A Basic Package of Health Services for Afghanistan, 2005/1384

Islamic Republic
of Afghanistan
Ministry of Public Health

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Abbreviations

AFB	acid-fast bacilla
ARI	acute respiratory infection
BCG	Bacillus Calmette Guerin
BPHS	Basic Package of Health Services
CBHC	community-based health care
CHW	community health worker
DMPA	Depot mexdroxyprogesterone acetate
DOTS	directly observed treatment short-course (TB)
DPT	diphtheria, pertussis, tetanus vaccine
EOC	emergency obstetric care
EPHS	Essential Package of Hospital Services for Afghanistan
EPI	Expanded Program on Immunization
HB	hepatitis B
IEC	information, education, and communication
IMCI	integrated management of childhood illness
IUD	intrauterine device
IV	intravenous
MDD	micronutrient deficiency diseases
MDR-TB	multidrug-resistant tuberculosis
MOPH	Ministry of Public Health
MVA	manual vacuum aspiration
NID	National Immunization Day
NGO	nongovernmental organization
OPD	outpatient department
OPV	oral polio vaccine
ORS	oral rehydration salts
ORT	oral rehydration therapy
PHC	primary health care
SFP	supplemental feeding point
SFC-TFC	supplementary feeding center-therapeutic feeding center
SMZ-TMP	Sulphamethoxazole-Trimethoprim (co-trimoxazole)
STD	sexually transmitted disease
TB	tuberculosis
TBA	traditional birth attendant
UN	United Nations
UNICEF	United Nations Children’s Fund
VCCT	voluntary confidential counseling and testing
WHO	World Health Organization

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Foreword

The Ministry of Public Health (MOPH) is pleased to present this newly revised Basic Package of Health Services—BPHS 2005/1384. Since the creation of the BPHS in 2003, the MOPH has seen many positive changes in the health system. Most notable has been the expansion of access to BPHS services to 77% of the population, which has been made possible through the clear direction and priorities provided by the BPHS 2003.

The BPHS is the foundation of the Afghan health system and has been the key instrument in its development. The BPHS clearly delineates the services that should be provided by each type of primary health care (PHC) facility in the Afghan health system—health posts, basic health centers, comprehensive health centers and district hospitals—and specifies the staff, equipment, diagnostic services, and medications required to provide those services. In essence, the BPHS is the basis for the primary health care system of our country and establishes its standards. The BPHS furthers the ultimate objectives of the MOPH, which are identified in the Seven Working Principles of the MOPH:

1. Treating all people with dignity, honesty, and respect, and considering healthy life to be a basic right of every individual.
2. Ensuring equitable access to and provision of basic, essential, good-quality health services.
3. Giving priority to groups in greatest need, especially women, children, the disabled, and those living in poverty.
4. Improving the effectiveness, efficiency, and affordability of health services.
5. Promoting healthy lifestyles and discouraging practices proven to be harmful.
6. Being honest, transparent, and accountable.
7. Making evidence-based decisions.

Recently the MOPH has also developed the Essential Package of Hospital Services (EPHS), which is modeled upon and complements the BPHS. These two documents, the BPHS 2005/1384 and the EPHS together define the Afghan health system's entire referral system, from the health post at the village level to tertiary care in the major urban centers. Figure 1 in this document illustrates the vital role the district hospital plays by serving as a link between the BPHS and EPHS. The ultimate purpose for the development of the EPHS has been to improve the quality of hospital services provided to the population of Afghanistan.

These two documents, the BPHS and the EPHS, define the key elements of the health system being built by the Afghanistan Ministry of Public Health. They illustrate where basic primary care and hospital services are provided and delineate the hospital referral system necessary to

support the BPHS. Afghanistan is building a health system based upon primary health services addressing our country's major health problems and supported by our hospital system, as represented in the EPHS.

I would like to express my appreciation to members of the BPHS Revision Working Group, who are from the MOPH, NGOs, and MOPH partner organizations, for their diligent work in reviewing and revising the original BPHS of 2003 and also to the MOPH Technical Advisory Group for overseeing and reviewing this revision. The MOPH is also grateful to the many other Ministry, NGO, and international staff who participated in the development of this document. We are especially grateful to USAID, which, through REACH and Management Sciences for Health, provided funds and technical expertise for final revisions, publication, and distribution of BPHS 2005/1384.

