



DISTRICT CORE HEALTH SERVICES FOR ZIMBABWE

2nd Edition (first published in March 1995)



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1. Background to 2nd edition

Zimbabwe developed a document of Core Health Services for the various levels of its health delivery system in 1995. This document outlined in detail the core health services at the Rural Health Centre (RHC) and Community level and the District level with the details of support expected from the Provincial Management Team.

The Core Health Services Package is the minimum defined combination of health services to be provided at a defined level of the health care delivery system. The broad criteria applied to define the core package include:

- Relative cost-effectiveness of interventions
- Size and distribution of the health problems affecting the population at greatest risk. (Demographic and epidemiological profile)
- The resources available for health care

The distribution of health problems has not significantly changed, although the advent of HIV and AIDS and Non-Communicable Diseases have increased the need for services delivered within chronic care systems. In addition, more cost effective interventions for existing diseases and conditions have since been developed over the twenty years. The core health services for Zimbabwe therefore required updating and costing as the Essential Health Benefit that Zimbabwe will provide to the people.

2. Process for updating Core Health Services

The epidemiology of diseases and conditions affecting Zimbabweans was first reviewed, in order to ensure the services to be provided respond appropriately to the diseases and conditions most affecting Zimbabweans.

A draft of the core health services to be provided at RHC and district hospital level was then developed by the Division of Policy, Planning, Monitoring and Evaluation (DPPME) in the Ministry of Health and Child Welfare (MOHCW). This draft was circulated to all departments in MOHCW head office and all Provincial Medical Directors, to provide feedback and solicit services for inclusion according to existing policies and interventions being provided for specific diseases and conditions.

A validation workshop was held on 30th May 2013, where representatives of provinces and MOHCW head office departments reviewed the final draft and gave comments for its finalisation. Participants at this workshop are listed in Annex 1. Final refinements were then made to the package based on all comments received.

3. Epidemiology of Disease and Conditions Affecting Zimbabweans in 2012

Based on data from the MOHCW Health information system, the Zimbabwe Demographic and Health Survey 2005/6 (ZDHS), Multiple Indicator Monitoring Survey 2009 (MIMS), Maternal and Perinatal Mortality Study and other studies, the National Health Strategy (2007 to 2013) identified that Zimbabweans are dying from easily preventable and treatable conditions. The highest causes of morbidity and mortality in Zimbabwe have been defined as follows:

- HIV, AIDS and STIs
- Tuberculosis
- Diarrhoea
- Acute Respiratory Infections,
- Malaria
- Malnutrition
- Injuries
- Hypertension
- Diabetes
- Pregnancy Related and Maternal Perinatal complications
- Mental Health disorders

For 2012, Zimbabwean sought care from our health facilities for the following diseases and conditions (data source: Inpatient Quarterly Returns - T9):

Highest workload contributing diseases and conditions						
Top 10 diseases and conditions in 2011 (National)				Top 10 diseases and conditions 2012 (National)		
		Grand Total				Grand Total
1.	All ANC visits	1,419,667		1.	All ANC visits	1,286,609
2.	ARI	3702604		2.	ARI	3657012
3.	Skin disease	798365		3.	Diarrhoea	907156
4.	Diarrhoea	763174		4.	Skin diseases	716373
5.	Injuries	482950		5.	Injuries	488534
6.	Eye Conditions	407642		6.	Eye Conditions	385694
7.	Malaria	319169		7.	STIs	302995
8.	STIs	319055		8.	Malaria	276157
9.	Dental conditions	182975		9.	Dental conditions	177596
10.	Bilharzia	128236		10.	Bilharzia	134316
11.	Road traffic accident	38929		11.	Road traffic Accidents	38416
12.	Abortion	33366		12.	Abortion	31955
13.	Nutritional deficiency	26319		13.	Nutritional deficiency	23003
14.	Poisoning	24558		14.	Poisoning	20723
15.	Mental disorder acute	5447		15.	Mental disorder acute	5327

National Top 10 Diagnoses of In-patient Discharge and Deaths; All Age Groups (Data Includes Central Hospitals): 2011	
Cases All ages	
DISEASE / CONDITIONS	Cases
1. Normal delivery	59171
2. ARI	21515
3. Obstetric causes (direct & indirect)	17113
4. Hypertensive disease	11232
5. Intestinal Obstruction	10343
6. Malaria	10154
7. Conditions originating in perinatal period	9164
8. Abortion	8995
9. HIV related AIDS	6681
10. Signs, symptoms & ill-defined conditions	6518

Top Ten Causes of Mortality: 2011	
Deaths, All Ages	
DISEASE / CONDITIONS	Deaths
1. ARI	2094
2. HIV related AIDS	1879
3. Conditions originating in perinatal period	1788
4. Pulmonary TB	1202
5. Intestinal Obstruction	1058
6. Other Viral	846
7. Pulmonary/heart/other circ.system diseases	759
8. Signs, symptoms & ill-defined conditions	705
9. Oral cavity & digestive system	692
10. Meningococcal Meningitis (+other meningitis)	665

4. Organising health services to address diseases and conditions affecting Zimbabweans

The diseases and conditions fit in very well with the MDGs and can therefore be grouped along the MDGs and the MOHCW goals namely:-

- Child Health Services responding to MDG number 4 aimed at reducing child mortality
- Maternal Health Services responding to MDG number 5 aimed at reducing maternal mortality
- HIV and AIDs and other diseases and
- Non communicable diseases which are not part of the MDGs.

