General Circular No. 1576

My No. PE.13/86

Office of the Director General
of Health Services,
Inland Revenue Building,
P.O.Box. 513,
Colombo 2, 25 May, 1988.

To: All Officers-in-Charge of
Institutions

Duties of Supervising Public Health Inspectors attached to M.O.H./D.H.O. Offices

A Supervising Public Health Inspector -

01. Shall be responsible for all activities relating to environmental health and keep himself acquainted with all parts of his area by frequent personal visits.

02. Shall guide, lead and supervise the Public Health Inspectors in his area to carry out the duties in respect of :

(a) Environmental health with special reference to sanitation, latrine construction, food hygiene, housing, licensing of trades, meat inspection and hospital sanitation ;

(b) Control of Communicable diseases ;

(c) School Health ;

(d) Occupational Health including Estate Health ;

(e) Specialised Campaigns ;

(f) Health Education ; and

(g) Any other duties assigned to them.

By frequent inspections of Office and field work.

03. Shall submit reports of all supervisions carried out by him to the M.O.H./D.H.O. with his recommendation, and take follow-up action.

04. Shall assist in establishing cordial relations between the community and the P.H.I.

05. Shall assist M.O.H./P.H.I. in co-ordinating activities with Local Authorities and other health related sectors.

06. Shall assist M.O.H. and P.H.I. in his area to carry out Health Surveys and prepare Health Survey/Review reports, and prepare a programme of work based on Surveys/Reviews.

07. Shall prepare an Advance Programme of work taking into consideration all health activities carried out in his area by P.H.I. and other health staff and work according to an approved programme.

08. Shall assist the M.O.H. in maintaining Maps, Charts, Records and Registers relating to Epidemiology and Statistics, Control of Communicable diseases, Environmental Health, School Health and Health Education, and records of any other relevant information required by the Medical Officer of Health/District Health Officer.

(more)

09. Shall attend Staff Conferences.

10. Shall attend local Conferences and any other Official meetings when called upon to do so by his Superior (Supervising) Officer.

11. Shall assist in organising programmes on Health Education and in the training of Health Volunteers.

12. Shall participate in Community Health Projects and activities with the approval of the M.O.H./D.H.O.

13. Shall maintain his Office in a room in the Office of the M.O.H./ D.H.O.

14. Shall ensure that all reports and returns are received from P.H.II. on the due dates and prepare consolidated reports as required for transmission to the R/D.H.S.

15. Shall maintain his Diary up-to-date and ensure that P.H.II. of the area also do so.

16. Shall make recommendations regarding leave of P.H.II. in his area and ensure that suitable acting arrangements are made.

17. Shall maintain the following personal particulars in respect of all P.H.II. in his area :

a) Name ;

b) Official and Private addresses ;

c) Date of first appointment ;

d) Date of appointment to present station ;

e) Date of passing the Efficiency Bar Examinations, and Sinhala/ Tamil colloquial tests ;

f) Due date for sitting Efficiency Bar Examinations ;

g) Incremental date ;

h) Special Training.

18. Shall attend to any other duties assigned to him by the M.O.H./ D.H.O.

Duty Hours : Shall be from 07.30 a.m. to 04.30 p.m. with a Two hour lunch interval.

Administrative Procedures to be followed in the M.O.H./D.H.O. Office

01. All papers relating to environmental sanitation shall be submitted by the Clerk to the S.P.H.I. who should attend to them promptly and submit them to the M.O.H./D.H.O. with his recommendations for attention.

(more)

02. All representations relating to work and discipline made by P.H.II. to the M.O.H./D.H.O. should be made through S.P.H.I.

03. All Leave applications of P.H.II. should be attended to by the S.P.H.I. and submitted to the M.O.H./D.H.O. with his recommendations after ensuring that acting arrangements are satisfactory.

Please note that General Circular No. 294 of 04 July, 1963 is hereby cancelled.

Director (E & O.H.)