Let us all use this opportunity to recommit ourselves to the ongoing development of the health system of Afghanistan, extending access and promoting equity for the benefit of the Afghan people.

Dr. Sayed Mohammad Amin Fatimie
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Kabul, Afghanistan
15 November 2005

1. The Basic Package of Health Services: Its Development, Accomplishments, and Challenges

1.1 Development of the Basic Package of Health Services

The Basic Package of Health Services (BPHS) 2005 is a revision of the BPHS that was developed, published, and distributed by the Ministry of Public Health (MOPH) in March 2003. The Ministry began to develop the BPHS in 2002, shortly after the establishment of the Transitional Islamic State of Afghanistan following the departure of the Taliban. At that time, the country faced some of the worst health statistics ever recorded worldwide, including an infant mortality rate of 165 per 1000 live births and 1,600 maternal deaths for every 100,000 live births. More than 25 percent of children were dying before their fifth birthday. There was a great need to provide basic, life-saving health services to the nearly 60 percent of the population lacking access to any form of health services.

Therefore, in March 2002, the Afghan Ministry of Public Health began a process to determine its major priorities for rebuilding the national health system and to identify the health services so important to addressing the greatest health problems that they should be available to all Afghans, even those living in remote and underserved areas. These crucial services were called the Basic Package of Health Services. The goal in developing the BPHS was to provide a standardized package of basic services that would form the core of service delivery in all primary health care facilities. In developing the BPHS, the MOPH worked within a framework of specific objectives:

- To include **basic services** that would have the greatest impact on the major health problems, with these services constituting a standardized package of basic services that would form the core of service delivery provided in all primary health care facilities;
- To **ensure the quality** of services provided;
- To include services that would be **cost-effective** in addressing the problems faced by many people;
- To **extend coverage** of the population that had access to these services in an equitable manner for both rural and urban populations;
- To provide a **foundation for the new health system** for Afghanistan focused on community-based health care.

The result was the development of the BPHS and its adoption and publication by the MOPH in March 2003.

1.2 Success of the BPHS

The original BPHS has achieved the objectives MOPH set out for it in 2002. A document widely used by all parties of the Afghan health system—the MOPH, nongovernmental organizations (NGOs), and donors—since its adoption by the MOPH in 2003, the BPHS has achieved the following four major successes.

Brought coherence and unified the priorities of the Afghan health system. The BPHS not only represents the official policy of the Islamic Republic of Afghanistan but also provides a unifying element for the health system, a significant achievement for a ministry emerging from the total disruption of the health system and health services caused by 23 years of war. The MOPH expects all NGOs and others delivering health services in Afghanistan to base the implementation of their health programs upon this document. Hence, those delivering health services to Afghans must first provide the BPHS before adding any other services. The MOPH, in its stewardship role, can thus ensure that the core services making up the BPHS will be widely available. Services that are not explicitly listed as part of the package may be added as appropriate, but they must not be substituted for any of the BPHS services.

Facilitated unambiguous decisions about the direction of the health system. The BPHS has provided the policymakers in the Afghan health system with an unambiguous "road map" and a clear sense of direction. The BPHS makes primary health care the basis of the health system. The BPHS has created awareness and fostered understanding between the government and its major partners: NGOs, who provide many of the health services, and donors, who provide many of the financial resources for the health system.

Standardized the classification of health facilities. Before the BPHS was introduced, names for the different types of health facilities varied. This variation had occurred during the many years of conflict, when the MOPH was weak, at best. NGOs and other organizations had provided health services as they saw fit and had developed their own nomenclature for identifying health facilities. The 2002 National Health Resource Assessment, which surveyed all health facilities in the country, identified this dizzying array of names for types of health facilities with the same basic functions as a constraint. The original BPHS introduced a new, standardized classification of health facilities providing basic services:

- health posts
- basic health center (BHC)
- comprehensive health center (CHC)
- district hospital

Figure 1 illustrates the common and unifying classification of health facilities introduced by the original BPHS and the basic services to be provided at each of these types of facilities. This standardized classification has greatly facilitated the ability of the MOPH to oversee and manage the health system; it has been particularly important when one considers the number of key donors of financial resources for provision of the BPHS with whom the MOPH has had to deal. The classification of all health facilities providing BPHS in the country has been a significant accomplishment. Because of the BPHS, the MOPH, NGOs, donors, and UN now have a common language to use in identifying a particular type of health facility and can understand exactly what services are provided by a particular type of facility.

