

## THE MOBILE/FIXED CLINIC SERVICES

INPUTS	PROCESSES
<b>INFRASTRUCTURE AND EQUIPMENT:</b>	<b>SPECIFIC ORGANIZATION DETAILS:</b>
<b>TYPE OF STAFF:</b> <ul style="list-style-type: none"> <li>● Professional Nurse</li> <li>● Enrolled Nurse or Assistant Nurse</li> <li>● Other support staff: SASO, cleaner, clerk..</li> <li>● Visiting medical officer</li> <li>● Visiting specialized services, including social services, rehabilitation, environmental health, psychiatric services, dental therapist, Oral hygienist and Dental assistant etc</li> </ul>	<ul style="list-style-type: none"> <li>● All services available daily</li> <li>● Checking on schedules for preventive activities to be done for each curative contact</li> <li>● Monitoring of normal growth and development</li> <li>● Health Promotion</li> <li>● Maintain records for follow-up and statistics</li> </ul> <b>COMPONENTS OF SERVICE:</b> <ul style="list-style-type: none"> <li>● Child Curative, promotive &amp; Preventative</li> <li>● Adult Curative, Promotive and Preventative</li> <li>● Antenatal &amp; Postnatal Care &amp; Family Planning</li> <li>● Violence, Sexual &amp; Other Abuse</li> <li>● Termination of Pregnancy</li> <li>● Screening for Cervical cancer</li> <li>● Communicable Diseases</li> <li>● Mental Health</li> <li>● Walk through Services</li> <li>● Environmental and rehabilitation Services</li> </ul>
<b>SPACE REQUIREMENTS:</b>	

XX	Introduced and is in place by end of 2001
O	Introduced and is in place by end of 2002
OO	Introduced and is in place by end of 2005

**9. PREVENTATIVE HEALTH CARE- UNDER 5**

SERVICE COMPONENTS	TIME FRAME
9.1 Immunization: <ul style="list-style-type: none"> <li>● TB birth XX</li> <li>● Pertussis, Diphteria, Tetanus birth, 10 weeks, 14 weeks XX</li> <li>● Polio ditto XX</li> <li>● Hepatitis B. ditto XX</li> <li>● Measles 9 months, 18 months XX</li> <li>● Hibtiter O</li> <li>● Rubella O</li> </ul>	
9.2 Screening according to protocol & appropriate referral: <ul style="list-style-type: none"> <li>● monitor child weight focusing on at risk children: 5 visits first year and 4 visits second year XX</li> <li>● risk factors linked to growth faltering (individual + family) needing attention (according to schedule) - PEM XX</li> <li>● other physical development problems XX</li> <li>● genetic/congenital disorders (detectable by simple clinical means) XX</li> <li>● intellectual, behavioral, emotional development problem XX</li> <li>● signs of abuse XX</li> <li>● oral health XX</li> <li>● needs of curative care (at the time of each visit) XX</li> </ul>	
9.3 Information, education and counselling to parents	XX
9.4 Supply nutritional supplements (Vit A. Iron) in accordance with policy	XX
9.5 Establishment of breast-feeding support groups	OO
9.6 Filling Road to Health Chart	XX

**10. CURATIVE HEALTH SERVICES (EXCLUDING CHRONIC: FAST QUEUE)**

SERVICE COMPONENTS	TIME FRAME
10.1 Checking Road to Health card, immunisation schedules and Responding to problems identified through this screening	XX
10.2 Screen for complications in case of congenital disorders	O
10.3 Routine deworming of primary school children in specified endemic areas, and primary school children where school-based program not in place	XX
10.4 Routine deworming of pre-school children in specified endemic areas	O
10.5 Information, education and counselling to parents	XX
10.6 Diagnostics and Prescriptions according to protocols (including Indications for referrals)	XX
10.7 Palliative care	XX

SERVICE COMPONENTS	TIME FRAME
10.8 Simple emergencies: <ul style="list-style-type: none"> <li>● dressings, bandages and splints</li> <li>● suture</li> <li>● rehydration for mild diarrhea</li> <li>● nebulising/asthma</li> <li>● burns management</li> </ul>	XX OO XX XX XX
10.9 Stabilising prior to emergency referral	XX
10.10 Management of malaria and other endemic diseases	XX
10.11 Report information on outbreak for clinic catchment area	XX

**CLINIC/MOBILE - SERVICE POINT: ADULTS**

**11. PROTOCOL ANTENATAL CARE AND DELIVERIES**

Only low risk pregnancies are seen at clinic level. Designated clinics should be categorised for delivery