Sgd. Dr Joe Fernando
DIRECTOR GENERAL OF HEALTH SERVICES

Norman

Norman

Gen. Circular. 01 - 26/2006

Duty List of Public Health Midwife

01. Administrative requirements –

(i)Hours of duty –

During weekdays
8.00am to 4pm
(8.00am to 3.00pm – Field Work 3.00pm to 4.00pm- work in the office)
One hour can be taken off for lunch during working hours

During clinic days
7.30am to 3.30pm

Saturdays (Field or clinic activities)
8.00am to 1.00pm

Sundays and Public Holidays
Will be rest days. Should be ready for duty during non working hours if the need arises.

(ii) The PHM should be in uniform when performing official work.

02. Office

(i) The PHM should reside in her designated area of duty and should maintain her office at her place of residence or at a central place within her field. The official name board of the PHM should be displayed in a prominent place in front of her office.
(ii) Should be arranged in such a way that supervising officers can examine it.
(iii) The date, time and place of work scheduled on a particular day, should be indicated on the board displayed in a prominent place in her office.
(iv) Should maintain the office according to the instructions given during the training period and those given by the department from time to time. The instructions on office arrangement are given in Annex 1.

03. General activities

(i) It is the responsibility of the PHM to provide necessary health services to all sectors of the public (urban, rural, estate)
(ii) The PHM should provide a comprehensive service to all eligible families in her area conforming to instructions given by the department from time to time.
(iii) She should consider maternal and childcare and family planning as her main responsibility and should give special attention to those aspects during field visits and clinic work.

(iv) She should work very closely with organizations, community leaders, volunteers in her area and participate in activities organized by them at community level. She should give correct instructions and guidance for the activities organized by them after obtaining prior approval from the Medical Officer of Health.

(v) Should participate in monthly conferences, local conferences and in-service training programmes on relevant dates. Should also participate in special programmes when instructed.

(vi) Should engage in official work according to the approved advance programme. If a change is made to the advance programme, it must be stated in the relevant record along with the cause for the change.

(vii) She is responsible for maintenance of all equipment under her inventory. These should be kept in a clean manner and should be in working order. Any breakage or loss of items must be reported to the supervising officer through form Health form 818 and should follow financial regulation 102.

(viii) Records should be maintained according to the instructions given by the department and returns should be forwarded in time.

(ix) She should perform her duties under the supervision and guidance of the supervising team consisting of the Medical Officer of Health, Assistant Medical Officer of Health, Public Health Nursing Sisters, Tutor sisters in training centres, and Supervising Public Health Midwives.

04.Care of Eligible Families

(i) The PHM should identify the boundaries of her area, population and target groups, institutions, resources available, community leaders, by conducting a survey within 6 months of her appointment to the area.

(ii) She should register all eligible families as early as possible (soon after marriage) and provide necessary care conforming to departmental instructions once they are identified (Annex 2 should be used for this purpose).

(iii) All eligible families should be visited by PHM at least **once in six months**. Their health needs must be identified and necessary advice given. Accordingly, the data pertaining to records and returns should be updated.

05. Antenatal Care

(i) The PHM should gather information on women who are newly pregnant and take action to register them early and provide necessary antenatal care as soon as the pregnancy status is known. Should provide necessary knowledge to the spouse and family members and discuss about the care that the pregnant mother should receive with them.

(ii) On Saturdays, priority should be given to provide care to working mothers.

(iii) Antenatal care should be given conforming to the instructions received during training and those given by the department (relevant instructions are given in Annex 03).

(iv) Pregnant mothers who are at risk must be correctly identified and referred to specialized services through MOH or Heads of Institution. These mothers should be provided with special care.

06. Intra natal care

(i) Every mother should be prepared for a hospital delivery. She should ensure that no planned home deliveries take place in her area. In instances where she is called upon for a home delivery, she should attend to it immediately and provide necessary emergency care.

(ii) If a danger sign is detected in the mother or the newborn, she should straightaway refer the mother to the hospital.

(iii) In case of an emergency she should accompany the mother to the nearest hospital having basic obstetric facilities. In such an occasion she is entitled to obtain the services of an ambulance from the nearest hospital or to hire a vehicle, the expenses for which can be claimed from the government.

