

MANUAL ON MANAGEMENT
OF
CENTRAL DISPENSARIES
AND
MATERNITY HOMES

Deva

TEACHING
HOSPITALS

BASE HOSPITALS
PROVINCIAL HOSPITALS

DISTRICT HOSPITALS
PERIPHERAL UNITS
RURAL HOSPITALS



MINISTRY OF HEALTH
AND
WOMENS AFFAIRS

**Manual on Management of Central Dispensaries
and Maternity Homes**

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FORWARD

Sri Lanka is committed to the social goal of attaining Health For All by the year 2000, using Primary Health Care as the key strategy. It is vital that Central Dispensaries and Maternity Homes provide comprehensive promotive, preventive and curative care to the community being the first level referral institutions in the PHC network. A guide to this task in the form of a Manual on Management will ensure utilisation of all available resources to the maximum benefit of the community and maintenance of uniform standards of care through-out Sri Lanka.

I wish to congratulate the team of officials led by Dr. Reggie Perera, DDG(MS) for the initiative to revise the Manual of procedure of the Department of Health Services, Part II, this being the first part of the undertaking. It is my fervent hope that all officers would study the manual frequently, utilise same to ensure that health care of quality is provided to the community.

Dr. Joe Fernando
Secretary/Health & Women's Affairs

Central Dispensary & Maternity Home (CD & MH)

A. CENTRAL DISPENSARY (CD):

A.1 Description of a CD :

It is the Primary Health Care unit providing comprehensive health care at first reference level, to a defined population. It will function from 8.00 a.m. — 12.00 noon, 2.00 p.m. - 4.00 p.m. on week days and 8.00 a.m. to 12.00 noon on Saturdays.

A.2 Structure :

Out Patients Department (OPD)
Clinic
Dispensary

A.3 Staffing :

Registered/Assistant Medical Officer
Dispenser
Watcher
Labourer (Sanitary)

A.4 Staff functions (duties) :

Duties of RMO/AMO in-charge

Duty hours — 8.00 a.m. to 12 noon — Week days
2.00 p.m. to 4.00 p.m. — Week days
8.00 a.m. to 12 noon — Saturdays

A.4.1 Establishment — as described in the E. Code and Health Department circulars.

He/She should issue a list of duties to every category of staff.

A.4.2 Overall management :

Responsible to the area MOH/DHO
Assist MOH/DHO in the development, implementation and monitoring of the Divisional Health Plan.

A.4.3 Staff training :

Responsible for inservice training of staff.

A.4.4 Resources management :

Responsible for the personnel, financial and materials management of the C. D.

A.4.5 Patient care :

1. Screening, treating and referral of patients. Treatment should be in accordance with the standard treatment schedules.
2. Conducting branch dispensaries and visiting stations.

A.4.6. Community health care

1. Conduct MCH clinics inclusive of family planning
2. Health education
3. School health
4. Notification of communicable diseases.

- A.4.7 Participation in community development activities
- A.4.8 Intra and inter sectoral co-ordination
- A.4.9 Medical records
Maintenance, recording, simple analysis and despatching of medical records.
- A.5 Institutional sanitation
He/She shall in particular examine the toilettes twice daily and take steps to keep these clean.

B. Maternity Home (MH) :

- B.1 Description of a M. H.
Unit providing institutional antenatal, natal and postnatal care to normal pregnancies.
- B.2 Staffing
RMO/AMO in-charge (when there is a CD attached)
PHM
Female Attendants/Labourers
Labourer (sanitary)
- B.3 Duties of RMO/AMO in-charge
 - B.3.1 Overall management
 - B.3.2 Supervision of perinatal care
 - B.3.3 Declaration of institutional births
 - B.3.4 Provision of diet to mothers and staff
 - B.3.5 Sanitation —
Shall examine the toilettes twice daily and take steps to keep these clean.

3. Duties of Dispenser :

Duty hours will be 8.00 a.m. to 12.00 noon and 2.00 p.m. to 4.00 p.m. on week days and 8.00 a.m. to 12.00 noon on Saturdays.

- 3.1 Shall be responsible to R/AMO in-charge for the maintenance and efficient functioning of the Central Dispensary.
- 3.2 Assist R/AMO in-charge at branch dispensaries and visiting stations.
- 3.3 Be responsible for proper maintenance of dispensary and its cleanliness.
- 3.4 Be responsible for the taking over, dispensing and accounting of drugs. (All drugs containers should be labelled.)
- 3.5 Dispense the medicines and preparations according to the instructions of the R/AMO.
- 3.6 Give instructions to patients (both verbal and written) regarding therapy as instructed by the R/AMO, while issuing drugs.
- 3.7 Assist R/AMO in preparing annual estimates of drugs and monitoring drug stocks.
- 3.8 Assist R/AMO in dressing wounds.

4. Duties of Public Health Midwife in-charge of Maternity Homes :

Duty Hours : 7.00 a.m. to 1.00 p.m.
1.00 p.m. to 7.00 p.m.
7.00 p.m. to 7.00 a.m.

