



Ministry of Health and Medical Services

Role Delineation Policy for Solomon Islands



INFRASTRUCTURE, HUMAN RESOURCES AND EQUIPMENT FOR IMPROVED HEALTH SERVICE PROVISION
TOWARDS A HAPPY, HEALTHY AND PRODUCTIVE SOLOMON ISLANDS



MESSAGE FROM THE MINISTER FOR HEALTH



HON. DR TAUTAI AGIKIMUA KAITU'U

On behalf of the government of Solomon Islands, I endorse this Ministry of Health and Medical Services Role Delineation Policy. The Role Delineation Policy sets out the path for health service provision across the country in support of the objectives of the National Health Strategic Plan and our ultimate goal of achieving Universal Health Coverage for our people. As defined by the World Health Organisation, Universal Health Coverage is aimed at ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when accessing these services.

The Implementation of the Role Delineation Policy will, over time, result in improvement in access to and availability of basic health care by expanding the range of services in lower level health facilities and through a sector wide reform. A key component of the policy is ensuring that health infrastructures meet certain minimum standards in terms of design which will require facility infrastructure to be upgraded over time. The Government of Solomon Islands is committed to supporting health infrastructure development across the health sector so that health services can be provided where our people need them.

In addition to functioning infrastructure, the Role Delineation Policy also requires appropriately skilled and experienced staff being available to work in health facilities and in the communities served by those facilities. These health workers also need access to essential medical equipment and supplies to enable them to work effectively and efficiently. As Minister for Health and Medical Services, I strongly support the Ministry's efforts to ensure that the right people are posted to and work in the right place with the right supplies and right equipment. This is essential also in the context of the Ministry's major reform, the restructure of the health sector's functions and staffing which must go hand-in-hand with implementation of the Role Delineation Policy. Implementation of this Role Delineation Policy will be closely linked to the overall reform of Ministry staffing, which I support as Minister, and my government supports, so that we can improve the health of the majority of our people who live in the provinces.

This Role Delineation Policy has been developed in support of the government's National Development Strategy and specifically, in recognition of National Development Strategy Objective 3 which states that all Solomon Islanders will have access to quality health and education. Implementation of the Role Delineation Policy will take time, many years in fact. Implementation of the policy over time though will improve the lives of Solomon Islanders by providing them with access to appropriate services within reasonable distances of their homes, thereby reducing the need for sometimes arduous and expensive travel, and the associated social costs related to having to access services very long distances away from peoples' homes.

I would like to take this opportunity to recognise and appreciate the contributions of my staff within the Ministry for Health and Medical Services, and the support of Development Partners for their commitment and dedication in developing and finalizing this Role Delineation Policy document. I look forward to watching and supporting the implementation of the Role Delineation Policy over the years to come and also to supporting the Ministry's major reform, the organisational restructure.

A handwritten signature in black ink, appearing to be 'Tautai', written over a light blue background.

MESSAGE FROM THE PERMANENT SECRETARY FOR HEALTH



DR TENNETH DALIPANDA

Making public policy that meets short-term needs is relatively easy, but making public policy that stands the test of time is a significant challenge. This Role Delineation Policy is another signpost on our road to improving the health of Solomon Islanders. It has taken many years to develop and finalise because we have wanted it to stand the test of time. Now that it is complete, the Role Delineation Policy will further guide our journey in support of achievement of the objectives of the National Health Strategic Plan. The policy is also inherently linked to the implementation of the Ministry's major organisational restructure reform which will see us delegating authority and powers to the provinces in support of strengthened health care service provision in the provinces, where the majority of our people live.

As mentioned by the Minister, our ultimate goal is to achieve Universal Health Coverage for the people of Solomon Islands. The journey to achievement of Universal Health Coverage is a long one and it will not be an easy journey. The implementation of the Role Delineation Policy will help the Ministry to improve coverage, access to and reach of health services in this country. This is what Universal Health Coverage is really about.

The Role Delineation Policy defines the levels of services, the "packages of care", that are to be provided at each level of health service provision in the country. It is aimed at ensuring that appropriate services are provided closer to where people live so that people can access services without financial hardship. Aligned to this, is the need to have our staff work where services are needed. That is why the Role Delineation Policy and the Ministry's major reform, the restructure, are so important.

Of course, not all services can be provided in all places / at all facilities. This is simply not possible, as we do not have the money, the infrastructure or the staff to provide all services everywhere. The Role Delineation Policy provides us with the way forward though to work towards making sure that we provide appropriate services in appropriate locations, so that people do not have to travel long distances to access services that should be available to them in their Health Zone or in their province.

Over time, under the Role Delineation Policy, health services in rural areas will be enhanced, health infrastructure will be rehabilitated so that the required services can be provided from our facilities, and we will work towards having the appropriate number and appropriately trained staff working from our health facilities. Of course, this will be a challenge as government and development partner funding becomes more difficult to predict in challenging economic times. We are hopeful though, that the government's commitment to financing the health sector will continue to grow and that we are able to use government and development partner funding efficiently and effectively under this policy in the service of our people.

The Role Delineation Policy provides a clear path for service provision for the future. The policy will take time to fully implement, but we will implement it over time, within the resources available to us and hand-in-hand with the organisational restructure, all for the betterment of health service provision to the people of Solomon Islands.

A handwritten signature in black ink, appearing to read 'T. Dalipanda', with a stylized flourish at the end.

CONTENTS

Message from the Minister for Health	1
Message from the Permanent Secretary for Health	2
1) Introduction	5
2) Role Delineation Policy Statement	8
3) Intent of the Role Delineation Policy	8
4) Linkages to the National Health Strategic Plan 2011-2020	8
5) Scope of the Policy	9
6) Guiding Principles	9
7) Levels of Service and the Service Delivery Model	10
Community Centre	10
Rural Health Centres	10
Area Health Centres	11
Urban Health Centre	12
General Hospital	13
National Referral Hospital.....	13
8) Designation of Facility Level – the ‘Facility Classification Process’	14
Health Facility Registration	14
9) The Importance of Partnerships	14
10) The Role of National Health Programs	15
ANNEX 1: ROLE DELINEATION MATRIX	16
ANNEX 2: INDICATIVE STAFFING REQUIREMENTS	32
ANNEX 3: ESSENTIAL INFRASTRUCTURE & EQUIPMENT	35
RURAL HEALTH CENTRE: Summary of facility infrastructure requirements	35
AREA HEALTH CENTRE: Summary of facility infrastructure requirements	37
URBAN HEALTH CENTRE: Summary of facility infrastructure requirements	40
GENERAL HOSPITAL: Summary of facility infrastructure requirements	43
EQUIPMENT REQUIREMENTS	47
ESSENTIAL MEDICINES	47
ANNEX 4: ESSENTIAL REGISTERS, MANUALS, GUIDELINES AND FORMS	48
ANNEX 5: Ministry of Health and Medical Services Proposed Restructure – Draft National Organogram	49
ANNEX 6: Ministry of Health and Medical Services Proposed Restructure – Draft Provincial Organogram	50

Abbreviations

A&E	Accident and emergency
AEFI	Adverse events following immunisation
AHC	Area Health Centre
ANC	Antenatal care
CNCH	Consultant nurse community health
CVD	Cardiovascular disease
DOT	Directly observed treatment
EML	Essential Medicines List
EPI	Expanded programme of immunisation
GBV	Gender Based Violence
HB	Haemoglobin
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
IMCI	Integrated management of childhood illness
IMPAC	Integrated management of pregnancy and childhood
IPT	Intermittent preventative treatment
IRS	Indoor residual spraying
ISH	International Society of Hypertension
IV	Intravenous
IYCF	Infant and young child feeding
LLIN	Long lasting insecticide treated bednets
MDT	Multi drug therapy
MHMS	Ministry of Health and Medical Services
NA	Nurse aide
NCD	Non-communicable diseases
NHSP	National Health Strategic Plan 2016-2020
NRH	National Referral Hospital
OBM	Outboard motor
PA	Personal audio
PEP	Post Exposure Prophylaxis
PGDEC	Postgraduate diploma of eye care
PHC	Primary health care
PMTCT	Prevention of mother to child transmission
PPH	Postpartum haemorrhage
RDP	Role Delineation Policy
RDT	Rapid diagnostic test
RHC	Rural Health Centre
RMNCAH	Reproductive, maternal, neonatal, child and adolescent health
RN	Registered nurse
SAM	Severe acute malnutrition
STI	Sexually transmitted infections
TB	Tuberculosis
UHC	Universal Health Coverage
UHC	Urban Health Centre
ULV	Ultra low volume
VBDC	Vector borne disease control
VCCT	Voluntary confidential counselling and testing
WASH	Water, sanitation and hygiene
WHO	World Health Organization

1) INTRODUCTION

The Solomon Islands Government has adopted Universal Health Coverage (UHC) as the guiding principle for the provision of health services in the country. The goal of UHC is to ensure that everyone in Solomon Islands has access to a package of quality health services without falling into financial hardship by paying for them. To achieve this goal in Solomon Islands, a key strategy was outlined by the Government in the National Health Strategic Plan 2011-15 to move towards the 'packaging of services' at different levels of care. This theme was also continued in the 2016-20 National Health Strategic Plan (NHSP) which is focussed on improving child and maternal health outcomes, addressing communicable diseases and responding to noncommunicable diseases, with the aim of improving the health of the population, especially those most vulnerable and isolated.

The Role Delineation Policy Fundamentals

- Defines the different levels of service in the Solomon Islands Health System
- Developed based on the principles of Primary Health Care
- Acts as a catalyst for health sector reform to strengthen quality service delivery
- Lays the service delivery foundations for future development of the Solomon Islands Health System.
- Provides guidance on types of services (service delivery packages) to be provided at each of the six (6) levels of service to inform service planning and improve service quality
- Defines the referral pathway

The Role Delineation policy reflects the principle of UHC and was developed through a series of consultations and meetings beginning in 2011. The policy is a tool for better defining the range and level of services – or packages of care – to be delivered to given populations across Solomon Islands. The Role Delineation Policy aims to inform the standard requirements for health facilities across the country. It does not define where services will be provided at the levels covered by the policy. The location of services required is determined through the Ministry's service planning processes. The policy forms the basis of the UHC rollout program that aims to further develop, upgrade and extend health services including primary health care services, in alignment with service planning priorities.

At the time of finalisation of this policy, the Ministry for Health and Medical Services (MHMS) is planning to work also on developing a process for formal registration of new health facilities. The registration process will mean that facilities established after the adoption of the Role Delineation Policy will only be supported by the MHMS in relation to staffing and/or provision of drugs and medical supplies, if they are formally registered by the MHMS. Registration will be aimed at ensuring that facilities are built where they are needed, rather than on the basis of political or community influence. Facility Registration will also require that facilities meet minimum standards for health facilities (to be developed) in the Solomon Islands.

An integrated package of essential services available to the entire population is key to promoting equity in health care and efficiency of service delivery. For the first time in Solomon Islands, this Role Delineation Policy document outlines the services that should be provided to the population at each level of service provision.

Primary Health Care

“PHC is essential health care based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination” - Alma-Ata Declaration, 1978.

Principles and values of PHC extend to all aspects of primary, secondary and tertiary care, and public health, throughout the entire health system. This requires a continuity of care, and person-centred, comprehensive and integrated health services that are organized with close-to-client multidisciplinary teams that are responsible for a defined population,

collaborate with social services and other sectors, and coordinate the contributions of hospitals, specialists and community organizations.



The Solomon Islands strategy for UHC in Primary Health Care includes the following:

- Strengthen provincial PHC management capacity;
- Increase quality of health service provision at all levels;
- Identification of packages of services;
- Upgrading of Area Health Centre services and expansion of health service outlets.

Service Delivery Packages

A service delivery package specifies a limited list of public health and clinical services that should be delivered at each level of the health system. The current Role Delineation Policy document details the services to be provided at a Rural Health Centre, Area Health Centre and at General Hospitals. Service packages for the National Referral Hospital (NRH) will follow once planning associated with the proposed relocation of the NRH is completed.

At the national level, the task was to define what services are required to best meet the health needs of the nation. It is for provincial health authorities to decide, in light of local circumstances, how provincial health services are to be provided. Because of these different roles, this national document is about what services are required but does not specify how the services are to be provided.

It is anticipated that these service delivery packages will be used:

- By local staff to help assess their own performance and that of their clinic;
- By the local community who will be able to see the range and quality of services they should expect;
- As planning guidelines by national and provincial health planners to help assess the unmet needs of their population and to draw up plans to bring services up to national standards; and
- By government to guide resource allocation.

These packages are a normative standard meaning that they are the services that should, ideally, be provided by a health facility. Actual implementation and roll-out requires consideration of resource availability, particularly staffing, financing and availability of physical infrastructure, as well as the development of support systems such as supervision, administration, monitoring and communication. Provincial health authorities will be responsible for implementing the packages and will prioritise certain aspects over others depending on local need and resource availability.

National policies and best practice recommendations will change over time and these service delivery packages will be enhanced as more resources are made available. These service delivery packages are intended to be dynamic and will be continuously refined in line with emerging evidence and information. With experience of their use, many things will be found that can be improved. Feedback from patients and staff is essential.

Service Delivery Package Development

Consultations with national and provincial health authorities have been ongoing since 2011. In February of 2014, a service delivery package workshop involving national program directors, provincial health directors and other stakeholders drafted elements of the service delivery packages. Clearly defining the types of facility and the range of services to be provided in line with national program strategies was a key focus.

These were developed further through an iterative, consultative process with national program directors and staff. Individual packages were peer reviewed by local and international experts with feedback helping to refine the packages. Consultations with Provincial Health Directors, program officers, clinical staff, as well as visits to facilities around Solomon Islands also informed the final packages.

Where possible, services were aligned with National Health Strategic plans and best practice guidelines for low resource countries. Reorienting services from a clinically individual focus to a public health population focus was a key consideration.

