

**Ministerial Statute No. 03/2008**

**of 27 February**

**Organic Statute of District Health Services**

The Organisational Statute of the Ministry of Health, as set forth in Decree-Law No. 1/2008, of 16 January, established the District Health Services, which comprise the Health Centres, Health Posts, Mobile Clinics and other health activities implemented in the communities of the respective geographic areas. Therefore, there is a need to approve their organic statute in terms of article 24(1).

Thus, the Government, through the Minister of Health, orders, under article 24(1) of Decree-Law No. 1/2008, of 16 January, the publication of the following statute:

**CHAPTER I  
LEGAL PROVISIONS**

**Article 1  
Object**

This organic statute establishes the structure and operating norms of the district health services.

**Article 2  
Nature**

The district health services comprise the direct state administration within the Ministry of Health.

**Article 3  
Responsibilities and competences**

1. The district health services are the health services at the territorial branches of the Ministry of Health, responsible for the health of the population in their respective geographic areas, and coordinate the implementation of all health programmes and the provision of primary health care at health centres, health posts, and mobile clinics, including health activities in the community.
2. It is incumbent upon the district health services, namely:

- a) To ensure the access of the population in their respective geographic areas to primary health care, as well as health promotion and education and disease prevention programmes;
- b) To ensure the effective implementation of programmes and policies defined for the health sector in their respective geographic areas;
- c) To manage the material, human and financial resources required for the pursuit of their responsibilities;
- d) To promote community participation in the implementation of health policies and programmes.

## **CHAPTER II STRUCTURE AND OPERATIONS**

### **SECTION I**

#### **Article 4 Organisation**

The structure of the district health services includes:

1. The Technical Programming Services;
2. The Administrative Services;
3. The Health Centres.

#### **Article 5 Consultative Organ**

The District Health Board is the consultative and coordinating organ within the district health services.

#### **Article 6 Leadership and managerial positions**

1. The management and leadership of the district health services are ensured by the District Health Director and comprise the Deputy District Health Director and the Heads of the Health Centres.
2. In the exercise of his or her functions, the District Health Director is assisted by a Deputy District Health Director, who holds a rank equivalent to that of head of department, for all legal purposes.

3. The District Health Director reports directly to the Director-General of the Ministry of Health.
4. Each health centre is headed by the Head of the Health Centre, who holds a rank equivalent to that of head of department, for all legal purposes, and reports directly to the District Health Director.

**Article 7**  
**Competences of the Leadership and Management**

1. It is incumbent upon the District Health Director, namely:
  - a) To direct the district health service and exercise disciplinary powers over all the personnel;
  - b) To oversee the management of material, financial and human resources assigned to the district health service;
  - c) To coordinate the preparation of the work plan and budget of the district health service, including those of health centres, health posts, mobile clinics and other health activities implemented in the community;
  - d) To propose to the Director-General of the Ministry of Health the district health plan of the respective district, taking into consideration the national strategies as approved;
  - e) To propose to the Minister of Health the establishment or abolition of health centres and health posts;
  - f) To follow up the execution of approved work programmes and plans, review, on a monthly basis, any deviations from planned activities and ensure the rectification thereof;
  - g) To coordinate and monitor the activities carried out by the various health centres and promote compliance with the standards set at a higher level;
  - h) To assign to health centres the human, material and financial resources required for the implementation of work programmes and plans and make the requisition of such resources from the competent services of the Ministry of Health;
  - i) To receive reports on diseases of compulsory declaration and forward them to the competent central services, and receive and forward to all health professionals and establishments directives related to diseases subject to epidemiological surveillance;

- j) To properly coordinate collaboration with the competent bodies of the central services in detecting and taking timely action on the control of epidemics and/or emergencies and disasters;
- k) To spearhead interventions in response to epidemics and/or emergencies and disasters;
- l) To collaborate with the Office of Epidemiological Surveillance and Information in data collection and information analysis regarding the provision of services and the implementation of programmes in its geographic area;
- m) To enter into agreements with private health units, upon authorisation from the Minister of Health, as and when deemed advisable, in a quality-cost relationship;
- n) To issue opinions on projects submitted by non-governmental organisations in the health area and follow up and assess such projects;
- o) To function as a Sanitary Surveillance Authority as provided for by law;
- p) To convene the District Health Board in conformity with the law, and submit thereto matters which fall under its competence and promote the enforcement of its decisions;
- q) To exercise such powers as may be delegated thereto at a higher level;

2. It is incumbent upon the Deputy District Health Director, namely:

- a) To direct the administrative services, under the guidance of the District Health Director;
- b) To replace the District Health Director in all his or her absences and impediments;
- c) To exercise such powers as may be delegated thereto by the District Health Director.

