



**Transitional Islamic Government of Afghanistan
Ministry of Health**

**A Basic Package of Health
Services
For Afghanistan**

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Islamic Transitional Government of Afghanistan Ministry of Health

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A handwritten signature in black ink, appearing to be 'Suhaila Siddiq', written over a set of horizontal lines.

Dr. Suhaila Siddiq
Minister of Health

Acronyms

AFB Acid Fast Bacilla tuberculosis test
ARI: Acute Respiratory Infection
BCG: Bacillus Calmette Guerin vaccine
BPHS: Basic Package of Health Services
CBHC: Community-Based Health Care
CHW: Community Health Worker
DMPA: Depot Progesterone
DOTS: Directly Observed Treatment Short-course (TB)
DPT: Diphtheria Pertussis Tetanus vaccine
EOC: Emergency Obstetric Care
EPI: Expanded Program on Immunization
HB: Hepatitis B
IEC: Information, Education and Communication
IMCI: Integrated Management of Childhood Illness
IUD: Intra-Uterine Device
IV: Intravenous
MDR-TB: Multi-Drug Resistant Tuberculosis
MOH: Ministry of Health
MVA: Manual Vacuum Aspiration
NID: National Immunization Day
NGO: Non-Governmental Organization
OPD: Out Patient Department
OPV: Oral Polio Vaccine
ORS: Oral Rehydration Solution
ORT: Oral Rehydration Therapy
PHC: Primary Health Care
SFC-TFC: Supplementary Feeding Center – Therapeutic Feeding Center
SMZ-TMP: Co-Trimoxazole
STD: Sexually Transmitted Disease
TB: Tuberculosis
TBA: Traditional Birth Attendant
TISA: Transitional Islamic State of Afghanistan
UN: United Nations
UNICEF: United Nations Children’s Fund
WHO: World Health Organization

1. BACKGROUND

In March 2002, the Afghan Ministry of Health began a process to determine its major priorities for rebuilding the national health system, and which health services were so important for addressing the greatest health problems that they should be available to all Afghans, even those living in remote and underserved areas. It was decided to call these crucial services a Basic Package of Health Services (BPHS). The key elements to include in the BPHS were (1) those services which would have the greatest impact on the major health problems, (2) services that were cost-effective in addressing the problems faced by many people and (3) services which could be delivered to give equal access to both rural and urban populations.

The concept of the Basic Package is that all of the services in the package should be available as an integrated whole, rather than being available piecemeal or as individual services or only through vertical programs. A collaborative process was established, so that all stakeholders would have an opportunity to contribute their ideas and experience. The result of this final version of the Basic Package of Health Services is one that represents a consensus among Afghan Ministry of Health officials, NGOs, international UN agencies, donors, and other partners in the health sector.

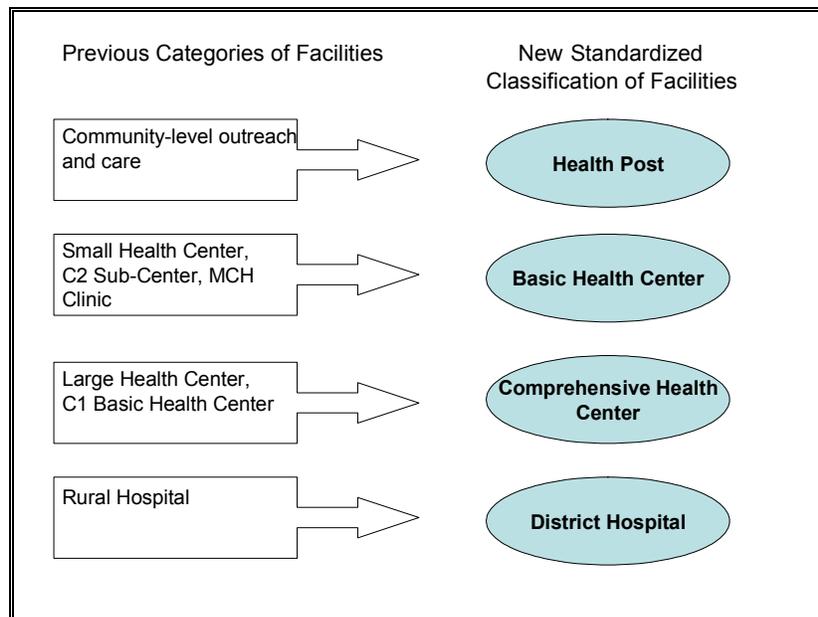
After nearly a year of meetings, discussions and drafts, a consensus has been achieved, and the Basic Package of Health Services is ready to be disseminated throughout Afghanistan. The Ministry of Health expects that all NGOs and others delivering health services in Afghanistan will use this document as the basis for implementing their health programs. The BPHS represents the official policy of the Transitional Islamic State of Afghanistan (TISA), and those delivering health services to Afghans must provide the Basic Package first before adding other services. In this way, stakeholders can be assured that the core services making up the Basic Package will be widely available, and that additional services that are not part of the Basic Package can be added as appropriate, but will not be substituted for any of the Basic Package services.

2. PURPOSE

The Basic Package of Health Services has two purposes: (1) to provide a standardized package of basic services which forms the core of service delivery in all primary health care facilities and (2) to promote a redistribution of health services by providing equitable access, especially in underserved areas. The BPHS provides a comprehensive list of services to be offered at four standard levels of health facilities within the health system: the health post, basic health center, comprehensive health center, and district hospital. These facility names replace a number of different nomenclature systems, and will help create a more uniform system of classifying and denoting health facilities. Over the past years the MOH and NGOs have used various names for different types of facilities (see Figure 1 for a list of facility names). This has often caused confusion as to what different

names mean for types of services offered, staffing of those facilities and what roles those facilities play in the referral health system. The BPHS has been used as an instrument to develop a standard name and description of the key types of facilities of the health system within a province. It has also required that Afghanistan determine what are the critical health cadre that it requires to deliver not only the BPHS but the range of services that are appropriate for the country.

Figure 1. Standardized system of names for health facilities



3. CONTENTS OF THE BASIC PACKAGE OF HEALTH SERVICES

The Basic Package of Health Services for Afghanistan consists of the following components:

- **MATERNAL AND NEWBORN HEALTH**
 - Antenatal Care
 - Delivery Care
 - Postpartum Care
 - Family Planning
 - Care of the Newborn
- **CHILD HEALTH AND IMMUNIZATION**
 - EPI services (routine and outreach)
 - Integrated Management of Childhood Illness
- **PUBLIC NUTRITION**
 - Micronutrient supplementation
 - Treatment of clinical malnutrition

- **COMMUNICABLE DISEASES**
 - Control of Tuberculosis
 - Control of Malaria
- **MENTAL HEALTH**
 - Community management of mental problems
 - Health facility based treatment of outpatients and inpatients
- **DISABILITY**
 - Physiotherapy integrated into PHC services
 - Orthopedic services expanded to hospital level
- **SUPPLY OF ESSENTIAL DRUGS**

4. FACILITY TYPES

The Basic Package of Health Services will be offered at four standard types of health facilities, ranging from outreach by community health workers (CHWs), to outpatient care at basic health centers, to inpatient services at comprehensive health centers and district hospitals. Tables summarizing the features of each type of facility are found at the end of this document.

Health Post

At the community level, basic health services will be delivered by CHWs and TBAs out of their own homes, which will function as community health posts. CHWs will offer limited curative care, including: diagnosis and treatment of malaria, diarrhea and ARI; distribution of condoms and oral contraceptives; and micronutrient supplementation. In addition to delivering the BPHS, CHWs will be responsible for treating common illnesses and conditions in children and adults (For a fuller explanation of CHW tasks, see the CHW job description in Annex A.) TBAs will focus on providing care for normal deliveries, identifying danger signs, and referring them to health centers. A health post staffed by one female or male CHW and one TBA will cover a catchment area of 1000 to 1500 people, equivalent to 100 to 150 families. **Table 9.1** gives a summary of health post features, including services provided, staffing, equipment and essential drugs.