The Zimbabwe basic package of core health services is therefore based on the diseases and conditions causing the highest morbidity and mortality and can be grouped along the MDGs. The summarised list of the Package is therefore:

<p>Maternal health Care</p> <ul style="list-style-type: none"> • Adolescent Sexual and Reproductive Health Services • Family Planning including PMTCT of HIV Services • Antenatal Care including PMTCT of HIV Services • Delivery Care including EmONC Services • Postpartum Care including PMTCT of HIV Services
<p>Child Health Care</p> <ul style="list-style-type: none"> • Child Health Services (Neonatal care) • Child Health Services (Immunization) • Child Health Services (Integrated Management of Neonatal and Childhood Illnesses') • Newborns and Young Infants Services (infants under 2 months) • Services for Infants (<u>2 months to 5 years</u>) • Child Health Services (Essential Nutrition Package) • Child Health Services (Growth Monitoring and Promotion) • Child Health Services Disability • Diarrhoea in Children • Paediatric HIV
<p>Communicable Disease control</p> <ul style="list-style-type: none"> • HIV/AIDS and Sexually transmitted infections • Tuberculosis • Malaria
<p>Non – Communicable Disease control</p> <ul style="list-style-type: none"> • Eye conditions • Ear, Nose and Throat conditions • Mental Health illness • Injuries, Accidents and Emergencies • Diabetes • Hypertension and Cardio- Vascular Diseases (CVDs) • Common Cancers (Cervical, Prostate, Breast, Retinoblastoma, Colorectal {bowel} Cancer) • Chronic Obstruction Respiratory Diseases (CORD) • Acute and Chronic Renal Disease

For each of the diseases and conditions specific interventions are listed below in the form of services. The costs for addressing the diseases and conditions will then be determined for each service using the information provided in the tables.

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)	
Service provided	What is actually done during service provision	What is required or what are the major inputs?	
1 Adolescent Sexual and Reproductive Health Service	Educate and counsel adolescents about sexual and reproductive health, nutrition and rights in a life skills approach including HIV prevention	Appropriately equipped Youth friendly corners with IEC materials	
	Refer young people/adolescents for sexual and reproductive health and rights services as appropriate	Referral guidelines Referral letters	
2 Family Planning including PMTCT of HIV services	Provider Initiated HIV testing and Counselling (PITC)	Testing equipment and reagents	Gynaecological Services <ul style="list-style-type: none"> • General examination and treatment of common gynaecological conditions is performed. • Investigation and referral for infertility Minor Gynaecological procedures <ul style="list-style-type: none"> • Salpingectomy • Cervical biopsy • Dilatation and Curettage • Marsupialization of Bartholin's duct cyst or abscess • Excision fibroma of vagina • Pelvic examination • Shrodkar suturing • Suction curettage • Insertion of uterine device • Tubal Ligation • Vasectomy Major Gynaecological procedures <ul style="list-style-type: none"> • Laparotomy for ruptured ectopic pregnancy • Repair of ruptured uterus • Laparoscopy - for tubal ligation, dye studies • Ovarian cystectomy • Abdominal hysterectomy
	Provide Information, Education and communication Family planning including STIs including Promoting birth interval greater than 36 months	IEC materials	
	Provide counselling and referral services on family planning; HIV; infertility including dual protection	IEC materials	
	Provide appropriate family planning services of choice including the following: <ul style="list-style-type: none"> ➢ Insertion & removal of IUD ➢ Insert ion & removal of Implants 	Oral Contraceptives Depot Provera Male & female condoms Intra Uterine Devices (IUD) Implants (Jadelle)	
	Provide emergency contraception	Emergency contraception	
	Provide HIV Counselling	IEC materials	
	Provider Initiated HIV Testing and Counselling	Testing equipment and reagents	
	Provide ARV prophylaxis for rape victims	ARVs as per guideline	
	Provide Infertility counselling	IEC materials and Referral letters	

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Service provided	What is actually done during service provision	What is required or what are the major inputs?
3 Antenatal Care including PMTCT of HIV services (Provide Focused Antenatal Care)	Clinical examination to confirm pregnancy	
	IEC and Counselling on pregnancy including substance abuse (drugs, alcohol and smoking)	IEC materials
	Counselling on STIs	IEC materials
	Counselling on nutrition and breastfeeding including	IEC materials
	Counselling on Family Planning	IEC materials
	IEC information on birth preparedness, danger signs, place of delivery, immunizations, etc. Promote institutional delivery	IEC materials
	Counsel women and other family members on diet, importance of reduced workload and breastfeeding	IEC materials
	Clinical examination in search for danger signs and timely referral to a hospital of clients with danger signs in pregnancies and obstetric complications and complications	Guidelines and reference books Case management algorithms
	Check for High blood pressure	BP machine
	Monitor weight gain in the second and third trimesters of pregnancy	Standing scales
	Measuring height	Tape measure
	Take blood for blood grouping	Test tubes for specimen collection
	Urinalysis	Labstix Containers for specimen
	Provide PMTCT using Option B+	ARVs as per protocol
	Detect women with STI's/RTI's and TB	STI's/RTI's and TB test kits and reagents STI's/RTI's medicines as per protocol
Treat women with STI/RTIs	Tetanus injection	
Provide prophylaxis for Tetanus	Iron and folic tablets	
Provide prophylaxis for Anaemia (iron and folic acid) and refer severe anaemia (HB)	Malaria medicines as per protocol	
Provide prophylaxis for Malaria (Intermittent Preventive Treatment 1,2,3)		

Manage and treat:

- severe anaemia
 - threatened, incomplete and complete abortion
 - ruptured membranes but not in labour
 - bleeding per vagina in pregnancy
 - No fetal movements
 - Pre-eclampsia/ eclampsia
- Antenatal exercises