3. It is incumbent upon the Head of the Health Centre, namely:
- a) To manage and control the activities of the Health Centre, Health Posts, Mobile Clinics and other health activities implemented in the community;
  - b) To plan the annual activities of the health centre and its respective budgeting, following norms defined at a higher level;
  - c) To manage the material, financial and human resources assigned to the health centre;
  - d) To comply with and enforce the obligations of the health centre and the norms and instructions emanated from the district and central health services;
  - e) To make requisitions to the district health services for the human, financial and material resources required by the health centre for the fulfilment of its responsibilities;
  - f) To exercise disciplinary powers over the entire personnel of the health centre;
  - g) To define the competences of the staff of the health centre and organise the internal division of labour;
  - h) To ensure the collection of statistical data on health and epidemiology and forward them to the District Health Director;
  - i) To appraise the performance of health professionals;
  - j) To promote periodic meetings with the personnel of the health centre and the health posts;
  - k) To spearhead the mobilisation of the community and its leaders for the pursuit of the health activities to be implemented in the community;
  - l) To exercise such powers as may be delegated thereto by the District Health Director.

**Article 8**  
**Technical Programming Service**

1. The Technical Programming Service is the service which ensures the technical implementation of programmes and/or projects at the level of the respective geographic area and functions within the direct purview of the District Health Director.
2. The areas of activity of the Technical Programming Service include, namely:
  - a) Health promotion and education;
  - b) Communicable diseases;
  - c) Non-communicable diseases;
  - d) Maternal and infant health, including, inter alia, reproductive health, integrated care to infant diseases, hereinafter referred to as AIDI, immunisation, and nutrition;
  - e) Environmental health;
  - f) Pharmaceutical services.
3. The areas of activity of the Technical Programming Service may include other national programmes and may correspond, in the respective geographic area, to the competences of various technical departments of the Central Services;
4. It is incumbent upon the Technical Programming Service, namely:
  - a) To ensure the implementation of programmes defined in the areas of activity, as well as others approved at a higher level by following up and monitoring the implementation thereof in lower structures and taking the required minutes and preparing the respective reports;
  - b) To assist in the provision of primary health care at the health centres, according to the areas of activity and the basic package of primary health care;
  - c) To coordinate, with the assistance of competent bodies of the Central Services and the participation of the health centres, with respect to each of the areas of activity, the collection of data on public health in the district, the preparation of work plans, the

implementation of such plans and the assessment of their execution.

5. Each area and/or group of areas of activity is coordinated by a public health official or by an officer in charge of the respective area, designated by the District Health Director.
6. The definition of competences and the profile of the staff of the Technical Programming Service, as well as the internal division of labour, are the responsibility of the officer in charge of the area and require the approval of the District Health Director.

### **Article 9 Administrative service**

The administrative service is the service which ensures the provision of human, material and financial resources in support of the implementation of the work programmes and plans of the various structures of the district health service. It is incumbent upon the administrative service, namely:

1. In the area of human resources:
  - a) To manage the staff assigned to the district health service;
  - b) To keep a comprehensive and updated record of the personnel assigned to the district health service;
  - c) To keep a record of attendance and absence at work, leave requests, and penalties;
  - d) To identify recruitment and training requirements for the district health services and, in coordination with the central services, perform the acts required for the management thereof;
  - e) To prepare disciplinary proceedings;
2. In the area of budgeting and accounting:
  - a) To prepare the items required for the draft budget;
  - b) To process payrolls and allowances;
  - c) To prepare and submit expenditure documents for consideration;
  - d) To manage the execution of the budget allocated to the district health service, including the imprest fund;

- e) To do the bookkeeping;
  - f) To effect the payment of expenditure through competent authorisations;
  - g) To prepare financial statements and keep the respective records.
3. In the area of logistics and procurement:
- a) To keep an updated inventory of the property assigned to the district health services;
  - b) To prepare acquisition processes or communicate the identified requirements to the central services;
  - c) To organise stocks of supplies and distribute them to the health centres;
  - d) To watch over the preservation of property.
4. In the area of information systems:
- a) To collect statistical data on the performance of the health centres;
  - b) To process the collected data;
  - c) To send the collected information to the competent services;
  - d) To feed district databases on diseases of compulsory declaration.
5. The administrative service functions within the direct purview of the Deputy District Health Director.
6. The definition of competences and the profile of the staff of the administrative service, as well as the internal division of labour are the responsibility of the Deputy District Health Director and require the approval of the District Health Director.