The BPHS and the Essential Package of Hospital Services (EPHS) together provide a complete description of the basic and essential elements of the health system. Soon after completion of BPHS in 2003, the MOPH identified the need to address the hospital sector of the health system in a similar manner, by asking what basic hospital services should be offered at each type of hospital. If Afghanistan were to have a complete and integrated health system, essential hospital services needed to be identified and prioritized just as basic primary health care services had been in the BPHS. The BPHS would only work if a functioning hospital system existed that could accept referrals of complicated cases and conditions from

health posts, basic health centers, and comprehensive health centers. The EPHS was developed during 2004 and early 2005 and was adopted by the MOPH in July 2005. For each of the three levels of hospitals—district, provincial, and regional and specialty—the EPHS identifies:

- the services provided;
- the diagnostic services that should be available;
- the equipment necessary for providing the services in the hospital;
- the elements of the Afghanistan Essential Drug List needed at each type of hospital;
- the minimum and recommended staffing levels needed.

While BPHS 2005/1384 presents the services provided by district hospitals in support of the BPHS, the EPHS provides a complete and comprehensive list of services beyond the BPHS-based services (*The Essential Package of Hospital Services,* Kabul: Ministry of Public Health, 2005).

Increased the proportion of the population with basic access to BPHS services to nearly 77 percent, as of mid-2005. In addition to standardizing the core services to be provided at all health posts, BHCs, and CHCs, the most significant achievement of the BPHS is that according to the MOPH Grants and Contracts Management Unit (GCMU), as of early 2005, 77 percent of the population had access to BPHS services. Extending services to over three-quarters of the population is even more significant when one considers that from 2003 to 2005, there has been a large influx of returning refugees and internally displaced persons. This makes the success achieved during the first years of the new MOPH even more profound. These BPHS achievements have been recognized in the March 5, 2005 edition of *The Lancet (*"A Crucial Time for Afghanistan's Fledgling Health System," 2005; 365:819–20. Editorials).

1.3 A Public-Health-Based Decision Framework for Future BPHS Changes

Many interventions continue to be proposed to the MOPH to deal with the enormity of the health situation in Afghanistan. The challenge in any country with scarce resources is to focus on those interventions that will positively impact public health (those which will have positive results on the health of the population). Often, discussions regarding the choice of interventions are led by, if not reserved for, medical doctors with clinical backgrounds and interests. Clinicians have a strong bias to focus on individual health and often pay little attention to other dimensions of successful public health interventions. Other intervention are proposed by donors because they are part of the routine assistance offered by the aid agency involved. Sometimes agencies may transplant a model deemed successful in another country or setting to Afghanistan without necessarily taking the local context into consideration.

Hence, another significant achievement of the MOPH has been the development of the Public-Health-Based Decision Framework. The MOPH recognized that despite having the BPHS and the EPHS in place, donors or others in the Afghan health system often exert pressure to introduce various interventions and make them a priority. While well-intended, such interventions may be quite costly and benefit only a small number of people. In order to ensure a balanced perspective as requests are made of the MOPH to add to the BPHS or introduce other new services throughout the country, the MOPH developed the Public-Health-Based Decision Framework. The MOPH leadership has adopted this framework, which was introduced at a MOPH provincial health planning conference in February 2004. It

is presented here, in abbreviated form, as a basis upon which future decisions about expanding the BPHS can be made.

The Public-Health-Based Decision Tool 1) helps establish priorities among competing demands, 2) establishes criteria so that the same factors are used in making choices among alternatives, 3) ensures that policy decisions are consistent with national health objectives and 4) makes sure priorities are maintained.

The primary concern for the MOPH in determining the priorities and content of health programs is: Do the services proposed have an impact on the major health problems? In deciding whether a public health intervention will have a positive impact on the health status of a population, five pillars of decision-making must be considered: 1) impact, 2) effectiveness, 3) scaling up, 4) sustainability, and 5) equity.

The Decision Framework consists of five basic questions related the overarching concern for health programs and to the five pillars mentioned above:

1) Do the services proposed have an **impact** on the major health problems?
2) Does the intervention have proven **effectiveness**?
3) Can the intervention be **scaled-up** to be implemented on a national scale?
4) Is the intervention **affordable** in the long term? (sustainability)
5) Who will **access** to and **benefit from** the intervention be fair to all? (equity)

The MOPH is using this framework as a guide in making major decisions about policies, interventions, and offers of assistance from donors.