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Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	Stock management and dispensing of appropriate drugs and supplies Provide HIV testing Provide RPR testing Provide prophylaxis treatment to HIV and TB patients Provide ARVs for PMTCT including ART to HIV positive pregnant women Perform Normal deliveries Suturing tears Detect complications of delivery and refer appropriately Provide HIV counselling Provide HIV testing Provide ARVs for PMTCT	HIV test kits and reagents RPR test kits and reagents Cotrimoxazole and other OI medicines Order and stock ARVs for PMTCT and OI/ART	
4 Delivery Care including EmONC service	<p>Provide Basic Emergency Obstetric Care (BEEmONC)</p> <ul style="list-style-type: none"> ➤ Provision of parenteral antibiotics ➤ Provision of parenteral uterotonic drugs ➤ Manual removal of placenta ➤ Removal of retained products of conception (MVA) <p>Arrange transport for obstetric emergencies to next level of care Follow-up referred obstetric and neonatal emergencies. Provide one dose of Vitamin A to all postpartum women Screen for anaemia and refer severe anaemia Promote breastfeeding assistance within one hour of delivery and counsel</p>	<ul style="list-style-type: none"> • Induction of labour • Vacuum extraction • Manual removal of placenta • Curretage • Blood transfusion • Management of Eclampsia • Episiotomy and vaginal repairs • Delivery of multiple pregnancies • Breach and transverse deliveries • Deliveries with episiotomy • Management of collapsed cord • Caesarean section • Repair of ruptured uterus • Manage ante partum haemorrhage 	
		Delivery pack Partograph Referral letter HIV test kits and reagents RPR test kits and reagents ARVs as per treatment protocol Parenteral antibiotics Parenteral uterotonic medicines Parenteral sedatives/anticonvulsants Commodities used in removal of retained products of conception (MVA) Communication system and referral letter Communication system and referral letter Vitamin A Haemoglobinometer and referral letter Iron and folic medicines IEC materials	

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)
Service provided	What is actually done during service provision	What is required or what are the major inputs?
5 Postpartum Care Service at 1, 3, 7, and 42 days (14 days for HIV exposed babies) including PMTCT of HIV provision	Clinical examination to monitor vital signs, state of uterine contraction and vaginal bleeding per protocol	
	IEC on exclusive breastfeeding, prevention and management of breastfeeding difficulties	IEC materials
	Provide Essential newborn care according to the Helping Babies Breath protocol	Helping Babies Breath protocol
	Give guidance on family LAM and use of family planning methods that do not interfere with breastfeeding	Contraceptives, condoms and LAM
	Provide nutrition education and counselling through food based dietary guidelines	IEC materials
	Energy, protein and micronutrient supplementation in women with low body mass index	IEC materials
	Identify and manage puerperal and neonatal complications and refer appropriately	Energy, protein and micronutrient supplementation commodities
	Screen for cervical cancer 6 weeks postpartum; and regularly thereafter	Puerperal and neonatal complications guidelines and medicines
	Screening and refer cancers of the Reproductive Tract	Cervical cancer testing protocol and kit
	Offer HIV testing in women of unknown HIV status	Treatment protocols and IEC materials
	Reinforce good diet and reduced workload for the women	HIV test kits and reagents
	Screen for severe anaemia and refer	IEC materials
6 Newborn Health Services: Resuscitation of asphyxiated newborns at birth	Vitamin A supplementation	Haemoglobinometer and referral letter
	Provide Essential newborn care	Iron and folic medicines
	<ul style="list-style-type: none"> ➢ Suctioning of newborns' airways ➢ Ventilating of newborns using Bag and mask ➢ Provision of thermal care 	IEC materials
	Suction equipment	Special Care Baby Unit
	Bag and mask	<ul style="list-style-type: none"> • Manage neonatal jaundice (Phototherapy) • Care of preterm and other new born babies. • Kangaroo care
	Heaters, baby warmers and blankets	

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Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	Provide parenteral antibiotics where indicated Provide parenteral Vitamin K Provide parenteral dextrose Provide tetracycline eye ointment Weighing of baby Promote initiating breast feeding within one hour Manage low birth weight as per protocol Educate mother on the Child Health Card and recognition of danger signs	Parenteral antibiotics Parenteral Vitamin K Parenteral dextrose Tetracycline eye ointment Baby weighing scale IEC materials Treatment protocols IEC materials	
7	Child Health Services (Immunization)	IEC materials Vaccines Vitamin A Cold chain management (monitor daily temperatures, gas/ electricity) Vaccine management (stock management, ordering and storage) Emergency plan in place in the event of power failure	<ul style="list-style-type: none"> • Distribution of vaccines • Management of severe adverse events from immunisations • Development, production and distribution of IEC material • Maintenance and repairs of cold chain equipment • On-the-job training • Support and supervision
	Provide outreach immunization services Provider Initiated HIV testing and Counselling Reinforce infant feeding messages EPI disease Surveillance to include adverse events following immunisation monitoring Keep a defaulter tracking register Waste management	Vaccines and cooler boxes IEC material HIV testing kit and reagents IEC materials	

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Service provided	What is actually done during service provision	What is required or what are the major inputs?
8 Child Health Services (Integrated Management of Neonatal and Childhood Illnesses) Care of Sick Newborns and Young Infants (infants under 2 months)	<p>Assess, classify and treat the young infant according to IMNCI protocol</p> <p>Give cord, skin and eye care.</p> <p>Treat for local bacterial infections, gonococcal eye infections</p> <p>Keeping the child warm</p> <p>Initiation of breastfeeding immediately after birth and counselling for exclusive breastfeeding</p> <p>Give first immunization</p> <p>Give follow-up care for a sick young infant</p> <p>Determine HIV exposure status; and if HIV exposed, commence cotrimoxazole prophylaxis</p> <p>Offer early infant diagnosis of HIV from as early as 6 weeks of birth</p>	<p>IMNCI protocol</p> <p>IMNCI medicines</p> <p>Antibiotics</p> <p>Eye ointment</p> <p>Incubator</p> <p>Vaccines</p> <p>ARVs for PMTCT and OI/ART medicines</p> <p>Commodities for Dried Blood Spot collection (DBS) for early HIV testing</p>
9 Child Health Services (Care of the sick Child) (2 months to 5 years)	<p><i>Assess and classify the sick child</i></p> <p><i>Treat the child according to IMNCI flow chart for diarrhoea, acute respiratory infections (pneumonia) malaria, measles, acute ear infection, malnutrition and anaemia.</i></p> <p>Perform RDT for malaria</p> <p>Counseling on feeding for all children below 2 years</p> <p>Counseling on feeding for malnourished children between 2 to 5 years.</p> <p>Prevention and management of Iron and Vitamin A deficiency.</p> <p>Immunization</p> <p>Counsel and teach the mother to treat local infections at home</p>	<p>IMNCI protocols</p> <p>Rapid Diagnostic Test kits</p> <p>IEC materials</p> <p>Iron and Vitamin A medicines</p> <p>Vaccines</p> <p>Treatment of referred and serious complicated cases of child hood illness. Common causes of referred and admission cases include:-</p> <ul style="list-style-type: none"> • Pneumonia • Severe dehydration • Complicated severe acute malnutrition (Kwashiorkor / Marasmus) • AIDS definite/probable • Septicaemia • Meningitis • Complicated malaria • Tuberculosis • Cardiac failure • Burns