**Article 10**  
**Complementary operating rules**

1. The technical programming and administrative services shall function in close collaboration and share with one another the elements necessary for the exercise of their respective competences.
2. The technical programming and administrative services shall also function in coordination with the health centres, collecting all the data necessary for the exercise of their competences and transmitting all the directives necessary for the operations thereof.
3. The personnel of the district health services shall, to the extent possible and necessary, meet the functional needs of the health centres where the latter do not have the means required for the performance of their functions.

**SECTION II**  
**HEALTH CENTRES**

**Article 11**  
**Stratification**

Primary health care is guaranteed to the population through the following stratification of activities and/or facilities:

1. Health activities implemented in the community, notably outreach services, mobile clinics, the integrated service of community health, hereinafter referred to as SISCa, mop-up visits, and home visits;
2. *Health Posts*, hereinafter referred to as PS, located in *sucos*, have an area of influence ranging between 1,000 and 5,000 inhabitants and are furnished with the minimum equipment and human resources necessary to provide minimum health care to outpatients, and childbirth assistance.
3. *Subdistrict Health Centres*, hereinafter referred to as CSS, located in subdistrict capitals, have an area of influence ranging between 5,000 and 15,000 inhabitants and are furnished with the minimum equipment and human resources necessary to provide health care to outpatients, childbirth assistance, and 5 to 10 observation beds;
4. *District Health Centres*, hereinafter referred to as CSD, located in district capitals without reference hospitals, have an area of influence over the entire district population and are furnished with the minimum equipment and human resources necessary to provide health care to outpatients, childbirth assistance, and 10 to 20 inpatient beds.

**Article 12**  
**Responsibilities and competences**

1. Health Centres are the structures of the National Health Service which provide primary health care to the population, with a view to promoting health surveillance and disease prevention, diagnosis and treatment by focussing their action on the individual, the family, and the community.
2. It is incumbent upon the health centres, namely:
  - a) To ensure, through the stratification of the activities and/or facilities contemplated in the previous article, the access to, and use of, the services by all individuals living in their area of influence;
  - b) To diagnose and correctly treat diseases which do not require specialised outpatient or inpatient care;
  - c) To ensure the supply of medicines on the list of essential medicines to users of the health centres;
  - d) To refer patients to specialised health services, in accordance with the set rules;
  - e) To watch over the health status of the population, namely of the most vulnerable population groups, in accordance with approved programmes;
  - f) To promote the prevention and control of avoidable diseases, namely those that can be avoided through immunisation, by implementing the national immunisation programme;
  - g) To watch over sanitary and environmental factors of places, establishments and products, in order to facilitate the exercise of the competences of the sanitary surveillance authorities;
  - h) To promote public awareness of the basic health notions and disease prevention.

**Article 13**  
**Area of influence**

1. Each health centre has an area of influence which corresponds to the geographic area of the subdistricts, in the case of CSSs, and of districts, in the case of CSDs.
2. Users of the health centres are people living, even if temporarily, in the area of influence of the respective health centre, as well as people who find themselves occasionally in the area of influence and who, due to a sudden disease or accident, require urgent health care.
3. Patients are referred to health facilities with inpatient wards which are located nearest to or within the same area of influence.

**Article 14**  
**Description of the Services**

Services provided through the different activities and/or primary health care facilities include, namely:

1. With respect to *outreach services*, regular visits by multidisciplinary teams from referral hospitals or CSD to CSS and PS, for the purpose of providing care not available at the level of those facilities, as well as for the supervision thereof.
2. With respect to *S/SCa*, monthly assistance by multidisciplinary teams from health centres in carrying out health activities organised and promoted by community authorities of *sucos* and villages, for the purpose of providing, where possible, the following services:
  - a) Registration of users;
  - b) Health promotion and education;
  - c) Pre-natal and post-natal consultations, including childbirth planning, education on nutrition, food supplements and nutrients, breastfeeding, and family planning;
  - d) Child consultations, including body weight monitoring, education on nutrition, food supplements and nutrients, breastfeeding, and family planning;
  - e) Implementation of immunisation programmes;