Off Days : 01 day off per week

Leave : Casual — 21 days
Vacation — 28 days

Short leave and lieu leave according to Establishment Code.

The Public Health Midwife working in a Maternity Home :

1. Shall come under the direct supervision of RMO/AMO in-charge and overall supervision of MOH/DHO.
2. Shall at all times while on duty be in full uniform.
3. Shall undertake overall supervision of the Institution under the guidance of RMO/AMO/MOH/DHO.
4. Be responsible for maintenance of cleanliness of the Institution.
5. Shall be responsible for all Departmental equipment under her care and shall ensure they are maintained clean and in good working condition.
6. Shall report all damaged, lost or broken articles to her supervising officer according to Departmental instructions.
7. Maintain all statistics related to services rendered by the MH.
8. Shall assist R/AMO in-charge in clerical duties including correspondence with Medical Officer of Health and Regional Director of Health Services and preparation of vouchers.
9. Assist R/AMO in indenting, storing and accounting of drugs and dressings in the Maternity Home and maintain daily accounts of drugs administered to in-patients.
10. Shall maintain a sub inventory of surgical and general items used in the ward.
11. Supervise minor staff.
12. Responsible for adequate sterilization of instruments, dressings, cord thread, gloves, swabs etc.
13. Maintain sterilization charts and follow correct sterilization procedures.
14. Take over raw provisions daily and supervise preparation and distribution of food.
15. Attend to filling of relevant forms and registers pertaining to institutional births including declaration of births.
16. Attend staff conferences when summoned by the MOH/DHO.
17. Actively participate in antenatal, well baby, immunization and family planning clinics conducted in the institution.
18. Examine all mothers admitted to the maternity home.
19. Liase with all other primary health care workers.
20. Carry out any other instructions of the Supervising Officer.

Antenatal Care :

The P. H. M. shall —

1. Admit mothers who require institutionalization.
2. Establish a healthy relationship with the mothers and win their confidence.

3. Assist the MO/RMO/AMO in examination of mothers.
4. Administer tetanus toxoid to mothers.
5. Examine and record height of fundus, presentation, BP and FHS (twice daily) and inform R/AMO of any abnormalities.
6. Conduct health education of mothers daily on topics such as breast feeding, infant feeding, immunization, growth monitoring, family planning nutrition etc., and maintain records.
7. Identify high risk mothers, inform R/AMO and follow his instructions regarding care of such mothers.
8. Give all possible assistance to midwife trainees.
9. Prepare expectant mothers for delivery.

Natal Care :

The P. H. M. shall —

1. Ensure that adequate stocks of sterilized dressings and basic drugs are available and that proper sterile procedures are adopted at delivery.
2. Ensure that pulse of mother and FHS are checked quarter hourly while mother is in labour and recorded on BHT.
3. Attend to normal deliveries and record measurements and other details of baby in the Bed Head Ticket.
4. Ensure that the placenta is delivered completely within 20 minutes of delivery. If there is a delay inform R/AMO in-charge.
5. Ensure that no tears occur. If an episiotomy is necessary inform the R/AMO in-charge.
6. Observe the mother and the new born for 2 hours after delivery in the labour room. Watch the state of uterus, bleeding PV and chart pulse and BP of mother quarter hourly.
7. Ensure proper medical attention in the event of any complications during and after delivery.
8. Accompany the mother in an emergency to the nearest institution where suitable facilities are available.
9. Instill antiseptic eye drops into the eyes of new borns soon after birth.

Post Natal Care :

The P. H. M. shall —

1. Examine both the mother and new born for any abnormalities/complications. Special attention to be given to promotion of breast feeding especially with regard to early initiation of breast feeding and ensure that colostrum is given to the baby.
2. Clean baby ensuring that vernix is not removed and keep baby comfortable.
3. Ensure that the disc number is tied before the child is removed from the labour room.
4. Ensure care of the umbilical cord in accordance with standards laid down.
5. Identify abnormal new borns and inform the R/AMO in-charge.

6. Administer B. C. G. to baby before discharge.
7. Educate a member of the family regarding necessary care to be provided for both mother and new born if necessary.
8. Issue the birth registration slip for each baby with relevant particulars.
9. Advise mother regarding the field MCH services.
10. Encourage post natal exercises (For mothers.)

✓ 5 Duties of Attendants :

1. Duty Hours : 7.00 a.m. to 7.00 p.m. — Day shift
7.00 p.m. to 7.00 a.m. — Night shift

After reporting for duty the attendants should sweep and clean the unit (wash when necessary). They should never leave the unit without handing over to the successor.

