

Guideline on Model Maternal, Child Health & Family Planning Clinic

1. Introduction

A guideline for MCH/FP clinics has become a timely necessity to regularize the services and to improve the quality of services provided through the numerous maternal & child health and family planning clinics in each MOH area and also to identify the need for new clinics if required.

2. Objective

Provision of quality services to clients through streamlining the existing maternal, child health and family planning clinic services in Sri Lanka

3. Preliminary considerations for starting a new clinic

Having a MCH/FP clinic centre per 3 Public Health Midwife areas or 10,000 draining population is considered as acceptable, but this may change depending on the factors such as the total population of the area, the land area, transport facilities, distribution of clinics within the MOH area and other relevant factors. The final decision of establishing a new clinic centre should be arrived at after discussing with the Regional Director of Health Services and the district MCH team led by the Medical Officer - Maternal and Child Health.

The new clinic building should be constructed in accordance with the plan approved by the Ministry of Health and Family Health Bureau (on 11.03.2005). If an existing building is being renovated this should be done according to the said plan. Adjustments can be made to the plan if necessary; e.g. depending on the number of clients the waiting space can be made large/small accordingly.

3.1 Factors to be considered when selecting the location to build a new clinic centre

The following criteria should be fulfilled;

- Government owned land
- Public transport facilities
- Electricity
- Water supply
- Central location (this is subjected to change depending on the terrain)

3. Types of clinics

Clinics such as antenatal, child welfare, family planning, post natal, newly married couple, well woman, nutrition, adolescent, development clinics etc can be conducted.

These can be conducted either as single, combined, poly or special clinics.

- Single clinics – provides services for a single type of clients
 - E.g. Antenatal Clinic
 - Child Welfare Clinic
 - Family Planning Clinic
 - Post Natal Clinic
 - Clinic for Newly Married Couples
 - Well Woman Clinics

- Combined – provides services to two types of clients
E.g. Maternal + Child
Maternal + Family Planning
Child Welfare + Family Planning
- Poly clinics – provides services to more than two types of clients
E.g. Maternal + Child + Family Planning
- Central Clinic
- Special Clinics
E.g. Nutrition Clinic
Child Development Clinic & Clinic for Children with Special Needs
Clinic for Newly Married Couples
Adolescent Clinic

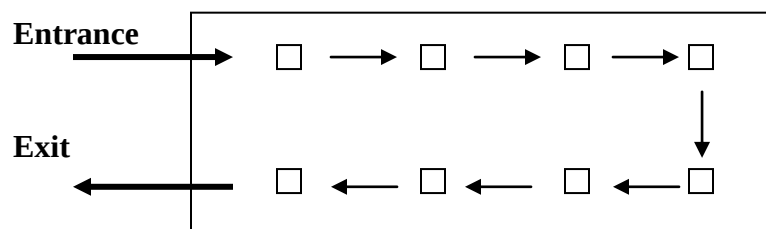
Poly clinics are considered more effective even though clinics can be conducted as single or combined. For a quality service provision the number of clients attending the poly clinic should be around 20-40 antenatal mothers, 30-40 under 5 children and 30 family planning clients.

During a clinic session it is the responsibility of the health care staff to provide all the services that can be provided by that particular clinic type. In a combined or poly clinic the clients should be given appointments to attend the clinic; e.g. May give appointments for 7.30 a.m. for antenatal mothers, 10.00 a.m. for children under 5 years of age and 1.00 p.m. for family planning services. Within a single category of clients also the different groups (e.g. first visit antenatal mothers & follow up visits) can be given different times to attend the clinic. This will minimize the duration of stay in the clinic for the service recipient thus improving the quality of service provision. It is important to provide all the services a client needs within a maximum period of two hours.

The service provision areas of the clinic should be arranged in a sequential manner to facilitate the service recipients to move from one place to the next to obtain services easily.

E.g. In an antenatal clinic,

Entrance → Registration → Health Education → Basic Clinical Investigations → Medical Examination → Counselling → Immunization → Issue of drugs/Thripasha → Exit



05. Conducting clinics

5.1 Field Clinic – should be conducted at field level in a suitably located centre, the selection of which should be in accordance with instructions given in section 04.

5.2 Central Clinic – Every MOH area should conduct a Central Clinic every Saturday and all the services should be provided through this central clinic (maternal, child welfare, family planning, post natal, newly married couple, well woman, examination and referral of school children referred to the central clinic etc.). It is most suitable to conduct the central clinic in the MOH Office but depending on the requirements of the area and the ease of access for the service recipients it can be held at a different location.

