time	No	No	No	No	Yes	Yes	
Blood grouping and Rh factor	No	No	Yes	Yes	Yes	Yes	

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Laboratory Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Group and Cross-match	No	No	No	Yes	Yes	Yes
Preparation and forwarding of bone marrow specimen	No	No	No	No	Yes	Yes
Malaria parasite smear	No	No	No	Yes	Yes	Yes
CD4 count (flow cytometry)	No	No	No	Yes	Yes	Yes
Biochemistry						
Bilirubin	No	No	No	Yes	Yes	Yes
Liver function tests	No	No	No	Yes	Yes	Yes
Urea creatinine and electrolytes	No	No	No	Yes	Yes	Yes
Cardiac enzymes	No	No	No	Yes	Yes	Yes
Calcium , phosphate	No	No	No	Yes	Yes	Yes
Amylase	No	No	No	Yes	Yes	Yes
Lipid profile	No	No	No	Yes	Yes	Yes
Glucose	No	No	No	Yes	Yes	Yes
Uric Acid	No	No	No	Yes	Yes	Yes
MTP	No	No	No	Yes	Yes	Yes
Microbiology						
Microscopy of CSF, stool and Urine	No	No	No	Yes	Yes	Yes
AFB Staining and Microscopy	No	No	No	Yes	Yes	Yes
TB Culture and sensitivity	No	No	No	No	No	Yes
Gram stain	No	No	No	Yes	Yes	Yes
Culture and sensitivity (CSF, stool ,Blood, Urine, Swabs)	No	No	No	No	Yes	Yes
Wet Mounts	No	No	No	Yes	Yes	Yes
Preparation and forwarding of specimen(eg H1N1 etc)	No	No	No	Yes	Yes	Yes
Semen Analysis	No	No	No	No	Yes	Yes
Serology						
RPR/VDRL	No	No	No	Yes	Yes	Yes
Hepatitis B and C	No	No	No	Yes	Yes	Yes
Widal / Salmonella typhi	No	No	No	Yes	Yes	Yes
Serum Beta HCG	No	No	No	Yes	Yes	Yes
HIV Elisa	No	No	No	No	Yes	Yes
Hormonal studies	No	No	No	No	Yes	Yes
Cryptococcal antigen test	No	No	No	No	Yes	Yes
Cytology/ Histology						
Pap Smears	No	Yes	Yes	Yes	Yes	Yes
Fine needle aspirates and other fluids	No	No	No	No	Yes	Yes
Forwarding of collected biopsy specimen	No	No	No	No	Yes	Yes
Tissue cutting, processing,	No	No	No	No	No	Yes
Other Test						
Molecular Analysis	No	No	No	No	No	Yes
Virology	No	No	No	No	No	Yes
Toxicology studies	No	No	No	No	No	Yes
Quality Assurance	No	Yes	Yes	Yes	Yes	Yes
Sample collection, containerization and storage	No	Yes	Yes	Yes	Yes	Yes
Sample transportation (internal & external)	No	Yes	Yes	Yes	Yes	No

4.8.4 Blood Transfusion Services

Table 45: Blood Transfusion Services

National Blood Transfusion Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health education						
Donor recruitment	Yes	Yes	Yes	Yes	Yes	Yes
National campaigns	Yes	No	No	No	No	No
Schools campaigns	Yes	No	No	No	No	No
Blood donor drive	Yes	No	No	No	No	No
Donor clubs	Yes	No	No	No	No	No
Collection of blood						
Sensitisation	Yes	No	No	No	No	No
Vital signs (weight, BP, Copper sulphate test)	Yes	No	No	No	No	No
Interviews (selection criteria form)	Yes	No	No	No	No	No

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Actual donation	Yes	No	No	No	No	No
Donor customer care	Yes	No	No	No	No	No
Lab analysis of donated blood						
HIV	No	No	No	No	No	Yes
Hepatitis B,C	No	No	No	No	No	Yes
Syphilis/RPR	No	No	No	No	No	Yes
Malaria screening	No	No	No	No	No	Yes
Blood grouping	No	No	No	No	No	Yes
Storage of blood	No	No	No	No	No	Yes
Preparation of blood products	No	No	No	No	No	Yes
Blood distribution	No	No	No	No	No	Yes
Quality control	Yes	Yes	Yes	Yes	Yes	Yes

4.8.5 Medical Imaging

Table 46: Medical Imaging (Radiology) Services

Medical Imaging (Radiology) Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health Education	Yes	Yes	Yes	Yes	Yes	Yes
Diagnostic services						
General X – Ray	No	No	No	Yes	Yes	Yes
Chest x-ray	No	No	No	Yes	Yes	Yes
Abdominal x-ray	No	No	No	Yes	Yes	Yes
Skeletal	No	No	No	Yes	Yes	Yes
Portable x-ray	No	No	No	Yes	Yes	Yes
Mobile x –ray	No	Yes	Yes	No	No	No
Digital x-ray	No	Yes	Yes	Yes	Yes	Yes
Fluoroscopy						
Barium studies	No	No	No	No	Yes	Yes
Intravenous Pyelogram (IVP)	No	No	No	No	Yes	Yes
HSG	No	No	No	No	Yes	Yes
Theatre Radiography	No	No	No	No	Yes	Yes
Angiography	No	No	No	No	No	Yes
Ultrasound						
Obstetric scan	No	No	Yes	Yes	Yes	Yes
Pelvic scan	No	No	No	Yes	Yes	Yes
Abdominal scan	No	No	No	Yes	Yes	Yes
Small parts scan	No	No	No	Yes	Yes	Yes
Musculoskeletal scan	No	No	No	No	Yes	Yes
Vascular ultrasound	No	No	No	No	Yes	Yes
Cardiac scan	No	No	No	No	Yes	Yes
Neonatal scan	No	No	No	No	Yes	Yes
Portable ultrasound scan	No	No	No	Yes	Yes	Yes
Computer Tomography scan (CT Scan)						
Chest	No	No	No	No	Yes	Yes
Brain	No	No	No	No	Yes	Yes
Abdomen	No	No	No	No	Yes	Yes
Skeletal	No	No	No	No	Yes	Yes
Magnetic Resonance Imaging (MRI)	No	No	No	No	No	Yes
Curative/Therapeutic						
Radiation therapy	No	No	No	No	No	Yes
Puva and solaren B	No	No	No	No	No	Yes
Laser	No	No	No	No	No	Yes
Nuclear Medicine	No	No	No	No	No	Yes
Equipment						
General x-ray machine	No	No	Yes	Yes	Yes	Yes
Ceiling mounted x-ray machine	No	No	No	No	Yes	Yes
CT scan	No	No	No	No	Yes	Yes
Structure						
X-ray room	No	No	Yes	Yes	Yes	Yes
Dark room	No	No	No	Yes	Yes	Yes
Viewing room	No	No	No	Yes	Yes	Yes
Dressing rooms	No	No	No	Yes	Yes	Yes