2. They should be in their uniforms while on duty.
3. They should clean and arrange the beds daily by 8.00 a.m.
4. Soiled bandages and linen should be collected from patients to be kept in a pail for disposal.
5. They should serve food to patients and clean the unit after every meal.
6. Patients' complaints about food should be conveyed immediately to the Supervising Officer.
7. Patients' requests for bed pans should be immediately complied with and the used bed pans should be kept in the assigned place for disposal.
8. Patient specimens (blood, sputum, urine, stools etc.) should be kept protected from flies at the assigned place for collection.
9. Defects of lavatories and bathrooms should be reported immediately to the PHM or R/AMO in-charge.
10. They should be gentle and kind to patients and public.
11. Instructions of supervising officers should be carried out promptly and with due respect.
12. They should assist the unit PHM, R/AMO in sterilization procedures and dressing of patients' wounds whenever necessary.
13. They should display a keen interest in the cleanliness of the patients, beds, cupboards, linen etc. The soiled linen should be kept in the soiled linen box. When a patient is discharged, the used linen should be removed and replaced with fresh linen.
14. The day duty attendants should oil the lamps, clean the chimneys, ready for use in the night. They should check electric lights and inform the unit supervisor of any faults for early correction.
15. They should not allow outsiders to bring in unacceptable food, alcohol, narcotics, betel etc. Such instances should be reported to the unit supervisor.
16. Visitors should not be allowed during non-visiting hours, unless with the permission of the unit administrator.
17. They should refrain from accepting any form of gratification either from the patients or from visitors.

18. The night shift attendants should stay within the unit.
19. Instances of patients' abnormal behaviour, falling from beds, non compliance with instructions and disappearance from the unit should be promptly reported to the unit administrator.
20. They should do call duties when the ordinary/sanitary labourers are absent.
21. The attendants should administer drugs as instructed by the R/AMO.
22. They should actively participate in health education activities.
23. They should give enemas when instructed.
24. They should be exemplary in their demeanour and dress.
25. They should together with other minor employees get rid of stray animals (dogs, cattle and birds) from the working premises.
26. Attendants (temporary or permanent) should sign and take over unit inventories. They will be held responsible for the items under their custody.
- ✓27. They should attend to any other duty assigned by the unit supervisor.

✓6. Instructions to Attendants :

6.1 Before 8.00 a.m.

- 6.1.1 Serving patient's breakfast
- 6.1.2 Sweeping and cleaning the unit except the lavatories.
- 6.1.3 Preparation of beds, changing bed spreads, and pillow cases of the discharged patients.

6.2 In a maternity unit

- 6.2.1 Preparation of mothers for confinement
- 6.2.2 While the confinement is in progress
 - clean the mother
 - change linen as necessary
 - prepare and serve her soft drinks
- 6.2.3 After delivery
 - remove all the soiled materials
 - advise the mother on breast feeding
 - advise the mother on personal hygiene
 - clean the new born

6.3 In a ward

- advise patients on how to use the lavatory correctly and handle water taps and other hospital equipment.
- instruct the patients about cleanliness of the unit and inform them of the assigned places for waste disposal.
- collect drugs, stationary and other stores items ordered for the ward (and hand them to the unit supervisor).
- test urine (in a maternity ward)
- clean, prepare and sterilize gloves

- ✓6.4 At clinics
- provide accommodation for the patients and arrange facilities
 - register mothers and children
 - provide facilities to the other officers who conduct the clinic

7. Training of Attendants

- 7.1 After recruitment they should undergo a training for a three months' period.
- 7.2 Yearly in-service training

✓8. Duties of Watchers

1. Duty Hours : 7.00 a.m. to 7.00 p.m. — day duty shift
7.00 p.m. to 7.00 a.m. — night duty shift
2. Should be in uniform while on duty.
3. The night watcher should check and ensure that the entire unit remains closed until he hands over the duties to the day watcher. The day watcher is responsible to look after the entire unit until it is opened for providing services and again after closing, until it is handed over to the night watcher.
4. He should maintain a pocket note book to record unusual incidents and submit it daily to the head of the institution.
5. He will be held responsible for the presence of unauthorised visitors during non-visiting hours.
6. He should ensure that patients do not leave the premises without formal permission from the head of the institution.
7. He shall be held responsible for any damage or loss to government property due to lapses of his duties.
8. He should do hourly rounds around the institution.
9. The night watcher should ensure that perimeter lights are switched off at 6.00 a.m. He should take all precautions to prevent waste (for instance any taps that remain open should be closed.)
10. He should check vehicles that enter or leave the institution.
11. He shall not allow stray animals to enter the premises.
12. He should ensure that no person brings alcoholic spirits and narcotic drugs into the institution.
13. He shall not leave the premises or his post while on duty without permission of the O. I. C. and without a substitute to cover up his duties.
- ✓14. He should carry out any other duties assigned to him by the officer in-charge of the institution.

✓9. Duties of Ordinary Labourers :

1. Duty hours : 7.00 a.m. to 7.00 p.m. — day duty shift
7.00 p.m. to 7.00 a.m. — night duty shift

2. They should be in uniform during duty hours.
3. They should not keep away from work without permission. They should inform formally their intention to take leave as per directions in E-code.
4. They should not consume alcohol, narcotic drugs, smoke or chew betel while on duty.
5. They should not expect to enjoy special privileges, by virtue of their official position.
6. They should not interfere with the duties of other categories of staff.
7. Unauthorised personnel should not be allowed or entertained in the place of work.
8. Whenever they leave the work place, prior permission should be formally obtained from the immediate supervisor.
9. They should be courteous and pleasant to patients, public and all staff categories.
10. Every effort should be made by them in the area of health education.
- ✓11. Should be of exemplary health habits.

