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Ministry of Health

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Date) 15/06/2023

To: All Provincial Secretaries of Health
All DDGs of Ministry of Health
All Provincial Directors of Health
All Regional Directors of Health

Guidance on Identifying new Public Health Midwife (PHM) areas

Achievement of national health targets relies on the strength of the grassroot level health work force. Family Health Programme is implemented across multiple levels in the health system and lowest is the Public Health Midwife (PHM) area where many population level health interventions are implemented. In order to improve the quality coverage of public health services number of PHM areas need to be reviewed periodically.

Over the years, the anticipated service coverage improvement in newly demarcated PHM areas has not been observed. With economic downturn and the resulting consequences, the limited resources need to be utilized with maximum service efficiency. Due to the lack of streamlined process of getting adequate cadre for medical officer of health areas, there are frequent discrepancies between vacant PHM areas and cadre availability.

Family Health Bureau with the support of stakeholders has developed a guideline on identifying new PHM areas. We hope that this guideline will be used to identify new areas and improve service provision.


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S. Janaka Sri Chandraguptha,
Secretary,
Ministry of Health.

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Guideline on establishing new Public Health Midwife (PHM) areas

Family Health Programme is implemented across multiple levels in the health system and lowest is the Public Health Midwife (PHM) area where many population level health interventions are implemented. In order to improve the quality coverage of public health services number of PHM areas need to be reviewed periodically. The aim of this guideline is to streamline the process of identifying and establishing new PHM areas with minimal disruption to routine services.

The process of demarcating new PHM areas should follow the given steps.

1. Identifying a new PHM area

1.1 PHM area revision should be done only once in five years based on the actual requirement.

MOH should decide on re- demarcating his/her PHM areas for the improvement of service quality by reducing the total population assigned for a particular PHM.

1.2 Criteria to identify a new area

Population per PHM area should be approximately 3000. It could be adjusted according to population density, geographical terrain and availability of vulnerable groups. Once the above cadre is filled, reduce the population per PHM for 1500 in rural areas and 2500 in urban areas (refer guideline by Secretary, Health FHB/DIR/GF/2012 on criteria for deciding cadres of health staff for Public Health Services in Sri Lanka).

PHM area should not be less than one GN division and its boundary should overlap with one or more Grama Niladhari (GN) boundaries at all times. This will facilitate the administrative requirements, intersectoral coordination, interaction with other field officers and in monitoring mechanisms.

In exceptional circumstances, where the GN area population is larger than the expected PHM area population, a PHM area smaller than a GN area may need to be defined. At that point, the re-demarcation should be carried out based on the census block boundaries demarcated by the Dept. of Census and Statistics. (Definition of a census block: 2001 census report state that a unit smaller than a GN area;

comprising of around 60 housing units / other building units in rural sector and around 80 housing units / other building units in the urban sector. These boundaries are given in the census mapping process as a subunit of a GN area). The latter needs to be done in liaison with the Grama Niladhari of the respective area. Adjacent census blocks should be taken as a single PHM area and shall be given an appropriate name.

Medical Officer of Health should prepare a proposal for new PHM areas after discussing with the Medical Officer- Maternal and Child Health (MOMCH), Medical Officer- Planning (MO Planning), Consultant Community Physician (CCP) and Regional Director of Health Services (RDHS). It should include a situational assessment, anticipated benefit for the clients and to the service providers. A proposed new area map should be developed with proposed service delivery points and the population. Use the annexed format for this purpose.

2. Approval for the proposal

The completed proposal needs to be sent to the RDHS for further review. RDHS together with the CCP (district), MOMCH should review the proposal for new PHM areas. They should consider the availability of cadre provisions, vacancies in the district, ability to provide infrastructure for newly identified area, actual need for establishing new PHM area for service improvement and cost effectiveness. Consensus of the Provincial Director of Health Services (PDHS) should be obtained on the ability to gain human resources and infrastructure for the newly identified areas.

3. Obtain the cadre approval for new PHM areas

Newly identified PHM areas always need corresponding cadre approvals. RDHS team should include new cadre proposals for annual revisions of the PHM cadre and obtain approval from Provincial Health authorities and Management and Cadre Commission of the relevant province.

4. Declaration of the new PHM areas

Regional Director of Health Services shall declare new PHM areas only when cadre approvals are received. If a limited cadre approval is received for new PHM areas for the district, CCP (district / province) and MOMCH should assist the RDHS to develop a priority area list.

5. Functioning of a new PHM area

RDHS shall decide when to start functioning of new PHM areas depending on the availability of PHMM.

When a new PHM area is established and started functioning, immediately inform the Monitoring and Evaluation Unit, Family Health Bureau to include it in the e-RHMIS in a letter signed by the RDHS.

6. Essential activities in a newly established area

Once a new PHM area is declared, both the new area and the former area where it was a part before should be considered as “newly established” areas in terms of service provision. Following activities need to be done in both areas.

- Population survey and needs assessment
- Area map needs to be developed
- Obtain and complete new documents / returns and registers
- Identify and provide commodities for service provision and inventory items
- Review and revise service provision points – clinics, field weighing posts, new schedules, mother support groups
- Identify an office space in the new area (preferably in a central location) and communicate it to the public

7. MOH and supervisory officers should follow up the newly carved out PHM areas for the improvement of service delivery

- Review the progress of activities in new area
- Availability of infra-structure to field officers to provide services
- Increased supervisions until the services are established.

Annex 1

Proposal for new PHM areas

MOH area:.....

Year

Current situation:

	Estimated	Actual
Population of MOH area		

Availability of Health Care Providers in the MOH area

	Approved Cadre	Number of staff available	Vacancies as of (Date).....
Number of PHM areas			
Number of PHI areas			

Objective of the proposal:

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Justification:

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Proposed PHM areas:

Former area	New areas (include both areas)	GN divisions corresponding to new areas	Estimated Population of new areas	Corresponding PHI area

Annex the proposed area map – including present PHM offices, clinic centers, field weighing posts, schools and hospitals /PMCUs and other major landmarks.