



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SEP 07 2020

ADMINISTRATIVE ORDER

No. 2020 - 0040

SUBJECT: Guidelines on the Classification of Individual-based and Population-based Primary Care Service Packages

I. BACKGROUND

Republic Act (RA) No. 11223, otherwise known as the “Universal Health Care Act,” in its declaration of policies and principles, emphasized primary health care (PHC) concepts to promote the right to health of all Filipinos, and instill health literacy among them. It is envisioned that this approach shall use a health care model that ensures all Filipinos have equitable access to a comprehensive set of quality and cost-effective preventive healthcare goods and services. This is a people-oriented approach for the delivery of health services, centered on people’s needs and well-being, cognizant of differences in culture, beliefs, and values.

These guidelines respond to Section 18.12 of the Implementing Rules and Regulations (IRR) of Universal Health Care (UHC) Act, tasking DOH to issue guidelines on the classification of health services as either population-based or individual-based health service and provide guidance on the best financing mechanism for such services. This Order also references and clarifies provisions from DOH Administrative Order 2017-0012 Guidelines on the Adoption of Baseline Primary Health Care Guarantees for All Filipinos, to ensure efficient positioning of a standard package of quality preventative health care services in primary care facilities. These services require different financing and contracting mechanisms and best addressed if these services are properly categorized as individual-based or population-based.

This Order focuses on strengthening primary care facilities, as gatekeepers of the Philippine health care system. This strengthening shall be complimented with matching competent health human resource, the mass promotion of active preventive health-seeking behavior across all age groups and life stages, and a consistent, active financing scheme.

II. OBJECTIVE

This Order shall define comprehensive primary care service packages as either individual-based or population-based health service in order to guide DOH, local government units (LGUs), and PhilHealth on financing and contracting services mandatory for accredited or licensed primary care facilities.

III. SCOPE AND COVERAGE

This Order shall apply to all DOH offices, DOH health facilities and attached agencies, Ministry of Health, Bangsamoro Autonomous Region of Muslim Mindanao (MOH-BARMM), all public and privately-owned health facilities, LGUs and Other National Government Agencies, development partners, civil society groups, the academe, and all other stakeholders and concerned.

IV. DEFINITION OF TERMS

- A. Individual-based health services** refer to services can be definitively traced back to an individual. These are services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient, has limited effect at a population level and does not alter the underlying cause of illness such as ambulatory and in-patient care, medicines, laboratory tests, and procedures, among others.
- B. Population-based health services** refer to interventions such as health promotion, disease surveillance, and vector control, which have population groups as recipients. These are services that cannot be specifically traced back to a single person or beneficiary.
- C. Primary health care** refers to the whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services.
- D. Primary care** refers to initial contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system.
- E. Primary care facility** refers to the institution that primarily delivers primary care services which shall be licensed or registered by the DOH.

V. GENERAL GUIDELINES

- A. Criteria for Identifying Individual-based and Population-based Health Services.** Primary health care services are **public goods**—thus, *Rivalry and Excludability* are essential qualities that should apply when classifying whether a service is individual-based or population based, other than its external effects, financing mechanism, and target population for which it is intended.

CRITERIA	INDIVIDUAL-BASED	POPULATION-BASED
<p>RIVALRY</p> <p><i>Guide question—</i></p> <p><i>“Will there be rivalry among recipients when this service is rendered?”</i></p>	<p>Individual-based health services are <i>rival</i>.</p> <p>These health services may only be provided to one person at a time to ensure that full benefits of the good are imparted to the receiver.</p> <p>One person’s use of a health service diminishes other people’s use—which is why this service is provided to one person at a time¹.</p>	<p>Population-based health services are <i>non-rival</i>. When one person receives a health service, it does not prevent others from accessing and benefiting from it.</p> <p>When provided, the full benefits of these health services are enjoyed by more than one person up to a maximum area of effect (and increases its area of effect when reinforced), and</p>

¹ P. 228, Chapter 11 “Public Goods and Common Resources.” Principles of Economics, 7th Edition. N. Gregory Mankiw, Joshua Gans, Martin Byford, Stephen King. 2014.