COMPONENTS	TIME FRAME
11.1 Routine of observations according to schedules for ANC at each step of the pregnancy (3-5 visits)	XX
11.2 Screening for risk factors and situations in the evolution of the pregnancy according to protocols	XX
11.3 Referral to CHC if needed, according to protocols	XX
11.4 Booking - preparation for delivery – where required	XX
11.5 Education and counselling to pregnant women and partner on: <ul style="list-style-type: none"> <li>● monitoring signs of problems (bleeding, ...)</li> <li>● nutrition</li> <li>● STDs/HIV</li> <li>● Delivery</li> <li>● new-born and child care</li> <li>● advanced maternal age</li> <li>● pre-disposition to congenital/genetic disorders</li> <li>● 12-24 weeks prenatal diagnosis</li> <li>● appropriate counseling to very young pregnant women regarding parenting</li> </ul>	XX
11.6 Delivery of uncomplicated pregnancies	XX
11.7 Treat STDs	XX
11.8 TOP counselling if appropriate	XX
11.9 Completion of patient-retained ANC card	XX

**12. PROTOCOL POST-NATAL CARE**

To take place within two weeks after delivery

COMPONENTS	TIME FRAME
12.1 Clinical observation of mother to screen for: <ul style="list-style-type: none"> <li>● bleeding,</li> <li>● BP, urine</li> <li>● Depression</li> </ul>	XX XX XX
12.2 Screening for development impairment of the New Born and congenital/genetic disorders	XX
12.3 Other aspects of the schedules and management protocols for a midwife	XX
12.4 Information on booking/dates for Child Preventive care	XX
12.5 Support breast-feeding	XX
12.6 Education on child feeding, introduction of solid food and child care	XX

COMPONENTS	TIME FRAME
12.7 Further information to mother on: care of breasts, vaginal bleeding and scars, signs of hypertension, diabetes, anaemia, return to usual physical efforts, labour rights, rights of the child.	XX
12.8 Advice on FP & child preventive	

### 13. PROTOCOL FERTILITY REGULATION / FAMILY PLANNING

COMPONENTS	TIME FRAME
13.1 Usual routine of observations according to national protocols : schedules for each FP method, including screening for side-effects of methods and acceptability to user	XX
13.2 Take family history to determine pre-disposition to breast-ovarian cancer	XX
13.3 discussion of appropriateness of involving male partner in decisions and awareness of FP methods/control of fertility	XX
13.4 Joint decision on method (new/change) between clinical staff and user	XX
13.5 Education on self-care, continuation and complications or signs of risk, including substance abuse	XX
13.6 Referral to MO if needed, according to protocols	XX
13.7 Screening for: <ul style="list-style-type: none"> <li>• BP</li> <li>• CaCx: Pap smear (women over 30, never had before)</li> <li>• CaCx: Pap smear repeated intervals</li> <li>• Infertility if national policy set up</li> <li>• conditions predisposing to congenital anomalies</li> <li>• Mental Health</li> </ul>	XX O OO O OO O
13.8 Treat STD's using syndromic approach	XX
13.9 Partner notification sheet for STD's	XX
13.10 Screening for pregnancy if necessary and referral to ANC or TOPs	XX
13.11 Supply of emergency pill	XX
13.12 Booking for next FP visits	XX

### 14. PROTOCOL VIOLENCE, SEXUAL ABUSE AND OTHER ABUSE

COMPONENTS	TIME FRAME
14.1 Counselling patient, identify further support needs and refer to CHC/Hospital	XX
14.2 STD prophylaxis and Offer HIV testing	XX
14.3 Issuing emergency contraception pill	XX

## CLINIC/MOBILE - SERVICE POINT: ADULTS

COMPONENTS	TIME FRAME
14.4 Medical/clinical assessment of injuries	XX
14.5 Medico legal consultation	O
14.6 Complete appropriate register	XX

### 15. PROTOCOL MEDICAL TOPS

COMPONENTS	TIME FRAME
15.1 Counselling and refer for surgical TOPS	OO
15.2 Medical termination if under 9 weeks as per protocols	XX
15.3 Recall back daily up to abortion	XX
15.4 Refer if no abortion after a week	XX

### 16. PROTOCOL SCREENING FOR CERVICAL CANCER

COMPONENTS	TIME FRAME
16.1 Clinical observation and history taking for symptomatic disease	XX
16.2 Pap Smear: <ul style="list-style-type: none"><li>• check person is re-contactable</li><li>• collection - dispatch of specimens for laboratory work (once after thirty for never tested</li><li>• then at regular intervals)</li></ul>	O O OO
16.3 Provision of results, re-connecting/tracing patient	O
16.4 Referral for further attention if results so require	XX
16.5 Education to women and partner on sexual hygiene, STD's, self-care	XX