Basic Health Center

The basic health center is a small facility, offering the same services as a health post, but with more complex outpatient care. Services offered include: antenatal, delivery, and postpartum care; family planning; routine EPI; growth monitoring; management of childhood diseases; treatment of malaria and TB, including DOTS; and distribution of essential drugs. A basic health center will be staffed by a nurse, a midwife or auxiliary midwife, and vaccinators, covering a population of 15,000 to 30,000 people. **Table 9.2** gives a summary of basic health center features: interventions and services provided, staffing, equipment and essential drugs.

Comprehensive Health Center

The comprehensive health center covers a larger catchment area of 30,000 to 60,000 people, and offers a wider range of services than the basic health center. In addition to assisting normal deliveries, the comprehensive health center can handle some complications; grave cases of childhood illness; treatment of complicated cases of malaria; and inpatient and outpatient physiotherapy for disability. The facility will have space for inpatient care, as well as a laboratory. The staff of a comprehensive center will also be larger than that of a basic center, including both male and female doctors, male and female nurses, midwives, and laboratory and pharmacy technicians. **Table 9.3** gives a summary of comprehensive health center features, including services provided, staffing, equipment and essential drugs.

District Hospital (First-Referral Hospital)

The first-referral or district hospital, which serves up to four districts, will handle all services in the Basic Package of Health Services, including the most complicated cases. Cases referred to the district hospital level include major surgery under general anesthesia; X-rays; comprehensive emergency obstetric care, including Caesarian sections; and family planning methods relevant for Afghanistan. The hospital will also provide a wider range of essential drugs and laboratory services than the health centers. The hospital will be staffed with doctors, including female OB/GYNs, surgeon, anesthetist, and pediatrician; midwives; lab and X-ray technicians; pharmacist; and dentist and dental technician. Each district hospital will cover a population of 100,000 to 300,000, servicing up to four districts, depending upon the geographic accessibility to the facility. **Table 9.4** gives a summary of district hospital features: services provided, staffing, equipment and essential drugs.

5. CRITERIA

The Ministry of Health has used four criteria for choosing the elements/interventions of the Basic Package.¹ They are:

- Technically effective services that can be delivered successfully in Afghanistan
- Targeted diseases are those which have imposed a heavy burden on Afghanistan, considering the effect on the individual with the illness as well as the social impact of the disease (such as epidemics and adverse economic effects)
- Sustainability of the services in the long-term as donors reduce support in the years ahead, taking into consideration the government's ability to maintain a basic level of health services
- The need for equity in ensuring that critical health services are provided to all, especially the poor.

¹ See WHO, 2001, "Macroeconomics and Health: Investing in Health for Economic Development". Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization.

6. IMPACT

As the BPHS is expanded to reach more of the Afghan population, it will have an impact in at least four distinct groups: (1) People in all areas of Afghanistan will benefit from having a basic set of services available to them which will address the major health problems they and their families face. (2) Communities will be positively affected by having a basic set of services available to them, which will make it easier for families to return and reestablish their lives. (3) The Ministry of Health and provincial health officials will benefit from addressing the major health problems facing Afghanistan by having established the priority problems of the population, and the services that can address a majority of those problems. The BPHS will provide a strong foundation for the Afghan health care system, and gives a clear direction for its rehabilitation. (4) Finally, donors and partners with the MOH, such as the UN agencies, will be able to use their expertise and resources in an effective manner and ensure they are used to bring the most cost-effective health services which will have impact on the greatest number of people.

7. PRIORITIES

While the MOH has sought to identify those services which are most critically needed to address the health needs of Afghanistan, it also recognizes that the massive task of rebuilding the national health system means that it may not have all the resources required to implement all of the BPHS elements simultaneously. In addition to the issue of available resources, the other elements are the MOH's and NGOs' technical and operational capacities to implement all elements of the BPHS. The MOH has closely examined these issues, and while mental health and disabilities deserve the attention of the health sector because they are significant causes of morbidity, they do make a smaller contribution to reduction of preventable mortality in comparison with other elements of the BPHS. Hence, it has been concluded that these two elements of the BPHS—mental health and disability—would be considered a “second tier” of the package and scheduled for phasing in at a later date. The remainder of the BPHS is seen as a whole to be fully implemented as quickly as possible in as many areas of the country as possible.

8. BASIC PACKAGE OF HEALTH SERVICES: Interventions and Services Provided, by BPHS Components and Health Facility Level

8.1 Maternal and Newborn Health

Table 8.1.1 Antenatal Care

Table 8.1.2 Delivery Care

Table 8.1.3 Postpartum Care

Table 8.1.4 Family Planning

Table 8.1.5 Care of the Newborn

8.2 Child Health and Immunizations

Table 8.2.1 EPI Services

Table 8.2.2 Integrated Management of Childhood Illness

8.3 Public Nutrition

Table 8.3.1 Public Nutrition

8.4 Communicable Diseases

Table 8.4.1 Control of Tuberculosis

Table 8.4.2 Control of Malaria

8.5 Mental Health

Table 8.5.1 Mental Health

8.6 Disability

Table 8.6.1 Disability

8.7 Essential Drugs

Table 8.7.1 Essential Drugs

8.1. MATERNAL AND NEWBORN HEALTH

Table 8.1.1: Antenatal Care

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
Information, Education and Communication (IEC)	Yes	Yes	Yes	Yes
Diagnosis of pregnancy	Presumption	Yes	Yes	Yes
Antenatal visits--weight, height measurement	Yes	Yes	Yes	Yes
Tetanus immunization	Outreach	Yes	Yes	Yes
Iron and folic acid supplements	Yes	Yes	Yes	Yes
Multi-micronutrient supplementation	Yes	Yes	Yes	Yes
Intermittent presumptive treatment against malaria	No	Yes	Yes	Yes
Blood pressure measurement	No	Yes	Yes	Yes
Simplified urinalysis	No	No	Yes	Yes
Diagnosis of anemia	Yes	Yes-Clinical/lab	Yes-Blood test	Yes-Blood test
Treatment of intestinal worms	Yes	Yes	Yes	Yes
Treatment of malaria	Endemic/Presumptive	Presumptive	Yes-based on lab	Yes-based on lab
Treatment of asymptomatic urinary tract infections	No	Yes	Yes	Yes
Treatment of symptomatic urinary tract infections	No	To be referred	Yes	Yes
Treatment of anemia	Yes-Iron	Yes-Iron	Yes-Iron /blood	Yes-Iron/blood
Management of STDs	No	Yes-Clinical	Yes-based on lab	Yes-based on lab
Treatment of hypertensive disorders of pregnancy	No	Yes	Yes	Yes
Treatment of pre-eclampsia/eclampsia	No	To be referred	Mild Yes/ Refer	Yes
Treatment of incomplete miscarriage/abortion	No	To be referred	Yes-MVA	Yes MVA/curettage
Treatment of ectopic pregnancy	No	To be referred	To be referred	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.1.2: Delivery Care

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Monitor progression of labor	Yes	To be referred	Yes-Partograph	Yes-Partograph
Identify fetal malpositions	To be referred	To be referred	To be referred	Yes
Assist normal delivery	Yes	Yes	Yes	Yes
Vaginal delivery requiring additional procedures/equipmt	No	To be referred	Yes	Yes
Parenteral administration of oxytocin	No	Yes, if midwife	Yes	Yes
Parenteral administration of anticonvulsants	No	No	To be referred	Yes
Bimanual compression of the uterus	Yes	Yes	Yes	Yes
Controlled cord traction	Yes	Yes	Yes	Yes
Suturing tears	No	Yes-Vaginal	Yes-Vaginal/cervical	Yes-Vaginal/cervical
Provision of intravenous fluids	No	To be referred	Yes	Yes
Blood transfusion	No	No	Yes	Yes
Manual removal of placenta	No	Yes	Yes	Yes
Curettage	No	No	MVA	Yes
Hysterectomy	No	No	No	Yes
Management of prolapsed cord, shoulder dystocia	No	No	To be referred	Yes
Vacuum extraction	No	No	Yes	Yes
External cephalic version	No	No	Yes	Yes
Symphysiotomy	No	No	No	Yes
Caesarean section	No	No	No	Yes
Craniotomy	No	No	No	Yes
Antibiotics	Yes-Oral	Yes-Oral	Yes- Oral/I.V.	Yes-Oral/I.V.
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.1.3: Postpartum Care