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Medical Imaging (Radiology) Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Filing room	No	No	No	Yes	Yes	No
Consumables						
Chemicals	No	No	No	Yes	Yes	Yes
X-ray films	No	No	No	Yes	Yes	Yes
Protective clothing	No	No	No	Yes	Yes	Yes
Barium sulphate	No	No	No	Yes	Yes	Yes
Quality assurance						
Equipment calibration	No	Yes	Yes	Yes	Yes	Yes
Equipment maintenance	No	Yes	Yes	Yes	Yes	Yes
Quality control testing	No	Yes	Yes	Yes	Yes	Yes
Equipment inventory	No	Yes	Yes	Yes	Yes	Yes
Audit	No	Yes	Yes	Yes	Yes	Yes

4.8.6 Anaesthesia Services

Table 47: Anaesthesia Services

Anaesthesia Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
GENERAL ANAESTHESIA						
Pre-operative assessment						
Investigation	No	No	No	Yes	Yes	Yes
Counselling	No	No	No	Yes	Yes	Yes
Pre – medication	No	No	No	Yes	Yes	Yes
Induction						
Pre- oxygenation	No	No	No	Yes	Yes	Yes
Sleep induction	No	No	No	Yes	Yes	Yes
Secure airway	No	No	No	Yes	Yes	Yes
Maintenance						
Monitoring of vital signs	No	No	No	Yes	Yes	Yes
Fluid administration	No	No	No	Yes	Yes	Yes
Blood Transfusion	No	No	No	Yes	Yes	Yes
Non anaesthetic Medication	No	No	No	Yes	Yes	Yes
Muscle relaxation	No	No	No	Yes	Yes	Yes
Sedation	No	No	No	Yes	Yes	Yes
Pain therapy	No	No	No	Yes	Yes	Yes
Reversing the anaesthesia						
Anti dote administration	No	No	No	Yes	Yes	Yes
Washing out of inhalational anaesthetics	No	No	No	Yes	Yes	Yes
Oxygen administration	No	No	No	Yes	Yes	Yes
Patient extubation	No	No	No	Yes	Yes	Yes
Immediate post operative care						
Monitoring vital signs	No	No	No	Yes	Yes	Yes
Administering necessary medication e.g. analgesics, narcotics	No	No	No	Yes	Yes	Yes
Post operative examination						
Observation of patient	No	No	No	Yes	Yes	Yes
Checking vital signs	No	No	No	Yes	Yes	Yes
Talk to the patient	No	No	No	Yes	Yes	Yes
Identify any complications and consult the surgeons	No	No	No	Yes	Yes	Yes
SPINAL ANAESTHESIA/EPIDURAL						
Pre-operative assessment						
investigation	No	No	No	Yes	Yes	Yes
counselling	No	No	No	Yes	Yes	Yes
Pre - medication	No	No	No	Yes	Yes	Yes
Induction						
Administration of induction medication	No	No	No	Yes	Yes	Yes
Maintenance						
Monitoring of vital signs	No	No	No	Yes	Yes	Yes
Rehydration of patient	No	No	No	Yes	Yes	Yes
Transfusion of patient when necessary	No	No	No	Yes	Yes	Yes
NERVE BLOCKS						
Pre-operative assessment						

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Investigation	No	No	No	Yes	Yes	Yes
Counselling	No	No	No	Yes	Yes	Yes
Pre - medication	No	No	No	Yes	Yes	Yes
Induction						
Patient induction	No	No	No	Yes	Yes	Yes
Maintenance						
Monitoring of vital signs	No	No	No	Yes	Yes	Yes
Rehydration of patient	No	No	No	Yes	Yes	Yes
Transfusion of patient when necessary	No	No	No	Yes	Yes	Yes
LOCAL ANAESTHESIA						
Pre-operative assessment						
Investigation	No	No	No	Yes	Yes	Yes
Counselling	No	No	No	Yes	Yes	Yes
Pre - medication	No	No	No	Yes	Yes	Yes
Induction						
Patient induction	No	No	No	Yes	Yes	Yes
Maintenance						
Monitoring of vital signs	No	No	No	Yes	Yes	Yes
Rehydration of patient	No	No	No	Yes	Yes	Yes
Transfusion of patient when necessary	No	No	No	Yes	Yes	Yes

4.8.7 Occupational Therapy

Table 48: Occupational Therapy Services

Occupational Therapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
IEC						
Pamphlets	Yes	Yes	Yes	Yes	Yes	Yes
Charts	No	Yes	Yes	Yes	Yes	Yes
Radio programmes	No	No	No	No	No	Yes
Continuing Medical Education (CME)						
Occupational therapists	No	No	No	Yes	Yes	Yes
Interdepartmental (other therapists)	No	No	No	Yes	Yes	Yes
Other health professionals e.g. medical doctors, nurses etc	No	No	No	Yes	Yes	Yes
Screening						
Reading doctors reports	No	No	No	Yes	Yes	Yes
Patient/care taker interview	Yes	Yes	Yes	Yes	Yes	Yes
Observation	Yes	Yes	Yes	Yes	Yes	Yes
Assessment:						
Level of independence in the following performance areas Activities of daily living						
Mobility	Yes	No	No	Yes	Yes	Yes
Personal care	Yes	No	No	Yes	Yes	Yes
Performance of chores	Yes	No	No	Yes	Yes	Yes
Activity profile	Yes	No	No	Yes	Yes	Yes
Work						
Work skills	No	No	No	Yes	Yes	Yes
Work habits	Yes	Yes	Yes	Yes	Yes	Yes
Competence	No	No	No	Yes	Yes	Yes
Task completion	Yes	Yes	Yes	Yes	Yes	Yes
School						
Learning disability	Yes	No	No	Yes	Yes	Yes
Inclusive environment	Yes	No	No	No	No	No
Life skill development	Yes	No	Yes	Yes	Yes	Yes
Leisure						
Use of leisure time	Yes	Yes	Yes	Yes	Yes	Yes
Social skills	Yes	Yes	Yes	Yes	Yes	Yes
Interests and hobbies	Yes	Yes	Yes	Yes	Yes	Yes
Functional ability in the following performance components:						
Physical	Yes	Yes	Yes	Yes	Yes	Yes