10. Tasks of Ordinary Labourers :

(a) In Hospitals :

They should —

1. Keep the premises and environment clean.
2. Remove cobwebs
3. Cut/trim the grass
4. Keep the gates, doors, windows and corridors clean.
5. Clean and mop with wet cloth, the floor and walls (except the bath-rooms and lavatories.)
6. Ensure that all electrical and water supply fittings are in functioning order and prevent waste.
7. Ensure safe and careful handling of all property under their custody.
8. Ensure a clean and beautiful working environment by way of growing flowers, medicinal plants, simple landscaping and decorations.
9. Assist in the loading, un-loading, transportation and storing of all stores items including drugs and equipment.
10. Function as cleaners to ambulances and other departmental vehicles whenever necessary.
11. Dispose waste matter except excreta, hygienically.
12. Function as messengers.
13. Attend to postal duty.
14. Attend to fetching of the office keys from the Police Station or any other assigned place and returning same.
15. When water is not available fetch water for patients, staff and institutional needs.
16. Encourage the patients and visitors to keep the premises clean by way of health messages and posters.

17. Respond to and transmit incoming telephone messages.
18. Keep the patients found dead on admission or who die in the OPD for examination in the assigned place.
19. Assist in the maintenance of reports and files in the office.
20. Operate and maintain all office equipment.
21. Observe strict confidentiality of all official correspondence.
22. Help patients in bathing and using latrines.
23. Collect all containers with patients' sputum, soiled linen and waste matter and place these in the assigned places for disposal.
24. Assist patients by giving bed pans and collecting specimens for testing.
25. Day shift labourers should ensure that all lamps are cleaned and wicks trimmed for use in the night.
26. Carry food from kitchen to the wards and clean the utensils.
27. Assist in the preparation of patient and staff food.
28. Keep the kitchen and cooking utensils clean.
29. Cover up the work of watchers whenever necessary.
30. Carry out any other instructions of the supervising officers.

(b) *Tasks of ordinary labourers attached to the O. P. D. :*

They should —

1. Direct patients and visitors to the appropriate service areas.
2. Direct patients to waiting facilities.
3. Arrange patient queues and allow them to see the MO/RMO/AMO in sequential order.
4. Inform the responsible officers of patients who need urgent attention.
5. Give assistance to the weak and the disabled.
6. Register the patients in sequential manner; issue the numbers and select subsequent and new cases.
7. Assist in the transport of patients brought by ambulances or other vehicles.
8. Assist the MO/RMO/AMO while examining patients.
9. Transport with utmost care by trolley or wheel chair any patient from OPD to the wards, clinics or operating theatre.
10. Be alert always.
11. Protect government property.
12. Never leave the place assigned to them without a replacement. This applies in particular to those assigned to registering and transporting of patients.
13. They should attend to any other task given by the supervising officers.

11. Recruitment of Ordinary Labourers :

1. Educational requirement should be a pass at the G. C. E. (O/L) or other equivalent examination.
2. Training —
 - 2.1 Basic training for 3 to 6 days.
 - 2.2 Yearly refresher training course of 1 — 2 days duration.

✓12. Duties of Sanitary Labourers

1. Duty Hours : 7.00 a.m. to 7.00 p.m. — Day duty shift
7.00 p.m. to 7.00 a.m. — Night duty shift
2. They should :—
 - (1) Wash and clean latrines at least four times every day and whenever necessary.
 - (2) Assist the M. O. in post mortem examinations.
 - (3) Carry dead bodies to mortuary. (Unclaimed corpses should be taken to the place of burial and buried.
 - (4) Carry specimens to the laboratory.
 - (5) Clean latrines and drains with antiseptics.
Extreme care should be exerted to prevent antiseptics entering the septic tanks.
 - (6) Empty latrine pits and construct temporary latrines whenever necessary.
 - (7) Clean wards, buildings and premises.
 - (8) Wash soiled clothes of the labour room, wards and operation theatre, dry, fold these before handing over.
 - (9) Keep clean and free of grass up to three feet on either side of a drain.
 - (10) Carefully use government property and look after them diligently.
 - (11) Assist the ordinary labourers.
 - (12) Wash and disinfect bed pans and sputum containers.
 - (13) Encourage patients in the proper use of latrines and bath-rooms.
 - (14) Behave in a disciplined manner and
 - ✓(15) Carry out any other task assigned by the supervising officers.

13. Recruitment of Sanitary Labourers

1. Educational requirement will be a pass in the eighth standard.
 - 1.2 One year working experience as a health volunteer.
2. Training
 - 2.1 Basic training for 3 — 5 days.

2.2 Monthly progress reports on conduct and work performance during the first three months.

2.3 Annual in-service training.

14. Sanitation of C.DD & M.HH

General :

1. The officer in-charge is responsible for maintaining the institution and premises in a sanitary condition. Any defects in the sanitary condition that cannot be corrected by the officer in-charge should be brought to the attention of the immediate supervising officer.