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes	Yes	Yes	Yes
Detection of anemia	To be referred	Yes-Clinical	Yes-based on lab findings	Yes-based on lab findings
Detection of puerperal infection	To be referred	Yes	Yes	Yes
Breast examination	To be referred	Yes	Yes	Yes
Antibiotics	Yes- Oral	Yes- Oral	Yes- Oral/I.V.	Yes- Oral/I.V.
Counselling on family planning and breastfeeding	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.1.4: Family Planning

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWS, TBAS)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
Counselling on family planning methods	Yes	Yes	Yes	Yes
Clinical examination	No	Yes	Yes	Yes
Screening for STD	To be referred	Yes- Clinical	Yes- Lab	Yes- Lab
Treatment of STD	No	Yes- Oral	Yes- Oral/I.V.	Yes- Oral/I.V.
Distribute condoms	Yes	Yes	Yes	Yes
Distribute oral contraceptives	Yes	Yes	Yes	Yes
DMPA injection	No	Yes	Yes	Yes
Intrauterine devices	No	Yes	Yes	Yes
Female sterilization	No	No	No	Yes
Male sterilization	No	No	No	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.1.5: Care of the Newborn

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
In delivery: stimulate, clean airway, clean clamp and cut cord, establish early breastfeeding	Yes	Yes	Yes	Yes
Prevention of ophthalmia of the newborn	Yes	Yes	Yes	Yes
Ventilation/cardiac massage	No	Yes	Yes	Yes
Newborn immunizations	Yes- Outreach	Yes	Yes	Yes
Kangaroo method	Yes	Yes	Yes	Yes
Incubator	No	No	No	Yes
Artificial feeding (preterm/low birth weight)	No	Yes	Yes	Yes
Manage neonatal infections (omphalitis)	First aid and refer	First aid and refer	Yes	Yes
Manage neonatal sepsis	First aid and refer	First aid and refer	Yes	Yes
Manage neonatal jaundice	Counselling	Counselling	Yes	Yes
Manage neonatal tetanus	No	No	To be referred	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

8.2: CHILD HEALTH AND IMMUNIZATION

Table 8.2.1: EPI Services

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Storage of vaccines	No	Yes	Yes	Yes
Routine immunization (BCG, DPT, OPV, measles)	Yes-outreach	Yes	Yes	Yes
EPI-plus (EPI + HB + vitamin supplementation)	Yes-outreach	Yes	Yes	Yes
Outreach immunization	Yes-support	Yes	Yes	Yes
Campaigns (NIDs)	Yes-support	Yes	Yes	Yes
Disease surveillance and case reporting	Yes	Yes	Yes	Yes
Reporting	No	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.2.2: Integrated Management of Childhood Illness

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Case management of ARI (WHO categories)	Mild	Mild	Grave	Grave
Identify cases of pneumonia	To be referred	First aid and refer	Yes	Yes
Antibiotics	Yes -SMZ-TMP	Yes	Yes	Yes
Supportive measures	Yes	Yes	Yes	Yes
Oxygen	No	No	Yes	Yes
Case management of diarrhea/ ORT	First aid and refer	Yes	Yes	Yes
Identify dehydration/bloody diarrhea	First aid and refer	First aid and refer	Yes	Yes
I.V. rehydration	No	Yes	Yes	Yes
Antibiotics (dysentery)	First aid and refer	Yes	Yes	Yes
Case management of child with fever/malaria	Yes	Yes	Yes	Yes
Case management of measles	Supportive	Yes	Yes	Yes
Identify complicated measles	To be referred	To be referred	Yes	Yes
Vitamin A	Yes	Yes	Yes	Yes
Antibiotics	Yes	Yes	Yes	Yes
Supportive measures	Yes	Yes	Yes	Yes
Case management of severely ill child	First aid and refer	First aid and refer	To be referred	Yes
Identify signs of gravity	To be referred	To be referred	Yes	Yes
Treat meningitis, others	To be referred	To be referred	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

8.3: PUBLIC NUTRITION

Table 8.3.1: Public Nutrition

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC about nutrition and growth problems	Yes	Yes	Yes	Yes
Breastfeeding support	Yes	Yes	Yes	Yes
Growth monitoring	No	Yes	Yes	Yes
Multi-micronutrient supplementation	Yes	Yes	Yes	Yes
Diagnosis of anemia	Yes- Clinical	Yes- Clinical/lab	Yes- Lab	Yes- Lab
Iron supplementation in children and pregnant women	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes- NIDs	Yes	Yes	Yes
Diagnostic of malnutrition	To be referred	To be referred	Yes	Yes
Treatment of malnutrition	No	Yes	Yes- SFC,TFC	Yes - SFC,TFC
Anthelmintic drugs	Yes	Yes	Yes	Yes
Community-based malnutrition management	Yes	Yes	Yes	Yes
Improving sanitation	Yes	Yes	Yes	Yes
School feeding	Yes	Yes	Coordination	Coordination
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

8.4: COMMUNICABLE DISEASES

Table 8.4.1: Control of Tuberculosis

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Case detection among self-reporting patients using sputum smear	To be referred	Yes- If lab available	Yes	Yes
Short course chemotherapy, including DOTS	Yes	Yes	Yes	Yes
Surveillance of cases of interrupted treatment	Yes	Yes	Yes	Yes
BCG vaccination	Outreach	Yes	Yes	Yes
X-Ray for smear-negative patients	No	No	No	Yes
Algorithms of treatment for AFB(-)	No	No	Yes	Yes
Active case finding in OPD/community	Yes-to be referred	Yes	Yes	Yes
Preventive therapy for children contacts of TB patients	To be referred	Yes	Yes	Yes
DOTS-plus in MDR TB	No	Yes—Follow-up	Yes	Yes
Inpatient management of severe cases	No	No	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 8.4.2: Control of Malaria
(For children under 5 see Table 8.2.2, IMCI)

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC	Yes	Yes	Yes	Yes
Clinical diagnosis	Yes and refer	Yes	Yes	Yes
Microscope diagnosis	No	No	Yes	Yes
Treatment of uncomplicated cases – first line treatment	Yes	Yes	Yes	Yes
Treatment of uncomplicated cases – first line-resistant cases	No	Yes	Yes	Yes
Treatment of complicated cases	No	No	Yes	Yes
Rehydration, treatment of anemia (support in complicated cases)	No	Yes	Yes	Yes
Insecticide-treated mosquito nets	Yes	Yes	Yes	Yes
Intermittent presumptive therapy	No	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

8.5: MENTAL HEALTH

Table 8.5.1: Mental Health

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
Health education and mental health awareness	Yes	Yes	Yes	Yes
Case detection (self-reporting)	Yes	Yes	Yes	Yes
Bio-psycho-social case management	No	Yes	Yes	Yes
Follow up of chronic cases	Yes	Yes	Yes	Yes
Occupational therapy	No	No	No	Provincial level
Speech therapy	No	No	No	Provincial level
Self-help groups for drug addictions	Yes	Yes	Yes	Yes
Inpatient treatment	No	No	To be referred	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

8.6: DISABILITY

Table 8.6.1: Disability

INTERVENTIONS AND SERVICES PROVIDED	HEALTH FACILITY LEVEL			
	HEALTH POST (CHWs, TBAs)	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
IEC, awareness, care seeking behavior	Yes	Yes	Yes	Yes
Home visit program (in urban settings) for paraplegics, etc	Yes	Yes	Yes	Yes
Outpatient physiotherapy (screening and treatment)	No	Yes- Intermittent	Yes	Yes
Inpatient physiotherapy	No	No	Yes	Yes
Orthopaedics: diagnosis	No	No	Yes	Yes
Production of orthosis, fitting and training	No	To be referred	To be referred	Yes-selected cases
Production of prosthesis, fitting and training	No	To be referred	To be referred	To be referred