Packages of services for individual programs were refined and integrated by service level identifying synergies between programs and possibilities for shared resources. Services were categorised into the following 4 integrated packages in line with the priorities of all MHMS programs:

- 1. RMNCAH** (reproductive health, maternal and child health [MCH], child welfare, Expanded Program of Immunisation [EPI], adolescent health, nutrition and HIV/STI)
- 2. Communicable diseases** (TB/leprosy and malaria)
- 3. Non-communicable diseases** (cardiovascular diseases, diabetes, chronic respiratory diseases, cancers, eye and ear health, mental health and dental health)
- 4. Community health** (health promotion, social welfare, community-based rehabilitation, environmental health and rural Water, Sanitation and Hygiene [WASH], Disaster Risk Reduction and climate change)

2) ROLE DELINEATION POLICY STATEMENT

The introduction of the Role Delineation Policy (RDP) is a key foundational step to guide health sector reform in Solomon Islands. Implementation of the RDP will assist the Ministry of Health and Medical Services (MHMS) to improve the delivery of integrated people centred primary health care as a means to achieving Universal Health Coverage for all the people of the Solomon Islands. The Health Services Act empowers the MHMS to establish policy frameworks and standards for the health sector and implementation of policy directives. The implementation of the RDP will bring consistency to service delivery at each level of service, ensuring that Solomon Islanders can expect and receive the same type and quality of health services for each same level of service wherever and whenever they attend.

3) INTENT OF THE ROLE DELINEATION POLICY

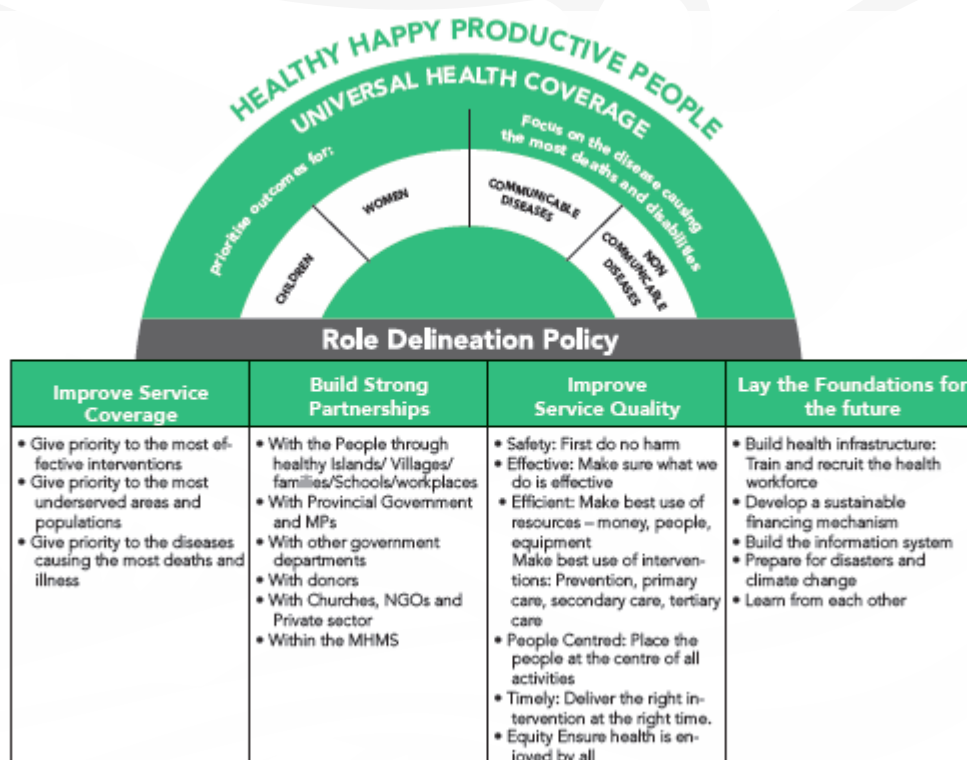
The purpose of this policy is to define the levels of service and the types of services which are expected to be provided at each health facility level. Primarily the policy:

- Acts as a tool for health service planning and health infrastructure development, providing a consistent framework to guide health managers.
- Indicates expected support services, workforce and other requirements for the delivery of clinical and primary health services in Solomon Islands.
- Reaffirms the priority of the Primary Health Care concept in Solomon Islands and its role in strengthening patient referral practices, enhancing the efficiency of the health system and improving access to health services.

4) LINKAGES TO THE NATIONAL HEALTH STRATEGIC PLAN 2011-2020

The Role Delineation Policy underpins the National Health Strategic Plan 2016-2020 (NHSP) in relation to the MHMS' focus on working towards provision of Universal Health Coverage to the people of Solomon Islands.

The Role Delineation Policy is consistent with the goal of improving the range and quality of services available to the population in line with the concept of primary health care and with the overall vision of affordable, accessible health for all. Implementation of the Role Delineation Policy is aimed to support achievement in the four NHSP Key Result Areas: Improve Service Coverage; Build Strong Partnerships; Improve Service Quality; Lay the Foundations for the Future.



5) SCOPE OF THE POLICY

This policy applies to the entirety of the health system – inclusive of government and non-state providers (private, non-government etc.) involved in the establishment and operation of health facilities across Solomon Islands.

Provincial Health Management Teams, community leaders, development partners, non-government organisations and the private sector are encouraged to refer to the Role Delineation Policy when planning service delivery, staffing and infrastructure development / replacement in their provinces. It is envisaged that this policy will form the basis for the establishment in the future of a formal health facility registration and classification process through the Ministry of Health and Medical Services.

It is intended that the Role Delineation Policy is a living policy document and will be updated from time to time. User feedback is welcome and may be submitted to the Office of the Under Secretary Health Care.

6) GUIDING PRINCIPLES

A guiding set of principles govern the structure of the service delivery model and levels of service in Solomon Islands. Using a similar approach to plan health service delivery will result in similar levels of health services being available to all people throughout Solomon Islands at similar levels of quality, no matter where people live or access services.

The establishment and location of new health facilities, or to change the roles of existing facilities needs to be guided by health needs, accessibility and community structure and needs:

Health Needs includes taking into account:

- ✓ **Catchment population** - current and projected size of population in the catchment area. Data could come from the Census or from other relevant sources. These should be as accurate and up to date as possible and take into account also, any large numbers of people routinely travelling in or out of the area for economic or other purposes.
- ✓ **Vulnerable Groups** or other target populations
- ✓ **Referral patterns** – taking into account the ‘referral catchment’ population, local referral patterns and health seeking behaviour of the catchment population to inform health facility location (including residents who access services in another zone due to preference or geographical proximity/ease of access).
- ✓ **Disease burden** and projected disease burden including any ‘hot spots’, high levels of morbidity or efforts where elimination interventions are targeted.
- ✓ **Proximity to other health services and the type and nature of their services** – factors such as distance or travel time. Highly variable and health service planning needs to be informed by local knowledge and health seeking behaviour.
- ✓ **Level of demand**– utilisation data produced by the Health Information System (HIS). These data need to be interpreted carefully, with advice from provincial/local staff because data may be affected by factors such as changes in utilisation patterns, staff absences, facility restrictions or closures, or local security problems.

Accessibility includes taking into account:

- ✓ Geography and topography
- ✓ Availability of reliable water supply, sanitation and waste disposal arrangements
- ✓ Availability of reliable means of communication – e.g. radio, mobile phone
- ✓ Availability of appropriate power/fuel supply to support key functions such as lighting, vaccine fridges, sterilisation
- ✓ Accessibility by tracks, roads, river, sea, airport or other means of transport for medical emergency, referral or evacuation.
- ✓ Proximity to higher levels of services for supervision and outreach services. For example, Area Health Centres (AHC) are generally responsible for providing clinical support and supervision to at least 3 rural health centres.

Community Needs and Structure includes taking into account:

- ✓ Secure enduring land tenure
- ✓ Supports the safety and security of staff, their families and possessions.
- ✓ Existing complementary services, schools, church, market or other government services.
- ✓ Local knowledge and customs
- ✓ Support and demand for service and/or establishment of facility

7) LEVELS OF SERVICE AND THE SERVICE DELIVERY MODEL

This Role Delineation Policy sets out the six (6) levels of service for the Solomon Islands Health System. Based on the concept of Primary Health Care, the service delivery model promotes integrated people centred care provided as close to communities as possible. The Role Delineation Matrix which outlines the Levels of Service and the Service Delivery Packages for each level of health service provision in Solomon Islands can be found in Annex 1. The Levels of Service and their service delivery packages are outlined below:

COMMUNITY CENTRE

Community level health services will be delivered by facility-based staff in collaboration with communities, community volunteers, faith-based organizations, community groups, non-government organisations and other stakeholders. Outreach is essential to provide both clinical and preventative health services efficiently. Nurses based at Rural Health Centres, Area Health Centres and General Hospitals will play an important role in providing outreach services to communities. Upgraded Area Health Centres will be responsible for supporting the outreach activities of other facilities in the zone. The community centre will be owned and managed by the people with support from Rural Health Centre (RHC) staff. A community centre may be a formal structure dedicated to health, or may be a designated space within other facilities such as a church or school, or simply a communal space.

Existing health facilities that do not meet the minimum requirements for classification as a Rural Health Centre will over time be reclassified as Community Centres. Community Centres will not be staffed on a full time basis. Rather, health services will be provided on an outreach basis from Area Health Centres and Rural Health Centres.

The **services delivered** at community level will be largely population-based integrated services including immunisation, family planning, community case management of childhood illness and communicable diseases, self-care and healthy lifestyle counselling for non-communicable diseases, health promotion, education and prevention activities, and participation in community monitoring for Healthy Islands initiatives and outbreaks or emerging diseases.

RURAL HEALTH CENTRES

Rural Health Centres (RHC) are the next level up from the community and require the minimum number of staff – two Registered Nurses or Nurse Aides. Current RHCs and Nurse Aid Posts that fulfil the principles for being designated a RHC, will be upgraded over time so that they are able to provide quality basic clinical services to the surrounding communities through a mix of facility based services and outreach. A strong focus on outreach will ensure that all communities in the catchment area are visited regularly by staff based at the RHC with support from staff based at supervising Area Health Centres. A Rural Health Centre will generally service small rural populations of 1000 people or less and up to 70 contacts per week. This may vary greatly though depending on geography and population.



The **services delivered** at the RHC level will be a basic service delivery package of essential clinical services including first line emergency and trauma care, short term inpatient care for observation, IV administration of antibiotics, fluid replacement or waiting referral, clinical management of rape survivors and victims of sexual violence, reproductive, maternal, child and adolescent health services, including ANC and postpartum and early essential newborn care. RHCs manage simple deliveries and provide stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech. They provide point-of-care testing for communicable diseases and combined risk screening and assessment services for noncommunicable diseases, including blood glucose and blood pressure measurements. They provide refills of antihypertensives, statins and hypoglycemic drugs to established Cardio Vascular Disease (CVD) patients according to prescriptions issued at higher levels of care. They provide a key role and screening for noncommunicable disease risk factors such as blood glucose and blood pressure. They provide a key role in local level disaster assessment and response - mobilising health promotion staff to minimise risk of disease outbreaks. They provide community based treatment and care programmes, including supervision of TB DOTS patients and they provide health advice aimed at reducing the risks associated with unhealthy lifestyles. RHCs provide only a very basic level of laboratory services - point-of-care tests will be the priority.

AREA HEALTH CENTRES

Area Health Centres (AHC) are the next level up from Rural Health Centres and are immediately below the level of Provincial General Hospitals. Generally, there will be one Area Health Centre in each health Zone in each province to provide health services and for administrative purposes. This does vary in some provinces though, where not every zone will have an Area Health Centre. In addition to providing all of the services that are provided at RHCs, AHCs are the facilities where first-level referrals are sent to. Area Health Centres have both a supervision and coordination role for RHCs within the health Zone area. Both inpatient and outpatient care is offered, as well as birthing facilities, administration services and staff housing. There are at least 3 Registered Nurses or Nurse Aides, and AHCs can additionally include a public health officer and support staff. Additional clinical services such as dental, eye and obstetrics are supported by a resident or visiting Medical Officer or dentist/dental therapist coordinated by the AHC. The decision on whether to provide a AHC1 or an AHC2 will be based on guiding principles in combination with resource availability, linkages to other facilities within the Province and projected future population needs.

AHC Level 1

An Area Health Centre Level 1 (AHC 1) will service a health zone or more densely populated area with a reasonably sized population (1,000 to 2,500). An AHC1 may also still be required for smaller populations though, where the population has very restricted access to general hospital care. An AHC1 is responsible for the supervision of RHCs in Health Zones where there is no AHC2.

AHC Level 1's, in addition to the package of services delivered by RHCs, **provide additional** general clinical services including outpatient mental health referrals and follow up care, and general & obstetric inpatient services for 3-5 days. An AHC Level 1 also provides anaesthetic services (adults, ketamine and local for minor surgical procedures). AHC 1 is the first level in the system where HIV counselling, testing and treatment is offered as well as in-patient services for communicable diseases such as severe malaria. Advanced ophthalmology services and visiting dental services are also provided in selected facilities. The AHC level 1 is the first level in the health system where either a resident or visiting Medical Officer shall prescribe antihypertensive, statin and hypoglycemic drugs according to a patient's assessed cardiovascular risk. AHC Level 1's will also provide common cancer screening programmes. Community based rehabilitation and environmental health services are also additionally provided from AHC Level 1's. AHC L1 are generally expected to have 70 to 100 contacts per week (approximately 3,600 to 5,200 contacts per year) and at least 100 inpatient admissions per year.

AHC Level 2

An AHC L2 usually services larger zones or more densely populated areas with large and often growing populations (2500+) but an AHC L2 may also be required for smaller populations (1,000 – 4,000) which have very restricted access to general hospital care. The AHC2 is responsible for the supervision of RHCs in the Zone and provides management and clinical support to those facilities as well as co-ordination of public health programmes within the Zone, including regular visits (minimum quarterly) to all sites; identification of staff training needs; and provision of clinical advice to lower level facility staff. AHC L2 are general expected to have at least 150 contacts per week (approximately 7,800 per year) and at least 200 inpatient admissions per year.