5.3 Hospital Clinic

It is mandatory that all the clinics mentioned under section 04 (except special clinics such as the central clinic, nutrition clinic etc.) should be conducted in all primary care hospitals. All such hospitals should conduct a separate Family Planning Clinic as well (refer to letter by DGHS numbered FHB/FB/01/2015 and dated 11.08.2015).

It is the responsibility of the Head of the Institution to ensure that these clinics are conducted according to the instructions given. Institutional health staff; i.e. medical officers, registered medical officers, nursing officers, hospital midwives, should participate in these clinics. Public health midwives of the areas draining to the hospital clinic should also participate actively in conducting these clinics. All the staff should always be updated on departmental circulars and guidelines.

The responsibility for clinic equipment (including surgical instruments) should be with the hospital staff. In places where this is not happening, the MOH should take steps to delegate this responsibility to the Heads of Institutions. For further details please refer to Gen. Circular no. 02-85/2014. The hospital should provide supportive staff to the clinics.

In primary care institutions manned by only a single Medical Officer or an Assistant Medical Officer, out patient services should not be provided on the day of the clinic and instead, the MCH/FP clinic should be conducted (refer General Circular No. 1353 dated 03.12.1984).

Further instructions on conducting MCH/FP clinics in hospitals can be obtained from Medical Officer - Maternal & Child Health. Hospitals with medical specialists do not fall into this category.

6. Clinic name board

The name board should be prepared according to the departmental instructions and displayed in a prominent place. The phrase 'Maternal and Child Health Clinic' should be displayed clearly in all 3 languages. If the clinic centre is not located by a main road, a direction board to the clinic should be displayed by the main road.

7. Frequency of clinic sessions

Each clinic should be conducted every fortnight at the least. It is **mandatory** to conduct the Central Clinic each Saturday.

The Family Planning Clinic should be conducted daily in institutions which have specialist care services and weekly in other institutions.

Annual clinic schedule should be displayed in the clinic from the beginning of the year.

8. Clinic opening hours and service provision

7.30 a.m. The clinic should be opened for service recipients at 7.30 a.m.

7.30 a.m. – 3.30 p.m. Service provision hours

9. Services offered

- Maternal care
- Postnatal care
- Child care
- Reproductive health services
- Well woman clinic services
- Services for newly married couples
- Nutrition related services
- Health education and counseling

In addition to the above, the following services also can be offered.

- Counselling
- Services for school children
- Services for adolescents
- Premarital counseling and pre conception screening
- Other services related to primary health care

Every clinic centre should have an outdoor and an indoor play area. The play areas should be conducive to promote psycho social stimulation of the children. Swings, seesaws and mat slides are suitable for these play areas. Children's safety should be considered during the construction and maintenance of the play areas. When clinic garden has no space for this purpose an indoor play area should be established. Low cost play material can be kept in the play areas. These items can be entered in the Consumables Register of the MOH office (Parents can also be encouraged to bring a play material when attending the CWC).

Community support should be mobilized to construct and maintain the play area so that the community will come to regard it as an asset to them and thus be responsible for its maintenance (community ownership).

10. Responsibility for conducting clinics

The primary responsibility of ensuring that field/institutional MCH/FP clinics within the district are conducted according to departmental instructions lies with the Regional Director of Health Services. The MOMCH is responsible for providing technical support to the RDHS in supervising the quality and standards of the clinics. Within the MOH area MOH is responsible for the management and supervision of field clinics.

Head of the Institution is responsible for the MCH/FP clinic management and supervision within the institution.

11. Clinic Management

The responsibility for clinic management and service provision lies with the MOH/ Head of the Institution/ Medical Officer conducting the clinic.

MOH should prepare a clinic schedule to regularize clinic management in the MOH area with the support of the Public Health Nursing Sister and other supervising officers and display in the MOH office for the information of all the officers concerned.

In order to facilitate proper clinic management, every clinic and the services provided should be supervised in a very comprehensive manner. “Tools for supervision of Public Health Midwife” can be used as a guide for this. To provide a service of good quality all equipment used in the clinic should be functioning properly. These should be inspected frequently during supervisions and corrective measures should be taken as immediately as possible; measures should be taken to replace the irreparable equipment with new/functioning equipment.

The discarded/condemned items should be removed once a year adhering to departmental regulations.

The safety of the clinic premises should be ensured. The community is also responsible to arrange cleaning campaigns and other activities with the support of the health care staff and the community members.

11.1 Clinic duty roster for PHMs

Unless there is a valid reason for alternative arrangement, the PHM who is in charge of the PHM area to which the clinic belongs should act as the in charge PHM for the clinic.