8.7 ESSENTIAL DRUGS

Table 8.7.1: Essential Drug Requirements by Type of Facility *page 1 of 6*

DRUG	DOSAGE	HEALTH FACILITY LEVEL			
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
1. Anaesthetics					
1.1 General Anesthetics and Oxygen					
Ketamine	injection 50mg (as hydrochloride)/ml in 10-ml vial			√	√
Oxygen	inhalation (medicinal gas)			√	√
1.2 Local Anaesthetics					
Lidocaine	injection 1%, 2%(hydrochloride) in vial, injection for spinal anesthesia 5% (hydrochloride) in 2-ml ampoule to be mixed with 7.5% glucose solution, topical forms 2 %-4 % (hydrochloride)		√ Local anesthesia for minor wound care	√	√
Lidocaine + Adrenaline	injection 1%-2% (hydrochloride) + epinephrine 1:200,000 in vial			√	√
2. Analgesics, Antipyretics, Non-Steroidal Anti-Inflammatory Drugs					
2.1 Non-Opioid Analgesics/ Antipyretics / NSAID					
Acetaminophen	tablet 325mg 500mg, syrup 120mg/5ml, drop 100mg/ml	√	√	√	√
Acetyl Salicylic Acid	tablet 100mg 500mg		√	√	√
3. Anti-Convulsants/ Anti-Epileptics					
Carbamazepin	tablet 100mg, 200mg			√	√
Diazepam	injection 5mg/ml in 2-ml ampoule, tablet 5mg, 10 mg			√	√
Magnesium Sulphate	injection 500mg/ml in 2-ml ampoule			√	√
Phenobarbital	tablet 15mg 100mg			√	√
4. Antidotes					
4.1 Non-specific Antidotes					
Activated Charcoal	powder / tablet		√	√	√
5. Anti-Histamines					
5.1 H1 - Receptor Antagonists					
Chlorpheniramine Maleate	tablet 4mg, injection 10mg/ml		√	√	√
6. Anti-Infective Medicines					
6.1 Anthelmintics					
Mebendazole	chewable tablet 100mg	√	√	√	√

√=drug available

Table 8.7.1: Essential Drug Requirements by Type of Facility page 2 of 6

DRUG	DOSAGE	HEALTH FACILITY LEVEL			DISTRICT HOSPITAL
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	
6.2 Antibacterials					
6.2.1 Beta Lactam Medicines					
Amoxicillin	capsule or tablet 500mg 250mg (anhydrous), powder for oral suspension 125mg (anhydrous)/5m		√	√	√
Ampicillin	powder for injection 1g 500mg (as sodium salt) in vial		√	√	√
Benzathine Benzyl Penicillin	Powder for injection, 1.2 million IU & 2.4 million IU in 5-ml vial			√	√
Phenoxy Methyl Penicillin	tablet 250mg 500mg (as potassium salt), powder for oral suspension 250mg (as potassium salt)/5ml		√	√	√
Procaine Penicillin	powder for injection 2 million IU & 4 million IU in vial			√	√
6.2.2 Other Antibacterials					
Doxycycline	capsule or tablet 100mg (hydrochloride)			√	√
Gentamicine	injection 20mg 40mg 80mg (as sulfate)/ml in 2-ml vial			√	√
6.2.3 Anti-Tuberculosis					
Ethambutol	tablet 400mg		√	√	√
INH	tablet 100mg 300mg		√	√	√
Pyrazinamid	tablet 500mg		√	√	√
Refampicin	Capsule or tablet 150mg 300 mg		√	√	√
Streptomycin	Powder for injection 1g (as sulfate) in vial		√	√	√
6.3 Anti-Fungal					
Benzoic Acid + Salicylic Acid	cream or ointment 6% or 3%		√	√	√
Nystatin	tablet 100,000 or 500,000 IU, ointment 100,000 U/gram, vaginal tablet 100,000 U, drop 100,000 U/ml		√	√	√
6.4 Antiprotozoal Medicines					
6.4.1 Anti-Amoebic and Anti-Giardiasis					
Metronidazole	tablet 250mg 400mg, injection 500mg in 100ml vial, oral suspension 200mg (as benzoate)/5 ml		√	√	√

√=drug available

Table 8.7.1: Essential Drug Requirements by Type of Facility page 3 of 6

DRUG	DOSAGE	HEALTH FACILITY LEVEL			DISTRICT HOSPITAL
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	
6.4.2 Anti-Malarial					
Chloroquine	tab 100mg 150mg(as phosphate or sulfate), syrup 50mg (as phosphate or sulfate) /5ml, injection 40mg (as hydrochloride phosphate or sulfate)/ml	√	√	√	√
Pyrimethamin + Sulfadoxine (Fansidar)	tablet 25mg 500mg		√	√	√
Quinine	tablet 300mg (as bisulfate or sulfate), injection 300mg (as dihydrochloride)/ml in 2-ml ampoule			√	√
6.5 Sulfonamide/Related					
Co-Trimoxazole (Sulfamethoxazole+Trimethoprim)	suspension 200mg+40mg/5ml, tablet 100mg+20mg & 400mg+80mg	√	√	√	√
6.6 Urinary Antiseptics					
Nitrofurantoin	tablet 100mg			√	√
7. Medicines Affecting the Autonomic System					
7.1 Sympathomimetics					
Adrenaline	injection 1mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule			√	√
Salbutamol	tablet 4 mg (as sulfate), syrup 2mg/5ml			√	√
7.2 Sympatholytics					
Methyl dopa	tablet 250mg			√	√
Atenolol	tablet 50mg 100mg			√	√
8. Medicines Affecting the Blood					
8.1 Drugs Used in Anemia					
Ferrous Sulphate	tablet equivalent to 60 mg iron, oral solution equivalent to 25mg iron (as sulfate)/ml		√	√	√
Ferrous Sulphate + Folic Acid	tablet equivalent to 60 mg iron +400 Microgram folic acid	√	√	√	√
Folic Acid	tablet 1mg 5mg		√	√	√
9. Cardiovascular Medicines					
9.1 Anti-Hypertensive Agents					
Atenolol	tablet 50mg 100mg			√	√
Hydrochlorothiazide	tablet 25mg 50 mg			√	√
Methyl dopa	tablet 250 mg			√	√
Nifedipine	capsule / tablet 10mg			√	√

√=drug available

Table 8.7.1: Essential Drug Requirements by Type of Facility page 4 of 6

DRUG	DOSAGE	HEALTH FACILITY LEVEL			
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
10. Dermatological Medicines (Topical)					
10.1 Anti-Infective, Topical					
Methyl Rosanilinium Chloride (Gentian Violet)	aqueous solution 0.5%		√	√	√
10.2 Anti Fungal, Topical					
Benzoic Acid +Salicylic Acid	ointment or cream 6% or 3%		√	√	√
Nystatin	ointment 100,000 U/gram, vaginal tablet 100,000 U, drop 100,000 U/ml, coated tablet 100,000 or 500,000 U		√	√	√
10.3 Scabicides/Pediculocides					
Lindane	lotion 1%		√	√	√
11. Disinfectants and Antiseptics					
Chlorhexidine	solution 5% (digluconate) for dilution	√	√	√	√
Gentian Violet	aqueous solution 0.5%, 1%	√	√	√	√
12. Diuretics					
Hydrochlorothiazide	tablet 25 mg 50mg			√	√
13. Gastrointestinal Medicines					
13.1 Antacids					
Aluminum hydroxide	tablet 500 mg, oral suspension 320mg/5ml		√	√	√
Aluminum hydroxide + Magnesium Hydroxide	chewable tablet aluminum hydroxide 200mg + magnesium hydroxide 200mg, suspension aluminum hydroxide 225 mg+ magnesium hydroxide 200mg/5ml	√	√	√	√
13.2 Anti-Emetics					
Metoclopramid	tablet 10mg (hydrochloride), injection 5mg (hydrochloride)/ml in 2-ml ampoule or 5-ml ampoule		√	√	√
13.3 Oral Rehydration Solution (ORS)					
Oral Rehydration Solution	powder, 27.9 g/l (components: sodium chloride 3.5g, trisodium citrate dihydrate 2.9g, potassium chloride 1.5g, glucose 20g)	√	√	√	√
14. Hormones, Other Endocrine Medicines and Contraceptives					
14.1 Adrenal Hormones and Synthetic Substitutes					
Hydrocortisone	powder for injection 100mg (as sodium succinate) in vial			√	√

