

responsibilities, and potential conflicts with Health Department appointments of similar categories.

Moreover, political influence on recruitment, and deployment of health personnel poses an additional challenge to the effective delivery of services.

Rationale for this Standard Operating Procedure (SOP)

This SOP is prepared to ensure standardized and coordinated approach to delivering public health services within Municipal and Urban Councils. It aims to clarify roles and responsibilities of public health staff, addressing gaps in technical knowledge, and improving technical supervision and accountability mechanisms. Therefore, it is intended to promote consistency, improve service delivery, and support better health outcomes in urban populations.

Distribution of urban population by province and type of local authority

Province	Municipal councils	Urban councils	Urban population (2024 est.)	Percentage %
Western	8	13	2,038,103	33.3
Central	4	6	296,953	10.9
Southern	3	4	258,772	9.9
Eastern	4	4	345,945	19.4
Northern	2	4	184,833	16.0
Northwestern	2	2	80,681	3.1
North central	2	0	100,130	7.1
Sabaragamuwa	2	2	114,933	5.7
Uva	2	1	77,004	5.5
Total	29	36		

Standard Operating Procedure

1. Purpose

To establish a standardized framework for coordinating and delivering comprehensive, equitable, and quality health services within Municipal and Urban Council areas.

2. Scope

This standard
Standard Operating

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2. Scope

This standard operating procedure (SOP) applies to public health institutions and health related staff operating in Municipal Councils (MCs) and Urban Councils (UCs).

3. Objectives

1. Ensure accessible, equitable, and quality health services for urban populations.
2. Strengthen coordination between government health authorities and local government bodies.
3. Improve preventive, promotive, and curative services within the MC and UC settings.
4. Address urban health challenges.

4. Governance and Coordination Mechanism

4.1 Establishment of Coordination Committees

Formulation of a Municipal Health Coordination Committee (MHCC).

Co-chair – RDHS/Medical Officer of Health (MOH) and Municipal Council Commissioner/Secretary.

Members are selected from

Chief Medical Officer of Health (CMOH) if appointed from MC.

Medical Officer Maternal and Child Health (MOMCH).

Regional Epidemiologist (RE).

Chief Public Health Inspector (CPHI).

Public Health Inspectors (PHIs).

Public Health Midwives (PHMs).

Health Education officers (HEOs).

Health Instructors (HIs).

Any other relevant officers.

4.2 Roles and Responsibilities

Public Health Authorities appointed by the Ministry of Health

Routine public health services of Ministry of Health shall be delivered by the Medical Officer of Health (MOH) appointed by the Ministry of Health under the supervision of Regional Director of Health Services (RDHS).

The MOH will be supported by public health staff appointed by the Ministry of Health and the local authorities. They are required to comply with all relevant public health laws specific for Ministry of Health (Annexure III) within the entire Municipal/Urban Council area.

They would also provide services through the public health programs under the Public Health Services, Ministry of Health (Annexure IV).

Public Health Authorities appointed by the local authorities

Public health staff appointed by local authorities shall adhere to the legal provisions specific to local councils (Annexure III) and perform their duties in accordance with these regulations, within the entire MC/UC area.

They would also provide services through the public health programs under the Public Health Services, Ministry of Health (Annexure IV).

Public health duties relevant to both sectors

The MOH and all public health staff whether appointed by the Ministry of Health or local authorities shall collaborate to reach a clear and consistent consensus on the application and interpretation of laws governing both health and local authority functions (Annexure III).

4.3 Monitoring and Evaluation

Monitoring and evaluation of public health services shall be conducted by the relevant sectors regularly to assess performance, ensure compliance with technical requirements, and support continuous improvement in service delivery.

4.4 Duties of public health staff

Duties of Medical Officer of Health (MOH) (Annexure I).

Duties of Chief Public Health Inspector (CPHI)/Public Health Inspector (PHI) (Annexure II).

Public Health Midwife (PHM).

Supervising Public Health Midwife (SPHM).

Public Health Nursing Sister (PHNS).

4.5 Public health related laws

Health authorities and MC and UC governing bodies should abide by the public health related laws (Annexure III).

5. Service Delivery Component

5.1 Preventive Services

Services of all public health programs implemented by the Public Health Services of the Ministry of Health, as detailed in Annexure IV.