- f) Monitoring of users of tuberculosis, leprosy, and mental health programmes;
  - g) Visits to schools, for the purpose of promoting health, implementing nutrition activities, deworming programmes, and oral health programmes at schools.
3. With respect to *Mobile Clinics*, regular visits by multidisciplinary teams from health centres to the remotest communities with difficult access to primary health care, for the purpose of providing, where possible, services similar to those provided by SISCa.
  4. With respect to *mop-up visits*, home visits on the day of implementation of national campaigns, with the aim of reaching out to the entire target population;
  5. With respect to *home visits*, regular visits by multidisciplinary teams to families living within a certain distance from health facilities, who have not used the services on a regular basis, or to medically vulnerable families.
  6. With respect to PS, the provision of the following services, amongst others:
    - a) Health promotion and education in priority areas;
    - b) Prenatal and post-natal care, including family planning;
    - c) Childbirth assistance, preferably in PS branches;
    - d) Neonatal care, including resuscitation of asphyxiated infants and education on breastfeeding;
    - e) Implementation of a food supplement and nutrition programme for pregnant women and children under 5 years of age;
    - f) Implementation of the immunisation programme;
    - g) Diagnosis and treatment of child diseases through the application of the AIDI method;
    - h) Diagnosis and treatment of the most common infectious and communicable diseases in its area of influence, including diarrhoea, infection of the respiratory tract, malaria, and sexually transmitted diseases;

- i) Monitoring users of tuberculosis, leprosy, mental health and other programmes;
  - j) Referral of patients to referral centres;
  - k) Recording of health care provision activities as stipulated by the health information system;
  - l) Assistance to family health promoters and SISCa activities;
  - m) Organisation of mobile clinics, mop-up visits, and home visits.
7. With respect to CSS, the provision of the types of care, amongst others, and in addition to those envisaged for PS:
- a) Comprehensive paediatric care, giving preference to the AIDI method;
  - b) Assistance in cases of obstetric and paediatric emergency;
  - c) Observation of and assistance in complicated cases before referring them to other referral centres;
  - d) Diagnosis and treatment of other diseases in terms of the applicable protocols and manuals;
  - e) Preventive and therapeutic basic care in the area of stomatology;
  - f) Requisition, storage and distribution of pharmaceuticals;
  - g) Provision of basic laboratory services, including haemoglobin and leucocytes, as well as malaria, tuberculosis, pregnancy and other laboratory tests;
  - h) Assistance in cases referred by PS;
  - i) To carry out outreach services, mobile clinics and SISCa in the geographic area within its area of influence;
8. With respect to CSD, the provision of the types of care, amongst others, and in addition to those envisaged for PS and CSS:
- a) Diagnosis and treatment of the most complicated cases by resorting to hospitalisation and in terms of the applicable protocols and manuals;

- b) Diagnosis and treatment of cases of tuberculosis, psychiatry and others which do not require specialised care;
- c) Assistance in cases referred by PS and CSS;
- d) Provision of outreach services in its area of influence;
- e) Mobile clinics and SISCa in the geographic area of the subdistrict located in the district capital;
- f) Organisation of referral and ambulance services in its area of influence.

**Article 15**  
**Minimum structure and operations**

1. In the performance of its responsibilities and competences and for an efficient provision of the services within its purview, CSSs shall, at least, organise themselves into the following divisions:
  - a) *Division for the Coordination of Health Activities Implemented in the Community*, which is responsible, inter alia, for coordinating activities being implemented at the community level, as well as for providing support to PS and liaising with the community through family health promoters and community authorities;
  - b) *Division of General Consultations*, which is responsible, inter alia, for consulting and treating adult diseases, including traumas and injuries, as well as for managing non-communicable and communicable diseases, including malaria, leprosy, tuberculosis and mental health cases;
  - c) *Division of Reproductive Health*, which is responsible, inter alia, for implementing the reproductive health programme, including prenatal and post-natal consultations, childbirth assistance, family planning and breastfeeding, as well as for implementing programmes in the areas of food supplement and nutrition, immunisation, and health education having women of reproductive age as its target group;
  - d) *Division of Child Health*, which is responsible, inter alia, for implementing child health programmes, giving preference to the AIDI method, including immunisation, food supplement, nutrition, and school health;