(iv) The mother should be made aware of the need to initiate breastfeeding as soon as the baby is delivered (within ½ hour) and it is the responsibility of the PHM to promote breastfeeding among newborns (guidelines are given in Annex 04).

07. Post natal Care

(i) Postnatal care takes a prominent place among her duties. She should give prominence to provision of good quality care to post natal mothers.

(ii) All mothers should be given postnatal care conforming to instructions received during training and those given by the department from time to time (adhere to the guidelines given in Annex 05).

(iii) The equipment in her postnatal kit should be in good condition as per instructions given. If some items are not available action should be taken to obtain them from the MOH office from time to time.

(iv) The spouse and family members should be made aware of the care of the mother and baby and also regarding the danger signs.

(v) The mother and the new born should be examined regularly and referred to hospital early if there are any complications.

(vi) The mother and infant should be referred to the postnatal clinic at four weeks after the delivery.

08. Care of the Infant and Children

(i) All infants and preschool children (inclusive of those at children's homes, camps, day care centers and street children) should be provided with necessary care through field visits and clinics.

(ii) The new born should be registered in the Birth and Immunization Register as soon as possible. She should ensure that every newborn has received the Child Health Development Record.

(iii) She should adhere to the instructions on infant and childcare given in the Annex 06, when providing services to them.

(iv) Children needing special care and children with special needs should be identified and referred to the MOH. Such children should be followed up and given special attention.

09. School and Adolescent Health

(i) Should assist in School Health programmes when necessary.

(ii) She should assist the health team to follow up children detected with defects at the School Medical Inspection.

(iii) She should conduct awareness programmes for the adolescents living in the area along with the other health staff. The instructions are given in the Annex 07.

(iv) Special problems identified among school children during home visits, should be referred to the MOH for necessary care, eg: children who are not attending school, children with special needs, children with chronic health problems.

10. Family Planning

Individuals in need of family planning services should be provided with necessary education and counseling or they should be referred for such services.

(i) Individuals with unmet need of family planning should be correctly identified in the community and they should be encouraged to use a FP method by giving necessary advice and counseling.

(ii) Subfertile couples should be identified, advised, educated on proper action to be taken and referred.

(iii) Should provide family planning services according to the instructions stated in Annexure 08.

(iv) Women who are at risk of unwanted pregnancies should be identified (as they are more prone to face abortions and post partum complications) and pay more attention to them when providing services.

11. Clinic activites

PHM should participate in clinics conducted by the institutions (DH, RH) and field clinics providing maternal and child health services.

(i) Preparation of the clinic in her area should be done on the day prior to each clinic day. When the clinic is conducted in an institution, the area PHM should give necessary assistance to the institutional health staff.

(ii) Clinic activities should be carried out according to the instructions given during the basic training and guidelines issued by the department from time to time (Instructions for clinic activities are stated in Annexure 09).

12. Well woman clinic activities

(i) Should assist the staff in well woman clinic activities in the area.
(ii) Target groups for well women clinic services should be identified correctly and referred to the clinic by the PHM.
(iii) Instructions on WWC services are stated in Annex 10 and in the Well woman clinic hand book.

13. Other activities

(i) Should help the supervising officers in the investigation of maternal deaths occurred in her area.
(ii) Supervising officers should be informed of all maternal deaths, infant deaths, child deaths and still births of her area. It is the duty of the PHM to investigate infant & child deaths when there is no PHNS/SPHM in that particular area.
(iii) Community should be educated on childhood diarrhoeal diseases and respiratory diseases and in such instances parents should be educated on actions to be taken. Necessary referrals and follow up should also be done.
(iv) Community should be educated on control of reproductive tract infections during home visits and at clinic sessions (eg. HIV)
(v) Community should be advised and made aware on the control of communicable diseases.
(vi) In the event of any notifiable disease MOH/PHI of the area should be informed.
(vii) Community should be educated on prevention of non-communicable diseases through adopting a healthy life style.
(viii) Community should be educated on oral health and they should be made aware on the maintenance of good oral hygiene.
(ix) PHM should participate in health promotion programmes organized in her area.
(x) Should advice and guide the families and community in matters related to personal hygiene and environmental health (which could have an impact on the health of the family) during home visits and in other possible circumstances.