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Occupational Therapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Joint range of motion	Yes	Yes	Yes	Yes	Yes	Yes
Muscle strength	Yes	Yes	Yes	Yes	Yes	Yes
Muscle tone	Yes	Yes	Yes	Yes	Yes	Yes
Mobility	Yes	Yes	Yes	Yes	Yes	Yes
Hand function	Yes	Yes	Yes	Yes	Yes	Yes
Coordination (Gross motor and fine motor)	Yes	Yes	Yes	Yes	Yes	Yes
Neurodevelopment	Yes	Yes	Yes	Yes	Yes	Yes
Sensation	Yes	Yes	Yes	Yes	Yes	Yes
Posture	Yes	Yes	Yes	Yes	Yes	Yes
Balance	Yes	Yes	No	Yes	Yes	Yes
Psychiatric						
Judgement	Yes	Yes	No	Yes	Yes	Yes
Motivation	Yes	Yes	No	Yes	Yes	Yes
Drive	Yes	Yes	No	Yes	Yes	Yes
Thought processing	Yes	Yes	No	Yes	Yes	Yes
Concentration	Yes	Yes	No	Yes	Yes	Yes
Cognitive function	Yes	Yes	No	Yes	Yes	Yes
Memory	Yes	No	No	Yes	Yes	Yes
Perception	Yes	Yes	No	Yes	Yes	Yes
Insight reality orientation	Yes	Yes	No	Yes	Yes	Yes
Treatment Planning						
Goal setting	Yes	No	No	Yes	Yes	Yes
Establish scope of treatment, frequency and duration	Yes	No	No	Yes	Yes	Yes
Plans for referral	Yes	No	No	Yes	Yes	Yes
Treatment:	Yes	Yes	Yes	Yes	Yes	Yes
Client and family education						
Activities of daily living(ADL)	Yes	Yes	Yes	Yes	Yes	Yes
Environment adaptation						
Physical (home, work, school and other public facilities)	Yes	No	No	Yes	Yes	Yes
Social (de-stigmatization, acceptance)	Yes	Yes	Yes	Yes	Yes	Yes
Work Re-training / Vocational Rehabilitation						
Work performance	No	No	No	Yes	Yes	Yes
Functional assessments	No	No	No	Yes	Yes	Yes
Medico-legal reports e.g. Motor Vehicle Accident (MVA), Insurance	No	No	No	Yes	Yes	Yes
Ergonomics	No	No	No	Yes	Yes	Yes
Job evaluation and placement	No	No	No	Yes	Yes	Yes
Splinting (Static splints Dynamic/functional splints)						
Design	No	No	No	Yes	Yes	Yes
Fabrication of splint	No	No	No	Yes	Yes	Yes
Fitting and adjustment	Yes	Yes	Yes	Yes	Yes	Yes
Client education	Yes	Yes	Yes	Yes	Yes	Yes
Special education/Learning disability						
Hospital based interventions	No	No	No	Yes	Yes	Yes
School based interventions						
Income generating Projects (in community and psychiatric hospitals)	No	No	No	Yes	Yes	Yes
Pre – Discharge Services						
Home visits	Yes	No	No	Yes	Yes	Yes
Re-evaluation	Yes	Yes	Yes	Yes	Yes	Yes
Draw discharge plan including referral or follow-up care	Yes	No	No	Yes	Yes	Yes
Prepare client and family for reintegration into home/community/work	Yes	Yes	Yes	Yes	Yes	Yes
Discharge						
Implement discharge plan	Yes	No	No	Yes	Yes	Yes
Prepare discharge summary/report	Yes	No	No	Yes	Yes	Yes
Refer as required	Yes	No	No	Yes	Yes	Yes
Student supervision	No	Yes	Yes	Yes	Yes	Yes
Management of Department						
Record keeping	Yes	Yes	Yes	Yes	Yes	Yes

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Occupational Therapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Report writing	Yes	Yes	Yes	Yes	Yes	Yes
Planning	No	No	No	Yes	Yes	Yes
Budget preparation	No	No	No	Yes	Yes	Yes
Procurement and keeping inventory	No	No	No	Yes	Yes	Yes
Training needs assessment and planning	No	No	No	No	Yes	Yes
Supervision	Yes	Yes	Yes	Yes	Yes	Yes
Research	No	No	No	Yes	Yes	Yes