The roster should be prepared in such a way so that the clinic duties are assigned equally among all the PHMs (Please refer to e.g. given below).

All PHMs assigned for clinic duty should refrain from taking leave on clinic days. When obtaining leave the supervising officer should approve the leave only after ensuring that another officer is appointed to cover up the clinic duties so that the clinic duties are not interrupted. Even when applying for leave in an emergency, the leave should be approved only after appointing an officer to cover up duties.

The number of PHMs who should participate per clinic session can be decided based on the number of clinic attendees. (Service of 03 PHMs may be adequate for the average clinic but this may change according to the requirements of each clinic).

An example of the duty roster is given below. This may be modified according to the clinic requirements.

	Services of a poly clinic	Jan		Feb		Mar		Apr						Dec	
		1	2	1	2	1	2	1	2					1	2
1	Clinic preparation on the day before (including sterilization)	A	A	A	A	A	A	A	A					A	A
2	- Registration of antenatal mothers/ postnatal mothers/ children/family planning clients etc. - Issuing numbers - Measuring length/height - Measuring weight - Recording / Issuing Thripasha	B	A	C	C	B	A	B	A						
3	Health education / testing urine/ Hb testing	A													
4	Assisting in medical examination	C													
5	- Immunization/ Injections - monitoring for AEFI - Giving vitamin A mega dose & deworming treatment etc.	A													
6	- Issuing drugs, family planning commodities etc. - Giving date & time for next clinic visit	B													
7	- Updating the clinic records & registers - Ordering surgical items, vaccines, drugs, stationary etc. for the clinic	C													

PHM of area A/ Institutional Midwife

PHM of area B

PHM of area C

11.2 Annual health education plan

Health education activities should be conducted in every clinic session; group education or individual. Group education should be well planned and conducted according to a pre planned schedule for the different target groups.

A list of topics for health education should be available in the clinic and the PHM/s responsible for a particular day's health education session should identify the assigned topic before hand and prepare for the session well in advance.

- Relevant health education materials should be used.
- Different health education methods should be employed.
- The session should be conducted in simple language that suits the locality.
- The session contents should keep up with the present day requirements

The details of health education session should be entered in the relevant registers; e.g. H 518.

In addition to the planned session, health education should be given at individual level also as and when necessary.

12. Prior preparation of the clinic

The PHM in whose area the clinic is situated (or any other PHM assigned for the duty) should prepare the clinic. The afternoon of the day before the clinic session should be used for this activity. The field health assistants if available should help the PHM to carry out clinic preparation (e.g. cleaning of the premises). The prior preparation of the institutional clinic is the responsibility of the institutional midwife. The supportive staff of the hospital should be employed in this activity; e.g. for cleaning the premises.

13. Immunization

During the clinic session all relevant vaccines (in the immunization schedule) should be given. The vaccines should be given even if a child presents after the recommended age (for further details please refer to Handbook on Immunization).

In case of a child failing to get the vaccine on that particular day, the child should be given an appointment for the next clinic session or the central clinic for that vaccine. If a child who belongs to another area presents for a vaccine the required service should be offered and then referred to the relevant clinic for the next vaccine.

14. Cold Chain

The cold chain should be maintained according to departmental instructions from point of the MOH office to the service recipient and from the used vaccines back to the MOH office. The records on cold chain monitors should be maintained as recommended.

15. Infection Control

All surgical instruments used in the clinic should be 100% sterilized. The staff should pay special attention to infection control measures including hand washing. All the items that are discarded during a clinic session should be discarded according to the instructions given for that particular item; e.g. used syringes to be put into safety boxes and the boxes should be discarded in the recommended manner. At the end of the clinic session all the instruments and the clinic premises should be cleaned according to the infection control instructions.

The condemned items should be discarded according to departmental instructions given (General Circular No. 01/36/2009 dated 01.10.2009).

16. Maintaining clinic records & returns

- Clinic attendance register H 517
- Clinic immunization register H 1216
- Register for AEFI
- Pregnancy records - H 512 A & B
- Child Health & Development Record A & B portions
- Family Planning Monthly Return - H 1200 A
- Family Planning Clinic Return - H 1153
- Family Planning Client Record – H 1155
- Clinic summary – H 518
- Well woman clinic register
- Well woman clinic record
- Request form for PAP test
- Nutrition Clinic Register
- Quartely MCH clinic Record – H 527
- Thriposha Return
- Consumables Register
- Vaccine Return
- Clinic Supervision Reports
- Visitors/Supervising Officers Book
- Other relevant documents

17. Clinic supervision

RDHS has the administrative authority to supervise all the clinics in the districts which includes both institutional and field clinics. The MOMCH should provide technical assistance to RDHS to supervise the quality and standards of the clinics. The district supervision team includes the MOMCH and the Regional Supervising Public Health Nursing Officer.