Any other duty related to the service assigned by the head of the institution or line ministry/ provincial health authority should be carried out by the officer concerned. Hereby the duty list released prior to this is cancelled.

DDG (PHS) 7

DGHS

Instructions on office maintenance

Annex 01

a. **Items to be displayed on the wall**

i. Certificate of efficiency of the PHM and Certificate of Registration as a PHM
ii. Certificate of efficiency in Immunization
iii. Map of the area (GN divisions should be marked separately, eligible families and population should be mentioned for each village)
iv. Monthly advanced programme approved by the MOH
v. Vital statistics and MCH/ FP service indicators, targets, and percentage achievement
vi. Emergency cards (with the signature of the officer and the supervising officer)

b. **Items to be kept on the table**

Registers/ records/ books should be kept in such a way so that they are accessible to the supervising officers for inspection.

i. Diary or the Note book of PHM (H 511); should be taken during field visits
ii. Eligible family registers (H 526) should be updated every 5 years
iii. Pregnant mothers register (H 513)
iv. Birth and Immunization Register EPI3/79 (to be maintained in the office for a period of 14 years)
v. Family Planning Monthly record (H 1200)
vi. Expected dates of delivery register (H515)
vii. Consumables register
viii. Inventory register and departmental guidelines
ix. Visitors book
x. A book to record deviation from Advance programme (At the end of each month this should be signed by the supervisory officer)
xi. Other necessary records
xii. File for special activities

c. **Records/cards/equipment**

i. Pregnancy records A and B
ii. Post partum cards for a 3 month period
iii. Daily record of the PHM H 532(Can be discarded after a year)
iv. Monthly record of the PHM (H 524) (to be kept in the office for 5 years)
v. FP field records H 1154 (to be arranged by each village & method of FP separately)
vi. CHDR (B portion)
vii. All new cards (relevant ones)
viii. Delivery kits, post partum kit, urine examination kit
ix. Health education material, family planning commodities (pills, condoms)

All the registers, records and cards should be maintained according to the departmental instructions.
At the end of each month, the monthly statement of work of PHM and family planning monthly return should be forwarded to the office of the MOH before 5th of the following month.

Instructions on the care of eligible families

Annex 02

i. 'Identification of all eligible families in her area as early as possible and provision of due care to the both the wife and the husband is the primary responsibility of the PHM.
ii. Identifying the newly married couples immediately after marriage and providing them with necessary care in the pre pregnancy state is a main function of the PHM. eg: provision of family planning services if there is a necessity to delay the 1st pregnancy, identifying any chronic medical diseases (eg. heart disease, epilepsy) and referring for treatment, folic acid supplementation when planning for pregnancy, assessing the BMI and giving necessary advice, immunizing with rubella vaccine for those who have not being immunized.
iii. Should refer anemic mothers to the MOH for its correction.
iv. All eligible couples should be visited at home every six months and their service needs identified properly. The eligible family registers should be updated accordingly.

Instructions for ante natal care

Annex 03

Early identification of all pregnant mothers (both married and unmarried) and provision of good quality field and clinic based care is the responsibility of the PHM.

i. As soon as the pregnancy state is identified the pregnant mother should be registered at home and referred for clinic care. Should discuss about the care a pregnant mother should receive with husband and family members .
ii. Both the husband and the wife should be made aware on Early Childhood Care and Development during the antenatal period.
iii. At the time of registration mothers should be informed on the dates that they should visit the clinics and ensure that they attend the clinics on due dates. Mothers and her family members should be educated on the importance of regular clinic attendance. Mothers who do not attend the clinic should be followed up.
iv. Special attention should be paid to high risk pregnant mothers and more home visits to be done for these mothers. Also they should be referred for specialist care (clinics/institutions) through the MOH and family members should be made aware of these risk conditions. If a mother with a life threatening condition is identified measures should be taken to admit her to the hospital.

v. Should ensure that pregnant mothers who do not have any risk conditions visit the ante natal clinic as follows –
   i. 1st visit – as early as possible in the pregnancy
   ii. 2nd visit – at 19 weeks
   iii. 3rd visit – between 30 – 32 weeks
   iv. 4th visit – between 38 – 40 weeks

vi. Must ensure that all pregnant mothers are protected with tetanus toxoid as in accordance with the EPI schedule also the blood group, haemoglobin and VDRL testing have been done during pregnancy for all mothers.

vii. Group classes should be conducted for ante natal mothers according to a schedule and they should be educated on essential care during pregnancy.

viii. On Saturdays special attention should be paid for working mothers during field and clinic activities.