5.2 Promotive Services

All health promotion programs implemented by the Public Health Services of the Ministry of Health as part of its public health programs, as listed in Annexure IV.

5.3 Curative Services

Primary healthcare services.

Mobile clinics for underserved populations.

Emergency ambulance services etc.

6. Service Delivery Mechanism

6.1 Preventive Services

Services provided through programs implemented by the Epidemiology Unit.

- 1) National Immunization Program (NIP).
- 2) Vaccine Preventable Diseases (VPD).
- 3) Special Vaccine Campaigns.
- 4) Communicable Disease Surveillance.
- 5) Disease Surveillance during Disaster Periods.

Services provided by the National Program for Tuberculosis Control and Chest Diseases for Tuberculosis prevention and early identification.

- a) District Chest Clinics.
- b) Gene Xpert- Investigation services.
- c) Digital X-ray.
- d) Microscopy Centers.

Services delivered by the National Dengue Control Unit (NDCU) for the prevention and control of Dengue Disease.

- a) Early Diagnosis and Case Management.
- b) Vector Surveillance and Control.
- c) Early Detection and Rapid Response to Dengue Outbreaks.
- d) Risk Communication and Community Engagement and Mobilization.
- e) Enhancing Multisectoral Collaboration.
- f) Innovation and Research.

Services delivered by National STD and AIDS Control Program on the prevention and control of STD/STI.

- a) Sexual Health Services.
- b) Laboratory Testing Services.
- c) HIV treatment and care services.
- d) Antenatal Care Services.
- e) Prevention of STI and HIV.
- f) Advocacy and Training Services.
- g) HIV Self Testing.

- h) Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis following Sexual Exposure (PEPSE).
- i) Sexual Health Promotion.
- j) Antenatal/EMTCT services.
- k) Training and Capacity Building.

Services delivered by Anti Filariasis Campaign, Anti Leprosy Campaign, Anti Malaria Campaign for the prevention and control Filaria, Malaria, Leprosy.

Services delivered by the Quarantine Unit through their Port Health Office, and Airport Health Office, Central Quarantine unit and Immigration Health Unit.

Services delivered by the Public Health Veterinary Unit.

- a) Provision of Post Exposure Treatment for rabid and rabies suspected animal bites.
- b) Mass immunization of dogs against rabies.
- c) Mass Animal Birth Control programs.
- d) Mass awareness programs.
- e) Training of all stakeholders of rabies control.
- f) Research and surveys.
- g) Monitoring and evaluation of ongoing rabies control activities.
- h) Strengthening the Rabies surveillance system.
- i) Enforcement of rabies control legislation.
- j) Mass immunization of pigs against Japanese Encephalitis infection.

Serviced delivered by the Nutrition Division.

- a) Community Nutrition Unit.
- b) Hospital and Disaster Nutrition Unit.
- c) District Nutrition Planning Unit.
- d) Strategic Information Management and Planning (SIM) Unit.

Services delivered by the Family Health Bureau.

- a) Maternal Care Unit.
- b) Child Morbidity, Mortality Unit.
- c) Child Nutrition Unit.
- d) School Health Unit.
- e) Gender and Women's Health Unit.
- f) Oral Health Unit.
- g) Monitoring and Evaluation Unit.

- h) Reproductive Health Center.
- i) Intra natal and Newborn Care Unit.
- j) Maternal Morbidity, Mortality Surveillance Unit.
- k) Child Care Development and Special Needs Unit.
- l) Adolescent and Youth Health Unit.
- m) Family Planning Unit.
- n) Planning and Development Unit.
- o) Research Unit.
- p) Well Women Program and Men's Health Unit.

Service delivered by the Health Promotion Bureau promotes healthy behaviors and improving health literacy among the public.

- a) Oral Health Promotion.
- b) Community Health and Social Media.
- c) Family Health, Nutrition Communication & Behavior Research.
- d) Health Communication, Life Skills, Media and Publicity Unit.
- e) Strategic Information, Planning, Monitoring & Evaluation Unit.
- f) Training, Information, Education and Communication Development & Exhibition Unit (TRU/IEC).
- g) Policy and Advocacy, Risk Communication and Workplace Health Promotion (PARCU).

Services Delivered by the Directorate of Youth, Elderly and persons with Disabilities (YED).

Services provided by the Estate and Urban Health Unit.