1.4 BPHS 2005/1384—Changes to the Original BPHS

Those familiar with the first BPHS will note several key changes in the health system as well as differences between the original BPHS and the BPHS 2005/1384. The most basic change is the elevation in the BPHS 2005/1384 of two of the original BPHS components, mental health and disabilities, from "second tier" elements to elements equal in importance to the other five elements. When the first BPHS was developed, the MOPH recognized that the task of rebuilding the health system was so large that there would be constraints due to insufficient resources, and secondly, that even if resources were available, adequate capacity was lacking to carry out all that might be ideal. In 2003, the MOPH stated:

> *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*. (BPHS, 2003, p. 9)

The MOPH strongly believes that the "later date" has now arrived. Therefore, the elements of mental health and disability are to be fully implemented as outlined in this document.

Based upon its experience in implementing the BPHS for the past two years, the MOPH has refined the BPHS by making a number of additions in the BPHS 2005/1384:

- A table on control of HIV has been added in the communicable disease section (Table 5.3).
- Mental health interventions have been increased to be more community-based (Table 6).
- Disabilities interventions are revised to be more appropriate for each type of health facility (Table 7).
- A blood transfusion table has been added (Table 9).

The MOPH task force has made modifications to incorporate more specificity in the following areas:

1) BHCs and CHCs should offer basic emergency obstetric care, along with improved referral practices for pregnant women; increase birth planning activities with women and their families; and encourage an increase in the number of female health workers at BHCs and CHCs.
2) Traditional birth attendants (TBAs) will be encouraged to become community health workers (CHWs) and should be supervised by BHCs and CHCs. The goal is to replace TBAs with female CHWs at the health post level. Mini delivery kits (see Annex C for kit contents) should be provided to CHWs.
3) Temporary family planning methods should be available at the health post level, including subsequent depot progesterone injections given by CHWs under the supervision of BHCs and CHCs.
4) The number of staff at BHCs and CHCs has been increased; a new community health supervisor to oversee CHWs has been created at BHCs, CHCs, and district hospitals; and the use of the new cadre of community midwives (CMW) has been promoted.
5) CHWs should be allowed to provide immunizations to children once Uniject (a prefilled injection device) and cold chain is available at the health post level.
6) The table on Integrated Management of Childhood Illnesses (IMCI) has been made easier to read and has been updated to better reflect the national IMCI strategy and accepted practices.
7) The public nutrition table has undergone major reworking to reflect the national nutrition strategy, which has been adopted since the introduction of the original BPHS.
8) Because tuberculosis is a major health problem, short course therapy through DOTS is to take place at all levels. DOTS and multidrug-resistant control centers will be established in major urban centers (Kabul, Mazar-i-Sharif, Kandahar, Nangahar, and Herat).
9) The malaria treatment table reflects the updated national malaria standard treatment protocol.
10) To control HIV, referral for voluntary confidential counseling and testing (VCCT) is to be added to CHCs and district hospitals.
11) Blood transfusion services, but no blood bank, are included at the CHC level, while district hospitals will have blood transfusion and blood bank services. This requires one laboratory technician at the CHC level and two at the district hospitals.

12) In addition to mental health and disability being made first-tier elements of the BPHS, the mental health and disability tables listing services available at each type of health facility are now more specific,
13) The CHW job description has been fully revised (see Annex A).
14) Physicians may be added to BHCs only to replace a midwife or nurse when those positions are not filled and a physician is available and the CHCs and district hospital are adequately staffed. In no case is there to be more than one physician per BHC. A physician should never replace a female health worker that is already at the facility. Under such circumstances when a doctor is at a BHC to fill a vacant nurse or midwife position, the NGO or service provider should continue to seek a community midwife for the BHC so as to facilitate having a community midwife at each BHC. When midwives become available, a midwife will replace a male health worker, including any physician occupying that position. That physician will be reassigned to another position or facility.