Instructions for intra natal care

Annex 04

i. PHM should ensure that all pregnant mothers under her care plan for institutional deliveries and receive trained assistance at delivery. She should discuss with the mother and family members regarding the natal care and plan for the delivery and document it in the pregnancy record.

ii. The delivery kit should be kept ready at all times in case of being called to attend a home delivery. Must ensure that sterile dressings and equipment are in proper order in the kit and sterile procedures are followed during the delivery.

iii. If a complication arises she should take necessary action to provide emergency care for both the mother and the newborn.

iv. Before leaving the place of delivery must ensure that both mother and the baby are well and in good health. Necessary instructions should be given to the mother, her husband and family members on post natal care.

v. All pregnant mothers should be educated to inform the PHM immediately after the delivery through the husband/ family member/ health volunteer.

Instructions for post natal care

Annex 05

To ensure quality post natal care for all mothers the following must be adhered to:

For a home delivery home visits should be performed as follows
- First visit during the 1st 3 days after delivery
- Two visits during the 3rd – 10th day
- One visit during 11th – 28th day
- One visit around 42 days (between 38 and 46 days)

For an institutional (hospital) delivery
- First visit during the 1st 3 days after delivery
- Second visit during the 3rd – 10th day

- Third visit during 11th – 28th day
- Forth visit around 42 days (between 38 and 46 days)

During the post natal home visit mother and the baby should be examined properly and necessary instructions/ guidance should be given.

Mother

i. Mother should be given practical support to breastfeeding and ensure that breastfeeding is established successfully.
ii. Mother should be thoroughly examined (including the vaginal examination)
iii. Special attention should be paid to detect possible post natal complications.
iv. Should educate the mother, husband and other family members on post partum depression and other common complications.
v. Should instruct mother on proper nutrition during puerperium.
vi. Should educate working mothers on maternity benefits including maternity leave and facilities for breast feeding.
vii. Should counsel them on family planning methods and provide necessary services.
viii. PHM should be able to build the confidence of the public as the best person capable of giving post natal care to the mother and the baby in the community.

Neonate

i. Neonate should be examined carefully for any abnormalities
ii. Should examine the newborn for umbilical sepsis
iii. Should guide the mother for breast feeding, bathing and routine caring for the baby
iv. Should refer babies with any abnormality/ complication to the nearest medical institution and keep the MOH informed about such circumstances.
v. Should ensure that all babies are exclusively breastfed during the first 4-6 months of life.
vi. Should give necessary advice to the husband and family members on care needed for mother and newborn.
vii. Should ensure that all births are registered in her area without a delay.

Instructions on care of infants and children

Annex 06

The following guidelines should be adhered to in order to provide proper care for all infants and pre school children in the area.

i. Home visits should be done at least once a month for infants, once in two months for pre school children between 1 – 3 years of age and once in three months for 3 – 5 year old children.
ii. Should educate parents and other family members on correct breast feeding and complementary feeding practices and ensure that advices are properly carried out.

iii. Should monitor the growth of babies, once a month during the first 2 years and once in 3 months from the 3rd year up to 5 years. The weight of the children who are underweight should be monitored once a month and necessary interventions should be carried out. If the nutritional status is not improved even after interventions they should be referred to the MOH and be followed up regularly. Whenever the weight is measured and documented, the mother, father and family members should be educated on the status of growth and necessary nutritional advices be given. Special attention should be paid for children who do not come for regular weighing and measures should be taken to weigh them regularly.

iv. Field weighing centres should be organized at village level under the guidance of the supervising officers and proper functioning of these centres ensured according to the pre-planned schedule.