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CRITERIA	INDIVIDUAL-BASED	POPULATION-BASED
		that the administration of these services are not compromised.
<p>EXCLUDABILITY</p> <p><i>Guide question—</i></p> <p><i>“Is this service and its benefit(s) only accessible by one person when rendered?”</i></p>	<p>Individual-based health services are <i>excludable</i>.</p> <p>Only persons who avail of these services may access and benefit from individual-based health services.</p>	<p>Population-based health services are <i>non-excludable</i>.</p> <p>The benefits from population-based services may also be accessed and enjoyed by people not paying for these services.</p>
<p>EXTERNALITY</p> <p><i>Guide question—</i></p> <p><i>“Are there external effects beyond one individual when this service is rendered?”</i></p>	<p>Individual-based health services have <i>no external effects</i>.</p> <p>There is little to no effect of health service provided beyond the one person directly availing this.</p>	<p>Population-based health services <i>have external effects</i>.</p> <p>Effect of health service provided extends beyond the well-being of one person, indirectly affecting the rest of the population who neither pays for nor is compensated for the effect of the intervention.</p>
<p>FINANCING</p>	<p>Financed primarily through—</p> <ul style="list-style-type: none"> • PhilHealth • Other Prepayment Mechanisms (e.g. social health insurance, private health insurance, and health maintenance organization/HMO plans) 	<p>National government, in support to Local Government Units</p>
<p>TARGET POPULATION</p>	<p>Individuals</p>	<p>Communities</p>

B. In the interim, individual-based health services shall continue to be covered by PhilHealth and LGUs, until such time that PhilHealth can cover entire individual-based health service package. On the other hand, population-based health services shall be financed or contracted by DOH and/or LGUs—who shall be supported by the national government. A separate set of guidelines on national government, DOH, and PhilHealth support to LGUs during this transition period, shall be issued by the DOH. Refer to Figure 1 for the illustration of service classification of primary care services.

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POPULATION-BASED	INDIVIDUAL-BASED
<ul style="list-style-type: none"> • Mass Interventions (e.g. Insecticides, Bed Nets, Toilet Bowls, Aquatab) • Health Promotion & Communication (Community Engagement, Policy Making and Enforcement, Social and Behavior Change Campaigns, and Identifying Enablers for Health Needs) • Program Management (e.g. Research and publication, Clinical Practice Guidelines/CPG or Clinical Pathways, Monitoring and Evaluation/M&E, Training & Workshop, Surveillance, and Disaster Risk and Reduction Management in Health/DRRM-H) 	<ul style="list-style-type: none"> • Counselling (e.g. Nutrition, Lifestyle Modification, Reproductive Health, etc.) • Screening & Diagnostics (e.g. Test Kits, Reagents, Laboratory Procedures, etc.) • Treatment (e.g. Medicine, Minor Surgeries, etc.)

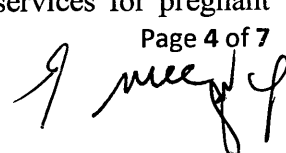
Figure 1. Classification of Individual-based and Population-based Primary Care Services.

- C. All service package or commodities for public health interventions in all primary care facilities are clinically-proven and cost effective. Primary care services shall be regularly updated through a single, fair, and transparent health technology assessment (HTA) in accordance with Section 34 of RA 11223, and related DOH issuances.
- D. Health services in an integrated province/citywide health system are classified as population-based or individual-based following the criteria in **provided in Section V.A.** hereof.

VI. SPECIFIC GUIDELINES

A. Primary Care Service Package

1. This service package consolidates all clinically-proven and cost-effective public health programs that address 80 percent of the local disease burden through health promotion, prevention, and detection. These primary care services shall be present in standard primary care facilities, regardless of an LGU's economic capacity. This standard shall provide the basic package of preventive health services in primary care facilities. The detailed list that illustrates the recommended disease-agnostic *health check-up* services which take into account the needs of various age groups and pregnant women, to track their health status and lead towards efficient, needs-based delivery of primary care services shall be included in the **Manual of Procedures (MOP)**. The **MOP** shall be issued by the DOH upon the approval of this Order.
2. The primary care package shall be delivered through local communities and licensed primary care facilities. Specifically, individual-based interventions shall be accessed through networks of both public (state) and private (non-state) providers that are linked to high levels of service facilities in health care provider networks (HCPN).
3. A standard package of health services shall be provided by primary care facilities within health care provider networks. **Annex A** outlines the individual-based health services, disaggregated by age groups (i.e. 0 to 17, 18 to 59 as the working age group, and 60 years old and above) and services for pregnant



women. The complete list of services is provided in **Annex B**, and shall be further expounded in the **MOP**.

4. Should the services needed by clients extend beyond what is offered by this standard primary care package, Provincial, City, and/or Municipal Health Offices shall ensure that client referrals shall be navigated to the appropriate, suitable health facility and/or health provider within the HCPN.