4.8.8 Physiotherapy

Table 49: Physiotherapy Services

Physiotherapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Registration of patients	Yes	Yes	No	Yes	Yes	Yes
Observation	Yes	Yes	No	Yes	Yes	Yes
ASSESSMENT: Objective and subjective(In and out patients)	No	Yes	No	Yes	Yes	Yes
Physical examination						
Functional activities(Physiological movements)	No	Yes	No	Yes	Yes	Yes
Sports and recreational fitness	No	Yes	No	Yes	Yes	Yes
Work Home environment evaluation(cooperate world)	No	Yes	No	Yes	Yes	Yes
Biomechanics evaluation	No	Yes	No	Yes	Yes	Yes
Joint mobility	No	Yes	No	Yes	Yes	Yes
Muscle power	No	Yes	No	Yes	Yes	Yes
Balance and proprioception	No	Yes	No	Yes	Yes	Yes
Sensory and motor functions	No	Yes	No	Yes	Yes	Yes
Cardiopulmonary functions	No	Yes	No	Yes	Yes	Yes
Diagnosis	No	Yes	No	Yes	Yes	Yes
Diagnosis verification	No	Yes	No	Yes	Yes	Yes
TREATMENT /REHABILITATION						
Electrotherapy						
Ultrasound combination therapy	No	No	No	Yes	Yes	Yes
Laser Tens therapy	No	No	No	Yes	Yes	Yes
Shortwave diathermy therapy	No	No	No	No	Yes	Yes
Moist heat therapy	No	No	No	No	Yes	Yes
Ultra violet rays therapy	No	No	No	No	Yes	Yes
Infra red rays therapy	No	No	No	No	Yes	Yes
Microwave therapy	No	No	No	No	Yes	Yes
Cryotherapy	No	No	No	No	Yes	Yes
Wax bath therapy	No	No	No	No	Yes	Yes
Exercise Therapy (Strengthening and mobilisation)						
Free Active exercises	Yes	Yes	No	Yes	Yes	Yes
Passive exercises	Yes	Yes	No	Yes	Yes	Yes
Active assisted exercises	Yes	Yes	No	Yes	Yes	Yes
Relaxation Techniques	Yes	Yes	No	Yes	Yes	Yes
Aerobics	Yes	Yes	No	Yes	Yes	Yes
Manipulations						
Soft tissue	Yes	Yes	No	Yes	Yes	Yes
Joint	Yes	Yes	No	Yes	Yes	Yes
Neuro tissue	No	No	No	Yes	Yes	Yes
Myofascial release/Trigger points	No	No	No	Yes	Yes	Yes
Proprioception Neuromuscular facilitation techniques	No	No	No	Yes	Yes	Yes
Percussions						
Vibration	No	No	No	Yes	Yes	Yes
Shaking	No	No	No	Yes	Yes	Yes
Springing	No	No	No	Yes	Yes	Yes
Postural drainage	No	No	No	Yes	Yes	Yes
Traction	No	No	No	Yes	Yes	Yes
Hydrotherapy	No	No	No	Yes	Yes	Yes
Dry needling	No	No	No	Yes	Yes	Yes
Patient Education						
Pamphlets	Yes	Yes	Yes	Yes	Yes	Yes
Stickers	Yes	Yes	Yes	Yes	Yes	Yes
Verbal instructions	Yes	Yes	Yes	Yes	Yes	Yes
Health Education						
Posters/stickers	Yes	Yes	Yes	Yes	Yes	Yes
Media	Yes	Yes	Yes	Yes	Yes	Yes
Brochures	Yes	Yes	Yes	Yes	Yes	Yes

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Physiotherapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Home/Ward Programme	No	No	No	Yes	Yes	Yes
Continuous Education	No	No	No	Yes	Yes	Yes
Preventive Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Assistive Device Therapy						
Lift and bending techniques	Yes	Yes	Yes	Yes	Yes	Yes
Posture awareness in all fundamental human positions	Yes	Yes	Yes	Yes	Yes	Yes
Antenatal/Postnatal Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Discharge	No	No	Yes	Yes	Yes	Yes
Prepare Reports	No	No	No	Yes	Yes	Yes

4.8.9 Speech and Hearing Therapy

Table 50: Speech and Hearing Therapy

Speech and Hearing Therapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Generation of IEC materials	No	No	No	Yes	Yes	Yes
Distribution of IEC materials	Yes	Yes	Yes	Yes	Yes	Yes
Conducting awareness campaigns using radio, posters, etc.	No	No	No	Yes	No	Yes
Community Outreach	Yes	Yes	Yes	Yes	Yes	Yes
Screening of clients	Yes	Yes	Yes	Yes	Yes	Yes
Assessment						
Observation	Yes	Yes	Yes	Yes	Yes	Yes
Obtain Case history information	Yes	Yes	Yes	Yes	Yes	Yes
Administer assessment procedure	Yes	Yes	Yes	Yes	Yes	Yes
Integrate assessment results	Yes	Yes	Yes	Yes	Yes	Yes
Write assessment report	Yes	Yes	Yes	Yes	Yes	Yes
Treatment planning	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of speech and language disorders						
Teaching appropriate placement of articulators in production of sounds.	Yes	Yes	Yes	Yes	Yes	Yes
Language stimulation for language delayed clients.	Yes	Yes	Yes	Yes	Yes	Yes
Correcting receptive and expressive language disorders in children i.e. errors in syntax, phonology, morphology and pragmatics.	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of auditory perceptual disorders i.e. disorders in auditory closure, auditory analysis and auditory synthesis. (learning disability)	Yes	Yes	Yes	Yes	Yes	Yes
Fluency shaping therapy for preschool and school aged stutterers.	Yes	Yes	Yes	Yes	Yes	Yes
Behaviour modification therapy for advanced or adult stutterers.	Yes	Yes	Yes	Yes	Yes	Yes
Feeding therapy for children(cerebral palsy) and adults (neurological disorders)						
Modification of feeding position or posture	No	No	No	Yes	Yes	Yes
Modification of the consistency of food	No	No	No	Yes	Yes	Yes
Nutritional advice	No	No	No	Yes	Yes	Yes
Improving motor planning skills in dyspraxia.(adults)	No	No	No	Yes	Yes	Yes
Improving mobility of articulators and production of speech in dysarthria. (adults)	No	No	No	Yes	Yes	Yes
Correction voice disorders of inappropriate pitch, resonance, harshness/hoarseness through voice exercises.	No	No	No	Yes	Yes	Yes
Modification of cleft palate speech	No	No	No	Yes	Yes	Yes
Client and family education about disorder						
Support Groups	Yes	Yes	Yes	Yes	Yes	Yes
Home Programmes	Yes	Yes	Yes	Yes	Yes	Yes
Ward Programmes	No	No	No	Yes	Yes	Yes
Pre – Discharge services : Evaluation of client readiness for discharge	No	No	No	Yes	Yes	Yes
Discharge Discharge Report and Discharge Plan	No	No	No	Yes	Yes	Yes
Provide advanced therapy for speech, language and feeding disorders	No	No	No	No	No	Yes
In-service Training of Staff						
Workshops	No	No	No	Yes	Yes	Yes

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Speech and Hearing Therapy Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Attending CMEs when they are available	No	No	No	No	Yes	Yes
Conducting research studies	No	No	No	No	No	Yes