The management and supervision of the field clinics within the MOH area should be carried out by the MOH supported by the MCH supervising officers of the MOH area (AMOH, PHNS, SPHM).

The management and supervision of hospital clinics is the responsibility of the Head of the Institution and for the supervision of field clinics conducted within the institution the support of the MOH supervisory staff should be obtained.

Note: PHNS or SPHM need not attend institutional clinic on a regular basis for service provision but should conduct supervision of these clinics.

Supervising officers should supervise all the activities of a clinic. The “Tools for supervision of Public Health Midwife” can be used as a guide for this purpose.

Functions/Activities of a clinic

For further information on clinic activities please refer to the relevant circulars and guidelines. A summary of activities is given below.

Functions common to all clinics

Function	Officer to carry out the activity
Prior preparation of the clinic	PHM*
Welcoming the clients	PHM*
Issuing numbers	PHM*
Registration	PHM*
Selecting client records	PHM*
Health education	PHM*
Issuing micronutrients/thriposha	PHM*
Giving next clinic appointment	PHM*
Updating records and returns at the end of the clinic session	PHM*
Cleaning clinic premises at the end of the clinic session	PHM*/ supportive health staff/ volunteers
Clinic supervision	MOH/AMOH, PHNS, SPHM

* Can get the support of PHI where relevant.

Specific functions

Antenatal clinic	
Functions	Officer to carry out the activity
Antenatal classes	PHM
Weighing and measuring height, plotting in the weight gain chart, calculation of BMI, testing urine	PHM
Examining antenatal mothers (including checking blood pressure) and entering relevant notes.	MOH/AMOH, MO.
Interventions for mothers with problems: treatment, counseling. Referral for specialist services.	A medical officer should conduct the clinic at all times and in instances where this cannot be done due to official commitments RDHS should be informed of this and relevant activities can be delegated to the PHNS.
Blood drawing for Grouping & Rh and VDRL tests when PHNS is not available	
Taking blood samples for Blood Group & VDRL test	PHNS
Checking blood sugar and Haemoglobin, giving injections and providing necessary information on these to mothers	PHM

Postnatal clinic	
Functions	Officer to carry out the activity
Measuring the weight and head circumference of infants and plotting in charts. Analysis of postpartum mental status of mothers using EPDS and referring them to MOH when required.	PHM
For the mother – Monitoring and evaluation of field postnatal care. Identifying any problems not detected by PHM. Counseling on family planning and provision of family planning services. Medical examination of postpartum mothers (including measurement of BP) and entering relevant notes. Follow up of antenatal & post natal morbidities For the child – Complete medical examination of the baby. Assess breastfeeding, identify and solve problems. Assess the growth and development of the child. Provide treatment/ advices/ referrals if needed.	MOH/AMOH, MO. A medical officer should conduct the clinic at all times and in instances where this cannot be done due to official commitments RDHS should be informed of this and relevant activities can be delegated to the PHNS.

Child welfare clinic	
Functions	Officer to carry out the activity
Selecting CHDR B portions	PHM
Weighing all children who come for vaccination and the children who were not weighed for that particular month, measuring length/height of relevant age groups, recording the measurements and plotting in the graphs, identification of problems and providing interventions, directing children with problems to MOH	PHM
Assessment for achievement of developmental milestones and stimulation	PHM
Medical examination of infants, young children and pre school children (at 1, 2, 4, 6, 9, 12 & 18 months and at 3, 4 & 5 years). Interventions for children identified with problems. Medical examination of referrals from the field and referring them for specialist care as and when necessary.	MOH/ AMOH, MO. A medical officer should conduct the clinic at all times and in instances where this cannot be done due to official commitments RDHS should be informed of this and relevant activities can be delegated to the PHNS.

Inquiring after AEFI following the previous vaccines (AEFI monitoring), Vaccination Giving necessary advice Maintaining records	PHM
Issuing drugs Issuing Thripasha, multiple micronutrient sachets, deworming treatment	PHM
Arrange play activities for children who are waiting to obtain services so that their psycho social development is enhanced	PHM/ volunteers

Family Planning Clinic	
Functions	Officer to carry out the activity
Selecting FP records and updating records, weighing	PHM
Health education and counselling	PHM
Providing family planning services Injections – DMPA/OCP/ condoms Advice/counseling when required	PHM
Medical examination of FP new acceptors Medical examination of FP modern method users annually Checking blood pressure Providing relevant FP services and counselling -Inserting IUCD -Inserting implants (Jadelle) Referral for specialist medical services Advice/counseling when required	MOH/ AMOH, MO. A medical officer should conduct the clinic at all times and in instances where this cannot be done due to official commitments RDHS should be informed of this and relevant activities can be delegated to the PHNS.