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Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	<p>Determine HIV exposure status and collect dried blood spot (DBS) in HIV exposed infants for early infant diagnosis of HIV (EID)</p> <p>Give cotrimoxazole prophylaxis to HIV exposed infants till they are confirmed HIV negative; and if HIV positive, continue cotrimoxazole</p> <p>Initiate ART in children who test PCR positive without any delays</p> <p><i>Give follow-up care as appropriate</i> facility;</p> <p>Provide Paediatric ART</p> <p>Promote ITN use in children aged less than 5 years to prevent flies and mosquitoes</p> <p>Promote the 17 key household practices for child survival</p>	<p>Commodities for Dried Blood Spot collection (DBS) for early HIV testing</p> <p>Antibiotics</p> <p>ARVs for PMTCT and OI/ART medicines</p> <p>Paediatric ARVs</p> <p>Insecticide treated mosquito nets</p> <p>IEC materials</p>	<ul style="list-style-type: none"> • Multi-Intoxication • Failure to thrive • Measles
10	Child Health Services (Treatment of Diarrhoea in Children)	<p>IEC materials</p> <p>IEC materials</p> <p>MOHCW Chart booklet and IMNCI Manual</p> <p>Zinc</p>	
11	Child Health Services (Essential Nutrition Package)	<p>IEC materials</p> <p>IEC materials</p> <p>IEC materials</p>	<ul style="list-style-type: none"> • Baby Friendly Hospital Initiative • Provide safe and nutritionally adequate diets for inpatients (hotel services)

	BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)	BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)
Service provided	What is actually done during service provision	What is required or what are the major inputs?
	Provision of advice on safe and nutritionally-adequate home-made complementary foods Counsel on food hygiene, handling, storage and preparation Check and complete vitamin A supplementation. Screen all children for severe acute malnutrition. Treat acute malnutrition Refer children with severe acute malnutrition for appropriate care Give deworming medicine for intestinal worms as per national deworming policy Nutrition counselling for the adequate care of sick children Nutrition counselling for the adequate care of malnourished children Integrated management of severe acute malnutrition through facility- and community-based interventions Counselling on infant feeding in the context of HIV (prevention of mother-to-child transmission of HIV) Provider Initiated HIV Testing and Counselling	IEC materials IEC materials Vitamin A IMNCI protocol and nutrition management guidelines Deworming medicine IEC materials IMNCI protocol and nutrition management guidelines HIV test kits and reagents
12 Child Health Services (Growth Monitoring and Promotion)	Provide Information, Education and communication on growth monitoring including nutrition advice Measure height, weight and MUAC of all under five year olds and record on child health card and provide appropriate advice and treatment Provide Vitamin A supplementation to children 6-59 months every 6 months Promote Nutrition gardens Provider Initiated HIV Testing and Counselling	IEC materials Measuring board, Tape measures Weighing scales Vitamin A IEC materials HIV test kits and reagents
		Management of acute severe malnutrition cases

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Service provided	What is actually done during service provision	What is required or what are the major inputs?	
13 Disability Services for Children and adults (Clinical Rehabilitation Services)	Provide information, education and communication on risk factors and disability	IEC materials	<ul style="list-style-type: none"> • Assessment and rehabilitation treatment for clients in the hospital and at home. • Provision of appropriate aids, equipment and appliances. • Liaison and referral to other professionals and organisations involved in rehabilitation. • Rehabilitation of mentally disordered and mentally handicapped patients • Social Welfare counselling of patients.
	Identifying all babies with a disability and making appropriate referral		
	Thorough examination of all under fives with at least one or more risk factors for disability indicated on their child health cards at each clinic visit		
	Counsel mother/parent		
	Keep a register of all children and adults with disability		
	Strengthen community based rehabilitation		
	Provider Initiated HIV Testing and Counselling		
14 School Health services			
15 Child Welfare Services (Child Violence)	Provide child sensitive services to child survivors of abuse	Victim Friendly facilities	<p>Forensic services to assist the police; provide an accurately completed affidavit form for use in courts</p> <p>HIV and AIDS services, and STIs</p> <p>Determine HIV exposure status</p> <p>Post exposure prophylaxis</p> <p>Prophylactic antibiotics</p> <p>Emergency contraception to prevent pregnancy</p> <p>Management of referred cases and direct cases to the district. Cases are referred to the district for Forensic Examination for Medical Affidavit</p>
	Provide treatment and counselling according to guidelines and treatment protocols	Management guidelines and treatment protocols	
	Provider Initiated HIV Testing and Counselling	HIV testing kits and reagents	
	Provide ARVs for post exposure prophylaxis (PEP)	ARVs	
	Provide prophylactic antibiotics	Antibiotics	
	Provide Emergency contraception	Emergency contraception	
	Involve the relatives / guardian in understanding the nature of the problem, importance of medicine compliance, need for review and utilisation of other services within the Victim Friendly System		
	Strengthen psychosocial support to survivors and their families	IEC materials	
	Strengthen the coordination/integration of survivor friendly services within the Ministry and with other stakeholders		
	Strengthen follow up services		
	Raise awareness on child violence and child rights in collaboration with the Victim Friendly System and Child Protection Committee		