√=drug available

Table 8.7.1: Essential Drug Requirements by Type of Facility page 5 of 6

DRUG	DOSAGE	HEALTH FACILITY LEVEL			
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
14.2 Contraceptives					
Ethinylestradiol + Levonorgestrol	tablet 30 microgram+150 microgram, tablet 50 microgram+250 microgram	√	√	√	√
Ethinylestradiol + Norethisterone	tablet 35 microgram + 1.0mg	√	√	√	√
MedroxyProgesterone	depot injection, 150mg/ml in 1-ml vial, 50mg/ml in 3ml vial		√	√	√
Condoms		√	√	√	√
IUD			√	√	√
15. Immunologicals					
15.1 Vaccines					
BCG	0.05ml given sucutaneously to children between birth and 1 year old		√	√	√
DPT	0.5ml given intramuscularly to children between 6 weeks and 1 year old		√	√	√
Hepatitis-B vaccine	To be included in EPI starting in 2004.		√	√	√
Measles	0.5ml given intramuscularly to children between 9 months and 1 year		√	√	√
OPV	2 drops given orally for children under one year old. Supplementary doses given to all children under five years during NIDs		√	√	√
Tetanus toxoid	0.5ml given intramuscularly to women aged 15 to 45 years.		√	√	√
16. Ophthalmological Preparations					
16.1 Anti-Infective, Topical					
Tetracycline	eye ointment 1% (hydrochloride)	√	√	√	√
17. Oxytocics and Antioxytocics					
17.1 Oxytocics					
Ergometrine	tablet 200 microgram (hydrogen maleate), injection 200 microgram (hydrogen maleate)		√	√	√
Oxytocin	injection 10 IU in 1-ml ampoule			√	√
17.2 Antioxytocics					
Salbutamol	tablet 4mg (as sulfate), injection 50 microgram (as sulfate)/ml in 5-ml ampoule		√	√	√
18. Psychotherapeutic Medicines					
18.1 Medicines Used in Psychotic Disorders					
Chlorpromazine	tablet 100mg(hydrochloride), syrup 25mg (hydrochloride)/5ml, injection 25 mg (hydrochloride)/ml in 2-ml ampoule				√
Haloperidol	tablet 2mg 5mg, injection 5mg in 1-ml ampoule				√
Thioridazine	tablet 10mg 25mg 100mg				√

√=drug available

Table 8.7.1: Essential Drug Requirements by Type of Facility page 6 of 6

DRUG	DOSAGE	HEALTH FACILITY LEVEL			DISTRICT HOSPITAL
		HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	
18.2 Medicines Used in Depressive Disorders					
Amitriptyline	tablet 25 mg (hydrochloride)				√
19. Medicines Acting on the Respiratory Tract					
19.1 Anti-Asthmatic Medicines					
Aminophylline	injection, 25mg/ml in 10-ml ampoule, tablet 100mg			√	√
Epinephrine (Adrenaline)	injection 1mg(as hydrochloride or hydrogen tartrate) in 1-ml ampoule			√	√
Salbutamol	tablet 2mg 4mg (as sulfate), inhalation (aerosol) 100 microgram (as sulfate) per dose, syrup 2mg (as sulfate)/5ml, injection 50 microgram (as sulfate)/ml in 5-ml ampoule, respirator solution for use in nebulizers 5mg (as sulfate)/ml		√	√	√
20. Solutions Correcting Water, Electrolyte and Acid-base Disturbances					
20.1 Oral					
Oral Rehydration Solution (for Glucose Electrolyte Solution)	for composition see section 13. 3	√	√	√	√
20.2. Parenteral					
Sodium Chloride	injectable solution 0.9% isotonic (equivalent to Na+154 mmol/l,Cl-154 mmol/l)		√	√	√
Compound Solution of Sodium Lactate	injectable solution			√	√
20.3 Miscellaneous					
Water for Injection	5-ml 10-ml ampoule		√	√	√
21. Vitamins and Minerals					
Iodine	iodized oil 1 ml (480mg iodine) or 0.5 ml (240 mg iodine) in ampoule, (oral or injectable), 0.57 ml (308 mg iodine) in dispenser bottle, capsule 200 mg		as part of campaign, under supervision	√	√
Retinol	sugarcoated tablet, 10,000 IU (as palmitate)(5.5mg), capsule 200,000 IU (as palmitate)(110mg), oral oily solution 100,000 IU/ml in multidose dispenser (as palmitate), water-miscible injection 100,000 IU (as palmitate) (55mg) in 2-ml ampoule		as part of campaign, under supervision	√	√
Multimicronutrient			as part of campaign, under supervision	√	√

√=drug available

9. HEALTH FACILITIES: Summary of Services Provided, Catchment Area, Staffing, Features, Equipment, and Essential Drugs, by Type of Facility

Table 9.1: Health Post: Summary

Table 9.2: Basic Health Center: Summary

Table 9.3: Comprehensive Health Center: Summary

Table 9.4: District Hospital: Summary

Table 9.1: Health Post Summary, page 1 of 2

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Catchment Area: 1000-1500 people (100 to 150 families)						
General	IEC					
Maternal and Newborn Health	Micronutrient supplementation	CHW	1	private home	scissors	Analgesic: Acetaminophen
	Assist normal deliveries, identify danger signs and refer	TBA	1		forceps	Anthelmintic: Mebendazole
	Identify sick newborns and refer				thermometer	Antibacterial: Co-Trimoxazole
	Counselling on family planning and breastfeeding				Mini-delivery kits	Anti-malarial: Chloroquine
	Distribute condoms and oral contraceptives				ORS measurement jug	Antenatal Supplements: Ferrous Sulphate + Folic Acid
Child Health and Immunization	Support outreach immunization and campaigns			tape measure for nutrition assessment	Disinfectants: Chlorhexidine, Gentian Violet	
	Case management of ARI, diarrhea, fever/malaria; refer complicated cases; ORT				Antacid: Aluminum hydroxide + Magnesium Hydroxide	
	Support case management of measles				Oral Rehydration Solution	
	Identify and refer gravely ill child				Oral Contraceptives	
Public Nutrition	Breastfeeding support				Condoms	
	Multi-micronutrient and iron supplementation				Anti-Infective Tetracycline eye ointment	
	Improve sanitation				Vitamins and Minerals: Iodine, Retinol, Multimicronutrient	
	School feeding					
	Community-based malnutrition management					

Table 9.1: Health Post Summary, page 2 of 2

Catchment Area: 1000-1500 people (100 to 150 families)						
Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Communicable Diseases	Refer self-reporting TB patients					
	For identified TB patients, encourage compliance with course of treatment regimen based on DOTS strategy					
	Surveillance of cases of interrupted TB treatment; active case-finding					
	Clinical diagnosis of malaria and treatment of uncomplicated cases					
	Insecticide-treated mosquito nets					
Mental Health	Health Education and awareness					
	Case detection (self-reporting) and follow-up of chronic cases					
	Self-help groups for drug addiction					
Disability	Awareness, care-seeking behavior					
	Home visit program for paraplegics (in urban settings)					

Table 9.2: Basic Health Center Summary, page 1 of 2

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
General		IEC				
Maternal and Newborn Health	Antenatal care; refer complicated cases	Nurse (male)	1	Patient registration room	Scissors, forceps	Analgesics: Acetaminophen, Acetyl Salicylic Acid
	Assist normal deliveries, identify danger signs and refer	Midwife/ Auxiliary Midwife	1	Waiting room	Thermometer	Antidote: Activated Charcoal
	Identify sick newborns and refer after first aid	Vaccinator	2	Exam rooms	Stethoscope	Antihistamine: Chlorpheniramine Maleate
	Detection of postpartum anemia, puerperal infection	Support Staff (Cleaner, Guard)	2	Delivery room	Sputum and blood specimen bottles	Anthelmintic: Mebendazole
	Screen for and treat STDs			Wound dressing area	Vision testing chart	Ampicillin, Phenoxy Methyl Penicillin
	Distribute condoms and oral contraceptives, progesterone injection, IUD			Pharmacy	Sphygmomanometer	Anti TB drugs
				Health Education Area	Dispensing counting tray	Anti-Fungals: Benzoic Acid + Salicylic Acid, Nystatin
Child Health and Immunization	EPI services			Medical Records Area	Pediatric and adult scales	Anti-Amoebic: Metronidazole
	Case management of ARI, diarrhea, measles, fever/malaria; refer complicated cases				Cold box/refrigerator for EPI	Anti-malarial: Chloroquine, Fansidar
	Identify and refer gravely ill child				Vaccine carrier and ice pack	Sulfonamide: Co-Trimoxazole
Public Nutrition	Breastfeeding support				Patella hammer	Antenatal Supplements: Ferrous Sulphate + Folic Acid
	Growth monitoring				Diagnostic set or auroscope/otoscope	Disinfectants: Chlorhexidine, Gentian Violet
	Multi-micronutrient and iron supplementation				Dripstand	Scabicide: Lindane
	Diagnosis and treatment of malnutrition				Flashlight	Antacid: Aluminum hydroxide + Magnesium Hydroxide
	Improve sanitation				Minor surgery kit	Anti-Emetic: Metoclopramid
	School feeding					