AHC Level 2's **in addition to** the full package of services delivered by AHC1s, will have one full time resident Medical Officer in addition to the nursing staff, to enable longer term admission of patients with acute conditions requiring observation/treatment or awaiting transfer to the Provincial General Hospital or the National Referral Hospital; minor/low risk procedures under local or regional anaesthetic; accident and emergency services including: short term stabilisation and management and, where necessary, transfer to specialist care for trauma and major injuries; acute medical emergencies (including obstetric cases); and psychiatric emergency cases. The AHC level 2 is the first level in the health system to receive urgent/emergent referrals of patients that can not be safely managed at an RHC. Where necessary, some AHC L2's may have a second level medical store for stocking and distribution of essential medicines and supplies to lower facility levels depending on their distance from the provincial second level medical store. An AHC2 is responsible for the supervision of RHCs within a health zone.

URBAN HEALTH CENTRE

Urban Health Centres will provide health services in the urban areas of Honiara primarily, and in provincial capitals as required. Urban Health Centres provide community/population based interventions, but unlike AHCs, do not have any supervision role for other facilities. Urban Health Centres in Honiara City will play an essential gate-keeping role in relation to patients accessing higher level services provided at the NRH. There are two types of UHCs:

UHC 1

Urban Health Centres Level 1's (UHC -1) will provide primary health care services to people living in or on the outskirts of the urban community that they serve. They will undertake minor/low risk procedures under local or regional anaesthetic, and additional specialist clinics may be provided from UHC -1. They will also be responsible for the provision of ambulatory and outpatient care for patients discharged from the General Hospital or National Referral Hospital. Provincial Urban Clinics and smaller Honiara clinics (e.g. current RHCs) will be classified as UHC -1. UHC-1 will have visiting general doctor clinics.

UHC 2

In addition to the services provided by a UHC-1, an Urban Health Centre Level 2 (UHC-2) will provide normal delivery services and short-term inpatient services. UHC 2s may have a resident doctor and dental therapist/dentist – based on need. UHC -2 facilities will only be applicable in Honiara and with the approval of the PS, MHMS, where there is a very large catchment population and with the aim of relieving pressure on the services of the National Referral Hospital.



GENERAL HOSPITAL

General Hospitals provide general acute curative and chronic care inpatient and outpatient services to the population of a province where there is a population greater than 20,000 or the facility is the only general hospital facility for a Province. For smaller populations without a general hospital, resources should be prioritised for AHC Level 1/2. General Hospitals accept patient referrals from lower level facilities based on higher level clinical care requirements. They provide all types of medical services and larger general hospitals also provide general surgical and operating theatre services as well as some specialist surgery, along with both regional and general anaesthetic services. General Hospitals provide additional accident and emergency services including post-operative rehabilitation for trauma related injuries. More advanced diagnostic imaging such as x-ray and ultrasound as well as additional allied health services such as physiotherapy and dietetic services are also provided. General Hospitals will provide clinical outreach services.

NATIONAL REFERRAL HOSPITAL

The National Referral Hospital (NRH) provides tertiary and general hospital services to the population of Honiara and to referred patients from the General Hospitals and other health facilities throughout Solomon Islands. Specialist services are also provided on an outreach basis to provincial general hospitals or to larger Area Health Centres where required infrastructure is available. The National Referral Hospital is also responsible for the coordination and management of overseas medical transfers/referrals and visiting overseas specialist services. Planning is currently underway in relation to the proposed relocation of the National Referral Hospital. This planning will encompass defining the full package of services and specialist services to be provided by the NRH in the future.



8) DESIGNATION OF FACILITY LEVEL – THE ‘FACILITY CLASSIFICATION PROCESS’

The responsibility for the designation of the level of service and classification of health facilities in accordance with the requirements of this Role Delineation Policy will rest with the Ministry of Health and Medical Services. The Ministry will classify facilities in close consultation with Provincial Health Directors.

After the strategic prioritisation exercise that identifies the need for the establishment of new facilities or changing the role of current facilities, approval from MHMS will ensure:

- ✓ Establishment or re-designation aligns with strategic planning priorities and Provincial Plans, Health Workforce Plans, Provincial infrastructure plans and other relevant broader planning priorities.
- ✓ Inclusion in annual budgeting processes and medium-term expenditure frameworks to support recurrent expenditure.
- ✓ Advocacy for additional government or donor resources for health.

HEALTH FACILITY REGISTRATION

Whilst currently, there is no requirement for health facilities to be registered, it is proposed that in the future, health facilities will need to be formally registered through the Ministry of Health and Medical Services. Formal registration will be required for facilities to be eligible to receive support through government systems (e.g. staffing, drugs and medical supplies, etc.). New facilities should only be established with the approval of the Ministry of Health and Medical Services Permanent Secretary.

9) THE IMPORTANCE OF PARTNERSHIPS

The importance of partnerships cannot be overstated. Health services are provided by government but also by both faith-based and commercial organisations in Solomon Islands, however the arrangements for these partnerships are rarely documented. The Ministry’s NHSP includes an objective to improve partnership coordination. This refers to existing formal partnership arrangements with donors, but it also refers to the informal partnerships that exist with



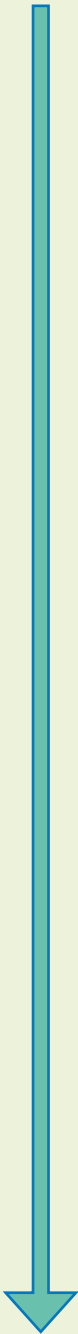
other service providers, with communities, with churches and nongovernment organisations and with the private sector. The Ministry, Provincial Health Divisions and the National Referral Hospital all need to work hard at strengthening partnerships and improving partnership coordination amongst stakeholders. Provincial Health Divisions in particular need to work more closely with local communities so that communities understand that there are joint and mutual responsibilities involved in providing Universal Health Coverage. In addition to the Government’s responsibilities, communities too have responsibilities and communities should be encouraged to support their local health facilities in addition to just using them, for example through maintenance of health facility buildings or through provision of support to health facility staff or through

participation in Village Health Committees. Community participation in Healthy Islands/Villages/Workplace initiatives must also be encouraged through strong partnerships.

10) THE ROLE OF NATIONAL HEALTH PROGRAMS


National Health Programs play an important role in the health sector. In the interests of strengthening service provision in the provinces, the Ministry is looking to move the responsibility for public health program management to the provinces so that all health services provided in the provinces, both curative health and public health services, are managed by Provincial Health Management teams. National Health Programs will still play an important role and will be responsible for policy development, provision of technical advice to the provinces and monitoring and evaluation of public health program performance. The National Health Programs will over time though, relinquish responsibility for the management of public health service provision in the provinces. Provincial Health Public Health Program Managers will no longer directly report to National Health Program Directors, rather they will work as part of Provincial Health Division teams reporting through the Provincial Manager, Public Health Programs to Provincial Health Directors. This change is being made in an effort to move away from the previous 'silo' management of public health programs and towards holistic management of all health services provided at provincial level, by Provincial Health Directors. National versus provincial responsibilities in relation to the management of health programs will be clearly articulated in the proposed restructure of the MHMS. The restructure will also clarify service delivery responsibilities and staffing at the national and provincial levels.

ANNEX 1: ROLE DELINEATION MATRIX COMMUNITY LEVEL SERVICES/ COMMUNITY CENTRES

Patient Pathway	Service Delivery Packages		
	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics (outreach): Assessment, diagnosis, treatment of common medical conditions and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental).	Antenatal Care, Postnatal check ups and Family Planning through outreach in line with MHMS guidelines. Adolescent Health and Development peer education program Men as partners program	Prevention and Vector Control - LLIN distribution and IRS
	Pharmacy dispensing and counselling in line with EML and dispensing of higher classification of drugs in emergencies with medical consultation	EPI - outreach sites	TB /Leprosy: DOTS, case follow up after confirmed diagnosis/notification and for patient missing treatments
		Integrated Management of Childhood Illness (IMCI): community case management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases.	Outbreak reporting to MHMS Surveillance Unit case identification and reporting of outbreaks
		Sexual and Gender based violence services including recognition of signs and symptoms of GBV and referral to specialist GBV service where available and GBV safety planning in consultation with survivors.	
		Community based maternal and newborn care Community based Integrated Management of Acute Malnutrition (IMAM)	


Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Promote self care, SoLPEN Screening & counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems.	Conduct Health Promotion, patient education and community awareness of health lifestyle and disease prevention through home, school, community visits and satellite clinics. Including IEC for prevention from communicable, non-communicable diseases and awareness on RMNCAH, FP, drug adherence and compliance, breast feeding, ANC care, mental health, sanitation and GBV.	Vital Statistics collection (deaths, births, population movement etc.).	No staff. Visits through regular outreach from RHC
Identify and refer new cases of mental disorders as part of outreach clinics, such as acute stress, depression and PTSD and follow-up of known cases.	Community Outreach Visits: Family Health Card, Tidy Village, Village Health Committees, School Visits and Satellite Clinics by facility based staff for ANC, Post-natal care, MNCH, FP, oral health checks and disability screening.	Referral capability: Community role in identifying and initiating referral and protocol, communication means including radio and phone contact with supervising facility and transportation.	
NCD-SoLPEN screenings - Outreach sites.	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.		
Outreach basic Ophthalmic services: Visual acuity testing using Snellens charts by registered nurse. Basic eye health promotions and basic preventive measures for common eye problems in the primary eye care setting.			

RURAL HEALTH CENTRES

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: General visiting doctor clinics, screening, assessment, diagnosis, treatment and referral of common medical conditions (including primary eye care) and diseases in line with Standard Treatment Guidelines, wound care, minor procedures and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental)	Family Planning Services in accordance with MHMS Guidelines Men as partners program Adolescent Health and Development services accordance with MHMS guidelines HIV& STI counselling and education	Provide basic diagnosis and treatment for communicable diseases including malaria, dengue TB, STIs and HIV (includes collection/preparation of samples/smears/specimens to send to laboratory for testing)
	Inpatient services: Short-term admission of patients with acute conditions requiring observation/treatment/IV antibiotics/ fluid replacement or awaiting transfer. Includes admission, monitoring, management and referral of severe malaria, dengue and other communicable diseases.	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia) and stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech etc.; Intra-partum and early new born care and post-partum care in accordance with MHMS Guidelines.	Outbreak reporting to MHMS Surveillance Unit and conducting contact tracing and investigation/ verification of outbreaks
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients presenting with medical emergencies/trauma. Provision of first line support / Psychological First Aid to survivors of Gender Based Violence (GBV) and referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims	EPI: routine immunization against all national target diseases supported by functioning cold chain in place, or as regular outreach site	
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	Integrated management of childhood illness (IMCI): management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases	
		Infant and Young Child Feeding program (IYCF) Integrated Management of Acute Malnutrition (IMAM)	


Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines, NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD) ; classification, treatment and follow-up in accordance with MHMS Guidelines	Satellite clinics by facility based staff to provide: child health; early ANC screening; breastfeeding and nutrition support; promotion of maternal and reproductive health; birth plan promotion; oral health checks; screening for disabilities, etc.	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	Staffing numbers & skill mix should be based upon actual caseload & number of shifts per week. At least 2 Registered Nurses or Nurse Aides (or mix of both)
Chronic Disease Care: Promote self-care, Sol-PEN screenings & counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.	Referral Capability and Communication: referral protocol, mean of communication (radio and/or phone for consultation/contact capability with supervising facility), transportation (boat/ambulance); for medical retrievals/transfers and referral	
Frontline management of mental disorders such as acute stress, depression and PTSD and follow-up of known cases.	Disaster Risk Management and Outbreak Responses: Conduct local level assessment of disasters and outbreaks and mobilisation of health promotion teams	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Basic Ophthalmic services: Visual acuity testing using Snellens charts by registered nurse. Basic eye health promotions and basic preventive measures for common eye problems in the primary eye care setting.	Community based prevention and promotion services including IEC: Counselling and education on risk factors, signs and symptoms of cancer, cardiovascular disease and other NCDs; Vector Control (LLINs & IRS); patient education and community awareness of healthy lifestyle and disease prevention through home, school, community visits & satellite clinics; WATSAN, Nutrition.	Pharmacy dispensing and counselling, in line with Essential Medical guidelines, plus dispensing of higher classification of drugs in emergencies, with medical consultation	
	Community based treatment and care services: Community Directly Observed Treatment (DOT) during TB continuation phase, Supervision of leprosy treatment and monthly Multi Drug Therapy (MDT) and follow up of PV Malaria, NCDs, Mental health patients and other chronic patients	Basic Laboratory Services (e.g. haemoglobin testing, point of care tests,)	

AREA HEALTH CENTRE LEVEL 1

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: General visiting doctor clinics OR Resident MO, screening, assessment, diagnosis, treatment and referral of common medical conditions (including primary eye care) and diseases in line with Standard Treatment Guidelines, wound care, minor procedures and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental). Outpatient psychiatric care and psychological counselling, mental health examinations and diagnosis of illness	Sexual and Reproductive Health: Family Planning Services in accordance with MHMS Guidelines ; STI and HIV/AIDS counselling and testing in accordance with MHMS Guidelines. Men as partners program Adolescent Health and Development services accordance with MHMS guidelines	Provide basic diagnosis and treatment for communicable diseases including malaria, dengue TB and HIV (includes collection/preparation of samples/smears/specimens to send to laboratory for testing)
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients presenting with medical emergencies/trauma. Provision of first line support / Psychological First Aid to survivors of Gender Based Violence (GBV) and referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia and infection, ultrasound etc.) and including stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech with basic Emergency Obstetric Care; intra-partum and early new born care and post-partum care in accordance with MHMS Guidelines	Inpatient Services for admission, monitoring, management and referral of severe malaria, and dengue cases and other communicable diseases
	Inpatient Services: Short-term admission (3-5 days) of patients with acute conditions requiring observation/treatment/IV antibiotics/ fluid replacement or awaiting transfer. Anaesthetic services – Ketamine & Local Anaesthetic Nerve Blocks or Infiltration in Adults and Children older than 5 years for minor surgery only. NB. Ketamine can be used only if the doctor available is confident.	EPI: routine immunization against all national target diseases supported by functioning cold chain in place, or as regular outreach site	Outbreak reporting to MHMS Surveillance Unit and conducting contract tracing and investigation/verification of outbreaks
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	Integrated management of childhood illness (IMCI): management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases	
		Infant and Young Child Feeding program (IYCF) Integrated Management of Acute Malnutrition (IMAM)	