Well Woman Clinic	
Functions	Officer to carry out the activity
Updating well woman clinic records/ issuing new WWC records to new comers	PHM
Health education / counselling	PHM
Checking urine for sugar, breast examination	PHM
Medical examination -Checking blood pressure -Breast examination -Vaginal examination -Taking PAP smear Referrals Advice when required	MOH/ AMOH, MO. A medical officer should conduct the clinic at all times and in instances where this cannot be done due to official commitments RDHS should be informed of this and the relevant activities can be delegated to the PHNS.
Arranging to send samples for cytology testing	MO/ PHNS, PHM

Nutrition Clinic (at MOH offices)	
Activity	Officer to carry out the activity
Record maintenance (Clinic attendance register – H 517, Nutrition Clinic Register, clinic note book of the client etc.)	PHM/PHI
Taking relevant measurements needed for nutritional assessment and recording them – weighing, measuring length/height, calculating BMI, plotting measurements in growth charts and making relevant notes (e.g. in the CHDR, pregnancy record, preconception care card of the client, school health record, clinic note book of the client etc.)	PHM/PHI
Medical examination to identify morbidities during the first clinic visit (and on subsequent visits as necessary)	MOH/AMOH
During the first clinic visit - Identifying the problem correctly - Interpretation of nutritional indicators - Examine investigation reports such as FBC, Hb and other relevant reports - Detailed history (including 24 hour dietary recall, physical activity recall, food security, 6 key care practices) - Deciding on the type of intervention needed, implementation of the interventions (including counseling), deciding the type of follow up needed and making relevant notes - Referring for specialized care as necessary - Prescribing treatment as and when required - Deciding on the date of next clinic visit and the future plan of management, making relevant notes on how the field follow up should be carried out. - Directing the client to the Public Health Nursing Sister-PHNS (or to Supervising Public Health midwife- SPHM in case of absence of PHNS) for arranging field follow up by informing relevant PHM/PHI. During the subsequent clinic visits also these activities should be carried out as above when indicated.	MOH/AMOH
Follow up at subsequent clinic visits - Assessing the results of the interventions carried out during the first visit - If no improvement is seen MOH/AMOH should assess the problems again and make necessary changes to the management plan and act accordingly. - If an improvement is seen direct the client to PHNS with specific instructions to carry out the next step in the management plan - Make relevant notes on the client's clinic note book on how the follow up at field level should be carried out. - Arranging for field follow up by informing relevant PHM/PHI - Discharging from the nutrition clinic the clients who have improved/ showing a good progress to be followed up at the relevant field clinic and instructing the clients on discharge.	MOH/AMOH PHNS as instructed by MOH/AMOH (when PHNS is not available SPHM)

Issuing nutrition supplements (such as Thripasha, micro nutrients etc) and deworming treatment as prescribed.	PHM/PHI
Issuing drugs as prescribed and maintaining drug balance records	PHNS/PHI
Giving appointments for next clinic visit, informing relevant PHM/PHI on necessary field interventions	PHM/PHI
Updating all the clinic records including the Nutrition Clinic Register and the clinic summary at the end of the clinic session	PHM/PHI
Entering nutrition clinic data into the Health Management Information System (HMIS)	

Summary of clinic activities

Officer	Functions
MOH/AMOH/DMO /RMO/AMO	Responsible for conducting the clinic. Carrying out the medical examination and other relevant clinic services in accordance with the departmental circulars Referring for specialist medical services Clinic supervision
Public Health Nursing Sister / Supervising Public Health Midwife	Clinic management, Clinic supervision, PHNS is responsible to conduct the clinic when a MOH or a medical officer is not available to conduct the clinic. SPHM is responsible for this when PHNS also is not available.
Public Health Midwife	All activities in the clinic as stipulated by the duty list of the PHM and departmental circulars and guidelines issued on service needs.
Public Health Inspector	Member of the MCH clinic team. Should inspect the clinic environment and do the needful. Should assist in clinic activities when need arises; e.g. giving aTd vaccine, participating in the nutrition clinic for school children.
Supportive health staff	Should assist in clinic preparation on the day prior to the clinic; on the day of the clinic should assist in all the activities in the clinic.
Volunteers	Should assist in clinic activities.

(Please refer to Annex 1 for details).