Buildings :

(a) Wards :

2. The beds for the use of mothers shall be arranged in the wards to ensure that a space of 11 feet by 7 feet will be allowed for each person.
3. The number of beds each ward is capable of holding in accordance with these measurements should be painted outside the door of the ward. Any increase in the bed strength beyond the specified number should not be done without the sanction of the P. D. H. S.

(b) Kitchen :

4. The Kitchen shall be kept at all times clean and in a sanitary condition, and utmost attention should be paid to the cleanliness of meat safes, chopping blocks, kitchen tables, vessels and utensils, floors, walls and sinks. Fly proofing should be ensured.
5. All cooked food should be protected from contamination.

(c) Water supply :

6. All water for drinking purposes shall be boiled. Filters should be made available whenever possible and should be kept in proper condition; the candles of filters should be examined and cleaned once a week.

(d) Toilets and Bath-rooms :

7. All toilets and bath-rooms shall be maintained in a clean and sanitary condition. The officer in-charge shall inspect them at least twice a day.
8. Sanitary labourers shall clean the toilets and bath-rooms at least four times a day and as necessary.

(e) Refuse disposal :

9. Adequate number of refuse bins should be provided in the institution.
10. All refuse, sweepings, etc. shall be promptly removed and deposited in the refuse bins by attendants and labourers.
11. If scavenging services of the local authorities are not available a separate area of land should be set aside for refuse disposal. Refuse should be disposed of by burning or burying in a sanitary manner.

(f) *Soiled linen :*

12. All dry soiled linen should be conveyed promptly to and kept in the soiled linen room until it is given for laundering.
13. All moist soiled linen should be washed and dried by the sanitary labourer before it is sent to the soiled linen room.

(g) *Premises :*

14. The premises should be kept free of refuse and litter. Lawns and hedges should be trimmed and the garden properly maintained.
15. Cattle and stray dogs should not be allowed into the premises under any circumstances. Action should be taken to eliminate stray dogs and hospital staff shall be warned not to encourage the presence of stray dogs by feeding them.

(h) *Vector Control :*

16. All mosquito and fly breeding sites should be identified and eliminated.
17. Food prepared for patients shall be kept covered before consumption to protect it from flies.

(i) *Role of P. H. II :*

18. The services of the Public Health Inspector of the area is available to the Officer in-charge of the institution to supervise the sanitary conditions of the institution and its surroundings. The Officer in-charge should seek the advice of the Public Health Inspector on all matters related to sanitation. Where any difficulty is experienced in obtaining the services of a Public Health Inspector, the Medical Officer of Health should be informed to make necessary arrangements to obtain his services.

15. Financial Management

The main elements of financial management are —

1. Planning
2. Monitoring and
3. Controlling

It is necessary to maintain financial records for effective and efficient monitoring and management. The following documents are the common financial records to be maintained.

- (1) Remittance Register in form Health 696
- (2) Petty Cash Imprest Register
- (3) Appropriation Ledger
- (4) Register of losses
- (5) Inventory Register
- (6) Drugs Registers
- (7) Audit Query Register
- (8) Register of Counterfoiles

- (9) Register for settlement of Bills
- (10) Miscellaneous Cash Book
- (11) Daily Cash Register
- (12) Register of shortages
- (13) Diet Registers
- (14) Patient Property Register
- (15) Garden Produce Register

Provincial Director of Health Services will allocate a certain sum of money to each institution. The allocations are granted under Head, Programme, Project, Object code and object detail. The appropriation ledger should be used to record the allocation under each object detail. If the allocation is less than the budgeted amount the Head of the Institution should re-plan the activities and make every effort to manage the institution efficiently within the given allocation.

Appropriation Ledger :

A few pages in the ledger should be allocated for each object detail. Whenever vouchers are forwarded to the Regional Office for payment, each voucher should be assigned a serial number and entered in the appropriate folio of appropriation ledger. The Head of the institution should ensure that the allocation is not exceeded without prior authority of the Provincial Office.

Remittance Register :

All remittances received from the Provincial Office should be recorded on the left hand side of the register in chronological order of receipt. The disbursements should be recorded on the right hand side of the register. This register should be balanced at the end of each day and the balance should be recorded in the Daily Cash Balance Register.

Any un-paid amount out of a remittance together with the paid documents should be returned within 10 days of the receipt of the remittance. The date of returning the paid document pertaining to each remittance should also be noted in the Remittance Register.

Petty Cash Imprest :

A certain fixed amount of money is given initially as Petty Cash Imprest to an institution for the purpose of meeting payments for local purchases of items of small value, postal charges, repairs etc.

A Petty Cash Imprest Register should be maintained for this purpose. Payments made from the imprest should be recorded in this register. Each voucher in which payment is made should be serially numbered beginning with each year. Renewal should be obtained to the extent of payments made. This may be done once a month or more frequently if necessary. The voucher for renewal together with the paid vouchers should be sent to the Provincial Office for this purpose. If the imprest is found to be excessive a portion of it should be refunded to the Provincial Office.