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Service provided	What is actually done during service provision	What is required or what are the major inputs?
16 Curative services HIV/AIDS and Sexually transmitted infections	Refer to district for forensic examination	
	Provide Information, Education and communication on HIV and STIs	IEC materials
	Provider initiated HIV testing and counselling (PITC)	HIV test kits and reagents
	Provide ART	ARVs
	Treat opportunistic infections	
	Conduct Intensified TB case finding in PLHIV	Sputum collection and referral
	Provide Isoniazid Prophylactic therapy for PLHIV	
	Provide PMTCT services	
	Provide ARVs for post exposure prophylaxis (PEP)	
	Syndromic management of STUJs	Antibiotics
	Contact tracing	
	Syphilis screening	RPR test kits
	Adequately treat syphilis	
	Contact tracing of partners of STI clients	
	Management of sexually transmitted infections	Treatment protocols and medicines
	17 Tuberculosis treatment	➢ PID
➢ Gonorrhoea and other discharges		
➢ Bubos		
➢ Genital warts		
➢ Dysuria		
➢ Syphilis		
Provide Information, Education and communication on spread of TB and recognition of symptoms		IEC materials
Initial investigation of TB suspects		
Identification of suspect cases, collect and sending sputum for examination		collect and sending sputum for examination
PITC in all TB suspects and their families		HIV testing and reagents
Initiation of TB treatment on all sputum positive cases		TB management protocols and medicines
Initiation of ART in TB/HIV dually infected patients	ARVs	
Resupply of TB medicines and DOTs		
Maintaining the TB records and registers		
Referral of sputum negative TB suspects		
	<ul style="list-style-type: none"> • Diagnosis of TB • Pulmonary Tuberculosis • Extra Pulmonary Tuberculosis • Management of drug resistant cases of tuberculosis 	

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Service provided	What is actually done during service provision	What is required or what are the major inputs?
	<p>HIV testing and counselling (PITC) in all clients with TB</p> <p>Supervise treatment supporters or community based health workers</p> <p>Registration and assignment to treatment regimen</p> <p>Supervision of continuation phase of DOTS</p> <p>Conduct contact tracing for all sputum positive TB cases</p> <p>Home infection control assessments for all MDR TB patients on community based treatment</p> <p>Isoniazid prophylaxis for under 5 children who are contacts of sputum positive TB patients</p>	<p>TB medicines</p>
Recommended approach to diagnose TB in children	<p>Careful history (including history of TB contact and symptoms consistent with TB)</p> <p>Clinical examination (including growth assessment)</p> <p>Tuberculin skin testing (Mantoux)</p> <p>Investigations relevant for suspected pulmonary TB and suspected extra pulmonary TB</p> <p>HIV testing</p>	<p>Tuberculin skin testing</p> <p>HIV testing and kits</p>
18 Malaria	<p>Appropriate history and symptoms suggestive malaria, appropriate clinical signs supporting the suspected diagnosis</p> <p>Physical examination</p> <p>Confirmation by Rapid Diagnostic Test (RDT)</p> <p>Confirmation by light microscopy</p> <p>First line treatment of uncomplicated malaria with Artemether-lumefantrine (<i>Coartemether</i>)</p> <p>Second line treatment of uncomplicated malaria is Oral Quinine with doxycycline or</p> <p>Clindamycin in line with the treatment guidelines but noting that Doxycycline is contraindicated in children eight years and below and in pregnant women</p> <p>Give appropriate treatment for pregnant women according to malaria treatment protocol (Malaria in pregnancy should be treated with Coartemether after the 1st trimester. (Before then oral Quinine plus</p>	<p>Treatment of severe and complicated cases of malaria and treatment failures</p> <p>Laboratory confirmation of malaria and resistant cases</p> <p>Malaria treatment protocols</p> <p>Rapid Diagnostic Test (RDT)</p> <p>Microscopy</p> <p>Malaria medicines and antibiotics</p> <p>Antibiotics</p> <p>Malaria treatment protocols</p>

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Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	<p>Clindamycin are the medicines of choice, but where oral Quinine is out of stock, Coartemether can be used with caution.</p> <p>Offer malaria IPT in pregnancy in malaria endemic parts of the country</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>Provide mosquito nets</p>	<p>HIV testing and reagents</p> <p>mosquito nets</p> <p>Integrated Disease Surveillance guidelines</p>	
19	Epidemic and infectious prone diseases with special attention to notifiable diseases	<p>Early recognition of epidemic and infectious diseases</p> <p>Immediate notification of epidemic and infectious diseases</p>	Management of epidemic and infectious diseases
20	Non communicable diseases service (Managing Eye conditions)	<p>Community education</p> <p>Perform a physical examination and establish a presumptive diagnosis</p> <ul style="list-style-type: none"> • Test vision using an eyesight-testing chart • external eye examination using a torch • External examination • Cataract active search <p>Provide treatment according to protocol charts/EDLIZ</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>Immediate referral as per protocol charts/EDLIZ</p>	<p>IEC materials</p> <p>Eyesight-testing chart</p> <p>Torch</p> <p>Eye treatment protocols</p> <ul style="list-style-type: none"> • Treatment of common eye diseases such as <ul style="list-style-type: none"> ○ conjunctivitis ○ red eye ○ glaucoma ○ foreign body in the eye ○ refractive error ○ pterygia ○ chalazia and styles • Provision of Cataract Surgery. • Diabetic Retinopathy recognition and referral
21	Ear, Nose and Throat (ENT) services	<p>Community education</p> <p>Perform a physical examination and establish a presumptive diagnosis</p> <ul style="list-style-type: none"> • Examine the ears with an otoscope • external eye examination using a torch • Simple testing for hearing loss using a tuning fork <p>Provide treatment according to protocol charts/EDLIZ</p>	<p>IEC materials</p> <p>Diagnostic set</p> <p>Torch</p> <ul style="list-style-type: none"> • Treatment of complicated and chronic ENT diseases and conditions (acute and chronic ititis and rhinitis • Control of epistaxis • Ear syringing • Removal of foreign bodies from ear/nose.