B. Financing of Primary Care Service Package

1. The primary care service package shall serve as the basis for costing sector-wide medium to long-term planning for DOH, PhilHealth, and LGUs. **Individual-based services** shall be financed by PhilHealth. The national government shall support LGUs in the financing of capital investments and the provision of **population-based health services**.
2. The primary care service package shall guide prioritization and rationalization of DOH's technical assistance to LGUs, and inform the expansion of the *primary care benefit package* of PhilHealth.

C. Enabling Quality Access to Care and Ensuring Adequate and Appropriate Provision of Health Services

1. All product registration, licensing, accreditation, and contracting standards for both stand-alone primary care facilities and primary care networks, including health profession education and training shall be aligned to the primary care service package.
2. Provision of all primary care services shall be guided by locally-relevant clinical practice guidelines and cost-effective, responsive clinical pathways.
3. All information and education campaign materials on primary care services shall be developed using *life stage* approach and segmented by target audience (e.g. health managers, health providers, and/or clients, and their families).
4. The effectiveness, efficiency, and equity dimensions of the implementation of primary care service package shall be monitored by the DOH, PhilHealth, and LGUs. All health information systems shall enable tracking of utilization of primary care services.

VII. ROLES AND RESPONSIBILITIES

- A. The Health Technology Assessment (HTA) Unit** shall recommend to the financing agents—the DOH Secretary, the PhilHealth Board of Directors, and LGUs through their local chief executives—the inclusion or exclusion of interventions into the primary care service package, and classification of services as individual-based or population-based, to be approved by the DOH Secretary.
- B. Disease Prevention and Control Bureau (DPCB)** shall develop plans, policies, programs, clinical practice guidelines (CPGs), projects and strategies for disease prevention and control and health protection in the context of primary care. It shall also provide coordination, technical assistance, capability building, consultancy and advisory services to CHDs related to disease prevention and control and health protection at the primary care level.

- C. Health Human Resources Development Bureau (HHRDB)** shall ensure the human resource complement in efficiently accomplishing the delivery of primary care services through development of human resource for health and personnel administration related policies, programs, systems, and standards to ensure adequate, competent, committed, effective and globally competitive human resource for health in collaboration with stakeholders, partners, and other sectors.
- D. Centers for Health Development (CHDs)** shall work closely with the DPCB, HFDB, and HFSRB in LGUs, in accordance with the issuances released by the DOH. CHDs shall coordinate with LGUs, pursuant to Section 17, letters “h” and “f” of RA 7160 (the Local Government Code of 1991).
- E. Health Policy Development and Planning Bureau (HPDPB)** shall cost sector-wide medium- and long-term plans to direct service financing schemes of DOH, PhilHealth, and LGUs to ensure the universal delivery of primary care services.
- F. Health Facility Development Bureau (HFDB)** shall provide standards for the menu of services in primary care facilities through development of plans, policies/standards, programs/projects, and strategies including technical coordination/assistance, capacity building and consultation/advisory services related to health facility development, planning and maintenance. HFDB shall also advise concerned technical offices of the DOH on matters pertaining to health facility development, planning, standards, and maintenance.
- G. Health Facility Services Regulatory Bureau (HFSRB)** shall regulate primary care services and facilities through setting minimum standards, and disseminate regulatory policies and standards for information and compliance.
- H. Health Emergency Management Bureau (HEMB)** shall lead in the institutionalization of Disaster Risk Reduction and Management in Health (DRRM-H) into province-wide and city-wide health systems. In doing so, it shall maintain its role as the DOH coordinating unit for all health emergencies and disasters, provide technical assistance in the development of DRRM-H plan, protocols, guidelines and standards for health emergency management and the implementation of population-based health services in these instances. Further, HEMB shall assist to mobilize resources, both human and non-human e.g. essential commodities, equipment and supplies during disasters; and maintain a 24/7 Operations Center.
- The **HEMB** shall also provide technical support to province-wide health systems (PWHSSs) and city-wide health care systems (CWHSSs) on timely, effective, and efficient preparedness and response to public health emergencies and disasters, and such other means to ensure delivery of population-based health services
- I. Health Promotion and Communication Service (HPCS)** shall maintain its role in developing directions, policies, standards, and guidelines pertaining to health promotion as a population-based health service, by taking leadership in the implementation of national campaigns as determined by DOH management.
- J. Bureau of Local Health Systems Development (BLHSD)** shall identify and assess priorities in local health systems development, develop policies, guidelines, and standards on sustainable local health systems, ensure multi-stakeholder

participation in local health systems development, and monitor and evaluate functionality of local health systems.