4.9 Support Services

4.9.1 Strategic Information Services

Table 51: Strategic Information Services

Strategic Information Services	Service components offered by level of service delivery						Strategic Information Department	
	Community	Clinic	PHU	HC	RRH	NRH	Region	National
Data management								
Data collection	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Data collation	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Data cleaning/editing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Data verification	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Data capturing	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Data Analysis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Generation of information products								
Weekly reports	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Quarterly reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Research reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monitoring of Health Sector interventions								
Defining catchment populations	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Setting targets	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Develop indicators	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monitor achievement of	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Indicators and targets	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Evaluation of Health Sector interventions	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dissemination and use of information	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Coordinate research activities								
Identify research to be conducted	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Facilitate the approval of research.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conduct research	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Capacity building	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4.9.2 Epidemiology Services

Table 52: Epidemiology Services

Epidemiology Services	Service components offered by level of service delivery						Epidemiology & Disease Control Unit		
	Community	Clinic	PHU	HC	RRH	NRH	Facility	Region	National
Surveillance									
STI Sentinel Surveillance	No	Yes	No	Yes	Yes	Yes	No	No	No
HIV Sentinel Surveillance	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Integrated Disease Surveillance Sites	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Develop and Review IDSR technical material	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Facilitate trainings at all levels on disease distribution	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Carryout monitoring and evaluation of IDSR	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Early warning on possible outbreaks	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Monitoring of specific disease trend indicators	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Conduct epidemiological studies									
Analyse epidemiological disease trends (trend analysis)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Conduct relevant epidemiological studies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ensuring the implementation of International Health Regulation (IHR)									

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Epidemiology Services	Service components offered by level of service delivery						Epidemiology & Disease Control Unit		
	Community	Clinic	PHU	HC	RRH	NRH	Facility	Region	National
Coordinate the reporting of IHR issues	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Carryout core capacity assessment	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Develop an implementation plan	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Daily tally sheets									
Outpatient	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Inpatient	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Active surveillance forms	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
Weekly tally sheets									
Outpatient	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Inpatient	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Monthly tally sheets									
Outpatient	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Inpatient	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Data processing									
Data entry to electronic form	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Data cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Analysis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reagents & other testing kits									
RPR	No	Yes	Yes	Yes	Yes	Yes	No	No	No
TPHA	No	Yes	Yes	Yes	Yes	Yes	No	No	No
HIV testing	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Information products									
Weekly reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Quarterly	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Outbreak reports	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dissemination and use of information	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4.9.3 Quality Assurance Services

Table 53: Quality Assurance Services

Quality Assurance Services	Service components offered by level of service delivery					
	Community	Clinic	PHU	HC	RRH	NRH
Health Education	Yes	Yes	Yes	Yes	Yes	Yes
Development and implementation of QA National policies	Yes	Yes	Yes	Yes	Yes	Yes
Development of Health standards	Yes	Yes	Yes	Yes	Yes	Yes
Assessment						
Compliance to Health standards-in all the services elements	Yes	Yes	Yes	Yes	Yes	Yes
Onsite assessment for evidence	Yes	Yes	Yes	Yes	Yes	Yes
Environment (Health care Institution premises) auditing	Yes	Yes	Yes	Yes	Yes	Yes
Provision of guidance where challenges have been observed	Yes	Yes	Yes	Yes	Yes	Yes
Development of Monitoring tools	Yes	Yes	Yes	Yes	Yes	Yes
Monitoring & Evaluation						
Implementation of all services according to set standards	Yes	Yes	Yes	Yes	Yes	Yes
Service satisfaction	Yes	Yes	Yes	Yes	Yes	Yes
Job satisfaction	Yes	Yes	Yes	Yes	Yes	Yes
Audits	Yes	Yes	Yes	Yes	Yes	Yes
Reports						
Compilation	Yes	Yes	Yes	Yes	Yes	Yes
Analysis	Yes	Yes	Yes	Yes	Yes	Yes
Feedback	Yes	Yes	Yes	Yes	Yes	Yes
Planning	Yes	Yes	Yes	Yes	Yes	Yes
Training of Health Care Workers	No	Yes	Yes	Yes	Yes	Yes
Accreditation	No	Yes	Yes	Yes	Yes	Yes

Chapter 5: Health system management support for EHCP

The effective delivery of the Essential Health Care Package can only happen when the environment is favourable. A favourable environment calls for appropriate regulation of the health sector in the country in order to marshal, coordinate and harmonize the efforts and contributions to the sector by all the different stakeholders. The package indicates resource requirements (human resources, medicines, blood products and other medical supplies, finances, infrastructure and equipment, logistics, and information/data). A proper planning is required to efficiently allocate the resources to produce the best outputs and ensure high impact outcomes. Good programming will enable the plans to be effectively executed but such plans and programming will need to be evidence-based, thus requiring reliable data, which can only be harnessed by a fully functional health information system supported by research. Furthermore, a functional referral system will enable a seamless linkage between service delivery levels.

Regulation

The delivery of the EHCP will be done within the overall provisions of the Public Health Act, and the specific legal frameworks for different professions and areas of practice. The existing regulatory frameworks may need to be revisited so as to facilitate the delivery of the EHCP. In addition, in view of the need to promote inter-sectoral collaboration, it will be necessary to take into account the other appropriate regulations in force from other sectors. Because of the increased need for public-private partnerships, an appropriate regulatory framework to promote this partnership and other mechanisms for its implementation will need to be established.

Referral System

With a clearer description of the services to be offered at the different levels, to minimize interruption in service delivery across and between levels, as well as across sectors (public and private), a referral system is essential. It is only through a fully functional referral system that seamless linkages across and between levels and sectors in service delivery can be achieved. Such a referral system should be responsive to the client. For example, where a patient with mental disorder requires specialist medical services that may not be available at the facility where the patient is located, either the patient is sent to the other facility or the latter may offer the required services at the facility where the patient is located depending on the circumstances. Communication across and between levels and sectors needs to be improved accordingly and with the advent of technology, IT networking, sharing and linkage of databases, and promotion of e-medicine would further enhance efficiency in referral.

Planning and Programming

Efforts to harmonize planning and programming amongst the different stakeholders at all levels will go a long way in facilitating the delivery of the EHCP. All stakeholders should base their plans on the National Health Strategic Plan so as to ensure that their contribution is additional and aimed at achieving set sector objectives and goals. The Ministry of Health must lead all efforts for delivery of the EHCP. As such, the Ministry must mobilize and build adequate capacity to provide this leadership. The Ministry will coordinate planning of the sector for all stakeholders and ensure that the latter are fully involved in planning and programming at all levels.

