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Ministry of Health
"Suwasiripaya"
Colombo 10.
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All Provincial Secretaries of Health
Provincial Directors of Health Services,
Regional Directors of Health Services,

Revised Duty List of Medical Officer - Maternal and Child Health (MO/MCH)

Medical Officer of Maternal and Child Health (MO/MCH) is the district level Programme Manager who is responsible to coordinate, supervise, monitor and evaluate Maternal, Child Health and Family Planning services in the districts. MO/MCH plays a pivotal role in guiding the district public health staff in achieving district and national MCH goals.

Scope of public health has evolved over time and responsibilities of the MO/MCH has been expanded accordingly. Hence, the change in the duty list was a timely requirement. Duty List of the MO/MCH was revised with the consultation of relevant stakeholders including MOO/MCH themselves.

Hereby, all Provincial and Regional Directors of Health Services are requested to adhere to the revised Duty List which is enclosed herewith.



Dr. Ajith Mendis
Director General of Health Services

Cc: Secretary/Ministry of Health
Add. Secretary/Medical Services – Ministry of Health
All DDGs
Director/MCH

Duty List of Medical Officers of Maternal and Child Health

1.0 Administrative requirements :

1.1 The Medical Officer Maternal and Child Health (MO/MCH) is a member of the district technical team and is responsible to the Regional Director of Health Services (RDHS) in respect of all Maternal and Child Health (MCH) Services.

Maternal and Child Health include following components

Maternal and newborn health

Child health including school and adolescent health

Family planning

Women's health

1.2 MOMCH should work under the technical guidance and directions of the Family Health Bureau for implementation of MCH services within the district.

1.3 He/she should maintain the office at the Maternal and Child Health (MCH) unit of the RDHS Office and the guidelines for office maintenance is given in Annex 1.

1.4 Hours of duty:

Weekdays - from 8.30 a.m. to 4.15 p.m.

Saturdays, Sundays and public holidays - off days

Should be prepared to work after duty hours and on off days as and when necessary.

1.5 MOMCH should work according to a monthly advance programme approved by RDHS and a copy should be sent to PDHS and Director / Maternal and Child Health before 25th of the preceding month.

1.6 Should maintain a diary according to instructions given by the Ministry of Health and submit to the RDHS before 5th of the following month

2.0 Planning

2.1 MOMCH should be familiar with the overall health services and particularly the current situation of MCH services within the district.

2.2 Should write a report on the status of MCH services in the district within three months of assuming duties and submit to RDHS, with a copy to Director/ MCH.

2.3 Should identify major problems in the district in relation to MCH services and prepare the district MCH development plan. The district MCH plan should be submitted to RDHS with a copy to the Director/MCH.

2.4 Should review the annual clinic schedules prepared by Medical Officers of Health (MOOH) and provide necessary guidance for efficient clinic management within the district.

3.0 Coordination

- 3.1 Should act as the focal point for Maternal and Child Health at district level and establish good coordination with Director and Consultants of the Family Health Bureau.
- 3.2 Should ensure a regular coordinating mechanism with PDHS, RDHS, other district level officers and heads of institutions (including line ministry) and divisional health staff. Should work in close collaboration with consultants and staff of specialized units of hospitals.
- 3.3 Should guide the MOOH and heads of institutions in planning and implementing MCH services in their divisions/institutions.
- 3.4 MOMCH should assist the RDHS in implementation of MCH services in estates.
- 3.5 Should advocate the relevant officers on issues related to Maternal and Child Health.
- 3.6 Should work in collaboration with other government departments, development partners and non-governmental agencies in respect of organization and implementation of MCH services.
- 3.7 Should ensure that regular district, zonal and divisional school health coordinating meetings are held for health and educational officers.

4.0 Monitoring and Evaluation of MCH services

- 4.1 Should supervise and provide necessary guidance for successful implementation of all components of the MCH programme. Supervision as a team by the district administrative and technical officers (RDHS, RE, RSPHNO, SPHID) should be encouraged.
- 4.2 Should ensure that a minimum of four supervisions are carried out in a month in the following settings.
 - MOH office (Health units)
 - MCH / FP/ WWC clinics
 - Institutions (labour room, maternity wards, MCH/FP/WWC clinics)
 - Regional Medical Supplies Division (RMSD)
 - Office of Public Health Nursing Sisters
 - Office of Supervising Public Health Midwives
 - Schools

The head of the institution should be informed when supervising hospitals within the district.

MOMCH may supervise PHMM/field on requests made by other supervising officers.

- 4.3 Should write reports with recommendations, for all supervisions carried out. All reports should be submitted to the RDHS within two weeks and copies to be sent to the Heads of institutions with the recommendations of the RDHS. Should also ensure that follow up actions are taken.
- 4.4 Should monitor the clinic and field MCH services and closely ensure their continued functioning.