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)	
Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	<p>Provider Initiated HIV Testing and Counselling</p> <p>Immediate referral as per protocol charts/EDLIZ</p>	HIV testing and kits	<ul style="list-style-type: none"> Removal of other superficial foreign bodies Removal of nasal polyp <p>Nasal packing</p>
22	Mental Health Services	<p>Guidelines and Treatment Protocols for the Management of Common Mental Health Disorders</p>	<p>Management of Mental illness</p> <p>Common Mental Conditions managed include:</p> <ul style="list-style-type: none"> Schizophrenia Depressive illness Mental Handicap Anxiety and/or hypochondriasis Parasuicide Epilepsy Meningitis Cerebral palsy
	<p>Identify early mental disorders and refer to specialist as appropriate.</p> <p>Do a thorough physical examination in all psychiatric cases to identify possible organic causes and to exclude co-existing physical illness (Psychosomatic problems).</p> <p>Do a mental status assessment.</p> <p>Involve the relatives in understanding the nature of illness, importance of medicine compliance and adhering to the prescriber's instructions.</p> <p>Provide treatment and counselling according to protocols in EDLIZ and Guidelines and Treatment Protocols for the Management of Common Mental Health Disorders in Primary Care.</p>		<p>Offer brief interventions for substance abuse</p> <p>Refer complicated cases</p>
	<p>Provider Initiated HIV Testing and Counselling</p> <p>Review patients on psychotropic medication and resupply psychotropic medicines.</p> <p>Strengthen follow up services.</p> <p>Keep and maintain registers of all mentally ill patients.</p> <p>Provide Information, Education and Communication on promotion of mental health and prevention of mental disorders.</p> <p>Educate people about dangers of substance abuse (alcohol, drugs and tobacco) and offer brief intervention.</p> <p>Integrate mental health services and HIV care and treatment programmes through use of appropriate tools.</p>	<p>Psychotropic medicines.</p> <p>IEC material</p>	<p>Provide child friendly mental health services</p> <p>Integrate mental health into HIV treatment services</p>

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)
Service provided	What is actually done during service provision	What is required or what are the major inputs?
	<p>Strengthen psychosocial support to the at risk groups e.g. youths, elderly, chronic ill patients, refugees, street kids, gender based violence, rape victims, stressed families. Identify puerperal psychosis and refer appropriately.</p> <p>Screen babies at Well Baby Clinics for mental health congenital problems (Mental retardation).</p> <p>Screen for mental disorders in school children early and refer to specialists.</p> <p>Supervise village or community health workers on mental health issues.</p> <p>Counsel adolescents with mental health problems (e.g. family conflicts, career selection, alcohol and drug abuse, sexual related problems and physical handicaps) and refer to specialist.</p> <p>Strengthen primary prevention of mental illness (health promotion) through involvement of families, community and society at large.</p> <p>Refer for appropriate rehabilitation treatment</p>	
23 Injuries, Accidents and Emergency Services	<p>Provide information, education and communication to community on child injury prevention</p> <p>Awareness creating of risk factors for injuries and accidents</p> <p>Use management protocols for the various types of accidents and emergencies (Anaphylaxis, transportation accidents, various poisonings, snake bites, animal bites burns, occupational exposure to HIV through accidental needle stick injuries)</p> <p>Counselling on prevention of injuries and accidents if occupational exposure</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>After history taking, provide care according to treatment protocol</p> <p>Suturing of minor cuts and lacerations</p>	<p>IEC materials</p> <p>Management protocols of various accidents and emergencies</p>
		<p>Provide emergency life-saving services</p> <ul style="list-style-type: none"> • Resuscitation • Management of shock • Management of pneumothorax • Tracheotomy • Tracheostomy • Chest drain • Venous cut down • Supra-public catheterization • Urinary catheterization • Management of poisoning from different causes (chemical, snake) • Laryngoscopy adult and paediatric <p>Minor Orthopaedic procedures:</p>

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)	
Service provided	What is actually done during service provision	What is required or what are the major inputs?	
	<p>Provide first aid in limb fractures (splitting/back-slabs) and refer</p> <p>Data collection using OPD registers and reporting on the NCDs Data Consolidation form</p>		<ul style="list-style-type: none"> • Traction and immobilization • Reduction of fractures • Application of POP with or without manipulation under anaesthesia. • Minor amputations. <p>Major Orthopaedic procedures are:</p> <ul style="list-style-type: none"> • Major amputation in emergency • External fixation of fractures • Insertion of steinman pin or K wire for skeletal traction. • Sequestrectomy • Bone drilling (osteomyelitis) • Tendon repair
24	General surgical procedures,		<ul style="list-style-type: none"> • Incision and drainage of abscesses • Debridement of wounds/burns • Suturing of wounds, primary and secondary • Excision of superficial lumps i.e. Keloids, Lipomas, lumps and plantar warts. • Lymph node biopsy • Skin grafting • Cautery of warts. • Release of burn contractures • Haemorrhoidectomy • Appendicectomy • Herniorrhaphy • Laparotomy as an emergency for acute abdomen • Laparotomy-exploratory • Hydrocelectomy • Rectal dilatation <p>Genito-urinary</p>