K. Knowledge Management and Information Technology Service (KMITS) shall provide oversight to the management of health information systems to track the utilization of primary care services.

L. Philippine Health Insurance Corporation (PhilHealth) shall develop benefit packages that are responsive to the primary care needs of the population. It shall supervise the provision of health benefits and to set standards, rules and regulations necessary to ensure quality of care, appropriate utilization of services, fund viability, member satisfaction, and overall accomplishment of Program objectives—and formulate and implement guidelines on contributions and benefits; portability of benefits, cost containment and quality assurance; and health care provider arrangements, payment, methods, and referral systems.

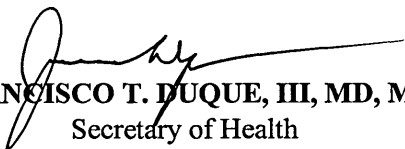
M. Local Government Units (LGUs) are enjoined to provide a supportive environment for the delivery of primary care services to its citizens through issuance and enforcement of local ordinances, and invest in the augmentation of the capacity of its health facilities to deliver individual-based and population-based health services through the local investment plan for health (LIPH).

VIII. REPEALING CLAUSE

Provisions of previous Orders and other related issuances inconsistent or contrary to the provisions of this Administrative Order are hereby revised, modified, repealed, or rescinded accordingly. All provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

IX. EFFECTIVITY

This Order shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.


FRANCISCO T. DUQUE, III, MD, MSc
Secretary of Health

Annex A. Components of Individual-based Health Service Package²

Primary Care Services	General Services: Expounded in detail in the MOP—Components of Individual-based Health Service Package			
	0-19	20-59	60 and above	Care of the Pregnant Woman and Newborn from Prenatal to Immediate Post-Partum
History Taking/ Interview on Concerns and Risks	*	*	*	*
Physical Examination	Annual: Anthropometrics, including Mid-upper Arm Circumference measurement (MUAC; for 6 months to 59 months old children) or BMI	Annual: Anthropometrics, including BMI, Eye, and Clinical Breast Examination	Annual: Anthropometrics, including BMI, Eye, and Clinical Breast Examination	Anthropometrics, including BMI; ultrasound imaging.
Developmental and Mental Health Evaluation	Evaluation of mental health, social behavior, and learning; development monitoring; and development screening.	Evaluation of mental health.	Evaluation of mental health.	Evaluation of mental health.
Screening	Newborn hearing test, visual activity (VA) test using tools, and basic hearing tests	Voluntary HIV Screening, Occupational Health Screening, Cervical Cancer Screening, and Prostate Cancer Screening.	Cervical Cancer Screening, and Prostate Cancer Screening.	Cervical Cancer Screening.
Laboratory Examination	Expanded Newborn Screening, CBC, disease-specific blood tests (Dengue and Hepatitis B).		CBC, FBS, Total Cholesterol & HDL Cholesterol, and Level of Serum Creatinine (Cr) for assessing renal	Blood typing, CBC, Hemoglobin; includes screening for confirmation of pregnancy and STIs.

²The purpose of this table is to illustrate the general list of primary care services expected for general target populations. Refer to Annex C for the complete list of recommended primary care services.

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Primary Care Services	General Services: Expounded in detail in the MOP—Components of Individual-based Health Service Package			
	0-19	20-59	60 and above	Care of the Pregnant Woman and Newborn from Prenatal to Immediate Post-Partum
			function	
Laboratories applicable to endemic areas	Kato Katz for Schistosomiasis, Malarial Smear, Filaria Smear, Slit-skin Smear, Rapid Plasma Reagin for Syphilis			
Vaccination for Disease(s) Prevention	Recommended immunization schedule.	Recommended immunization schedule.	Pneumococcal and influenza vaccination.	Tetanus toxoid.
Counselling/Providing Recommendation and Health Promotion	Parenting based on age groups, by providing developmental and learning support, nutrition and exercise, water, sanitation, and hygiene (WASH), oral and dental care, prevention of accidents, addictive substance, sexual and reproductive health, and referral to disease treatment, depending on results of examination and screening tests.			Referral to mental health support, nutrition and exercise, water, sanitation, and hygiene (WASH), oral and dental care, prevention of accidents, addictive substance, sexual and reproductive health—and referral to disease treatment, depending on results of examination and screening tests.
Birthing Services for Normal Low-risk Spontaneous Delivery				Mother: vitamin A and Ferrous sulfate; Referral to high facilities for complicated birth cases Newborn (within 24H): Essential Newborn Care, Newborn Screening and Hearing test, Vit K, BCG, and