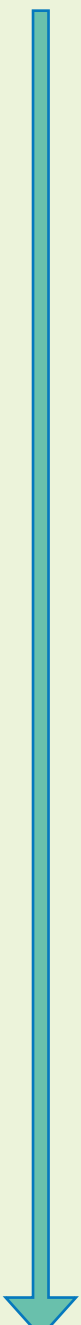
Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines for screening, diagnosis, management and referral of patients; NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD) : classification, treatment and follow-up in accordance with MHMS Guidelines	Satellite clinics by facility based staff to provide: child health; early ANC screening; breastfeeding and nutrition support; promotion of maternal and reproductive health; birth plan promotion; oral health checks; screening for disabilities, etc.	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	<p>Staffing numbers & skill mix should be based upon actual caseload & number of shifts per week. 3 + Registered Nurses/ Nurse Aides (midwifery trained), 1 Public Health Officer, 1 support staff. Visiting Medical Officer/ Resident MO/ optional Dental Therapist. Lab staff.</p>
Chronic Disease Care: Promote self-care, counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems	Community based prevention and promotion services including IEC: Counselling and education on risk factors, signs and symptoms of cancer, cardiovascular disease and other NCDs; Vector Control (LLINs & IRS); RMNCAH, patient education and community awareness of healthy lifestyle and disease prevention	Referral Capability and Communication: referral protocol, mean of communication (radio and/or phone for consultation/contact capability with supervising facility), transportation (boat/ ambulance); for medical retrievals/transfers and referral	
Basic Dental Services: case management, pain relief, antibiotic prescribing for infection.	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Visiting Dental Clinic: Extractions, pain relief, restorations, referrals and periodontal treatment, Dentures, simple fracture treatment, surgical removal of wisdom teeth, composite/amalgam fillings, limited RCT, diagnostic services and endodontic treatment	Disaster Risk Management and Outbreak Responses: Conduct local level assessment of disasters and outbreaks and mobilisation of health promotion teams	Supervision, support and management of primary health care facilities and co-ordination of Public Health Programmes within the zone, including regular visits (minimum quarterly) to all sites; identification of training needs; provision of clinical advice	
Advanced ophthalmology services: Slit lamp examination of the eye, Cataract, pterygium and diabetes eye care screening, Refraction services and ordering of prescriptions from National Optical Workshop	Community based treatment and care services: Community Directly Observed Treatment (DOT) during TB continuation phase, Supervision of leprosy treatment and monthly Multi Drug Therapy (MDT) and follow up	Basic Laboratory Services (e.g. haemoglobin testing,)	
Frontline management of mental disorders such as acute stress, depression, PTSD and management of minor mental illness and respite admissions.	Community based rehabilitation services and provision of assistive devices	Pharmacy services including drug information, dispensing/ counselling, ward imprest supply and secondary storage and distribution of drugs and medical supplies in facilities that are far away from secondary medical store.	
Screening for unhealthy lifestyle - smoking, betel nut chewing, sedentariness, physical inactivity, unhealthy diet and obesity and provision of health education/information	Environmental health inspections including provision of advice and support for toilet, water supply and drainage construction in communities, and provision of adequate water supply to clinics in the zone;	Coordinate Disaster Response (as per Disaster Plan)	
Common cancer screening programs (e.g. cervical, oral, etc.)			

AREA HEALTH CENTRE LEVEL 2

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: Nurse Clinics, Resident and visiting doctor clinics, screening, assessment, diagnosis, treatment, management and referral of common medical conditions (including primary eye care) and diseases in line with Standard Treatment Guidelines, wound care, minor procedures and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental); Outpatient psychiatric care and psychological counselling, mental health examinations and diagnosis of illness.	Sexual and Reproductive Health: Family Planning Services in accordance with MHMS Guidelines ; STI and HIV/AIDS counselling and testing in accordance with MHMS Guidelines. Men as partners program Adolescent Health and Development services accordance with MHMS guidelines	Provide basic diagnosis and treatment for communicable diseases including malaria, dengue TB and HIV (includes collection/ preparation of samples/smears/specimens to send to laboratory for testing)
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients ; acute medical emergencies (including obstetric cases); and psychiatric emergency cases	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia and infection, ultrasound etc.) and including stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech with basic Emergency Obstetric Care; intra-partum and early new born care and post-partum care in accordance with MHMS Guidelines	Inpatient Services for admission, monitoring, management and referral of severe malaria, and dengue cases and other communicable diseases
	Inpatient Services: Short-term admission (5-7 days) of patients with acute conditions requiring medical consultation, observation/treatment/ IV antibiotics/fluid replacement or awaiting transfer. General & Obstetrics. Anaesthetic services – Ketamine and Regional(spinal and local Anaesthetic nerve blocks) only in adults and children older than 2 years & only if Dr is available at this level for initial management of surgical cases. Longer term admission of patients with acute conditions requiring observation/treatment or awaiting transfer.	EPI: routine immunization against all national target diseases supported by functioning cold chain in place, or as regular outreach site	Outbreak reporting to MHMS Surveillance Unit and conducting contract tracing and investigation/verification of outbreaks
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	Integrated management of childhood illness (IMCI): management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases	
	Surgical Services: minor/low risk procedures under local anaesthetic & Ketamine & Regional (spinal and local Anaesthetic nerve blocks) only in adults and children older than 2 years & only if Dr is available at this level for initial management of surgical cases.	Infant and Young Child Feeding program (IYCF) Integrated Management of Acute Malnutrition (IMAM)	
	Specialist Clinics (e.g. medicine, eye, obstetric).		


Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SoIPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines for screening, diagnosis, management and referral of patients; NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD) : classification, treatment and follow-up in accordance with MHMS Guidelines	Satellite clinics by facility based staff to provide: child health; early ANC screening; breastfeeding and nutrition support; promotion of maternal and reproductive health; birth plan promotion; oral health checks; screening for disabilities, etc.	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	<p>Staffing numbers & skill mix should be based upon actual caseload & number of shifts per week. Indicative: 4 + Registered Nurses/Nurse Aids (inc. midwifery & primary eye care trained); 1 Medical Officer; 1 + Public Health Officers; 1 Pharmacist; 1 Lab Technician; 1 Dental Therapist/ Dentist; 1 Administration Officer; 1 Cook; 1 Driver; 1 + Support Staff;</p>
Chronic Disease Care: Promote self-care, counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems.	Health Promotion and IEC for Communicable, Non-Communicable Diseases, RMNCAH etc., screening for communicable disease symptoms and referral of suspected cases.	Referral Capability and Communication: referral protocol, mean of communication (radio and/or phone for consultation/contact capability with supervising facility), transportation (boat/ ambulance); for medical retrievals/transfers and referral.	
Basic Dental Services: case management, pain relief, antibiotic prescribing for infection.	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Visiting Dental Clinic: Extractions, pain relief, restorations, referrals and periodontal treatment, Dentures, simple fracture treatment, surgical removal of wisdom teeth, composite/amalgam fillings, limited RCT, diagnostic services and endodontic treatment	Disaster Risk Management and Outbreak Responses: Conduct local level assessment of disasters and outbreaks and mobilisation of health promotion teams	Supervision, support and management of primary health care facilities and co-ordination of Public Health Programmes within the zone, including regular visits (minimum quarterly) to all sites; identification of training needs; provision of clinical advice	
Advanced ophthalmology services: Slit lamp examination of the eye, Cataract, pterygium and diabetes eye care screening, Refraction services and ordering of prescriptions from National Optical Workshop.	Community based treatment and care services: Community Directly Observed Treatment (DOT) during TB continuation phase, Supervision of leprosy treatment and monthly Multi Drug Therapy (MDT) and follow up.	Basic Laboratory Services (e.g. haemoglobin testing.)	
Frontline management of mental disorders such as acute stress, depression, PTSD and management of minor mental illness and respite admissions.	Community based rehabilitation services and provision of assistive devices.	Pharmacy services including drug information, dispensing/ counselling, ward imprest supply and secondary storage and distribution of drugs and medical supplies.	
Common cancer screening programs (e.g. cervical, oral, etc.)	Environmental health inspections including provision of advice and support for toilet, water supply and drainage construction in communities, and provision of adequate water supply to clinics in the zone;	Coordinate Disaster Response (as per Disaster Plan)	
		Diagnostic Imaging: General X-ray and basic ultrasound in approved AHC2 facilities only	

URBAN HEALTH CENTRE (TYPE 1)

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: Nurse clinics, visiting doctor clinics, screening, assessment, diagnosis, treatment, management and referral of common medical conditions (including primary eye care) and diseases in line with Standard Treatment Guidelines, wound care, minor procedures and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental). ; Outpatient psychiatric care and psychological counselling, mental health examinations and diagnosis of illness	Sexual and Reproductive Health: Family Planning Services in accordance with MHMS Guidelines ; STI and HIV/ AIDS counselling and testing in accordance with MHMS Guidelines. Men as partners program Adolescent Health and Development services accordance with MHMS guidelines	Provide basic diagnosis and treatment for communicable diseases including malaria, dengue TB (including community directly observed treatment (DOT) during continuation phase and HIV (includes collection/preparation of samples/smears/specimens to send to laboratory for testing)
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients presenting with medical emergencies/trauma; Provision of first line support / Psychological First Aid to survivors of Gender Based Violence (GBV) and referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia and infection, ultrasound etc.) and including stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech.	Referral of severe malaria, and dengue cases and other communicable diseases to hospital.
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	EPI: routine immunization against all national target diseases supported by functioning cold chain in place, or as regular outreach site	Outbreak reporting to MHMS Surveillance Unit and conducting contract tracing and investigation/verification of outbreaks
	Integrated management of childhood illness (IMCI): management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases	Infant and Young Child Feeding program (IYCF) Integrated Management of Acute Malnutrition (IMAM)	Confirmatory Testing for CD: microscopy for malaria - if distance to Hospital is far.


Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines for screening, diagnosis, management and referral of patients; NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD) : classification, treatment and follow-up in accordance with MHMS Guidelines	Health Promotion and IEC for Communicable, Non-Communicable Diseases, RMNCAH etc., screening for communicable disease symptoms and referral of suspected cases	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	<p>Staffing numbers & skill mix should be based upon actual caseload & number of shifts per week with after hours on call arrangements.</p> <p>Indicative staffing: 4+ Registered Nurses/ Nurse Aides; 1 Medical Officers; 1 Pharmacist; 1 Dental Therapist/ Dentist; 1 Support Staff</p>
Chronic Disease Care: Promote self-care, Screening on PEN& counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems.	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.	Referral Capability and Communication: referral protocol, mean of communication (radio and/or phone for consultation/contact capability with supervising facility), transportation (boat/ambulance); for medical retrievals/transfers and referral	
Frontline management of mental disorders such as acute stress, depression, PTSD and management of minor mental illness and respite admissions.	Community based treatment and care services: Community Directly Observed Treatment (DOT) during TB continuation phase, Supervision of leprosy treatment and monthly Multi Drug Therapy (MDT) and Case follow up after diagnosis/ notification and follow-up of TB and Leprosy patients missing treatment	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Basic Ophthalmic services: Visual acuity testing using Snellens charts by registered nurse. Basic eye health promotions and basic preventive measures for common eye problems in the primary eye care setting.	Community based rehabilitation services and provision of assistive devices	Supervision, support and management of primary health care facilities and co-ordination of Public Health Programmes within the zone, including regular visits (minimum quarterly) to all sites; identification of training needs; provision of clinical advice	
		Pharmacy dispensing and counselling, in line with Essential Medical guidelines, plus dispensing of higher classification of drugs in emergencies, with medical consultation	
		Basic Laboratory Services (e.g. haemoglobin testing,)	

URBAN HEALTH CENTRE (TYPE 2)

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: Resident Medical Officer, screening, assessment, diagnosis, treatment, management and referral of common medical conditions (including primary eye care) and di-seases in line with Standard Treatment Guidelines; wound care, minor procedures and referral of patients requiring more complex or specialised care and Outpatient psychiatric care and psychological counselling, mental health examinations and diagnosis of illness.	Sexual and Reproductive Health: Family Planning Services in accordance with MHMS Guidelines ; STI and HIV/ AIDS counselling and testing in accordance with MHMS Guidelines. Men as partners program Adolescent Health and Development services accordance with MHMS guidelines	Provide basic diagnosis and treatment for communicable diseases including malaria, dengue TB (including community directly observed treatment (DOT) during continuation phase and HIV (includes collection/preparation of samples/smears/specimens to send to laboratory for testing).
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients presenting with medical emergencies/trauma; Provision of first line support / Psychological First Aid to survivors of Gender Based Violence (GBV) and referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia and infection, ultrasound etc.) and including stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech.	Referral of severe malaria, and dengue cases and other communicable diseases to hospital.
	Inpatient Services: Short-term admission (24-48hrs) of patients with acute conditions requiring observation/treatment/IV antibiotics/ fluid replacement or awaiting transfer. Obstetrics - normal delivery services and postnatal care for low risk pregnancies in facilities approved for deliveries.	EPI: routine immunization against all national target diseases supported by functioning cold chain in place, or as regular outreach site.	Outbreak reporting to MHMS Surveillance Unit and conducting contract tracing and investigation/verification of outbreaks.
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	Infant and Young Child Feeding program (IYCF) Integrated Management of Acute Malnutrition (IMAM)	
	Surgical Services: same day minor/low risk procedures under Ketamine or local infiltration and regional anaesthetic.		
	Specialist Clinics (e.g. medicine, eye, obstetric)		


Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines for screening, diagnosis, management and referral of patients; NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD): classification, treatment and follow-up in accordance with MHMS Guidelines	Community based rehabilitation services and provision of assistive devices.	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	<p>Staffing numbers & skill mix should be based upon actual caseload & number of shifts per week with after hours on call arrangements. Indicative staffing: 4+ Registered Nurses/ Nurse Aides; 1 Medical Officers; 1 Pharmacist; 1 Dental Therapist/ Dentist; 1 Support Staff</p>
Chronic Disease Care: Promote self-care, Screening on PEN& counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems.	Health Promotion and IEC for Communicable, Non-Communicable Diseases, RMNCAH etc., screening for communicable disease symptoms and referral of suspected cases.	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Dental Services: case management, pain relief, antibiotic prescribing for infection.; extractions, pain relief, restorations, referrals and periodontal treatment, Dentures, simple fracture treatment, surgical removal of wisdom teeth, composite/amalgam fillings, limited RCT, diagnostic services and endodontic treatment.		Pharmacy services including drug information, dispensing/counselling, ward imprest supply (in UHC2 facilities approved to admit patients)	
Advanced ophthalmology services: Slit lamp examination of the eye, Cataract, pterygium and diabetes eye care screening, Refraction services and ordering of prescriptions from National Optical Workshop.		Diagnostic Imaging: General X-ray and basic ultrasound in approved UHC2 facilities only.	
Frontline management of mental disorders such as acute stress, depression, PTSD and management of minor mental illness and respite admissions.		Administration services and other support services including transport, coordination, maintenance services, domestic supplies, store services.	
Home care services: including diabetic foot care, retinopathy screening when practical.		General waste management and disposal, cleaning and grounds maintenance services	

GENERAL HOSPITAL

Service Delivery Packages			
Patient Pathway	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	General Outpatient Clinics: Doctor clinics, screening, assessment, diagnosis, treatment and referral of common medical conditions (including primary eye care) and diseases in line with Standard Treatment Guidelines, wound care, minor procedures and referral of patients requiring more complex or specialised care and selection/organisation of patients for visiting clinics (medical & dental); Outpatient psychiatric care and psychological counselling, mental health examinations and diagnosis of illness.	Sexual and Reproductive Health: Family Planning Services in accordance with MHMS Guidelines ; STI and HIV/AIDS counselling and testing in accordance with MHMS Guidelines. Men as partners program Adolescent Health and Development services accordance with MHMS guidelines	Laboratory diagnosis of communicable diseases such as malaria, dengue TB and leprosy.
	Basic Emergency and Trauma Treatment: assessment, diagnosis, stabilisation and basic treatment/initial management and referral/transfer of patients presenting with medical emergencies/trauma. Provision of emergency treatment and Psychological First Aid to survivors of Gender Based Violence (GBV), referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims.	Maternal Health Services: Antenatal Care (including birth planning, screening, preventative measures, treatment of anemia and infection, ultrasound etc.) and including stabilisation and referral of complicated pregnancies such as pre-eclampsia and breech with Emergency Obstetric Care; intra-partum and early new born care and post-partum care in accordance with MHMS Guidelines.	Inpatient Services for admission, monitoring, management and referral of severe malaria, dengue cases, TB patients during treatment intensive phase and other communicable diseases.
	Inpatient Services: Short-term admission (1-2 days) of patients with acute conditions requiring medical consultation, observation/ treatment/IV antibiotics/fluid replacement or awaiting transfer. General & Obstetrics. Anaesthetic services – General Anaesthetics, ketamine & Regional (spinals, epidurals and local regional blocks) where an aesthetist is available. Epidurals may be given depending on experience and confidence of the anaesthetic Dr.	EPI: Administration of TT for mothers, BCG, Hep B birth doses, immunisation for children in-patients.	Outbreak reporting to MHMS Surveillance Unit and conducting contact tracing and investigation/ verification of outbreaks.
	Inpatient Services: Longer term admission of patients with acute conditions requiring observation/treatment or awaiting transfer; Admission of patients with conditions requiring more intensive/specialised nursing care; Acute psychiatric inpatient unit or secure ward area. Post-operative rehabilitation for trauma related injuries.	Integrated management of childhood illness (IMCI): management of diarrhoea, pneumonia, malaria, mild newborn illness, pre-referral treatment and referral of severe cases.	
	Clinical Management of rape survivors and victims of sexual violence including provision of HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	Sexual and Gender Based Violence services including recognition of signs and symptoms of gender based violence and referral to specialist GBV service where available and Gender Based Violence safety planning in consultation with victims.	
	Surgical Services: General surgical and operating theatre services and visiting Specialist surgical services;	Infant and Young Child Feeding program (IYCF) Facility base Integrated Management of Acute Malnutrition (IMAM) Mother Baby Friendly Hospital Initiative (MBFHI)	
	Anaesthetic services – General Anaesthetic, Ketamine and Regional in adults and Children older than 1 year (spinal +/- Epidurals, and local infiltration or nerve blocks). Epidurals may be given if Dr. has experience and is confident.		
	Specialist Clinics (e.g. medicine, eye, obstetric).		
	Accident and emergency services including: short term stabilisation and management and, where necessary, transfer to specialist care of trauma and major injuries; acute medical emergencies (including obstetric cases); and psychiatric emergency cases;		

Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines, NCD clinics and follow up services. This also includes Asthma and Chronic Obstructive Pulmonary Disease (COPD) : classification, treatment and follow-up in accordance with MHMS Guidelines	Health Promotion and IEC for Communicable, Non-Communicable Diseases, RMNCAH etc., screening for communicable disease symptoms and referral of suspected cases.	Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	Hospital staffing number & skill mix based upon actual caseload of each ward & number of shifts per week; Nurse staffing numbers will depend on size and level of activity at hospital. Policy is to have at least one midwife per shift; General medical officer and Specialist Medical Officers - (eg General Surgeon, Anaesthetist, Obstetrician, Paediatrician, etc (at larger Provincial Hospitals); Laboratory Technicians; Dental staff; medical imaging technician, physiotherapist; medical records office; administration and support staff.
Chronic Disease Care: Promote self-care, counsel on healthy lifestyles, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility based services for people with chronic health conditions, disabilities and mental health problems; Specialised treatment and admission of patients with NCDs	Community based monitoring: Health Islands monitoring and assessment of disasters and outbreaks, mobilisation of health promotion teams.	Referral Capability and Communication: referral protocol, mean of communication (radio and/or phone for consultation/contact capability with supervising facility), transportation (boat/ambulance); for medical retrievals/transfers and referral .	
Asthma and Chronic Obstructive Pulmonary Disease (COPD) : classification, treatment and follow-up in accordance with MHMS Guidelines	Disaster Risk Management and Outbreak Responses: Conduct local level assessment of disasters and outbreaks and mobilisation of health promotion teams	Infection Prevention and Control: sterilisation (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Basic Dental Services: case management, pain relief, antibiotic prescribing for infection.	Community based treatment and care services: Community Directly Observed Treatment (DOT) during TB continuation phase, Supervision of leprosy treatment and monthly Multi Drug Therapy (MDT) and follow up	Clinical supervision and support to primary health care facilities, identification of in-service training needs; provision of clinical advice	
Resident Dental Clinic: extractions, pain relief, restorations, referrals and periodontal treatment, Dentures, simple fracture treatment, surgical removal of wisdom teeth, composite/amalgam fillings, limited RCT, diagnostic services and endodontic treatment.	Community based rehabilitation services and provision of assistive devices.	Laboratory Services: All basic plus providing wide range of diagnostic tests & Blood Bank Services.	
Advanced ophthalmology services: Slit lamp examination of the eye, Cataract, pterygium and diabetes eye care screening, Refraction services and ordering of prescriptions from National Optical Workshop.	Environmental health inspections including provision of advice and support for toilet, water supply and drainage construction in communities, and provision of adequate water supply to clinics in the zone.	Diagnostic Imaging: General X-ray and basic ultrasound is approved AHC2 facilities only.	
Eye clinic: eye surgery and specialist eye care (diabetes eye care, glaucoma, cataract surgery, pterygium etc.)	Food Safety and Quarantine Services	Pharmacy services including drug information, dispensing/counselling, ward imprest supply and secondary storage and distribution of drugs and medical supplies.	
Frontline management of mental disorders such as acute stress, depression, PTSD and management of minor mental illness and respite admissions.	Physiotherapy Services	Coordinate Disaster Response (as per Disaster Plan).	
Common cancer screening programs (e.g. cervical, oral, etc.)	Dietetics / Nutrition Service	General waste management and disposal, cleaning and grounds maintenance services	
		General Services: Administration, Domestic Supplies, Kitchen & Catering services, Linen & Laundry Services, Engineering, biomedical and maintenance services.	
		Mortuary Services.	

NATIONAL REFERRAL HOSPITAL

Patient Pathway	Service Delivery Packages		
	General Clinical Services and Essential Trauma Care	RMNCAH	Communicable Diseases
	Outpatient clinics: assessment, diagnosis, treatment and management of patients requiring more complex or specialised care. Provision of first line support / Psychological First Aid to survivors of Gender Based Violence (GBV).	Maternal Health Services/Obstetrics/ Gynaecology: Antenatal Care in accordance with MHMS Guidelines (treatment of anemia and infection, ultrasound etc.) and stabilisation of complicated pregnancies such as pre-eclampsia and breech; intra-partum and specialized early new born care and post-partum care; comprehensive Emergency Obstetric Care and caesareans in accordance with MHMS Guidelines.	Laboratory diagnosis of communicable diseases such as malaria, dengue TB and leprosy.
	Accident and emergency services including: short term stabilisation and management and specialist care of trauma and major injuries; acute medical emergencies (including obstetric cases); and psychiatric emergency cases.	Hospital IMCI according to the MHMS Guidelines.	Inpatient Services for admission, monitoring, management and referral of severe malaria, dengue cases, TB patients during treatment intensive phase and other communicable diseases.
	Clinical Management of rape survivors and survivors of sexual violence including provision of emergency contraception, HIV PEP, STI PEP, voluntary confidential counselling and testing (VCCT) for HIV, HIV Rapid Diagnostic Testing (RDT) & STI testing. Referral of patients to SafeNet or other GBV services.	EPI: Administration of TT for mothers, BCG, Hep B birth doses, immunisation for children in-patients.	Outbreak reporting to MHMS Surveillance Unit and conducting contract tracing and investigation/ verification of outbreaks.
	Admissions: Long and Short Term admission or patients with acute conditions requiring observation or treatment; with conditions requiring more intensive/specialised nursing care.	Infant and Young Child Feeding program (IYCF) Facility based Integrated Management of Acute Malnutrition (IMAM)	
	In-patient Services: General and Obstetric, rehabilitation (including Physiotherapy and Dietetics/nutrition services), Psychiatric.		
	General and Specialist Surgical and operating service.		
	Anaesthetic services – General Anaesthetic, Ketamine and Regional in both Adults and Children (spinal, Epidurals, Caudals, ketamine and Regional Nerve Blocks) for all age groups and all Anaesthetic Risk patients ASA 1 to ASA 5.		
	Full range of Specialist Clinics and Services		
	Post-operative rehabilitation for trauma related injuries.		
	Pharmacy dispensing and counselling, in line with Essential Medical guidelines, plus dispensing of higher classification of drug.		

Non-Communicable Diseases	Community/Population Based Health Services	Support Services	Indicative Staffing
Implementation of SolPEN (Solomon Islands Package of Essential Non-communicable disease interventions) in accordance with MHMS Guidelines, NCD clinics and follow up services.		Information Management: Collection of vital statistics e.g. deaths and births, population movements etc, HIS data collection, collation and reporting.	Highest Complexity for Staff - based on skill mix and case load and number of shifts per week. Greatest need for specialists and allied health staff and support services.
Chronic Disease Care: Promote self-care, counsel on healthy lifestyles, provide basic health care and psychosocial support, Specialised treatment and admission of patients with NCDs and referral to community level facilities for follow-up care.		Referral and Communication Capability: Facilitate & Coordinate emergency medical retrievals/transfers (boat/ambulance) and overseas referrals. Provide clinical support through radio/telephone.	
Asthma and Chronic Obstructive Pulmonary Disease (COPD): classification, treatment and follow-up in accordance with MHMS Guidelines.		Infection Prevention and Control: sterilisation services (CDSS) (autoclave & sterile store) and infectious waste disposal, water & hygiene in facility - piped clean water into Labour Ward and Treatment Room at a minimum.	
Frontline management of mental disorders such as acute stress, depression and PTSD and acute psychiatric inpatient or secure ward care.		Clinical Supervision and support and management: Provide medical consultation and advice for staff of PHC facilities; Conduct clinical outreach and touring services.	
Advanced ophthalmology services: Slit lamp examination of the eye, Cataract, pterygium and diabetes eye care screening and specialist eye care.		Laboratory Services: All basic plus providing wide range of diagnostic tests & Blood Bank Services.	
		Diagnostic Imaging Services: General X-ray and ultrasound.	
		Pharmacy services including drug information, dispensing/ counselling, ward imprest supply and secondary storage and distribution of drugs and medical supplies.	
		Coordinate Disaster Response (as per Disaster Plan)	
		General waste management and disposal, cleaning and grounds maintenance services.	
		General Services: Administration, Domestic Supplies, Kitchen & Catering services, Linen & Laundry Services, Engineering, biomedical and maintenance services.	
		Mortuary Services.	