Table 9.2: Basic Health Center Summary, page 2 of 2

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Catchment Area: 30,000-35,000 people						
Communicable Diseases	TB case detection using sputum smear (if lab available)				Stretcher	Oral Rehydration Solution
	Short-course chemotherapy, including DOTS				Specula	Oral Contraceptives
	Surveillance of cases of interrupted TB treatment; active case-finding				Lamp	Condoms, IUD
	Preventive therapy for children contacts of TB patients				Suction	Ophthalmological Preparation: Tetracycline
Mental Health	Clinical and microscope diagnosis of malaria, treatment of uncomplicated cases				Midwifery kit	Oxytocics/antioxytocics: Ergometrine, Salbutamol
	Insecticide-treated mosquito nets				Sterilizer	Anti-Asthmatic: Salbutamol
	Health Education and awareness				examining table	Vitamins and Minerals: Iodine, Retinol, Multimicronutrient
	Case detection (self-reporting), case management and follow-up of chronic cases					
	Self-help groups for drug addiction					
Disability	Awareness, care-seeking behavior					
	Home visit program for paraplegics (in urban settings)					
	Refer for fitting and training of orthosis and prosthesis					

Table 9.3: Comprehensive Health Center Summary page 1 of 3

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Catchment Area: 30,000-60,000 people						
General	IEC					
Maternal and Newborn Health	Antenatal care; treatment of mild pre-eclampsia/eclampsia, incomplete miscarriage/abortion	Doctor (male)	1	Patient registration room	Scissors, forceps	Anesthetics: Ketamine, Oxygen, Lidocaine, Lidocaine+Adrenaline
	Assist normal deliveries; provide basic Emergency Obstetric Care	Doctor (female)	1	Waiting room	Thermometer	Analgesic: Acetaminophen, Acetyl Salicylic Acid
	Detection and treatment of postpartum anemia, puerperal infection	Midwife	2	Exam rooms	Stethoscope	Anti-Convulsants: Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital
	Care of newborn; manage neonatal infections and sepsis	Nurse (female)	1	Holding beds	Sputum and blood specimen bottles	Antidote: Activated Charcoal
	Screen for and treat STDs	Nurse (male)	1	Inpatient beds	Vision testing chart	Antihistamine: Chlorpheniramine Maleate
	Distribute condoms and oral contraceptives, progesterone injection, IUD	Lab Technician	1	Delivery room	Sphygmomanometer	Anthelmintic: Mebendazole
Child Health and Immunization	EPI services	Pharmacy Technician	1	Minor surgery room	Dispensing counting tray	Antibiotics: Amoxicillin, Ampicillin, Phenoxy Methyl Penicillin, Benzathine Benzyl Penicillin, Procaine Penicillin
	Case management of ARI, diarrhea, fever/malaria and measles, incl. gravely ill child	Vaccinator	2	Wound dressing area	Pediatric and adult scales	Other Antibacterials: Doxycycline, Gentamicin

Table 9.3: Comprehensive Health Center Summary page 2 of 3

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Catchment Area: 30,000-60,000 people						
Public Nutrition	Breastfeeding support	Administrator	1	Pharmacy	Cold box/refrigerator for EPI	Anti TB drugs
	Growth monitoring	Support Staff (Cleaner, Guard)	4	Laboratory Area	Vaccine carrier and ice pack	Anti-Fungals: Benzoic Acid + Salicylic Acid, Nystatin, Lindane
	Multi-micronutrient and iron supplementation			Health Education Area	Patella hammer	Anti-Amoebic: Metronidazole
	Diagnosis and treatment of malnutrition			Medical Records Area	Diagnostic set or auroscope	Anti-malarial: Chloroquine, Fansidar, Quinine
	Improve sanitation				Dripstand	Sulfonamide: Co-Trimoxazole
	Coordinate school feeding				Flashlight	Urinary Antiseptics: Nitrofurantoin
Communicable Diseases	TB case detection using sputum smear				Minor surgery kit	Sympathomimetics/ Sympatholytics: Adrenaline, Salbutamol, Methyl dopa, Atenolol
	Short-course chemotherapy, including DOTS; DOTS-plus in MDR TB				Stretcher	Antenatal: Ferrous Sulphate + Folic Acid
	Surveillance of cases of interrupted TB treatment; active case-finding				Specula	Disinfectants: Chlorhexidine, Gentian Violet
	Preventive therapy for children contacts of TB patients				Lamp	Anti-Hypertensives: Atenolol, Hydrochlorothiazide, Methyl dopa, Nifedipine
	Clinical and microscope diagnosis of malaria, treatment of complicated cases				Suction	Antacid: Aluminum hydroxide + Magnesium Hydroxide
	Insecticide-treated mosquito nets				Midwifery kit	Anti-Emetic: Metoclopramid

Table 9.3: Comprehensive Health Center Summary page 3 of 3

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Catchment Area: 30,000-60,000 people						
Mental Health	Health Education and awareness				Examining table	Oral Rehydration Solution, Sodium Chloride, Sodium Lactate, Water for injection
	Case detection (self-reporting), case management and follow-up of chronic cases; refer for inpatient treatment				Oxygen gauge and cylinder	Adrenal Hormones: Hydrocortisone
	Self-help groups for drug addiction				Neonatal resuscitation trolley	Oral Contraceptives
Disability	Awareness, care-seeking behavior				Hearing screening equipment	IUD, Condoms
	Home visit program for paraplegics (in urban settings)				Basic EOC kit	Vaccines: BCG, DPT, Hep B, Measles, OPV, TT
	Inpatient and outpatient physiotherapy; orthopedics diagnosis				Sterilization equipment set	Anti-Infective: Tetracycline
	Refer for fitting and training of orthosis and prosthesis				Hemoglobinometer	Oxytocics/antioxytocics: Ergometrine, Salbutamol
					Hand crank centrifuge	Anti-Asthmatics: Aminophylline, Epinephrine, Salbutamol
					Microscope	Vitamins and Minerals: Iodine, Retinol
						Multimicronutrient

Table 9.4: District Hospital (First-Referral Hospital): Summary, page 1 of 3

100,000 - 300,000 people (servicing up to Catchment Area: 4 districts)						
Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
General	IEC				Scissors, forceps	Anesthetics: Ketamine, Oxygen, Lidocaine, Lidocaine+Adrenaline
Maternal and Newborn Health	Antenatal care; treatment of mild pre-eclampsia/eclampsia, incomplete miscarriage/abortion	Doctor (male physician)	2	Patient registration room	Thermometer	Analgesic: Acetaminophen, Acetyl Salicylic Acid
	Assist normal deliveries; provide Comprehensive Emergency Obstetric Care	Doctor (female ob/gyn)	2	Waiting room	Stethoscope	Anti-Convulsants: Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital
	Detection and treatment of postpartum anemia, puerperal infection	Surgeon	1	Exam rooms	Sputum and blood specimen bottles	Antidote: Activated Charcoal
	Care of newborn; manage neonatal infections and sepsis; newborn incubator	Anesthetist	1	Holding beds	Vision testing chart	Antihistamine: Chlorpheniramine Maleate
	Screen for and treat STDs	Pediatrician	1	Inpatient beds	Sphygmomanometer	Anthelmintic: Mebendazole
	Distribute condoms and oral contraceptives, progesterone injection, IUD	Nurse (female or male)	10	Surgery Room	Dispensing counting tray	Antibiotics: Amoxicillin, Ampicillin, Phenoxy Methyl Penicillin, Benzathine
	Female and male sterilization	Midwife	4	Recovery Room	Pediatric and adult scales	Other Antibacterials: Doxycycline, Gentamicin
Child Health and Immunization	EPI services	X-ray technician	1	Nursery	Cold box/refrigerator for EPI	Anti TB drugs
	Case management of ARI, diarrhea, fever/malaria, and measles, incl. gravely ill child	Lab Technician	2	Pharmacy	Vaccine carrier and ice pack	Anti-Fungals: Benzoic Acid + Salicylic Acid, Nystatin, Lindane