v. Developmental milestones during infancy and childhood should be properly monitored and documented; parents and family members should be educated. The children with problems need to be detected early and referred.

vi. Should educate the parents and family members on psychosocial development and other needs of children during early childhood. Assist them to fulfill those needs and follow them up in the field. Should educate, help and guide the care givers to provide home centered care for optimum psychosocial development of the child.

vii. Should take measures to update Child Health Development Record and maintain accurate data on infant and child care and forward the returns to the MOH timely.

viii. Should identify children with home risk factors, children who are vulnerable to child abuse and having risk factors for home accidents. Should discuss with the heath team / supervising officers on possible interventions and implement them under their guidance.

ix. During home visits should inquire about the availability of safe water, sanitary facilities and personal hygiene.

x. Home risk conditions should be identified early and necessary interventions be carried out. Such families should be given priority and follow up actions should be taken. The assistance of health team may be sought when required.

xi. Children who need special care (children with special health problems) should be identified as early as possible and referred for necessary treatment and social services through the MOH. These children should be followed up frequently in the field.

xii. Should take measures to provide age appropriate immunization and vitamin A mega dose supplementation and maintain relevant records accordingly.

xiii. Should actively participate in control programmes on diarrhoeal and respiratory diseases in the community.

xiv. Should follow up immunized children to detect AEFI and refer them accordingly.

xv. Should evaluate the health and nutritional status of children under five years and take measures to improve the situation.

Instructions on care for school children and adolescents

Annex 07

i. During home visits should attend to the needs of adolescents and provide necessary care and refer appropriately for services.
ii. Should identify young children with reproductive health problems and take necessary measures as required.
iii. Pay attention to adolescent health problems specific to different geographical settings and necessary actions should be planned and implemented with the help of the health team.
iv. Should support the health team by following up children detected with health problems at school medical inspection. Ensure that the parents have taken measures to seek treatment and necessary guidance should be given in such occasions.

Instructions on family planning services

Annex 08

It is the responsibility of the PHM to identify the need for family planning services among her eligible families and to provide the necessary services and counseling. In addition to this should identify any other people in need of FP services, educate and direct them for FP services.

i. Should identify needs and refer them to family planning clinics (field and institutional).
ii. Should follow up new acceptors of family planning according to the current guidelines, assess the side effects and refer for necessary action or treatment.
iii. Should distribute oral pills and condoms to the clients in the field. For condom users she should demonstrate the correct technique using the specific model.
iv. Should educate on family planning methods during home visits and clinic sessions, using flash cards and health education materials.
v. Should correctly identify the families with unmet need for FP and encourage them to accept methods after counseling.
vi. The needs of working women and women who are not in frequent contact should be provided with necessary services depending on their needs.

Instructions on clinic management

Annex 09

The PHM is responsible for the MCH/FP clinic situated within the boundaries of her area. In addition to this, the she should participate in all clinics attended by mothers and children living in her area and also the vacant areas covered by the PHMM. The clinic should be prepared on the day before and should be open for the public by 8.00 a.m. on the day of the clinic.

i. Should conduct health education talk / discussions/ demonstrations according to the previously prepared health education plan. The topics should be decided based on the prevailing health problems and current programmes.

ii. Should assist the officer conducting the clinic and extend the fullest cooperation.

iii. Should conduct immunization activities as per guidelines given and the current immunization schedule. Before giving vaccines, should thoroughly examine the vaccine vial and ensure that they are in good quality. Sterile procedure should be followed in immunization procedures.

iv. At the end of the clinic session, should document all clinic activities in relevant records as instructed. Should arrange the health centre in proper order once the clinic session is over and plan for the next clinic session.

Instructions on Well woman clinic services

Annex 10

i. It is the duty of the PHM to refer all women living in her area in the target age group to well woman clinic services through appointments. She should educate women on self breast examination and services available in WWCs.

ii. Should organize the clinic activities as a team comprising all staff members. Should extend necessary support to the officer conducting the clinic.

iii. Should follow up those women who were found to have health problems and ensure that they have gone for treatment as referred. Should inform the MOH regarding those who don't comply with instruction.