- e) *Division of Stomatology*, which is responsible, inter alia, for managing the oral health programme, including oral health at schools;
  - f) *Division of Observation and/or Hospitalisation*, which is responsible, inter alia, for managing patients under observation and/or hospitalised;
  - g) *Division of Laboratory*, which is responsible, inter alia, for ensuring the provision of laboratory tests necessary to provide the services assigned to the health centre;
  - h) *Division of Pharmacy*, which responsible, inter alia, for ensuring a continued availability of pharmaceuticals and consumables for the effective provision of the services assigned to the health centre;
  - i) *Division of Administration & Logistics*, which is responsible, inter alia, for providing administrative support, including the management of the register and filing systems pertaining to the personal files of users, of the staff of the health centre and of the property, as well as the cleaning, security, maintenance of the branches of the health centre and logistical support to the health centre, health post and health activities implemented at the community level.
2. In the fulfilment of their responsibilities and competences and for the purpose of efficiently providing services within their purview, CSDs shall, at least, organise themselves into the divisions envisaged for CSSs and, in addition, incorporate a division of ambulances, which is responsible, inter alia, for:
- a) Establishing transport mechanisms for patients, ensuring a 24-hour coverage for all health centres in its geographic area;
  - b) Ensuring the transportation of patients from district health centres to referral hospitals;
  - c) Coordinating the return transportation of patients from district health centres to their respective homes;
  - d) Managing the ambulance fleet allocated to the division;
  - e) Performing any other competences as may be delegated thereto by the Head of the Health Centre.

3. The responsibility of the different divisions entails providing services through outreach services, mobile clinics, SISCa, mop-up visits, and home visits.
4. Services shall be provided to users 24 hours a day, without prejudice to the compulsory working time of 44 weekly hours as provided for by law.
5. The assignment of staff to the different divisions, the internal division of labour, and the designation of an officer in charge of the division are the responsibility of the Head of the Health Centre.

### **Article 16 Discipline**

1. The exercise of disciplinary powers at the health centres is subject to the general rules set forth in the Civil Service Statute as approved by Law No. 8/2004, of 16 June, the Code of Discipline of Health Professions as approved by Government Decree No. 1/2005, of 31 March, and the general law.
2. Without prejudice to article 16(1) above, staff and/or health professionals working at health centres shall, irrespective of their nationality and contractual regime:
  - a) Report to work properly dressed and/or in uniform, always displaying their identification during working hours and while attending to users;
  - b) Be punctual by adhering to the assigned work schedule and be flexible to unforeseen work requirements;
  - c) Attend to users in a prompt, effective, polite and humane way, complying with bureaucratic requirements without detriment to prompt and quality attention;
  - d) Observe the rules of confidentiality and professional secrecy, ensuring the protection of data and information related to patients and workmates;
  - e) Be always ready to work as a team and share knowledge with other workmates.

### **Article 17 Performance Appraisal**

1. Without prejudice to the general performance appraisal rules, the productivity and discipline of the staff working at health centres are appraised on the basis of the responsibilities entrusted to health centres and the duties assigned to



the division to which the staff are posted, and as stipulated in article 16 of this statute.

2. Performance is appraised on a continued basis by the immediate supervisors and on a regular basis as stipulated in general regulations.

### **SECTION III CONSULTATIVE ORGAN**

#### **Article 18 District Health Boards**

1. District Health Boards are support and consultative organs of the District Health Directors, entrusted with the responsibility of coordinating the provision of primary health care, as well as of performing the following functions in their respective geographic areas:
  - a) To promote the search for health quality and gains, ensuring the best articulation and collaboration of the various services of the district health service;
  - b) To issue opinions on work plans and budgets of the district health service;
  - c) To propose and develop intersectoral, strategic health programmes and coordinate the implementation thereof;
  - d) To issue technical opinions on all processes of accreditation and licensing of institutions of the health system and of pharmaceutical activities, as well as on all restrictive or corrective measures taken to protect public health.
2. District Health Boards are comprised of:
  - a) The District Health Director, who presides over them;
  - b) The Deputy District Health Director, public health specialists and other assistants;
  - c) The heads of the health centres located in their respective geographic area.
3. On issues related to the provision of primary health care in the respective referral hospital, or on issues related to the coordination between hospital services and services providing primary health care, district health boards, located in the respective geographic area, are also comprised of the

presidents of the boards of directors of the referral hospitals, with the right to vote.

4. District health boards meet ordinarily once a month and extraordinarily as and when convened by the district health directors.

### **CHAPTER III**

#### **TRANSITORY AND FINAL PROVISIONS**

##### **Article 19 Personnel**

District health services and health centres are staffed with the personnel necessary to fulfil their responsibilities and competences according to the staffing table now in force.

##### **Article 20 Establishment of Health Centres**

Health centres are established by a ministerial order.

##### **Article 21 Entry into force**

This statute comes into force on the day following its date of publication.

The Minister of Health,

Nelson Martins

Dili, 20 February 2008.

Annexes: Organisation Chart of the District Health Service and of the Health Centre.