Table 9.4: District Hospital (First-Referral Hospital): Summary, page 2 of 3

100,000 - 300,000 people (servicing up to 4 districts)						
Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
Public Nutrition	Breastfeeding support	Pharmacist	1	Laboratory	Patella hammer	Anti-Amoebic: Metronidazole
	Growth monitoring	Dentist	1	Health Education Area	Diagnostic set or auroscope	Anti-malarial: Chloroquine, Fansidar, Quinine
	Multi-micronutrient and iron supplementation	Dental technician	1	Medical Records Area	Dripstand	Sulfonamide: Co-Trimoxazole
	Diagnosis and treatment of malnutrition	Vaccinator	2		Flashlight	Urinary Antiseptics: Nitrofurantoin
	Improve sanitation	Administrator	1		Minor surgery kit	Sympathomimetics/ Sympatholytics: Adrenaline, Salbutamol, Methyl dopa, Atenolol
	Coordinate school feeding	Support Staff (Cleaner, Guard)	7		Stretcher	Antenatal: Ferrous Sulphate + Folic Acid
Communicable Diseases	TB case detection using sputum smear				Specula	Disinfectants: Chlorhexidine, Gentian Violet
	X-Ray for smear-negative patients				Lamp	Anti-Hypertensives: Atenolol, Hydrochlorothiazide, Methyl dopa, Nifedipine
	Short-course chemotherapy, including DOTS; DOTS-plus in MDR TB				Suction	Antacid: Aluminum hydroxide + Magnesium Hydroxide
	Surveillance of cases of interrupted TB treatment; active case-finding				Midwifery kit	Anti-Emetic: Metoclopramid
	Preventive therapy for children contacts of TB patients				Examining table	Oral Rehydration Solution, Sodium Chloride, Sodium Lactate, Water for injection
	Clinical and microscope diagnosis of malaria, treatment of complicated cases				Oxygen gauge and cylinder	Adrenal Hormones: Hydrocortisone
	Insecticide-treated mosquito nets				Neonatal resuscitation trolley	Oral Contraceptives

Table 9.4: District Hospital (First-Referral Hospital): Summary, page 3 of 3

Interventions, Conditions Treated		Type of Staff	Number of Staff	Illustrative Facility Features	Illustrative Equipment	Essential Drugs
100,000 - 300,000 people (servicing up to 4 districts) Catchment Area: 4 districts)						
Mental Health	Health Education and awareness				Hearing screening equipment	IUD, Condoms
	Case detection (self-reporting), case management and follow-up of chronic cases; refer for inpatient treatment				Sterilization equipment set	Vaccines: BCG, DPT, Hep B, Measles, OPV, TT
	Self-help groups for drug addiction				Hemoglobinometer	Anti-Infective: Tetracycline
	Occupational and speech therapy (provincial level)				Hand crank centrifuge	Oxytocics/antioxytocics: Ergometrine, Salbutamol
Disability	Awareness, care-seeking behavior				Microscope	Psychotherapeutics: Anti-psychotics, anti-depressives
	Home visit program for paraplegics (in urban settings)				Neonatal incubator	Anti-Asthmatics: Aminophylline, Epinephrine, Salbutamol
	Inpatient and outpatient physiotherapy; orthopedics diagnosis				Operating theater and equipment	Vitamins and Minerals: Iodine, Retinol
	Refer for fitting and training of orthosis and prosthesis				X-ray machine	Multimicronutrient
					Autoclave	
					Comprehensive EOC kit	
					Patient transport	
					Lumbar puncture kit	
		ENT diagnostic and treatment kit				
		Generator				
	ECG					

10. STAFFING

The Ministry of Health has recognized the need to rationalize the numerous cadres of health workers for the current context in Afghanistan. Over the years many cadres have been introduced, leading to unnecessary overlap, duplication and confusion about the categories of health workers. As a result, the MOH Human Resources Development Task Force, led by the Director General of the Human Resources Department, reviewed all categories of health workers and decided on the categories of services providers listed below for implementation of the Basic Package of Health Services. The result of the major review was the establishment of 18 recognized cadres of health workers, shown in **Table 10.1**, as well as the establishment of recommended staffing levels for each type of health facility (see **Table 10.2**).

With the adoption of this official list of health worker categories, a number of existing service provider categories have been combined or eliminated. Health workers currently working for NGOs will be allowed to continue providing services, but must be certified and licensed by the MOH Human Resources Department. For training of health workers in any other category not listed here, the NGO should approach the MOH for approval. Additionally, new MOH and NGO health facilities should follow the staffing pattern recommended for implementation of the Basic Package of Health Services.

Table 10.1: List of Approved Health Worker Categories

	Category of Health Worker
1	General Practitioner- Doctor
2	Medical & Nursing Specialties - Medical specialties (to be specified further by MOH Human Resources Dept.) - Nursing specialties: Pediatric, Neonatal Care Unit, Intensive Care Unit, Operating Theater
3	Dentist
4	Dental technician
5	Nurse
6	Assistant Nurse
7	Midwife
8	Auxiliary/Community Midwife
9	Pharmacist
10	Pharmacy technician
11	Lab technician
12	Assistant Lab technician
13	X-Ray technician
14	Anesthetist
15	Physiotherapy technician
16	Health inspector/Sanitarian
17	CHW/ Vaccinator
18	TBA

Table 10.2: Recommended Staffing, by Type of Health Facility

Health Facility Level	Staff Categories	Number of Staff Needed
Health Post		
	CHW	1
	TBA	1
Basic Health Center		
	Nurse (male)	1
	Midwife/ Auxiliary Midwife	1
	Vaccinator	2
	Support Staff (Cleaner, Guard)	2
Comprehensive Health Center		
	Doctor (male)	1
	Doctor (female)	1
	Midwife	2
	Nurse (female)	1
	Nurse (male)	1
	Lab Technician	1
	Pharmacy Technician	1
	Vaccinator	2
	Administrator	1
	Support Staff (Cleaner, Guard)	4
District Hospital		
	Doctor (male physician)	2
	Doctor (female ob/gyn)	2
	Surgeon	1
	Anesthetist	1
	Pediatrician	1
	Nurse (female or male)	10
	Midwife	4
	X-ray technician	1
	Lab Technician/BB	2
	Pharmacist	1
	Dentist	1
	Dental technician	1
	Vaccinator	2
	Administrator	1
	Support Staff (Cleaner, Guard)	7

11. LABORATORY

Table 11.1: Recommended Laboratory Services, by Type of Facility *page 1 of 2*

TEST	HEALTH FACILITY LEVEL			
	HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
Hematology				
Hemoglobin estimation	No	No	Yes	Yes
Red and white blood cell count	No	No	Yes	Yes
ESR and differential cell count	No	No	Yes	Yes
Hematocrit	No	No	No	Yes
Bleeding and coagulation time	No	No	No	Yes
Blood grouping with Rh factors	No	No	No	Yes
Hepatitis B,C tests	No	No	Yes	Yes
HIV test	No	No	Yes	Yes
Bacteriology				
Ziehl-Nelson staining for AFB	No	No	Yes	No
Direct smear for AFB	No	No	No	Yes
Albert's staining for diphtheria	No	No	Yes	Yes
Gram's staining	No	No	Yes	Yes
Serology				
Widal test	No	No	No	Yes
Brucellosis agglotination test	No	No	No	Yes

Table 11.1: Recommended Laboratory Services, by Type of Facility *page 2 of 2*

TEST	HEALTH FACILITY LEVEL			
	HEALTH POST	BASIC HEALTH CENTER	COMPREHENSIVE HEALTH CENTER	DISTRICT HOSPITAL
Clinical Pathology				
Urine analysis: physical examination	No	No	Yes	Yes
Chemical exam:				
Albumin (qualitative)	No	No	Yes	Yes
Albumin (quantitative)	No	No	No	Yes
Glucose (qualitative)	No	No	Yes	Yes
Glucose (quantitative)	No	No	No	Yes
Bile salts and bile pigments	No	No	Yes	Yes
Microscopic Exam	No	No	Yes	Yes
Clinical Biochemistry				
Blood sugar test	No	No	No	Yes
Urea test	No	No	No	Yes
Creatinin test	No	No	No	Yes
Total protein test	No	No	No	Yes
Simple liver-function test	No	No	No	Yes