- 4.5 Should visit MOH monthly conferences regularly and attend to their problems in implementation of services. Staff should be technically updated on new concepts, circulars and guidelines. The progress of programme implementation should be reviewed.
- 4.6 Should ensure that the MOMCH receives all returns and reports related to MCH on time. Should scrutinize the data in all returns received from the Medical Officers of Health and hospitals with special emphasis on Maternal and Child Health Return (H 509), Family Planning Monthly Return (H 1200 B), Monthly Contraceptive Stock Return (H 1158), Family Planning Consolidated Return (H 1159), EPI Quarterly Return (E 86), Quarterly School Health Return (H 797), Maternity Statistics Return (H 830). MOMCH should identify deficiencies in the returns, inform relevant staff and ensure that necessary corrections are made and informed to respective institutions.
- 4.7 Should organize conduct of regular reviews at district level.
- Two biannual district MCH/EPI reviews for the current year and one annual National MCH/EPI review for the past year
 - District and National Maternal Death reviews
 - Monthly Peri-natal Death Conferences in specialized institutions
- MOMCH should coordinate and assist in conducting perinatal death conferences in all specialized maternal care institutions with the support of heads of institutions and consultants.
- 4.8 Should scrutinize annual advance programmes on Health Education prepared by Health Education Officers and ensure that it addresses the needs of the divisional health staff.
- 4.9 Should submit the Quarterly Statement of MOMCH to the Director/ MCH and PDHS through RDHS using the H 1160 format.

5.0 . Logistics Management

- 5.1 Should assess the needs of equipment and supplies required for MCH/FP/WWC services within the district periodically and take necessary steps to obtain equipment and supplies from available funds (GOSL, donor funds) for the district or through central agencies.
- 5.2 Should facilitate the MOOH and institutions to prepare correct estimates for necessary supplies required for delivery of MCH services.
- 5.3 Coordinate with RMSD to ensure smooth supply and distribution of contraceptives, micronutrients and other drugs and equipment from the RMSD to hospitals and MOH offices.
- 5.4 Should monitor the estimation, supply and distribution of printed forms required for implementation of Management Information System of MCH/FP.
- 5.5 Should monitor the supply and distribution of manuals, guidelines, booklets and other IEC materials required for MCH services at all levels.

6.0 Human Resource Development

- 6.1 Identify training needs of field and hospital staff of the district and prepare annual training plan. Organize and conduct training programmes in collaboration with the FHB and other relevant central organizations. Ensure that all respective staff is trained.
- 6.2 Organize and conduct training programmes on MCH according to the needs and as instructed by the Family Health Bureau.
- 6.3 Should ensure that monthly conferences, local conferences, in-service training and reviews meetings are conducted regularly in all MOH Offices
- 6.4 Should assist the RDHS in conducting promotional exams for field public health staff.
- 6.5 Identify cadre requirements, assist RDHS in staff recruitment and make recommendations for new cadre projections.

7.0 Other

- 7.1 Should identify MCH problems which need further investigation, plan and implement relevant research.
- 7.1 Should ensure restoration of MCH services in emergency and disaster situations.
- 7.1 Should carry out any other duties assigned by the RDHS.

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Deputy Director General of Public Health Services
Ministry of Health

Dr. Ajith Mendis
Director General of Health Services
Ministry of Health

Guidelines for office maintenance at the Maternal and Child Health Unit

Should ensure that following records, graphs and files are maintained and updated on a regular basis at the MCH unit of the RDHS office:

- 1) District Map showing population, MOH divisions, hospitals and other important landmarks.
- 2) Vital statistics and important indicators should be given as National, Provincial and District levels
 - Eg. 1) Birth rate
 - 2) Maternal mortality rate
 - 3) Infant mortality rate
 - 4) Perinatal Mortality Rate
 - 5) Under five mortality rate
 - 6) Low birth weight rate
 - 7) Contraceptive prevalence rate
(Modern – temporary and permanent; Natural / Traditional)
- 3) Details of hospitals, Maternity Homes, Central Dispensaries and MCH Clinics in the District.
- 4) Details of Divisional Secretary Offices, Local Government Institutions and Zonal Education offices.
- 5) The following files should be maintained for each MOH area
 - a) Map of the MOH area showing PHM areas, PHI areas, PHNS areas and clinic centres
 - b) Population according to MOH areas, PHNS areas, PHI areas and PHM areas
 - c) Clinic schedules (including schedules of field weighing)
 - d) Dates of in-service training, monthly conferences and special programmes
 - e) Details of supervising officers in the MOH area
 - f) Advance programmes of supervising staff
 - g) Supervision schedules and supervision reports
 - h) Information about cadres including approved cadre, number in position and vacancies
 - i) Schools, preschools, NGOs, private medical institutions, elderly homes, child homes and other institutions related to health.

- 6) The following main performance indicators should be analyzed and presented by MOH divisions graphically for the previous two years annually and quarterly for the current year.
 - (a) Early registration of pregnant mothers
 - (b) Post partum care coverage
 - (c) Contraceptive Prevalence rate
(Modern – temporary and permanent; Natural / Traditional)
 - (d) Immunization coverage for DPT I/Pentavalent I, Measles and MR
 - (e) Low birth weight rate
 - (f) Underweight prevalence among infants and 1-2 year old children
 - (g) Coverage of school Medical Inspection
 - (h) Coverage of Pap smear screening (of the target age group)
 - (i) Trend of FP new acceptors by methods for the district over past five years.
- 7) Supervision schedule – A common schedule for the district technical team on quarterly basis
- 8) Files of supervision reports and a file for special activities conducted