At the end of the financial year, the paid petty cash vouchers in hand should be forwarded to the Provincial Office along with the balance cash. When necessary the Head of the institution, with the prior approval of the Provincial Office may retain a portion of cash balance for expenditure at the beginning of the ensuing financial year till he receives the fresh imprest for the new financial year. On receipt of the fresh imprest, the balance imprest retained should be refunded.

Register of Losses :

All losses of stores should be recorded immediately in a register of losses which should contain the following particulars.

- (1) Serial number
- (2) Date of loss
- (3) Item lost
- (4) Quantity
- (5) Original cost
- (6) Approximate value at the time of loss
- (7) Replacement value
- (8) Recoverable value
- (9) Amount determined to be recovered
- (10) Date of final recovery
- (11) Amount written off at government expense
- (12) Authority to write off
- (13) Date of write off
- (14) Initials of supervising officer

Register of shortages :

There are two types of shortages.

- (a) Shortages or breakages of consignment, shortages or damages in transit, shortages due to accident or breakage in use, losses due to natural causes, shortages in breaking bulk, shortages at handing over or test check.
- (b) Shortages due to negligence, carelessness misappropriation etc.

All shortages should be reported to the Provincial Office. The register of shortages shall contain the following information.

- (1) Year of verification
- (2) Observation sheet No. or Board of Survey Report or other reference
- (3) S. R. No.
- (4) Particulars of item
- (5) Quantity
- (6) Recoverable cost
- (7) Names of officers responsible
- (8) Initials of Head of Institution
- (9) Amount recovered
- (10) Monthly recovery

(11) Reference to write off authority

(12) Initials of Head of Institution

Unserviceable items :

As and when an item of stores becomes unserviceable such article should be entered in form Gen. 47 subject to the following.

- (1) Broken or damaged articles should not be included unless authority is obtained from the Provincial Office.
- (2) Spoilt and out dated drugs should not be included unless :
 - (a) Action has been taken to dispose of the excess items to other institutions for use before the expiry date.
 - (b) If these items were not required in the same division Director/MSD should be informed well in advance.

The Provincial office can authorise to include spoilt and out dated items if action referred to above had been taken.

Stores :

Indents should be placed with the Government Supplies Department at the beginning of the year. If the Government Supplies Department is unable to supply within a reasonable period of time. (three months) — indents should be cancelled and purchases made on Tender Procedure. Stores are classified as consumables and non-consumables. Inventory for non-consumable items should be maintained on Form Health 311. The same form should be used for spurious items as well. Form Health 287 should be used for consumable stores.

Register of Counterfoiles :

Form Gen. 20 should be used for receipt and issue of counterfoile books.

Register of Uniforms :

In the first instance all uniforms and uniform materials should be taken into the inventory on form Health 311. From there it should be transferred to register of uniforms.

Drugs Register :

The drugs, namely sections A, B, C & D should be taken into the respective inventory. Issues are recorded according to dates of issue and balanced after receipt and issue.

Miscellaneous Cash Register :

This register is used to record all cash receipts in respect of miscellaneous items such as garden produce, sale of old stores etc. Gen. 172 receipt number should be quoted.

Daily Balance Cash Register :

In this register will be recorded the cash balances available at the end of each day from the following :

- (1) Remittance Register
- (2) Miscellaneous Cash Register
- (3) Imprest Register

Returns/ Statements :

For effective monitoring there should be prompt reporting of required information to the Provincial Office. The type of information needed will be determined by the Provincial office. The information given should be accurate and reliable.

Each institution should review its own activities at periodical intervals in order to ensure that the set targets are being achieved and for taking any corrective measures. When deviations are imminent deviations should be carefully analysed.

In brief, financial management in this area of activity means managing limited resources efficiently, effectively and economically with a view to rendering better service to the public at large.

Instructions :

1. The petty cash imprest is Rs 500/-. The RMO/AMO can use this for any urgent work (buy kerosine oil, candles etc.). But in any one instance the expenditure limit is Rs. 100/- and the total should not exceed Rs. 2,000/- during a month.

For urgent minor buildings repairs he can use upto Rs. 300/- at a time.

The renewal of the petty cash imprest should be done periodically preferably when the balance is at 50% level or monthly.

N.B.

1. Petty cash should not be taken into the Remittance Register.
2. Revenue : The revenue collected should be sent to P. D. H. S. immediately.

16. Buildings

The procedure of attending to maintenance and repairs of existing buildings is as follows :

Major repairs :

1. RMO/AMO has to submit a list of defects to P. D. H. S. preferably before the 30th September, so that the P. D. H. S. can set priorities and include these in the repair plan for the following year.
2. Estimation —
PDHS will send a technical officer to prepare estimates.
3. Calling for tenders.
4. Evaluation of tenders.
5. Offering the tender to the successful tenderer.

2 to 5 will be done at PDHS level in the case of major repairs.