Information, Research, Monitoring and Evaluation

This is central to planning and programming for the EHCP. The necessary evidence should be available to inform policy, planning and programming. This evidence will be harnessed through the

National Health Information System, research and collaboration with other data/statistics holders. The National Health Information System needs to be strengthened so that it can provide appropriate information to the different stakeholders and programs for their planning and reporting. This will also minimize the current parallel systems of data/information collection and reporting. The research agenda should prioritize operational research and review of alternative technologies and approaches for delivery of health interventions so as to continue to improve the effectiveness and efficiency of the health system in delivery of the package.

Resource management

Resources have to be available and allocated and used in right proportions and in right places at the right time to have the maximum benefit to the EHCP. The major bottlenecks that urgently need to be looked into include human resources, infrastructure, equipment, medicines and other medical supplies, logistics, and finances.

Human resource management

The human resources required for the EHCP will require increased production by training institutions, better deployment, better management and retention. This should be done in accordance with the National Human Resources for Health Policy and National Human Resources Development Plans. It will be necessary to work closely with the health training institutions as far as production and continuous education are concerned, and in order to address acute shortages of HRH, short terms means such as Task Shifting will need to be taken into consideration. Involvement of the Health Professional Bodies and the expedited establishment of the Health Services Commission will be absolutely necessary to improve the working environment and conditions of service.

Infrastructure, Medicines, equipments, and other supplies

To ensure that the EHCP services are available all the time, all the appropriate medicines, equipment and other supplies need to be available without any stock outs. This calls for a robust needs assessment and forecasting system that works along with an effective procurement and supply management system. In addition, these supplies need to be rationally used to minimize wastage. Proper and timely inventories and plans for replenishment/replacement will further augment this effort. A plan for infrastructure and equipment maintenance needs to be put in place to ensure that these remain in functional state.

Financing

All planned activities for delivery of the EHCP cannot be realized without the required financial resources. Compared to the current annual per capita spending of USD120 on health, this EHCP will require an increase in the annual per capita expenditure. Consequently, there will be need for the Government of Swaziland to increase investment in health based on the needs for the EHCP. This will not only improve the health status of the population of Swaziland but also contribute extensively to enhanced human capital and improved socio-economic development. However, since the EHCP is not delivered only by the public sector, the private sector resources need to be mobilized towards EHCP delivery. Other alternative mechanisms for financing health like the social health insurance and other risk-pooling mechanisms will have to be explored. Promotion of public- private partnerships will minimize inefficiencies and maximize efficiencies that may be available from each of the sectors.

Chapter 6: Policy Implications

The adoption and implementation of the EHCP have policy implications that the Government needs to take into account. Some services and interventions may not be included in the EHCP but may be required or demanded by members of the public. Government needs to prioritize areas for public financing and identify suitable areas where private sector investment would be appropriate. There also should be consideration for alternative financing as well as health care provision mechanisms (insurance, incentives for private sector to provide the services, etc.)

Another important area is in ensuring that the EHCP is adhered to by all stakeholders or providers in health service provision. This may call for review of existing legislation so as to provide a legal mandate and mechanisms for Government to monitor and enforce adherence to the EHCP. This could be done together with the strengthening of the National Quality Assurance Program.

Client-oriented service delivery will have implications for reorganization of service delivery and call for adoption of new service delivery models. This will require sensitization of both the health staff and clients on the new approach. This might call for retraining of staff and dialogue with the Professional Bodies to accommodate new changes and requirements for delivery of the EHCP.

To guarantee the success of the EHCP, its financing will be very critical. As such, Government may set up an enabling financing policy to ensure adequate public sector investment but also promote private investment in the health sector. One of the areas that impinge a lot on the current limited budget of the health sector is treatment of patients outside the country. Government should weigh the pros and cons of availing these services in the country and may be able to save on that spending by allowing the private sector to set up such facilities that would provide that kind of treatment. Such an investment could either be fully given to the private sector or jointly undertaken by Government and the private sector. Such investment needs the right policy to be in place.

Government should consider introducing alternative financing methods for health care delivery to ensure universal access to the EHCP. Social Health Insurance has been proven to be one of the viable options, in that the financing of health facilities will improve with the availability of funds from the scheme, in order to render both public and private health facilities autonomous.

The issue of human resource shortage has a big implication on how the EHCP will be provided. Given that it may take time to get the different human resources in place, while an effort is being made to produce the human resources, considerations should be made for Task-Shifting. For example, with appropriate training, nurses, worldwide, have proved to undertake some specialty services like ENT, mental health, paediatrics, and others quite satisfactorily, a lesson that Swaziland can learn. However, in such circumstances, appropriate policy and regulatory framework may be required.

Chapter 7: Monitoring & Evaluation of EHCP Implementation

Monitoring and evaluation of the implementation of the EHCP will be incorporated into the National monitoring and evaluation system of the Ministry of Health. The key features to monitor for the EHCP are access to EHCP, quality of care, health outputs and health outcomes. Delivery of the EHCP should be associated with improved health outputs and better health outcomes. The outcomes will be captured through the National Health Information System.

The Quality Assurance unit working closely with the Strategic Information Department will lead the monitoring and evaluation process for the EHCP. Appropriate indicators will be identified and incorporated into the NHIS and a format will be agreed upon for periodic reporting. At the minimum, there will be quarterly reports and annual reports. In the last quarter of each calendar year, a National Health Summit will be convened bringing together all the key stakeholders in the health sector to receive and discuss the annual report. At this same summit, the priorities for the subsequent financial year will be agreed upon.

Regions will compile their reports and it is the compilation of all the regional reports that will contribute to the National Report. Apart from the regional reports, a joint evaluation of the implementation of the EHCP will be conducted, a report of which will be consolidated with the regional reports. The joint evaluation will include stakeholders from Government sectors, the private sector, representation of the client population, training institutions, and Development and Implementing Partners.

The reports will not only provide information on the interventions, outputs and outcomes, but also on the financial aspects, that is on expenditures. As such, performance will be measured by consideration of the outputs and outcomes in comparison to the inputs (funds and other resources). This will require collection of data on health expenditures, health inputs, and this could use Expenditure Tracking Studies (public and private), Periodic National Health Accounts, and reports from the financial management systems.

Revision of the EHCP may be undertaken as may be necessary following a medium-term to long-term period of implementation (5 – 10 years), if indicated by an appropriate evaluation.