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Primary Care Services	General Services: Expounded in detail in the MOP—Components of Individual-based Health Service Package			
	0-19	20-59	60 and above	Care of the Pregnant Woman and Newborn from Prenatal to Immediate Post-Partum
				Hep B vaccine Referral to support on nutrition and exercise, WASH, oral and dental care, prevention of accidents, addictive substance, sexual and reproductive health--and referral to disease treatment, depending on results of examination and screening tests.
Provision of FP services	* Applies to women and men of reproductive age.			* Applies to women and men of reproductive age.

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Annex B. Recommended Individual-based Health Service Package Across Life Stages

Annex 1. Recommended Individual-based Health Service Package for Infant, Children and Adolescent Age Groups (Age 0 - 19 Years)

Activities/ Services		Infancy							Childhood					Adolescence					
		Days		Months							Years								
		0-7	1	2	3	6	9	12-15	2	3-5	6	7-8	9-10	11	12	13-14	15-17	18-19	
1	History Taking/ Interview	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	Physical Examination																		
	- Weight measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Body length/ Height measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Head circumference measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Mid-Upper Arm Circumference (MUAC) measurement					*	*	*	*	*									
	- Body Mass Index - BMI (Body Weight/ Height)										*	*	*	*	*	*	*	*	
	- Child Growth Standards (CGS)	*	*	*	*	*	*	*	*	*									
	- Blood Pressure measurement										1 time	*	*	*	*	*	*	*	
3	Developmental and Mental Health Evaluation																		
	- Evaluation on mental health concerns, behavior and learning	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	- Development monitoring	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	- Development screening							*			1 time								
4	Screening																		
	- Visual Activity (VA) test										* 1 time, between 1-5yrs old	*					*	*	
	- Basic hearing tests							*	*	*		1 time					1 time		
	- Newborn Hearing test																		
5	Laboratory Examinations																		
	- Expanded Newborn Screening					1 time													
	- CBC										1 time		1 time						
	- IgM and IgG Dengue Test																		
	- Non-structural protein 1 (NS1) Test																		
	- Hepatitis B rapid test																	*	
6	Vaccination for Disease(s) Prevention	24 hrs old	6 weeks old	weeks old	weeks old														
	- BCG	*																	
	- Hepatitis B	*																	
	- Pentavalent Vaccine (DTwP-HepB-Hib)		*	*	*														
	- Oral Polio Vaccine		*	*	*														
	- Pneumococcal Conjugate Vaccine (PCV)		*	*	*														
	- Inactivated Polio Vaccine (IPV)				*														
	- Measles-Mumps-Rubella (MMR) Vaccine							*	*										
	- Measles -Rubella (MR) Vaccine										*						*	*	*
	- Td										*						*	*	*
	- HPV (for females)												*						
7	Nutrition Services																		
	- Vitamin A Supplementation - 100,000 IU - 200,000 IU							*											
	- Micronutrient powder							*up to 59mos											
	- Iron drops (for low birth weight babies)				*														
	- Weekly Iron and Folic Acid tablet, intermittenly given for females (2 rounds; 1 tablet per week)																*	*	*

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Annex3. Recommended Individual-based Health Service Package for Elderly Group (Age 60+ Years)

Activities/ Services		Elderly																				
		60 ... 64					65 ... 69					70 ... 80+										
		60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80+
1	History Taking/ Interview on concerns and risks (such as Tuberculosis (TB), lead exposure, and high cholesterol)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	Health Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3	Physical Examination																					
	- Annual physical checkup	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Eye Examination by ophthalmological team under supervision of ophthalmologist	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Weight measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Body length/ Height measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Mid-Upper Arm Circumference (MUAC) Measurement	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Clinical Breast Examination by physician / CBE trained Public Health staff	*	*	*	*	*	*	*	*	*	*	Examine as Appropriate										
4	Laboratory Examinations																					
	- CBC	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- FBS	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Total Cholesterol & HDL Cholesterol	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Level of serum creatinine and serum uric acid for assessing renal function	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Routine urinalysis	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Fecalalysis	* Applies to all men and women once signs and symptoms manifest																				
5	Cancer Screening																					
	- Cervical Cancer: Pap Smear	*			*																	
	- Colorectal Cancer: FOBT	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Colon Cancer: FIT	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Prostate cancer: DRE	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
6	Vaccination for Disease(s) Prevention																					
	- Pneumococcal vaccine	*																				
	- Influenza vaccine	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
7	Oral and Dental Services																					
	- Oral Examination	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Oral Prophylaxis/scaling	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Oral Urgent Treatment (OUT): relief of pain, extraction of unsavable teeth and referral of complicated cases to higher level	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
8	Counselling and Health Education																					
	- Nutrition and exercise	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Water, sanitation and hygiene	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Oral health and dental care	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Mental health	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	- Addictive substance abuse (alcohol, drugs, tobacco)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
9	Note: Other laboratories applicable for endemic areas																					
	- Sputum microscopy or Nucleic acid amplification test	*Applies to all ages once signs and symptoms manifest																				
10	Minor Surgeries	*Applies to all ages when applicable																				