ANNEX 2: INDICATIVE STAFFING REQUIREMENTS

Minimum staffing requirements for all levels of facilities and services have been determined on the basis of consultation with stakeholders at the various levels of service provision in the Solomon Islands health sector. Job descriptions for all staff will be reviewed to explore all options for the efficient delivery of quality services. Job descriptions will also detail what is expected of those staff in coordination/leadership roles at AHCs. The Provincial Organogram will clearly define the reporting and functional relationships between the different levels of health service provision.

COMMUNITY HEALTH CENTRES

Staffing will not be provided in Community Health Centres as services will be provided on an outreach basis to Community Health Centres.

RURAL HEALTH CENTRES

In order to provide all of the services required of a Rural Health Centre, each facility should have the following full-time personnel with support provided by staff from supervising facilities.

CATEGORY	NUMBER	COMMENTS
RN/NA	2+	Number dependent on catchment population and utilisation

Urban Health Centre (UHC), Level 1 AHC and Level 2 AHC

In order to provide all of the services expected of an Area or Urban Health Centre, including community outreach services, each facility should have the following minimum number of staff. Total staff numbers and staffing mix will depend on the facility catchment size, population health needs and local conditions. Priorities in different areas will be determined by provinces in consultation with MHMS. If some staff posts are not provided at an AHC, services may instead need to be provided by staff based at the supervising Provincial Hospital.

CATEGORY	UHC 1	UHC 2	AHC L1	AHC L2	COMMENTS
RN/NA	4+	4+	3+	4+	The following key functions will need to be performed by appropriately trained and certified nursing staff based at AHCs / UHCs: 1) Routine nursing services; 2) Midwifery, Reproductive and Child Health services; 3) NCD Nursing: Cardiovascular risk screening and assessment, primary eye care; 4) Community / Public Health service provision and coordination.
Medical Officer - General	0+	1	0+	1	A Medical Officer (MO) will be based in all AHC L2s. MOs in AHC 1s will depend on need. In AHC 1s without a MO, a MO should visit the AHC 1 at least once every three months
Public Health Officer			1+	1+	Proposed multi-skilled focal point for all public health programs (e.g. malaria, water & sanitation, health promotion, etc.)
Pharmacy Officer/Pharmacist	0+	1	0+	1	Should be a pharmacy officer at UHCs and AHCs if there is a MO at the facility

Laboratory technician	0+		0+	1	Includes malaria & TB microscopy
Dental Therapist/Dentist		1	0+	1	- approved AHC Level 1 facilities only
Medical imaging technician				0+	Medical imaging may be available at some AHC level 2 facilities. e.g. Malu
Administration Officer				1	
Cook				1	
Support Services staff	1	1	1	1+	(Cleaning / Laundry & Maintenance)
Logistics and Transport Officer			0+	1	

GENERAL HOSPITAL

Service levels to be provided at General Hospitals will be determined through Ministry for Health and Medical Services service planning processes. The number and categories of staff required at General Hospitals is dependent on patient activity levels and the type of services provided at each hospital. Indicative minimum staffing levels for General Hospitals are provided below:

CATEGORY	Minimum Number	Comments
HOSPITAL STAFF		
Registered Nurse	Nurse staffing numbers will depend on size and level of activity at hospital. Policy is to have at least one midwife per shift.	
Midwife		
Clinical Nurse		
Medical Officer - general	1+	Additional medical officers will be required at larger general hospitals.
Specialist Medical Officers - (e.g. General Surgeon, Anaesthetist, Obstetrician, Paediatrician, etc.)	1+	Larger provincial hospitals (e.g. Kilufi and Gizo)
Dental Officer/dentist	1	
Dental therapist	1	
Dental assistant	1	
Dental technician	1	
Laboratory Officers	1+	Scientist and / or Technician
Medical imaging technician	1+	Radiographer / technician / sonographer
Pharmacist	1	
Pharmacy officer	1+	
Medical records/HIS officer	1+	Numbers will depend on the size of the hospital
Physiotherapist	1	Larger hospitals only
Infection Control Officer	1	
Administration officer	1+	Numbers will depend on the size of the hospital
Domestic supervisor	1	Larger hospitals only
Domestic staff	5+	Kitchen, laundry, cleaning – numbers will depend on the size of the hospital
Facility Manager	1	
Maintenance staff	1+	Carpenter, electrical, plumbing, gardener
Biomedical Technician	1	
Driver/boatman	1+	

NB. Provincial Health Program staffing numbers will be determined by the proposed management structure for Provincial Health Services (provincial organogram) currently in the process of finalisation.

ANNEX 3: ESSENTIAL INFRASTRUCTURE & EQUIPMENT

The following guidelines describe the facilities required to deliver the core services outlined above. They provide a checklist for future planning of health facilities and upgrading or modification of existing facilities.

Two sets of requirements apply: the general requirements listed below and the more detailed functional requirements summarised for each level of health facility presented in the following pages.

Additionally, standard design plans have been prepared for use when building new Rural Health Clinics or Area Health Centres. The standard facility design plans incorporate all of the functional requirements detailed below in addition to the necessary floor areas required to accommodate health facility functional requirements. The Standard Facility Design Plans can be obtained from the MHMS Infrastructure Unit.

All health facilities are expected to meet the following infrastructure requirements:

- ☐ Water supply – tanks, standpipe or mains supply, with hand washing facilities in all clinical areas
- ☐ Power supply for fridge, lighting and staff housing – solar, standby generator or mains
- ☐ Suitable sanitation arrangements to support the requirements of the facility, including a septic tank.
- ☐ Incinerator for proper disposal of medical waste
- ☐ Accessibility – for people with disabilities
- ☐ Security fencing with a gate. Fence should be adequate to protect staff and buildings
- ☐ Good ventilation and temperature control achieved by means of site selection and the orientation, design and construction of the facility.
- ☐ Insect screening to all areas.
- ☐ Good lighting (preferably solar) in all clinical areas.
- ☐ Staff housing – houses of standard MHMS approved design (including water tank, power and lighting) to reflect required staff numbers.

RURAL HEALTH CENTRE: SUMMARY OF FACILITY INFRASTRUCTURE REQUIREMENTS

Service/Function		Functional requirements	Notes
Multipurpose waiting and Health	Patient and Primary	Well- Ventilated waiting area with seating for up to 20 people adjacent to outpatients and clinic area. Notice board for clinic information and health promotion material.	Covered deck or veranda recommended. Access to accessible toilets and hand washing.
Clinics - outpatients, testing (RDT), emergency medical care	General Malaria	Consultation room with nurse's desk, seating for up to 4 patients, examination/treatment bed, and emergency trolley, dressing/injection trolley, equipment cupboard and work bench, file storage.	
Special Counselling admin	Clinic Room /	Clinic with an examination bed, small nurse's desk with chair, filing cabinet, seating for one patient and hand basin	
Basic pharmacy service		Lockable room with	Room should be well

Service/Function	Functional requirements	Notes
EPI Medical stores	<ul style="list-style-type: none"> – 4.5m² of open shelving for medications, plus lockable cabinet for dangerous drugs. – Well ventilated area for EPI fridge and vaccine packing – shelving and open space for storage of linen, clinical and administrative supplies plus wheelchair, stretcher etc. 	ventilated and cool, no direct sunlight. Solar powered fridge preferred. Refer to Pharmacy Standards.
Inpatient care - general	1 x 2 bed room with sink and access to accessible shower and toilets. .	
Inpatient care - maternity	1 x 2 bed room with access to hand washing sink, accessible shower and toilets	
Delivery	Room with delivery bed + sink, emergency / resuscitation trolley, etc. Access to accessible shower and toilet.	Consider providing egress for labouring mothers to go outside.
Delivery waiting area (Optional)	Leaf haus or deck/veranda with ample space to sit and walk around accessible from Labour Ward	
Clean utility	Well-ventilated room for sterilising equipment. Sink and bench for autoclave. Shelving for clean storage including linen.	
Dirty utility	Sluice with sink for washing of clinical equipment, drying rack.	
Bathroom facilities	1 each accessible toilet shower for male and female. External toilet and hand washing for outpatients. Staff toilet and hand basin. Accessible clinic toilet and hand washing accessible from patient waiting area.	Female bathroom directly accessible from delivery room.
Laundry	Laundry tub and bench connected to water supply	Consider additional tub and bench outside labour ward
Waste disposal	Facilities for safe storage of clinical waste and sharps. Fenced Incinerator/drum for burning clinic waste. Deep pit with air-sealed concrete lid.	Located well away from clinic areas.
Bush Kitchen	Detached traditional open fire kitchen for inpatients away from clinic building	
Canoe & OBM Storage	Lockable storage for OBM, fuel and supplies	

AREA HEALTH CENTRE: SUMMARY OF FACILITY INFRASTRUCTURE REQUIREMENTS

Service/Function	Functional requirements	Notes
Patient waiting	Sheltered, well ventilated waiting area, adjacent to outpatient clinic, seating up to 20 people, adjacent to Outpatient and Clinic area. Notice board for health promotion material display.	Covered deck or veranda recommended. Access to toilet and hand washing.
Reception, registration	Consultation area adjacent to waiting area with nurse's desk, seating for up to 4 patients, file storage.	Consider provision of movable partition to provide privacy and flexibility of use
General outpatient and visiting medical clinics	Consult/exam room(s) with desk, seating for up to 4 patients, examination bed, equipment cupboard and workbench, sink for hand washing.	May also be used for interview/counselling Number of rooms varies with level of demand.
Treatment Room	Private screened cubicle, with good lighting, sink, patient bed/trolley, injection/dressing trolley. Include doorway from Treatment room to waiting area.	Provide for curtain that can be drawn between the Treatment Room and Outpatient consultation room
Emergency medical care	Directly accessible, screened area with examination/treatment bed, set up for emergency patients. Trolley with emergency equipment.	In smaller centres, is shared with outpatient Treatment Room.
Primary Health Care	Well ventilated area for assembly of up to 20 people, semi-open deck/ hall suitable. Screened cubicle or examination room for antenatal examinations.	Access to toilet and sink desirable for antenatal care.
PHC waiting	Sheltered waiting area for antenatal classes, health education groups and public health outreach. Space for 20 people.	Covered deck or veranda recommended.
Primary Eye Care Services (only at approved AHC L1 facilities)	Eye examination and treatment space to fit a slitlamp area, visual acuity area and treatment area.	A separate eye clinic/room should be provided where the caseload/service demand is high and specialised equipment installed.
Dental service (only at approved AHC L1 facilities)	Dental treatment area with dental chair, drill unit, suction unit, sink and bench top autoclave. May have separate waiting area.	If portable dental unit available use surgical procedure room for dental clinic.
Inpatient care - general	4 x 2 bed rooms/bays (male and female) with sink and access to accessible shower and toilets.	Bed numbers need to be determined separately at each site, based on utilisation
Inpatient care – paediatric/isolation	2 bed room with sink and access to shower and toilets with window to allow observation from the office.	Optional, busy centres only.
Postnatal	2 bed room with sink and access to labour ward, shower and toilets.	
Labour and Delivery	Labour room with ample space for women to sit and walk around. Delivery room enabling access to delivery bed from all sides, emergency / resuscitation trolley, etc. Private sink, accessible toilet and shower.	Communities should consider construction of local material waiting house for mothers who have travelled away from the home village.

Service/Function	Functional requirements	Notes
Delivery waiting area (Optional)	Leaf haus or deck/veranda with ample space to sit and walk around easily accessible from Labour Ward	Delivery waiting area (Optional)
Lab Room	Microscopy staining bench plus microscope table and wet area with sink near dispensing window	Should be in close proximity to outpatient area. Good light essential.
Dirty utility	Sluice with sink for washing of clinical equipment, drying rack.	
Clean utility	Well-ventilated room for sterilising and packing equipment. Sink and bench for autoclave. Shelving for clean equipment storage.	
Pharmacy Room	Lockable room with adequate bench space for outpatient dispensing, 20m ² of open shelving plus lockable DDA box or cupboard securely fixed to a wall or door. Incorporates well ventilated area for storage of vaccines and EPI fridge. Additional storage area if designated as Second Level Medical Store (+4.5m ² per clinic served) + space for assembling/packaging of orders.	Should be cool room, no direct sunlight. Refer to Pharmacy Standards. Requires access to storage area from wharf or drop-off point.
Medical store	Lockable room with shelving for linen, clinic and admin supplies, plus area for wheelchair, stretchers, trolleys and all equipment for Health Promotion and Environmental Health projects.	
Administration, communications, public health.	Staff office - lockable open-plan office with desks, chairs, lockable cabinet and file storage, health radio. Includes work stations for clinical and public health staff.	Should be in close proximity to outpatient area. Size of office will depend on staff numbers.
Bathroom facilities	Inpatient area: 1 x male and 1 x female accessible toilets and showers. Labour and delivery: sink, accessible shower & toilet. Outpatients: male and female accessible toilets and sinks Staff: shared toilet, sink and shower.	
Laundry	Concrete tub and bench connected to water supply.	
Waste disposal	Facilities for safe short-term storage of clinical waste and sharps. Incinerator/drum for burning clinic waste. Deep pit with air-sealed concrete lid.	Refer to Infection Control policy. Located well away from clinic areas.
Bush Kitchen	Detached traditional open fire kitchen for inpatients away from clinic building	
Generator house	Enclosed storage for standby generator.	