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Annexes

ANNEX 1: Indicators

INDICATORS	Baseline (MDG)	Baseline (DHS)	Baseline (HSSP)	Target (HSSP)	Target (MDG)
YEAR	1990	2007	2007/08	2013	2015
DEMOGRAPHIC / SOCIO-ECONOMIC INFORMATION					
Total population (millions) (Intercensal growth rate: 2.9%)		1,018,449 ¹			
Life Expectancy at birth (male / female)	56 ('86)	31.6 / 32.1 ²		42	
Per capita Income (USD)			2,280	NA	
Rural / Urban (%)			77 / 23	NA	
IMPACT INDICATORS					
Infant Mortality Rate (IMR)		85		65	40
U5 mortality rate (U5MR)	89	120		78	50
% children U5 (0-59m) stunted		29		25	22
% children U5 (0-59m) underweight ³		6.2		5	4.5
Maternal Mortality Ratio (MMR per 100,000 live births)	110	589		295	147
Total Fertility Rate (TFR)	6.4 ('86)	3.8		3	2.8
HIV Incidence Rate ⁴		3%	2.9%	2.3%	2.24%
Prevalence of HIV amongst pregnant women (15-24)		34 ⁵	38.9	NA	
Prevalence of HIV in working age population (15-49) (F/M)		26% (31/20)	24	NA	
OUTCOME INDICATORS					
% / # persons with HIV+ receiving ART therapy		50% / 25,000	64% / 37,000	80% / 66,000	80,000
% Young men 15-24 yrs circumcised		5		30	
TB success rate (%)		42	58	65	85
Bilharzia Prevalence		55		40	
Contraceptive Prevalence Rate (CPR/modern methods)		50		55	
% children 12-23 months fully immunized		82		90	90
Vitamin A supplementation in 6-59 months children		80		85	90
% children < 6 months on exclusive breastfeeding		32		40	50
% children 0-12 months receiving breast-feeding		66		80	90
% PW receiving PMTCT		65		80	90
% pregnant women who have at least one ANC visit		95			
% births delivered in a health facility (by a professional)		74		95	95
% population with access to improved water		59		80	
% population with access to hygienic faeces disposal		52		80	
OUTPUT INDICATORS					
TB Case Detection Rate (CDR) (%)		57	60	70	
DOTS coverage (%)		63.7		80	
% of facilities using safe water source		87.3 ⁶		NS	
% of facilities with functional EmONC		NA			
INPUT INDICATORS					
% of GoS budget allocated to MoH budget (Rec/Total)			9.3/8.4% ⁷		15% (Abuja)
% Expenditure of recurrent health budget 2008/09			104.5% ⁸		
% Budget to Central/Regional Hospitals (incl Mission Hosp)			41%		
% Budget to drugs and equipment			16%		
% Budget to Health Centres / Clinics			9.5%		
% Budget to Prevention (programmes+PHU+Inspections)			14%		
% Budget to Central MOH and RHO (admin / mgmt)			27.5%		
Per capita annual GoS expenditure on health (E / USD)			782 / 101 ⁹		
Doctor / population Ratio (per 100,000)		10		20	
Nurse / population Ratio (per 100,000)		56		200	

¹ Swaziland Population (Preliminary Census, 2007/08)

² CIA fact book; July 2009.

³ DHS and National Nutrition Survey 2008

⁴ See for the full set of HIV/AIDS related indicators, the National Health Sector Response to HIV/AIDS, 2009-2014.

⁵ ANC data report 2009

⁶ Swaziland Service Availability Mapping (SAM 2009). Improved water source refers to piped water or water tanker.

⁷ GoS Book of Estimates 2009-2012. Figures are for 2009/10.

⁸ Public Expenditure Review (PER) 2009, forthcoming

⁹ E7.75 = \$1, Oanda 29/07/09

ANNEX 2: EHCP Task Team

Name	Designation	Organization/Institution
1. Mr Sikelela Dlamini	Under Secretary Technical (Representing PS Ministry of Health)	Ministry of Health - Headquarters
2. Mrs Rejoice Nkambule	Deputy Director Public Health (Providing Technical Guidance)	
3. Dr Simon Zwane	Senior Medical Officer (Task Team Chairperson)	Mankayane Government Hospital
4. Ms Gory Msibi	Registrar (Task Team Coordinator)	Swaziland Nursing Council
5. Dr Walter Mangezi	Medical Officer	National Psychiatric Centre
6. Mr Simon Kunene	Programme Manager	Malaria Unit
7. Matron Thandie Mndzebele	Programme Manager	Rural Health Motivator
8. Ms Gugu Shongwe	Staff Nurse	TB Programme
9. Mrs Thulile Dlamini	Quality Assurance Focal Person	Ministry of Health - Headquarters
10. Elizabeth Mvila	Dermatology Nurse	King Sobhuza II – Public Health Unit
11. Mr Bongani Sigudla	Environmental Health	Public Health Unit - Mbabane
12. Mr Nkhululeko Maphosa	Senior Radiographer	Mbabane Government Hospital
13. Mrs Constance Vilakati	Principal Human Resource Officer	Ministry of Health - Headquarters
14. Mrs Sisi Dube	Nurse in Charge	Lobamba Government Clinic
15. Mr. Zephaniah Sithole	Nursing Sister	National Psychiatric Centre
16. Mrs Khosi Mthethwa	Health Systems Focal Person	WHO
17. Dr Peter Preko	Medical Officer	ICAP
18. Dr Victor Ankra	Medical Officer	UNICEF
19. Victoria Masuku	Programme Officer	PSI
20. Morrison Mkhonta	Documentalist	WHO