* = Recommended for doing

CBE = Clinical Breast Examination, CBC = Complete Blood Count, FBS = Fasting Blood Sugar, VIA Test = Vaginal Inspection with Acetic Acid Wash Test, FOBT-FIT = Fecal Occult Blood Test-Fecal Immunochemical Test, DRE = Digital Rectal Examination

Other laboratory screening in endemic areas: Kato Katz for Schistosomiasis, Malarial smear & RDT, Filaria smear & RDT, Slit skin smear, Rapid plasma reagin for Syphilis

Annex 4. Recommended Individual-based Health Service Package for the Care of the Pregnant Women and Fetus, and Immediate Post-Partum

Activities/ Services		Pregnant Women, Fetus and Immediate Post-Partum			
		First visit	Second visit	Third visit	Fourth visit
		8-12 weeks	24-26 weeks	32 weeks	36-38 weeks
1	History Taking/ Interview on concerns and risks	*	*	*	*
2	Physical Examination				
	- Weight measurement	*	*	*	*
	- Body Mass Index - BMI (Body Weight/ Height ²)	*			
	- Mid-Upper Arm Circumference (MUAC) measurement	*			
	- Blood Pressure measurement	*	*	*	*
	- Fetal growth and movement		*	*	*
3	Screening				
	- Pregnancy Test	*			
	- Syphilis, HIV and Hepatitis B	*			
	- Urinalysis	*	*	*	
	- Stool Exam	*			
	- Oral Glucose Tolerance Test (75g)		*		
	- Vaginal Inspection with Acetic Acid Wash	*			
4	Laboratory Examinations				
	- Blood typing	*			
	- CBC	*			
	- Hemoglobin	*			
5	Imaging				
	- Ultrasound				
6	Vaccination for Disease(s) Prevention				
	- Tetanus Toxoid/ Tetanus+Diphtheria	*	*		
7	Nutrition Services				
	- Iron with Folic Acid (1 tablet, 200 mg containing 60 mg elemental iron and 400 mcg folic acid; 1 tablet daily)	*	*	*	*
	- Calcium Carbonate (500 mg elemental calcium; 1 tablet 3x daily)		*	*	*
	- Iodine	* 2 capsules taken as			
	- Deworming		*		
8	Oral and Dental Services				
	- Oral Examination	*	*	*	*
	- Oral Prophylaxis/scaling	*	*	*	*
	- Gum Treatment	*	*	*	*
	- Temporary Filling	*	*	*	*
	- Permanent Filling	*	*	*	*
9	Counselling/ Health Education				
	- Birth plan	*	*	*	*
	- Nutrition and Supplemental feeding, Breastfeeding counselling/ Lactation management	*	*	*	*
	- Oral health and dental care	*	*	*	*
	- Water, sanitation and hygiene	*	*	*	*

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	- FP	*	*	*	*
	- Post partum and Post-natal care	*	*	*	*
	- Sexual and Reproductive health	*	*	*	*
	- Mental health counselling	*	*	*	*
	- Addictive substance abuse (alcohol, drugs, tobacco)	*	*	*	*
	- Malaria prevention (in endemic areas)	*	*	*	*
10	Birth Services for Normal Low-risk Spontaneous Delivery	Mother	Newborn		
			At birth (within 24		
	Vitamin A*	*			
	Ferrous Sulfate	*			
	Essential Newborn Care		*		
	Newborn Screening (specimen collection only)		*		
	Vitamin K		*		
	BCG		*		
Hepatitis B		*			
Note: If considered high risk, refer to higher facility					
* = Recommended for doing					

*2/9/11
mcc*