OBM/fuel Storage	Lockable storage for OBM, fuel and supplies. May include space for Field Officers.	
Canoe storage	Protected open compound (preferably fenced) at water's edge.	
LEVEL 2 AREA HEALTH CENTRE: As above plus:		
Service/Function	Functional requirements	Notes
Doctor's office	Office with desk, bookcase, computer, phone, filing cabinets and space for up to 4 visitors.	
Medical imaging	Ultrasound room with change cubicle and adjacent toilet. Busier centres may have x-ray room plus processing room, reporting area with light box/computer and bench and file storage. May have separate waiting area for up to 4 people.	
Primary Eye Care Services	Eye examination and treatment space to fit a slitlamp area, visual acuity area and treatment area.	A separate eye clinic/room should be provided where the caseload/service demand is high and specialised equipment installed.
Dental service	Dental treatment area with dental chair, drill unit, suction unit, sink and bench top autoclave. May have separate waiting area.	If portable dental unit available, use surgical procedure room for dental clinic.
Medical and malaria laboratory	Laboratory area with specimen reception window, separate 'clean' and 'dirty' rooms for conducting tests, each fitted with benches, sinks and storage cabinets for reagents.	Room should be well ventilated and easily accessible from outpatient area.
Surgical procedures	Procedure room with scrub bay, power, light. Recovery bay. Staff change room and toilet. Sterile store.	Should be readily accessible from A&E area.
Kitchen	Sufficient space for a small internal kitchen, with stove, fridge, bench space and sink.	Could also be used for cooking demonstration / training for new mothers etc.
Laundry	Space for washing machine and laundry tubs plus table for folding sheets	
Group/meeting/training room/ Admin Office	Multi-purpose Admin Office Large enough to also accommodate groups of up to 20 people for meetings.	Located adjacent to shared office area. Could be shared with Primary Health Care
Inpatient wards	Additional beds may be required, in 4 bed wards, depending on level of utilisation.	
Waiting house	Separate accommodation areas for antenatal mothers and discharged patients awaiting transport.	

URBAN HEALTH CENTRE: SUMMARY OF FACILITY INFRASTRUCTURE REQUIREMENTS

LEVEL 1 URBAN HEALTH CENTRE

Service/Function	Functional requirements	Notes
Patient waiting	Large, sheltered, well ventilated waiting area, adjacent to outpatient clinic, seating up to 50 people, adjacent to Outpatient and Clinic area. Notice board for health promotion material display.	Covered deck or veranda recommended. Access to toilet and hand washing. Consider provision of television screen for use with health promotion messaging or free to air tv for waiting patients.
Reception, registration	Consultation area adjacent to waiting area with nurse's desk, seating for up to 4 patients, file storage.	Consider provision of movable partition to provide privacy and flexibility of use
General outpatient and visiting medical clinics	Consult/exam rooms, each with desk, seating for 4 patients, examination bed, equipment cupboard and workbench, sink for hand washing.	May also be used for interview/counselling Number of rooms varies with level of demand.
Treatment Room	Private screened cubicle, with good lighting, sink, patient bed/trolley, injection/dressing trolley. Include doorway from Treatment room to waiting area.	Provide for curtain that can be drawn between the Treatment Room and Outpatient consultation room
Emergency medical care	Directly accessible, screened area with examination/treatment bed, set up for emergency patients. Trolley with emergency equipment.	
Clinic Area	Well ventilated area for assembly of up to 20 people, semi-open deck / hall suitable. Screened cubicles or examination rooms for antenatal examinations.	Access to toilet and hand basin desirable for antenatal care. For use for Antenatal, Family Planning, Maternal & Child Health clinics, and for Health Promotion activities.
Clinic waiting	Sheltered waiting area for antenatal classes, health education groups and public health promotion. Space for 20 people.	Covered deck or veranda recommended.
Primary Eye Care Services (only at approved UHC L1 facilities)	Eye examination and treatment space to fit a slitlamp area, visual acuity area and treatment area.	A separate eye clinic/room should be provided where the caseload/service demand is high and specialised equipment installed. The room should be able to be darkened for retinopathy screening.
Dirty utility	Sluice with sink for washing of clinical equipment, drying rack.	
Clean utility	Well-ventilated room for sterilising and packing equipment. Sink and bench for autoclave. Shelving for clean equipment storage.	
Pharmacy Room	Lockable room with adequate bench space for outpatient dispensing, 20m ² of open shelving	Should be airconditioned

Service/Function	Functional requirements	Notes
	plus lockable DDA box or cupboard securely fixed to a wall or door. Incorporates well ventilated area for storage of vaccines and EPI fridge.	room, no direct sunlight. Refer to Pharmacy Standards.
General store room	Lockable room with shelving for linen, clinic and admin supplies, plus area for wheelchair, stretchers, trolleys and all equipment for Health Promotion and Environmental Health projects.	
Administration, communications, public health.	Staff office - lockable open-plan office with desks, chairs, lockable cabinet and file storage, health radio. Includes work stations for clinical and public health staff.	Should be in close proximity to outpatient area. Size of office will depend on staff numbers.
Bathroom facilities	Outpatients: male and female accessible toilets and handbasins Staff: male and female toilets, handbasin and showers.	
Staff room	Sufficient space for a small table and chairs, fridge, bench space and sink.	
Waste disposal	Facilities for safe short-term storage of clinical waste and sharps pending disposal.	Refer to Infection Control policy.
LEVEL 2 URBAN HEALTH CENTRE: As per UHC1 plus:		
Doctor's office	Office with desk, bookcase, computer, phone, filing cabinets and space for up to 4 visitors.	
Primary Eye Care Services	Eye examination and treatment space to fit a slitlamp area, visual acuity area and treatment area.	A separate eye clinic/room should be provided where the caseload/service demand is high and specialised equipment installed. The room should be able to be darkened for retinopathy screening.
Dental service (only at approved UHC L2 facilities)	Dental treatment area with dental chair, drill unit, suction unit, sink and bench top autoclave. May have separate waiting area.	If portable dental unit available, use surgical procedure room for dental clinic.
Medical and Malaria laboratory	Laboratory area with specimen reception window, separate 'clean' and 'dirty' rooms for conducting tests, each fitted with benches, sinks and storage cabinets for reagents and microscope(s).	Room should be well ventilated and easily accessible from outpatient area.
Surgical procedures & Waiting area	Procedure room with bed for minor surgeries performed under local anaesthesia scrub sink, power, light. Recovery bay with space for up to 4 beds. Sterile storage of sterile limited surgical instruments.	
Inpatient care - general	4 x 2 bed rooms/bays (male and female) with sink and access to accessible shower and toilets.	Bed numbers need to be determined separately at each site, based on utilisation
Postnatal (only at approved Honiara UHC2 facility)	2 or more bed room (depending on expected utilisation) with sink and access to labour ward, shower and toilets.	
Labour and Delivery (only at approved Honiara	Labour room with ample space for women to sit and walk around.	It is expected that one of the Honiara urban clinics will be

Service/Function	Functional requirements	Notes
UHC2 facility)	<p>Delivery room enabling access to delivery bed from all sides, emergency / resuscitation trolley, etc.</p> <p>Private, accessible toilet and shower and handbasin.</p>	expanded to take on low risk birthing to reduce the demand for birthing services at the National Referral Hospital.
Delivery waiting area (only at approved Honiara UHC2 facility)	Leaf haus or deck/veranda with ample space to sit and walk around easily accessible from Labour Ward	Delivery waiting area (Optional)
Counselling Room (for VCT, GBV and Mental Health counselling)		
Laundry	Space for washing machine and laundry tubs plus table for folding sheets	
Group/meeting/training room/ Admin Office	Additional multi-purpose Admin Office space large enough to also accommodate groups of up to 10 people for meetings.	Located adjacent to shared office area. Could be shared with Primary Health Care

GENERAL HOSPITAL: SUMMARY OF FACILITY INFRASTRUCTURE REQUIREMENTS

Service/Function	Functional requirements	Notes
OUTPATIENT SERVICES		
Accident and emergency service	<ul style="list-style-type: none"> Waiting area (internal) Reception and triage point Resuscitation bay Consult cubicle(s) Examination room with sink Treatment area (dressings, injections etc.) with sink Psychiatric emergency room – secure, padded Staff station Observation bed(s) - optional Store room/clean utility Dirty utility Accessible toilets a) patient b) staff 	<p>Small area adjacent to GOPD waiting</p> <p>Shared with GOPD</p> <p>Direct external access desirable</p> <p>May be shared with GOPD</p> <p>May be shared with GOPD</p> <p>Shared with GOPD</p> <p>1-4 beds depending on demand</p> <p>Shared with GOPD</p> <p>Shared with GOPD</p> <p>Shared with GOPD</p>
Outpatient clinics – general and referral clinics (including visiting specialists)	<ul style="list-style-type: none"> Waiting areas (internal and external) with sufficient space for health promotion area Reception with space for ADT system data entry Dedicated triage point Consultation/examination rooms with sinks Eye/ear/NCD room Treatment area (dressings, injections etc.) Store room/clean utility Dirty utility Accessible toilets a) patient b) staff Separate discreet room for GBV, STI or other private counselling 	Shared with / adjacent to A&E
Maternal and Child Health services clinic area (also catering for Gender Based Violence / VCT / STI services)	<ul style="list-style-type: none"> Waiting area with nurse station, scales 2 x Consultation/examination rooms or screened cubicles with sinks and accessible Toilets a) patient b) staff 	<p>Requires access to toilet and sink.</p> <p>Could be shared with GOPD</p>
Secondary eye care services	<ul style="list-style-type: none"> Examination and treatment rooms. Room needs to fit in a slitlamp area, visual acuity area, laser area, photo area for diabetic retinopathy, biometry and keratometry space, treatment area and an office or work room. 	At least one room should be able to be darkened for retinopathy screening.
General dental services	<ul style="list-style-type: none"> Reception and waiting area with oral health promotion area Dental surgery with space for 2 chairs, with lights, drill and suction units. Sterilising bay with bench, sink and autoclave plus storage for sterile supplies. Storage for dental equipment and records Office area for dental officer Dental laboratory – separate room with sink Store for compressor (external) Toilets a) patient b) staff 	<p>Space for up to 10 people with access to toilet and sink. Could be shared with GOPD</p> <p>Compressor to be housed close by but external to dental surgery.</p> <p>Could be shared with GOPD</p>
Health promotion program space	<ul style="list-style-type: none"> Space for public health staff to conduct health promotion activities/programs in hospital 	Office space for health promotion activities is provided for elsewhere.

Service/Function	Functional requirements	Notes
INPATIENT SERVICES		
Wards		
Medical/Surgical	Male and female ward, each including acute care area with 2 beds, adjacent to staff station. Also provide 2 x single bed rooms for isolation of infectious patients (1 x male, 1 x female). Must have separate accessible toilet and shower and hand washing bay just outside the door.	Bed numbers to be determined separately at each site, based on utilisation. All wards to include <ul style="list-style-type: none"> ▪ Staff station ▪ Hand washing facilities. ▪ Access to resuscitation trolley ▪ Access to shower and toilet facilities ▪ Ward pharmacy cupboard ▪ Clean utility/storage ▪ Dirty utility with sluice
Paediatric	Paediatric ward, including area suitable for isolation of infectious cases. Includes play space for children.	<ul style="list-style-type: none"> • Some of these facilities may be shared among two or more wards, depending on the size and proximity of those wards. All inpatient areas should have good ventilation (preferably natural – should not rely solely on air conditioning) and insect screens.
Psychiatric admission	Open ward with up to 4 beds, close to medical/surgical wards. Secure single room for containment of acute psychiatric patients.	
Antenatal and Postnatal	Located adjacent to each other to allow flexible use. Includes baby care room for bathing, feeding, examinations etc. plus area for post-operative patients close to Nurses station.	
Nursery	Accommodates humidicribs, phototherapy bay, oxygen therapy plus space for breastfeeding, bathing and storage. Nursery to be able to be observed from the Nurses Station	
TB and leprosy	Separate well ventilated ward suitable for long stay patients with capacity for separation of patients if required.	
Deliveries	Labour ward (2-4 beds) Screened cubicle/room for prep/VE High dependency area (1 bed) Delivery ward (2 beds) Sterile stock room Pharmacy imprest bay/cupboard Staff change room, sink and toilet Small waiting room for family members Accessible patient showers and toilets	Bed numbers need to be determined separately at each site. High dependency bed located adjacent to labour ward. Consider provision of screened outdoor space for labouring mothers to walk around
General surgical services	Anteroom/trolley bay Operating theatre Minor theatre/procedure room Recovery area (2 bays) Scrub area, change room, toilet and shower Sterile stock room with packing area Pharmacy imprest bay/cupboard	Theatre ideally located together with close access from A&E and Labour Ward.
Anaesthetic services	Storage for anaesthetic machines and equipment.	Adjacent to theatres

Service/Function	Functional requirements	Notes
Physiotherapy/Rehab	Gym area with 2 treatment cubicles. Office space for physiotherapist. Workshop for prosthetic and equipment repair with adjacent equipment store.	Located to be accessible from both inpatient and outpatient areas
CLINICAL SUPPORT SERVICES		
X-ray and basic ultrasound	Reception and waiting area Patient change area and toilet General X-ray room Ultrasound scanning room Processing room and chemical store Reading/reporting area Technician's office File storage area	Waiting space for 6-10 people, depending on size of hospital. Could be shared with other outpatient waiting area.
Medical laboratory service	Reception and waiting area Collection room with adjacent toilet Specimen reception and storage (climate controlled) Laboratory area with separate 'clean' and 'dirty' areas with sufficient work benches and sinks. Media preparation bay with sink and workbench Wash bay with steriliser Technician's office Blood bank: donation couch and storage fridge. Storage for equipment, reagents etc.	Waiting space for 6-10 people, depending on size of hospital. Could be shared with other outpatient waiting area.
Clinical measurement - ECG	ECG room with couch	Located to be accessible from both inpatient and outpatient areas. Could be co-located in an outpatient consultation room
Pharmacy services	Pharmacy store with shelving, refrigerated storage (including vaccine storage), work benches/tables, dispensing window. Waiting area (may be shared with outpatients) Pharmacist office	Refer to Pharmacy Standards for details
Sterilising service (CSSD)	Receiving bay Change room with toilet and shower Rinsing/disinfecting area Autoclave area Packing area Storage for sterile equipment & linen	Ideally, should be located close to the theatres and providing sterilising services to all clinical areas.
Medical records/health information	Receiving window Record sorting and work table Computer station for HIS officer & Medical Records Officer Desk area for clinicians to write up of discharge summaries, etc. File storage shelving Archive storage (may be off site)	Ideally, Medical Records Department & Health Information Unit to be co-located. In smaller hospitals, there may be a single officer. File storage may be compactus if space is limited and building floor structure permits
Medical stores including secondary storage and	Secure storage for medical and general supplies. Packing area for orders with desk for storeman.	Could be incorporated within Provincial Second Level Medical