ANNEX 3: List of Health Professionals Consulted

Name	Designation	Organization/Institution
1. Dr Makhosazana Dlamini	Senior Medical Officer (SMO)	Mbabane Government Hospital
2. Ms Thembisile Khumalo	Chief Nursing Officer	Ministry of Health
3. Dr Matekere	ICU and Renal	Mbabane Government Hospital
4. Dr Haumba	ENT Specialist	Mbabane Government Hospital
5. Dr Joyce Mareverwa	Paediatrician	Good Shepherd Hospital
6. Dr Tembe	Medical Officer	Mbabane Government Hospital
7. Dr Ggayi	Surgeon	Mbabane Government Hospital
8. Dr Dun Dun	Orthopaedic Surgeon	Mbabane Government Hospital
9. Dr Mills	SMO	Mbabane Clinic
10. Dr Joris Bandelanotte	Medical Officer	ICAP
11. Dr Njabuliso Lukhele	Medical Officer	Mbabane Government Hospital
12. Dr Ntokozi Dube	Dentist	Mbabane Government Hospital
13. Dr Hailu	Paediatrician	Baylor Clinic
14. Dr Tu	Neuro-Surgeon	Mbabane Government Hospital
15. Dr Bigilimana	Internal Medicine	Mbabane Government Hospital
16. Dr Mahilinyane	Medical Officer	Mbabane Government Hospital
17. Dr S Mwala	Ophthalmologist	Mbabane Government Hospital
18. Dr Seddie	Psychiatrist	Psychiatric Centre
19. Dr L. S. Okonda	Laboratory	Manzini
20. Dr Thuli Mngadi	Lecturer	UNISWA (Faculty of Health Sciences)
21. Dr K. Ndakithi	Medical Officer	Mbabane Government Hospital
22. Dr R. Chekenyere	Medical Officer	Mankayane Government Hospital
23. Dr Velephi Okkelo	SNAP	Ministry of Health
24. Dr B. Gama	HIV Officer	WHO
25. Dr Fikadu	TB	TB Hospital
26. Dr Vusi Tsabedze	Medical Officer	Hlathikhulu Government Hospital
27. Mr Masitsela Mhlanga	EPR	Ministry of Health
28. Mr Bongani Tsabedze	EPR	Ministry of Health
29. Ms Sibongile Mndzebele	M& E Officer	Ministry of Health
30. Mr Nhlanhla Nhlabatsi	Epidemiologist	Ministry of Health
31. Ms. Nelisiwe Sikhosana	Senior Statistician	Ministry of Health
32. Ms Lindiwe Tsabedze	NCD Programme Manager	Ministry of Health
33. Mary B. Ndlela	NCD	Ministry of Health
34. Ms Sharon	Physiotherapist	Mbabane Government Hospital
35. Ms Kabelo Dlamini	Occupational Health Therapist	Mbabane Government Hospital
36. Ms. Nokuthula Mahlalela	Health Promotion Officer	Ministry of Health
37. Ms Dudu Dlamini	FHP	WHO
38. Mrs Bonsile Nhlabatsi	SRH	Ministry of Health
39. Mrs Phumzile Mabuza	Programme Manager	Ministry of Health
40. Ms Nozipho Motsa	SRH	Ministry of Health
41. Ms Monica Boga Bango	SRH	Ministry of Health
42. Ms Nokuthula Maseko	SRH	Ministry of Health
43. Ms Sphiwe Sithole	Midwife	RFMH
44. Ms Ruth Maseko	Advanced midwifery	Mbabane Government Hospital
45. Sr Siviwe Sukati	Operating Theatre	Mbabane Government Hospital
46. Sr Busisiwe Dlamini	Anaesthetic Technician	Mbabane Government Hospital
47. Ms Catherine Mamba	Anaesthetic	Pigg's Peak Government
48. Mr Jerry Simelane B	Paediatric Nurse	Good Shepherd Hospital
49. Sr Gina	Audiology	Mbabane Government Hospital
50. Sr Lindiwe Dlamini	ICU/ Renal Unit	Mbabane Government Hospital
51. Mrs Clearance Gama	MED-SURG	Nhlangano Health Centre
52. Ms Philile Shabangu	EPI	Mbabane P H U
53. Ms Lonkululeko Khumalo	EPI	WHO
54. Ms Maria Dlamini	IMCI	Mbabane P H U
55. Ms Isabel Simango	Speech & Hearing	Mbabane Government Hospital
56. Sr Phindile Mashwama	Lecturer	Nazarene College of Nursing
57. SN Winile Manyatsi	Paediatric Nurse	Mankayane Government Hospital
58. Ms Deli Simelane	ICU / Renal	Mbabane Government Hospital
59. Ms Thoko Mkhwanazi	Ortho Nurse	Mbabane Government Hospital
60. Ms Ronnie Vilakati	Orthopaedic Technician	Mbabane Government Hospital
61. Ms Dansile Vilakati	Nutritionist	Nutritional Council
62. Ms Arleta Ndlela	Nutrition Officer	Nutritional Council
63. Ms Thoko Mkhwanazi	Nursing Sister	Mbabane Government Hospital
64. Ms Thuli Magagula	Pharmacist	Mbabane Government Hospital
65. Ms Sindisiwe Dlamini	Laboratory Technologist	Malaria Programme
66. Ms Zulisile Zulu	Chief Surveillance Officer	Malaria Programme

Essential Health Care Package for Swaziland

Name	Designation	Organization/Institution
67. Ms Zandi Dlamini	Grant Manager	Malaria Programme
68. Mr Themba Dlamini	Programme Manager	TB Programme
69. Ms Thobile Seyama	Radiographer	TB Hospital
70. Ms Dorcas Nxumalo	Nursing Sister	TB Programme
71. Ms Thobile Seyama	Radiographer	TB Hospital
72. Ms Sharon Maseko	Optometrist	Mbabane Government Hospital
73. Mr Joseph Matsenjwa	Environmental Health	Ministry of Health
74. Ms Bhekie Sibandze	Environmental Health	Ministry of Health
75. Mr Mathokoza Mndzebele	Environmental Health	Ministry of Health
76. Mr David Dlamini	Environmental Health	Ministry of Health
77. Mr Derrick Khumalo	Laboratory	Manzini
78. Ms Rosemary Ngwenya	Ophthalmic Nurse	Mbabane Government Hospital
79. Ms Liz Simon	Optometrist	Vision 2020
80. Ms Tengetile Kubheka	Programme Officer	PSI
81. Ms Mildred Xaba	School Health Nurse	School Health
82. Ms Sibeso Nkwilimba	Consultant	Crown Agency
83. Mrs Precious Dlamini	Programme Manager	Bilharzia
84. Mr David Schulman	Nurse Capacity Initiative Advisor	ICAP
85. Ms Thoko Ngwenya	Biomed	Mbabane Government Hospital
86. Mr Leonard Zwane	Biomed	Mbabane Government Hospital