Minor urgent repairs :

The annual financial allocations are :

| | | Rs. |
|----------------|---|---------|
| C. D. & M. H. | — | 1,500/- |
| Maternity Home | — | 1,500/- |
| C. D. | — | 250/- |

RMO/AMO can utilise upto Rs. 250/- at one instance until the provision is over. If the repairs are too frequent the PDHS has to effect permanent repairs.

Quotations may not always be necessary if payments are made to Government Institutions, Corporations, Gramodaya Mandalayas, Co-operative Society, Building Materials Corporation, Rural Development Societies, Multi-purpose Co-operative Societies etc.

Urgent repairs will be mainly for the following areas :

1. Minor roof repairs
2. Repairs to water taps
3. Repairs to wash basins
4. Clearance of blockages to septic tanks
5. Providing locks to doors for security
6. Colour washing or painting of walls
7. Urgent electrical repairs
8. Any other repairs approved by PDHS

Proposed new buildings :

- (a) Location should be easily accessible.
- (b) Central Dispensary :

| Serial Number | Service area | Floor Space (sq. ft.) |
|---------------|------------------|--------------------------|
| 1 | Waiting space | 1000 |
| 2 | RMO/AMO's room | 150 |
| 3 | Dispensary | 100 |
| 4 | Dressings | 100 |
| 5 | Drug Stores | 100 |
| 6 | Thriposha stores | 100 |
| 7 | FA/AMC | 80 |
| 8 | Two toilets | 36 |
| 9 | General stores | 100 |
| | Total | 2000 |

(c) Maternity Home :

| | Antenatal | Labour room | Post natal | Kitchen |
|---------------------|-------------|-------------|------------|---------|
| Bed strength | 10 | 2 | 6 | — |
| Floor space sq. ft. | 2000 | 300 | 1000 | 500 |
| Total | 3800 sq.ft. | | | |

17. Registers and reports — Central Dispensaries

REGISTERS :

OPD register :

Particulars of patients attending the OPD should be entered in the OPD register. It has to be maintained under the headings given in Annexure I. Subsequent visits, Fever and Diarrhoea cases, sputum collected and cases notified must be marked with a "X" in the appropriate column.

At the end of the day, a line has to be drawn and a summary prepared.

A similar register has to be maintained in respect of branch dispensaries and visiting stations.

Collection Book :

A collection book has to be maintained under the headings given in Annexure II. Daily totals from the OPD register and of similar registers maintained in respect of branch dispensaries and visiting stations should be entered in the collection book and totalled up at the end of the month.

Clinic Register :

If clinics are held a register has to be maintained to get the number of first and subsequent visits.

Family Planning :

New acceptors of family planning to be recorded in Form 1200. The same is used for purposes of reporting too, as this has to be filled in duplicate. The return has to be submitted monthly as per instructions given on the reverse of the form.

RETURNS/REPORTS :

OPD/Clinic Return :

This return has to be submitted quarterly to P. D. H. S. Information to prepare this return has to be obtained from the collection book, and the Clinic Registers.

Fever and Diarrhoea reports :

A report giving the total number of fever and diarrhoea cases has to be forwarded to MOH, at the end of every month.

Notification :

Notification Card (H. 544) has to be filled in respect of all cases of notifiable diseases treated at the OPD and submitted to the MOH. It is important that the correct address of the patient is given in the notification card. To facilitate identifying of the patient's home, a prominent landmark should be mentioned where necessary.

Maternity Homes and Central Dispensaries :

All registers, reports and returns have to be maintained as in the case of Central Dispensaries and in addition the following registers/reports/returns etc. have to be maintained.

Admission Register :

Patients are admitted to the Maternity Homes after being registered in the Admission Register. This register has to be maintained under the headings given in Annexure III.

An admission number has to be given for every patient and the numbering done with a new series each year, the number issued being suffixed by the addition of the last two digits of the year *i.e.* 1/89.

Birth Register :

A Birth Register has to be maintained under the headings given in Annexure IV. All births (still and live) over 28 weeks of gestation have to be recorded in this register and a serial number given for each birth registered. Information of still births should be entered in red.

A Birth Declaration form must be filled by the midwife attending the delivery in respect of all live births.

RETURNS TO BE SUBMITTED :

Monthly Maternity Return (H. 830) :

This return has to be forwarded to P. D. H. S. by the 5th of the following month. Information to complete this return should be extracted from the Admission Registers and the Birth Register.

Total patient days has to be obtained from the Daily State of Sick Register (H.102) maintained for diet purposes.

Bed strength and staff return :

Information as on 31st December to be reported. Bed strength return has to be completed after doing a physical count of in-patient beds in all wards of the institution. Examination beds, labour room beds, cribs and cots used for new born healthy infants, unserviceable beds and beds in the rest rooms of the staff etc. should be listed separately and excluded from the patients beds when reporting.

Dr. D.A.B. Dangalla
Director /
Policy Analysis & Development
Ministry of Health
Colombo 10.