Service/Function	Functional requirements	Notes
distribution	Loading dock access.	Store if on site.
Mortuary	Refrigerated storage drawers for up to 2 bodies. Autopsy table with appropriate drainage. Viewing room with sufficient space for up to 4 people and a trolley Change room with shower for staff.	Room should be temperature controlled, and have adequate water supply, drainage waste disposal and have direct access from outside for ambulance and funeral vehicles. Viewing room to be accessible from the mortuary

ADMIN SUPPORT SERVICES		
Administrative offices	Offices for management, senior doctors, appropriate nursing staff and admin staff.	Needs to be specified at each site
Reception Office	Office for receptionist / Clerk with reception counter and desk. Switchboard and radio to be located here.	Consider inclusion of small waiting space for two chairs.
Meeting room	To seat up to 12 people	Where provincial health services are collocated, consider provision of a larger meeting / conference room
Staff amenities	Common/dining room with tea making facilities. Male and female staff change areas with shower, toilets and lockers.	Consider provision of on call accommodation: medical and X-ray staff where accommodation is not in close proximity to the hospital
Library	Shelving for books and publications, reading cubicles x 2; computer station with internet access	

GENERAL SUPPORT SERVICES		
Kitchen/catering	Includes office space plus areas for hand washing; food preparation, reheating and plating; storage of cooking equipment and crockery; food storage (dry, fresh and refrigerated goods); dishwashing and hygienic disposal of kitchen waste. Readily accessible to staff toilets and showers	
Laundry	Facilities for receiving soiled linen, washing machines, dryers, folding linen and sewing. Clean linen storage. Outdoor area for drying.	
Cleaning	Cleaner's cupboards in inpatient, outpatient and admin areas including a cleaner's sink .	
Biomedical equipment maintenance	Workshop area with work benches, storage for equipment, tools etc. as well as area for equipment awaiting repair	
Bulky equipment storage	Protected area suitable for storage of beds, trolleys, wheelchairs, etc.	
Waste disposal	Rubbish bin storage. Secure holding for surgical waste and sharps containers. Incinerator (and ash disposal pit?)	
Power supply	Room for Generator/stand-by generator	

Water supply	Water tanks adjacent to key clinical areas (unless mains water available).	Reliable water supply (e.g. tanks) essential in the following areas: <ul style="list-style-type: none"> – CSSD – Theatres – Labour ward – Laboratory – Dental – Wards – Outpatients/emergency
Transport and parking	Space to store vehicle(s)/ambulance and boat(s). Garage for maintenance of vehicles plus general storage area for fuel, OBMs, touring kits. Canoe storage area - near shoreline, preferably with fenced enclosure.	<i>Garage may be shared with other government agencies. In this case, separate storage for fuel etc. may be required at/near the hospital.</i>
Chapel (optional)	Separate leaf haus building	

Where provincial health administration is based at the hospital, additional office space will be required for the Provincial Health Management Team, clerical staff and provincial health Program Coordinators and staff.

Actual office space requirements will be determined on a site by site basis.

EQUIPMENT REQUIREMENTS

The equipment provided to health facilities should be adequate to provide the core services described in the Role Delineation matrix. This will include all of the equipment necessary for conducting safe deliveries, immunisation, first aid and emergency care, blood smear collection, combined NCD risk screening and health promotion activities. Maintenance of the equipment should be ensured through preventative maintenance and prompt repair of non-functional equipment to ensure the uninterrupted delivery of services. Equipment should be sterilized according to guidelines.

This policy document does not attempt to identify the furniture and equipment requirements for each level of service provision. For guidance on equipment requirements, Provincial Health Directors and Facility Managers should refer to the Solomon Islands Essential Medical Equipment and Supplies List which is reviewed approximately bi-annually.

ESSENTIAL MEDICINES

The Solomon Islands Essential Medical Equipment and Supplies List contains details of commonly used equipment, instrumentation and medical supplies that are available through the National Medical Stores. It also includes details of medical consumables including stock codes for use when ordering supplies. Additionally, the Essential Medical Equipment and Supplies List references items of capital equipment that should be available in facilities. All medicines should be available at health facilities as specified in the Essential Medicines List which is regularly updated by the MHMS Drugs and Therapeutics Committee.

ANNEX 4: ESSENTIAL REGISTERS, MANUALS, GUIDELINES AND FORMS

There are a number of essential registers, manuals, guidelines, etc. to guide and support service delivery. Provincial Health Directors should ensure that copies of these documents are made available in all health facilities in their province.

Rural Health Centre

The following registers, manuals, guidelines and forms should be available at all RHCs:

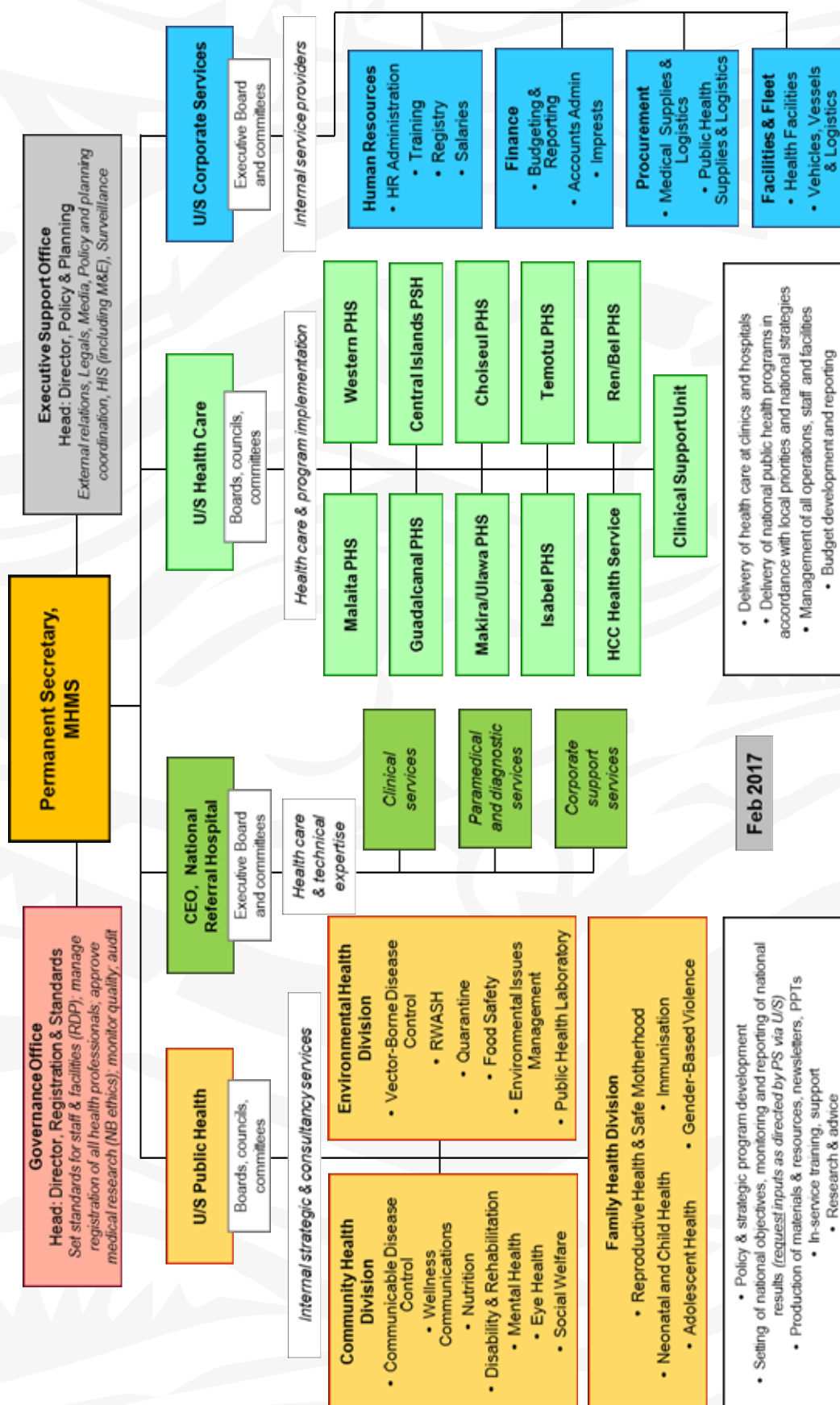
Antenatal register	National leprosy treatment guidelines
Antenatal care guidelines	National TB treatment guidelines
Apgar records	National Health Strategic Plan
Blood test forms	Notification cards
Child health record books	Neonatal pocket book
Child health register	Nutrition protocols
Chronic cough register	Patient transfer form
Clinical Handbook for the Minimum Standards for Treatment of Survivors of Sexual and Gender-based Violence	Reproductive health manual
Contact tracing form	Request for smear examination form
EPI monitoring chart	Screening forms for diabetics, HIV positive people and prisoners.
Essential Medicines List	Standard Treatment Manual for Adults
Evidence based clinical protocols	Standard Treatment Manual for Children
Job descriptions	STI register
Referral criteria with flow chart	STI treatment guidelines
Guidelines for management of NCD	TB and leprosy flip charts for nurses
Guidelines for management of SAM	TB and leprosy treatment cards for patients
Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence	Training manual for nurses and committee members
Healthy village policy, guidelines, manuals and tools	PMTCT guidelines
HIV Reporting forms	VCCT guidelines
IMCI booklets	WHO IMPAC manual
Mental health register	WHO/ISH risk prediction charts
Mental health tools	

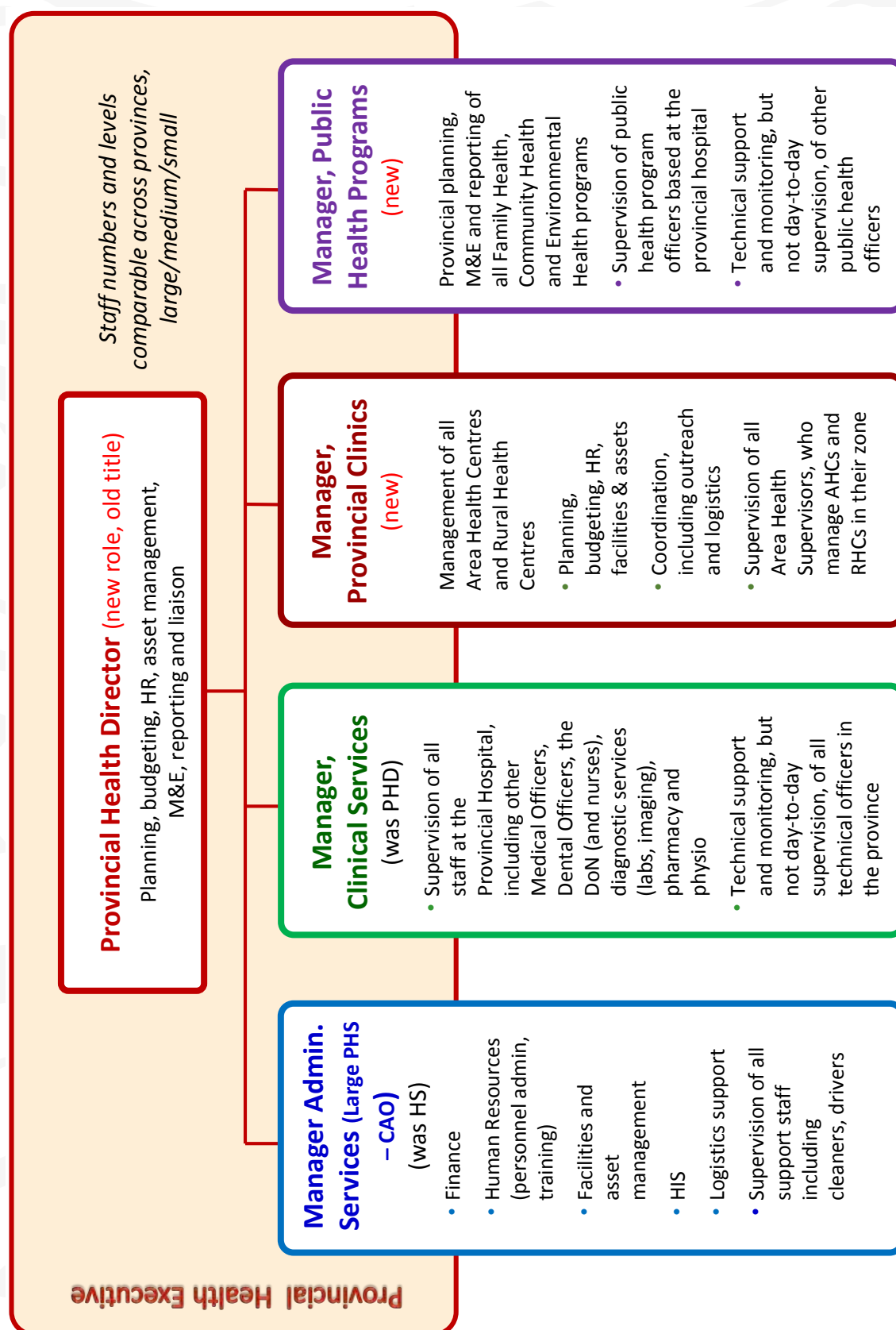
Area Health Centre

In addition to the above, the following should also be available at all AHCs:

Admission and referral forms	RHC supervision checklist
HIV reporting and serology forms	Specimen forms
IPT Register	STI Book
Outpatient cards	Treatment chart

ANNEX 5: MINISTRY OF HEALTH AND MEDICAL SERVICES PROPOSED RESTRUCTURE – DRAFT NATIONAL ORGANOGRAM





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