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)	
Service provided	What is actually done during service provision	What is required or what are the major inputs?	
25	Anaesthetic services		<ul style="list-style-type: none"> Urinary Bladder Catheterization Bladder washout Meatal dilatation Circumcision Anaesthetic services
26	Non communicable diseases service (Managing Diabetes)	<p>Routine Screening for diabetes using blood (Random Blood Sugar) –for at risk groups</p> <p>Screening for Diabetic Foot on all patients with Diabetes</p> <p>Screening for Gestational Diabetes in all pregnant women Random Blood Sugar,</p> <p>Screen all patients for overweight and obesity</p> <p>Counselling on diabetes prevention and control,</p> <p>Counselling on healthy eating and regular exercise</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>Follow –up management of patients with diabetes according to protocol charts / EDLIZ</p> <p>Immediate referral as per protocol charts/EDLIZ</p> <p>Data collection using OPD registers and reporting on the NCDs Data Consolidation form</p> <p>Initiate diabetes treatment</p> <p>Monitoring Blood Sugar levels using Glycosylated HB(HbA1C) , random blood sugar</p> <p>Screen all diabetes patients for hypertension and end organ damage</p>	<p>Screening for Gestational Diabetes in all pregnant women Random Blood Sugar, oral glucose tolerance test (OGTT), Fasting Blood Sugar</p> <ul style="list-style-type: none"> Management of diabetic foot Management of diabetes complications Refer diabetic patients for Diabetic Retinopathy Screening or management by an ophthalmologist Refer gestational diabetes for specialist management (physician and obstetrician)
27	Non communicable diseases service (Managing Hypertension and Cardio- Vascular Diseases-CVDs)	<p>Routine screening for Hypertension on all adult patients</p> <p>Counselling on prevention and control of hypertension</p> <p>Initiation of hypertension treatment and replenish supplies for known cases</p> <p>Screen all hypertensive patients for diabetes</p>	<ul style="list-style-type: none"> Congestive Cardiac failure Pulmonary edema Cerebral Vascular Accident Hypertension Deep Vein Thrombosis Ischaemic heart disease Intermittent claudication

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)		
Service provided	What is actually done during service provision	What is required or what are the major inputs?		
	<p>Screen for end organ damage-Kidney and eyes - clinical</p> <p>Early detection of CVDs through detailed history taking and observation</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>Follow- up management of patients with diabetes according to protocol charts / EDLIZ</p> <p>Immediate referral as per protocol charts/EDLIZ</p> <p>Data collection using OPD registers and reporting on the NCDs Data Consolidation form</p>	HIV test kits and reagents		
28	<p>Non communicable diseases service (Managing Common Cancers: Cervical, Prostate, Breast, Retinoblastoma, Colorectal (bowel Cancer</p>	<p>Community education on the common risk factors of cancers</p> <p>Suspected / clinical diagnosis of common cancers through detailed history taking and referral</p> <p>Routine screening for common cancers: cervical, breast, prostate, bowel, liver, Childhood cancers (retinoblastoma, Wilm's tumour)</p> <p>Counselling on prevention and control of cancer</p> <p>Follow- ups with palliative care of cancer patients</p> <p>PITC for HIV in cancer patients</p> <p>Provider Initiated HIV Testing and Counselling</p> <p>Immediate referral as per protocol charts/EDLIZ</p> <p>Follow- ups with palliative care of cancer patients</p> <p>Data collection using OPD registers and reporting on the NCDs Data Consolidation form</p> <p>Educate community on screening tests for cancer of the cervix and prostate</p> <p>Educate women on breast self-examination</p> <p>Community awareness and education on risk factors for CORD</p> <p>Routine screening for Obstructive airway conditions – asthma using flow- meter Peak Flow- meter</p> <p>Initiation of treatment</p> <p>Counselling on prevention and control of CORD</p> <p>Provider Initiated HIV Testing and Counselling</p>	<p>HIV test kits and reagents</p> <p>IEC materials</p> <p>HIV test kits and reagents</p>	<ul style="list-style-type: none"> • Malignancy • Screening services for common cancers • Refer for specialist management <p>Diagnostic services - biopsy</p> <p>Management of Chronic Obstruction Respiratory Diseases (CORD)</p> <ul style="list-style-type: none"> •Bronchial Asthma • Pneumonia • Chest physiotherapy • Occupational related CORD- Bronchiectasis, Emphysema • Diagnostic services – Radiological services etc
29	<p>Non communicable diseases service (Managing Chronic Obstruction Respiratory Diseases CORD)</p>			

BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)		BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)
Service provided	What is actually done during service provision	What is required or what are the major inputs?
30 Non communicable diseases service (Managing Acute and Chronic Renal Disease)	Immediate referral as per protocol charts / EDLIZ	
	Follow- up management of patients with CORD according to protocol charts / EDLIZ	
	Data collection using OPD registers and reporting on the NCDs Data Consolidation form	
	Creation of community awareness of renal disease	
	Screening for renal disease through detailed history taking and laboratory investigation –for albumen using labstix	
	Diagnostic Services – laboratory based (Urea and Electrolytes, culture and sensitivity test,, 24 hour urine collection for protein, Full blood count,	
	Initiation of treatment	
	Counselling on prevention and control of renal disease	
	Provider Initiated HIV Testing and Counselling	
	Immediate referral as per protocol charts / EDLIZ	
31 Services for the elderly (Ageing and Health)	Follow- up management of patients with renal disease according to protocol charts / EDLIZ	
	Data collection using OPD registers and reporting on the NCDs Data Consolidation form	
	Ensure Older Persons access health care services	
	Screening for all health conditions related to old age.	
	Dental oral examination – all structures in and around mouth	
	Simple dental extraction	
	Oral health education	
	Provider Initiated HIV Testing and Counselling	
	Raising community awareness of oral health issues	
	Referring complicated oral health conditions	
32 Oral Health services	a) Water and Sanitation services	
	-water quality monitoring by EHTs	
	-food quality monitoring	
	-pest control in the community	
	-PHHE	
33 Environmental Health Services		
30 Non communicable diseases service (Managing Acute and Chronic Renal Disease)		
31 Services for the elderly (Ageing and Health)		
32 Oral Health services		
33 Environmental Health Services		

	BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE PRIMARY CARE LEVEL (CLINIC/RURAL HEALTH CENTRE)	BASIC PACKAGE OF CORE HEALTH SERVICES FOR THE HOSPITAL LEVEL (Additional services that are provided at hospital level)
Service provided	What is actually done during service provision	What is required or what are the major inputs?
	<ul style="list-style-type: none"> -supervision of hygiene in the homes -supervision of water sources construction and rehabilitation b) Community health services -health education and promotion including awareness campaigns -Supervision of VHWs -Outbreak investigation and management - Domiciliary visits by health workers in the community Meat inspections Indoor residual spraying (IRS) 	

DIAGNOSTIC SERVICES

Primary level	District Hospital level
<p>LABORATORY SERVICES Rapid diagnostic tests</p>	<p>LABORATORY SERVICES</p> <ul style="list-style-type: none"> • Haematological investigations: <ul style="list-style-type: none"> - Haemoglobin - White cell count - Differential - ESR - CD4 Point of Care • Biochemistry <ul style="list-style-type: none"> - Urine Chemistry - Glucose - Protein - Blood Chemistry - Glucose Potassium - Urea - Cerebrospinal fluid - Glucose - Protein • Bacteriology and Parasitology <ul style="list-style-type: none"> - Sputum for AA FB - Stool microscopy for parasites - Occult blood in stool - Blood and C.S.F Cultures Subcultures at district and sent to provincial laboratory. - Urine for Schistosoma haematobium. - Blood slides for malaria parasite examination. • Blood Bank: <ul style="list-style-type: none"> - A.B.O. and Rhesus grouping - Cross matching of blood • Serological <ul style="list-style-type: none"> - RP R test for syphilis - HIV testing - Pregnancy testing

DIAGNOSTIC SERVICES

Primary level	District Hospital level
<p>Pharmaceutical Services</p> <ul style="list-style-type: none"> • Procure, store, stock control and dispense "C" and "B" list of essential medicines 	<p>Pharmaceutical Services</p> <ul style="list-style-type: none"> • Procure, store, stock control and dispense "C" and "B" list of essential medicines for the hospital. - Preparation of some galenicals. - Monitoring and controlling the above activities at clinics, health centres and rural hospitals. - Training of staff at above institutions. - Supply chain management for optimum medicine management in the district.
	<p>Radiological Services</p> <ul style="list-style-type: none"> • Basic radiological examination of : <ul style="list-style-type: none"> - Chest - Lungs - Abdomen - Spine (Lumbar and cervical) - Skull - Pelvis and hip • Ultra Sound Scan • Barium meal
	<p>FORENSIC SERVICES</p> <p>To assist the police:</p> <ul style="list-style-type: none"> - Post mortem examinations. - Collect blood specimens for blood alcohol examination at the forensic laboratory.

Management (supporting service delivery)	
Primary level	Secondary level
<ul style="list-style-type: none"> ○ Support and supervision visits ○ Annual planning and review meetings ○ Accurate reports submitted ○ Performance appraisal ○ Annual statutory inventory ○ Production of IEC materials for different conditions ○ Data management ○ M&E ○ On Job Training ○ Financial management ○ Medicines management ○ Resource management 	<ul style="list-style-type: none"> ○ Support and supervision visits ○ Annual planning and review meetings ○ Accurate reports submitted ○ Performance appraisal ○ Annual statutory inventory ○ Production of IEC materials for different conditions ○ Data management ○ M&E ○ On Job Training ○ Financial management ○ Medicines management ○ Resource management

ANNEX 1

List of participants Core Health Services Validation Workshop, 30th May 2013

	NAME OF PARTICIPANT	DESIGNATION- ORGANISATION - STATION
1.	Dr D.G Dhlakama	PRINCIPAL DIRECTOR PPMME- MOHCW- HQ
2.	Dr. F. Sibanda	Director Oral Health Service- MOHCW- HQ
3.	Ms. M. Kamupota	Community Nursing Dept. – MOHCW – HQ
4.	Ms. J. Chitando	Community Nursing Deputy. – MOHCW - HQ
5.	Ms. A. Musiwa	Deputy Director National Program of Action for Children – MOHCW- HQ
6.	Ms A. Chigumira	Deputy Director Nutrition- MOHCW- HQ
7.	Dr. E. Makondo	Deputy Director Nurse Education and Training- MOHCW- HQ
8.	Dr. C. Sandy	Deputy Director HIV/AIDS & TB Services- MOHCW- HQ
9.	Mrs. L. Muchena	MoHCW-HQ
10.	Ms Dorcas Sithole	MoHCW-HQ Deputy Director Mental Health
11.	Ms Monica Muti	MoHCW-HQ
12.	Dr. A. Miller	Public Health Advisor – MOHCW- HQ/UNICEF
13.	Mrs Chiwanza	Provincial Nursing Officer- MOHCW- MASVINGO PROVINCE
14.	Ms C. Bakasa	Deputy Director Non Communicable Diseases- MOHCW- HQ
15.	Mr F. Marufu	Mashonaland West Province
16.	Mrs. J. Marembo	Maidlands Province
17.	Ms. C. Jumbe	Mashonaland East Province
18.	Serge Heijnen	Project Leader- Royal Tropical Institute- Netherlands
19.	Kelsey Vaughan	Lead Economist Costing- Royal Tropical Institute- Netherlands
20.	Trevor Mabhugu	Health Economist- Royal Tropical Institute- Harare
21.	Mr Godfrey Musuka	CCORE
22.	JuliahMasocha	
23.	R. Hopje	