12. IMPLEMENTATION OF THE BPHS

Although it will be difficult to make rapid progress, the successful implementation of the BPHS will greatly improve the health status of the population by increasing access to basic and essential health care at the community and district levels. Success, however, requires important prerequisites in the general environment—peace, security and a stable government—as well as within the health sector: establishment of national health policies to govern the priorities of the health system, sufficient human resources, proper health system structures, adequate financing, effective management systems, and a functioning referral system for health services. For the foreseeable future, the pace of implementation of the BPHS will be dependent, in large part, upon the external resources made available to the country by donors, and upon capacity to train sufficient health worker staff to provide these services. Implementation of the BPHS will also continue to rely on other ongoing strategies, such as Integrated Management of Childhood Illness (IMCI) and National Immunization Days (NIDs). There is optimism that much of the groundwork for implementation of the BPHS throughout Afghanistan has begun, with help from donors and UN agencies, with the start of construction of new health centers, rehabilitation of existing facilities, training of staff, identification of essential drugs, and increasing community awareness and participation. These advances will contribute to development of a focused and sustainable health system in this post-conflict environment. The cornerstone of the emergence of a new Afghan health system is the Basic Package of Health Services, because it addresses the most common health problem at all levels and focuses on priority interventions for reducing mortality and morbidity. Its rapid implementation country-wide is important not only for the health status of the population but as one of the elements for the forming of a stable civil society in Afghanistan.

Annex:

Community-Based Health Care: The Foundation for the BPHS

Community-based health care (CBHC) is the cornerstone for the successful implementation of the Basic Package of Health Services. CBHC is not a monolithic concept, but is manifested in a range of experiences, approaches, technologies, and ideologies that include different applications. Yet common to all approaches is the understanding that community participation is critical in improving the health and well-being of communities, because community members understand and have better information on local needs, priorities, and dynamics. While there is not a universally accepted definition of community-based health care, a number of consistent elements have been identified from global experience. First, CBHC provides for interaction in two directions between communities and health services. Second, there is joint ownership of health care between communities and providers. There is a flexible partnership between health professionals and communities which balances bottom-up control by communities with top-down support by provincial and district officials. Third, the community participates in identifying and solving their own problems. Finally, it focuses on changing family behavior and community norms. These elements lead to the global principles of CBHC:

- CBHC focuses on major health problems for which there are solutions
- Communities are involved in the design of their health programs from the start
- Use the lowest level health worker who can provide the service at a reasonable standard of quality
- Health workers are locally identified and recruited
- Health workers are trained incrementally--one skill at a time
- An established list of drugs and supplies is used
- Supervision is regular and supportive
- The health worker is accountable to the community
- The community provides a financial contribution for the services, often for drugs

Community-based health care is not new to Afghanistan--it has existed prior to the many years of war and conflict. However, in this post-conflict period Afghanistan has reviewed these international concepts and developed an Afghanistan-specific form of CBHC, which was adopted by the Ministry of Health following a national conference on CBHC in September 2002. The policy on CBHC in Afghanistan is:

1. The community must play the prime role, which is required to ensure both viability and sustainability. CBHC and related community health workers (CHWs) and traditional birth attendants (TBAs) are a community-based and owned program, with essential technical and material support from the health services (both NGO and MOH) channeled through community structures. This is often formalized by the establishment of a community health committee, with representatives from various parts of the community.

2. All levels of the health care system should receive orientation to the principles of CBHC and be trained in responsiveness to referrals and other responsibilities.
3. There must be fundamental agreement with the adopted standardized CHW job description (see below), including both preventive and first-level curative activities.
4. Quality training will take place as close to the community as possible, using sequential tasks, with national CHW and TBA standard curriculum guidelines defining needed competencies but leaving methods to be locally determined.
5. Adequate supervision is to be assured before recruitment and training, with a preference that the supervision be provided by the person who does the training.
6. A standardized drug kit adapted to the local situation (see section 8.7) and approved activities of the CHW will be provided regularly to the CHW from the closest basic health center.
7. Compensation must be sustainable, with full-time work to be paid and part-time work compensated only by incentives. Where possible, traditional compensation and in-kind contributions will be maintained.
8. Private sector providers, both traditional and modern, are to be included in the community mechanisms for identifying their needs.

On the next page is the MOH-accepted job description for Community Health Workers, who will form the backbone of health workers delivering the Basic Package of Health Services.

Community Health Worker (CHW) Job Description

I. Overview

The Community Health Worker (CHW) is a man or a woman selected by the community and trained for provision of the Basic Package of Health Services (BPHS) defined for that level. The CHW will work under the supervision of Basic Health Center (BHC) staff, and will have a limited list of essential drugs and supplies. The CHW will work in concert with the BHC team to conduct specific promotional, educational, and service activities to improve the overall health and well-being of the population.

II. Responsibilities:

Under the supervision of the BHC medical coordinator/trainer, the CHW will carry out the following activities:

Child Health:

1. Encourage family and community participation in the immunization of children and women of childbearing age, and ensuring administration of vitamin A to children 6 months to five years through immunization services.
2. Support actions for national initiative at the village level and actively participate in all campaigns.
3. Identify ARI, diarrhea and malaria cases; treat mild cases and refer complicated cases to the nearest higher-level health center.
4. Identify danger signs of illness and facilitate in the process of referral of such cases to referral resources/health centers.
5. Promote use of ORS and ORT during diarrhea and vomiting.

Maternal and Newborn Health:

6. Establish and maintain a good working relationship with the TBA working in the CHW's catchment areas and support the TBA's health promotional activities on a regular basis.
7. Highlight the importance of prenatal and post natal care, and encourage the community to make regular and timely use of MCH services.
8. Recognize signs of complication and common problems during pregnancy and identify high risk pregnancies for referral to a suitable health facility.
9. Coordinate with TBAs on iron and folic acid distribution to pregnant mothers, and ensure that eligible individuals obtain these supplements.

10. Support the TBA in connection with delivery and referrals.
11. Encourage couples to receive family planning services; distribute oral contraceptives and condom to willing members of the target population; and encourage counseling regarding long-term methods through a health facility in the district.

Public Nutrition:

12. Promote early and exclusive breastfeeding of children less than six months old and supplementary feeding of children over six months old.
13. Promote a balanced diet and use of iodized salt by the families.

Communicable Diseases:

14. Ensure follow-up of TB patients' treatment course, based on the DOTS strategy, and create awareness among the community on TB prevention.
15. Treat uncomplicated cases of malaria.

Mental Health:

16. Consider the mental health of the community, promote awareness of mental health issues and provide information on available referral resources.
17. Create awareness within the community and provide information on the hazards of addictive substances such as tobacco, *naswar*, heroin and hashish.

Community Support:

18. Provide first aid services for common accidents at the family and community level.
19. Promote use of clean water and prevention of water contamination at the collection point, during transportation and use.
20. Encourage proper methods of waste disposal at the community and family levels.
21. Assist the community and families in the process of birth and death registration.
22. With support from local teachers and other knowledgeable persons, estimate the population of the catchment area and develop a map of the area with major features (e.g., health center, mosques, water sources, river, school, graveyards, agricultural fields).
23. Actively participate in all community meetings and community major events.

Management:

24. Manage the health post, maintaining supplies and drugs given to CHWs.
25. Report on utilization of drugs and supplies and request the supervisor for additional drugs and supplies.
26. Collect and compile reports as recommended for the CHW level and provide activities reports to the supervisor.
27. Participate in scheduled CHW refresher training.
28. Additional responsibilities will be given to CHWs, provided specific arrangements to be made by MOH to cover the prioritized needs of identified community/villages.

III. Selection Criteria

The CHW will be selected by the community shura or community representatives according to the following criteria:

1. The CHW must be a full-time resident of the community he/she will serve.
2. The CHW should be able to serve a population of 100 to 150 families.
3. The CHW must be prepared to provide services to all members of the community without exception.
4. Basic literacy is advantageous, but is not mandatory for the CHW.