- a) Estate Health Unit.
- b) Urban Health Unit.

Services provided by the Nursing (Public Health) Unit.

Serviced provided by the Directorate Non-Communicable Diseases.

- a) Prevention & Cessation of Tobacco Use.
- b) Promotion of Physical Activity.
- c) Promotion of Healthy Diet & Health promotion Settings
- d) SIM Unit and Healthy Lifestyle Centers.
- e) Standardizing NCD Management.
- f) Injury Prevention & Control Unit.
- g) Planning and Capacity Building.

Services provided by the National Cancer Control Program.

- a) Cancer Prevention & Early Detection Unit.
- b) Cancer Diagnostics & Treatment Unit.
- c) Palliative Care Survivorship Unit.
- d) Strategic Information & Management Unit.
- e) Cancer Research Unit.
- f) Oral Cancer Prevention & Control Unit.

Services provided by the National Renal Disease Prevention and Research Unit (CKD Unit).

Services provided by the Directorate of Mental Health.

- a) Advocacy on issues related to Mental Health
- b) Provision of guidance and technical expertise to the Ministry of Health and other relevant ministries for formulation/ revision of policies related to Mental Health.
- c) Development of strategies based on policies.
- d) Designing/ planning of Mental Health program based on strategies.
- e) Provision of necessary directions, guidance, coordination and support to peripheral managers for implementation of national programs.
- f) Provision of technical and managerial guidelines and protocols/formats including relevant duty lists.
- g) Networking and partnership building with stakeholders and program implementers.
- h) Resource allocation for infrastructure improvement in Mental Health services.
- i) Developing programs specifically education and training materials.
- j) Building capacity for relevant staff, pre-service, in-service and postgraduate.
- k) Provision of technical expertise to develop and revise curriculum of basic and in service training of relevant health staff.
- l) Advocacy for mobilization of funds from Government of Sri Lanka (GoSL) and other national and international sources.
- m) Ensuring the restoration and functioning of Mental Health services in emergencies and special situations.
- n) Support implementation of Management Information system on MH.
- o) Monitoring and Evaluation of Mental Health services at national level.
- p) Provision of feedback reports to Ministry of Health, Development partners, implementing authorities and other relevant agencies.
- q) Conducting and coordinating operational research related to Mental Health.

Services provided by the Directorate of Environmental Health, Occupational Health and Food Safety.

- a) Environmental Health through National Healthcare Waste Management program, National Water Quality program.
- b) Occupational Health through National Occupational Health and Safety program.
- c) Food Safety through Registration of Food Premises, Registration of Bottled Water Manufacturers, Export Certification, National Food Safety Policy, Import Control, Food Act and Regulation.

6.2 Curative Services

Dispensaries and Clinics - Colombo Municipal Council (CMC) and few other MCs operate their own dispensaries and OPD clinics, offering free medical consultation and drugs.

Specialized Clinics - Dental, Eye, ENT, and mental health clinics are provided within municipal health facilities.

Family Practice - Acting as first-contact primary care providers for the local community.

7. Monitoring and Evaluation

Monitoring and evaluation of health programs will be conducted using the relevant indicators established for the above-mentioned programs under Section 7.1.

Monthly reporting: Monthly reports from the Municipal Council (MC) MOH office will be submitted to the Regional Director of Health Services (RDHS). MC field health staff will participate in monthly conferences conducted at the MOH office.

Quarterly review meetings: Quarterly review meetings will be conducted through the Municipal Health Coordination Committee (MHCC) to review program performance, identify gaps, and facilitate coordination between health and local authorities.

Data sharing and digital health information systems: Relevant health data will be shared between health authorities and local authorities, and data will be entered and maintained through available digital health information systems, as applicable.

Annual performance reviews: MC health staff will participate in relevant annual performance review and evaluation activities, including Regional Epidemiologist (RE) reviews, Maternal and Child Health (MCH) reviews, Maternal Death Reviews, and Dengue Death Reviews etc., as applicable.

8. Planning Process

Develop annual action plans jointly with MC.

9. Resource Management

Human resources allocation based on population needs.

Logistics and supply chain management (vaccines, medicines etc.).

Infrastructure maintenance (clinics, equipment etc.).

10. Review and Revision

This SOP to be reviewed every 5 years or as required.