Annexure I

O.P.D. Register

| Serial No. | Name of Patient | Sex | Age | Diagnosis | Subsequent visit | Fever | Diarrhoea | Sputum collected | Notified |
|------------|-----------------|-----|-----|---------------------|------------------|-------|-----------|------------------|----------|
| 1. | C. Dias | M | 37 | Malaria | - | × | - | - | × |
| 2. | Wickramanayake | M | 45 | Bronchial Asthma | × | - | - | - | - |
| 3. | Nimal Silva | M | 14 | Dysentery | - | - | × | - | × |
| 4. | Kanthi Prema | F | 23 | Continuous Fever | × | × | - | - | × |
| 5. | ..... |  |  |  |  |  |  |  |  |
| 6. | ..... |  |  |  |  |  |  |  |  |
| 7. | ..... |  |  |  |  |  |  |  |  |
| 8. | ..... |  |  |  |  |  |  |  |  |
| 9. | ..... |  |  |  |  |  |  |  |  |
| 10. | ..... |  |  |  |  |  |  |  |  |
| 11. | ..... |  |  |  |  |  |  |  |  |
| 12. | ..... |  |  |  |  |  |  |  |  |
| 13. | ..... |  |  |  |  |  |  |  |  |
| 14. | ..... |  |  |  |  |  |  |  |  |
| 15. | ..... |  |  |  |  |  |  |  |  |
| 16. | ..... |  |  |  |  |  |  |  |  |
| 17. | ..... |  |  |  |  |  |  |  |  |

Summary for the day

Total visits = 89
 Subsequent visits = 16
 Fever = 12
 Diarrhoea = 6
 Sputum collected = 1
 Notified = 10

Annexure II

Collection Book

| Date | Central Dispensary | | | | Branch Dispensary | | | | Visiting Station | | | |
|------|--------------------|--|-------|-----------|-------------------|--------------|-------------------|--|------------------|-----------|------------------|--------------|
| | Visits 1st sub | | Fever | Diarrhoea | Sputum collected | No. notified | Visits 1st sub | | Fever | Diarrhoea | Sputum collected | No. notified |
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Annexure III

Admission Register

1. Admission number
2. Monthly serial number
3. Name of patient
4. Address
5. Age
6. Marital status
7. Religion
8. Date of admission
9. Time of admission
10. Name and address of guardian
11. Date of discharge
12. Diagnosis

Annexure IV

Birth Register

1. Serial No. (yearly and monthly) 55/89 12
2. Date and time of delivery
3. Sex of child
4. Weight
5. Para
6. Presentation
7. Epis/Tear
8. Case attended by
9. Name of mother
10. Marital status
11. Name of father
12. Address
13. Occupation

Annexure V

National Consultative Meeting to develop a Manual of Management of institutions at PHC level in support of Primary Health Care — 30th, 31st October — 1st, 2nd November, 1989

- Objectives :** To develop manual of management of
1. Central Dispensaries
 2. Central Dispensaries & Maternity Homes (C.DD & M.HH)
- Date of Workshop :** 30th, 31st October, 1st, 2nd November, 1989.
- Venue :** Conference Hall, Ministry of Health
- Resource Group :**
1. Dr. S.D.M. Fernando — Secretary/Health & Women's Affairs
 2. Mr. Lionel Fernando — Secretary to the State Minister of Health
 3. Dr. Joe Fernando — Director General of Health Services
 4. Dr. George Fernando — Deputy Director General (Laboratory Services)

- | | |
|----------------------------|--|
| 5. Dr. Reggie Perera | — Deputy Director General (Medical Services) |
| 6. Dr. E. Rajanathan | — Deputy Director General (Public Health Services) |
| 7. Dr. Kulasiri de Silva | — Addl. Deputy Director General (Medical Services I) |
| 8. Dr. Sanath Gunasekera | — Addl. Deputy Director General (Medical Services II) |
| 9. Mr. K.D. Jinadasa | — Deputy Director General (Administration) |
| 10. Dr. R. Liyanage | — Deputy Director General (Planning) |
| 11. Mr. M. Buddhadasa | — Deputy Director General (Finance) |
| 12. Mr. K. Nadarajah | — Addl. Deputy Director General (Finance) |
| 13. Dr. S. Tennakoon | — R.D.H.S. Kegalle |
| 14. Dr. U.H.S. de Silva | — Provincial Director/W.P. |
| 15. Dr. S.W. Pathinayake | — R.D.H.S. Matara |
| 16. Mr. D. Hettiarachchi | — Provincial Director/C.P. |
| 17. Dr. S. Dalpathadu | — Deputy Director/N.I.H.S. |
| 18. Dr. Ananda Herath | — Director/E & OH |
| 19. Mr. A.N.R. Amaratunga | — Director/Buildings |
| 20. Mrs. B. Nagahawatta | — Director/Nursing (I) |
| 21. Mrs. M. Sooriyarachchi | — Director/Nursing (II) |
| 22. Mrs. S. Samaranayaka | — Medical Statistician |
| Co-ordinator : | Dr. Kulasiri K.T. de Silva — Addl. D.D.G.(M.S.) I |
| Rapporteur : | Dr. S. Tennakoon — R.H.D.S. Kegalle |