### 17. PROTOCOL ACUTE CURATIVE

COMPONENTS	TIME FRAME
17.1 First visit: History taking , BP, urine testing, full examination, Checking difficulty in seeing and hearing (puberty, 45 years old)	XX
17.2 Clinical assessment and management for common illnesses (within the job-description of the PHCN, within the EDL), and referral as appropriate	XX
17.3 Chronic disease: preliminary diagnosis and referral to CHC	XX
17.4 Chronic disease: diagnosis and assessment	OO
17.5 Monitoring of evolution of condition and referral as appropriate	XX

COMPONENTS	TIME FRAME
17.6 Education to the patient on specific matters (seasonal interest for the staff, raised by the user)	XX
17.7 Instructions on how to take the medicines + self-care for the disease under observation	XX
17.8 Opportunistic Screening: <ul style="list-style-type: none"> <li>• BP, annually if OK, opportunistic</li> <li>• Finger prick test for diabetes when suspected</li> <li>• Cervical cancer screening: pap smear at 30+ for never screened before, Repeated intervals (to be defined)</li> <li>• Mental Health (high risk awareness e.g. if patient presents 3 times , no physical problem)</li> </ul>	XX OO OO XX
17.9 Palliative care	XX
17.10 Minor emergencies: <ul style="list-style-type: none"> <li>• dressing, bandaging (in non-urgent cases)</li> <li>• suture</li> </ul>	XX O
17.11 Management of malaria and other endemic diseases	XX
17.12 Stabilization prior to emergency referral	XX
17.13 Completion of patient retained card	XX
17.14 Organization of special times for Youth health services - pilot (to include STD's - see below)	O
17.15 Report information on outbreak for clinic catchment area	XX

## 18. PROTOCOL SEXUALLY TRANSMITTED ILLNESSES (STI'S)

COMPONENTS	TIME FRAME
18.1 Organisation of special times for Youth health services - pilot (see above - to include other curative complaints)	XX
18.2 Diagnosis + treatment as per syndromic approach	XX
18.3 Referral according to same national protocols and if not responding after 2 courses of treatment	XX
18.4 Collection of syphilis testing specimens as per national protocols	XX
18.5 Health education and counseling <ul style="list-style-type: none"> <li>• patient</li> <li>• partner</li> </ul>	XX O
18.6 Provision of partner notification sheet	XX
18.7 Provision of condoms	XX
18.8 HIV testing available	O
18.9 Screening Infertility problems (clinically only), as part of infertility policy	OO
18.10 Completion of patient retained card	O

**19. PROTOCOL PEOPLE WITH HIV/AIDS**

COMPONENTS	TIME FRAME
19.1 Take utmost care with patient records for privacy sake	XX
19.2 Clinical indication among patients visiting the clinic for other purposes	XX
19.3 Pre-test counseling/test/post-test counseling	XX
19.4 HIV test results available within 1 week	XX
19.5 Education and Counselling to relatives/partners and community	XX
19.6 Provision of condoms	XX
19.7 Assessment and treatment of infections, referring patients to CHC if Needed	XX
19.8 PHC care for persons with HIV/AIDS as defined in : <ul style="list-style-type: none"> <li>• Pediatric protocol</li> <li>• Treat minor infections for adult, refer if appropriate</li> </ul>	XX XX
19.9 Apply universal precautions and occupational exposure policies, including Needle-stick injury policy	XX
19.10 Identification and referral of cases in need of: social support or home Care for appropriate support through CHC to a range of services (NGO, etc.)	XX
19.11 Promote voluntary testing for ANC, STD and TB patients	XX

**20. PROTOCOL PEOPLE WITH TUBERCULOSIS**

COMPONENTS	TIME FRAME
<ul style="list-style-type: none"> <li>• Clinical suspicion according to national protocols</li> </ul>	XX
20.1 Diagnosis on sputum microscopy, results within 48 hours	XX
20.2 Information Education and Counseling (IEC) to patient and relatives (e.g. if child presents with TB, there must be an active TB - screening of family necessary)	XX
20.3 Promote voluntary testing HIV	O
20.4 Treatment according to national protocols and refer to CHC if problems	XX
20.5 Dispensing of drugs (standard regimen according to national protocols)	XX
20.6 Define periodicity of visits for follow-up <ul style="list-style-type: none"> <li>• Arrange 5 days a week DOT through clinic, employer or other community member</li> <li>• Re-treatment supply of medicines</li> <li>• Look-out for multiple drug resistance</li> <li>• Intensive phase (first 2 months) monthly</li> <li>• all other patients daily DOT</li> </ul>	XX XX XX XX O
20.7 Complete TB register	XX



**21. PROTOCOL ENVIRONMENTAL SERVICES**

COMPONENTS	TIME FRAME
21.1 Information on Environmental Health Services	XX
21.2 Contact address of officer to attend complaints and requests	XX
21.3 Information on waste management	XX
21.4 Information on water quality	XX
21.5 Chemical safety	XX
21.6 Food safety	XX

**22. PROTOCOL REHABILITATION SERVICES**

COMPONENTS	TIME FRAME
22.1 Prevention by early detection through screening and observations at Clinic	XX
22.2 Prevention by early detection through screening and observations on home visits	XX
22.3 Basic assessment by means of formal diagnosis by visiting professional team and issue of basic assistive devices	XX
22.4 Liaison regarding receiving and re-issue of assistive devices	XX
22.5 Record keeping and referrals for repairs	XX

**CLINIC: FAST QUEUE/REPEATS**

**23. PROTOCOL CHRONIC DISEASE CARES: ADULTS, GERIATRICS AND CHILDREN**

This service is for patients who have been assessed previously either at community Health center or at clinic. For repeat medicines no assessment except after three months. Consider bookings and minimize waiting time and use pre-packaged drugs. Support for issues related to employers relations such as obtaining of permit to attend the clinic during normal working hours. All opportunities used to inform on health life styles. Frequency of visits for stabilised patients may be reduced to quarterly, rather than monthly

COMPONENTS	TIME FRAME
23.1 Routine check-up procedures according to protocols for clinical management for each chronic disease: BP measurement, measurement of glycemia, weighing, cardiac auscultation. etc.	XX
23.2 Monitoring presence of complications (Diabetes, Hypertention, Asthma ...etc.)	XX
23.3 Identify people with disability problem and refer	XX
23.4 Instructions on taking prescribed medicines to be repeated at the consultation room and dispensary	XX
23.5 Organisation of individual or group health education sessions	XX
23.6 Education directed at: <ul style="list-style-type: none"> <li>• Lifestyle: diet, exercise, control of obesity, smoking, alcohol and drug abuse, etc.</li> <li>• self-care: knowledge of drugs being taken, monitoring of signs of acute episode or complications (esp. diabetes)</li> </ul>	XX XX
23.7 Booking next visit and visit to be done at CHC	XX
23.8 Prescription continuation according to protocols and instructions	XX
23.9 CHILDREN: in addition <ul style="list-style-type: none"> <li>• Checking on schedule for preventive activities</li> <li>• Information, Education, Counseling to caretakers</li> <li>• Rheumatic heart disease prophylaxis</li> <li>• Counseling to parents regarding effect of medication should children fall pregnant</li> <li>• Liaison with or report sent to school in agreement with parent/legal guardian</li> </ul>	XX XX XX XX XX

**24. PROTOCOL MENTAL HEALTH**

COMPONENTS	TIME FRAME
24.1 Severe chronic psychiatric patients: (schizophrenia, major depression, dementia and other organic brain syndromes, Neurological disorders: epilepsy ...)	XX
<ul style="list-style-type: none"> <li>• Implement basic patient management plan as defined at CHC level or by psychiatric team:</li> <li>• Dispense and monitor medication prescribed by CHC for limited period according to defined protocols or case specific guidelines</li> </ul>	XX XX

COMPONENTS	TIME FRAME
<ul style="list-style-type: none"> <li>● Refer back for periodic reassessment</li> <li>● Identification and referral of problems which do not respond to basic management</li> <li>● Institute crisis counselling and refer appropriately</li> </ul>	XX XX XX
24.1 Less severe mental disorders: anxiety, minor depression, chronic stress, personality disorders.... <ul style="list-style-type: none"> <li>● screening</li> <li>● treatment</li> <li>● brief counselling</li> </ul>	O O XX
24.3 Substance abuse: <ul style="list-style-type: none"> <li>● screening</li> <li>● treatment</li> </ul>	OO OO
24.2 Referral to CHC, psychiatric team for new cases and serious cases	XX

## 25. WALK THROUGH SERVICE

As no examination is needed, make the service more user friendly.

For patients with special needs (probably workers) services should be made available to suit their working hours (as part of extended service hours) OR patients to be attended very early before other services start.

COMPONENTS	TIME FRAME
25.1 Dispensing of Fertility control and family planning Methods	XX
25.2 Daily DOT Pre-prepared dosages, Observe person swallowing, Record on patients card	XX
25.3 Chronic patients medicines collection	XX
25.3 Immunisation for children	XX
25.4 Other agreed upon walk through services eg emergencies, very old people	XX
25.4 Dispensing of sun-screen for people with albinism	XX