1.5 Future Challenges to the BPHS Strategy

While the achievements of the MOPH under the BPHS framework have been significant, the future holds a number of challenges:

First, further expansion of the BPHS, as measured by the percentage of the population with access to BPHS services, will become increasingly difficult. Extending access will require the MOPH to reach more remote areas in the country. Increasing levels of access will require greater amounts of effort, However, the MOPH is committed to the issue of equity and will strive to increase the proportion of the population that has access to BPHS.

Sustainability of the BPHS and its expansion throughout the country will remain a significant challenge since much of the current expansion has been funded directly by three major donors and significant contributions by other donors,. The MOPH remains committed to building a sustainable health system that is appropriate for Afghanistan. It remains dedicated to the principle of equity and to care being based upon need rather than ability to pay for services. This commitment is reiterated in two of the six principles stated in the MOPH's draft "National Policy on Cost-Sharing and Sustainability":

- Everyone who needs care must receive care, regardless of ability to pay.
- Quality of care must be the same for paying and nonpaying patients.

Ensuring quality is essential to maintaining and expanding the BPHS. If the quality of services is inadequate, the population will not continue to support BPHS, and the foundation of the health system will crumble. The MOPH is working on establishing quality standards for BPHS service delivery and assessing compliance with those standards. In this effort, one of the tools it is using is the Fully Functional Service Delivery Point tool (FFSDP). It is also seeking to monitor performance with the Balanced Score Card.

An additional challenge is to integrate the BPHS with the EPHS to develop a single, unified, and community-based health system with appropriate linkages for referrals throughout the system. The BPHS rests on the concept that all services in the package should be available as an integrated whole, rather than piecemeal or as individual services, or only through vertical programs. Integration also means that hospitals will not only provide secondary services but

also provide BPHS services, and that they will reach out to their communities to ensure that basic health services are being provided. Further, hospitals need linkages to CHCs and BHCs, not only to receive referred patients but also to provide needed supervision of the health centers and needed in-service education on a regular basis to staff in health posts, BHCs, and CHCs.

Finally, retaining the commitment to the BPHS will be a challenge. As the emergency situation the health system faced in 2002 has ebbed, increasing attention is being paid to the hospital elements of the health system. Typically, hospitals primarily benefit the urban population, yet Afghanistan's population is over 80 percent rural. It is the BPHS that will provide the foundation for an equitable health system that can improve the health of the country's population. The MOPH remains committed to the BPHS as the foundation for an equitable and sustainable health system. The commitment to primary health care is recognized as the sensible approach internationally, as stated in *The Lancet* editorial of March 5, 2005:

> *… it is important that the Ministry of Health's current sensible course of prioritizing and strengthening basic primary health care is strongly advocated within government and maintained despite a lack of immediately visible results and overt outside recognition. Only then will these remarkable efforts and achievements benefit the Afghan people and make Afghanistan the blue-print country for post-conflict health reconstruction.*

2. Types of Health Facilities Used by the BPHS

The BPHS will be offered at four standard types of health facilities, ranging from outreach by CHWs, to outpatient care at basic health centers, to inpatient services at comprehensive health centers and district hospitals. Table 1 summarizes and distinguishes the services available at each type of facility.

Health Post. At the community level, basic health services will be delivered by CHWs from their own homes, which will function as community health posts. CHWs will offer limited curative care, including diagnosis and treatment of malaria, diarrhea, and acute respiratory infection; distribution of condoms and oral contraceptives, and subsequent depot progesterone (DMPA) injections; and micronutrient supplementation. In addition to delivering the BPHS, CHWs will be responsible for treating illnesses and conditions common in children and adults (for a fuller explanation of CHW tasks, see the CHW job description in Annex A). Female CHWs will focus on providing care for normal deliveries, identifying danger signs, and referring potentially problematic pregnancies to health centers. A health post, ideally staffed by one female and one male CHW, will cover a catchment area of 1,000–1,500 people, which is equivalent to 100–150 families.

Basic Health Center. The BHC 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; nonpermanent family planning; routine immunizations; integrated management of childhood diseases; treatment of malaria and tuberculosis, including DOTS; and identification, referral, and follow-up care for mental patients and the disabled. The BHC will supervise the activities of the health posts in its catchment area. The services of the BHC

will cover a population of 15,000–30,000, depending on the local geographic conditions and the population density. In circumstances where the population is very isolated, the minimum catchment population for a BHC can be less than 15,000. The minimal staffing requirements for a BHC are a nurse, a community midwife, and two vaccinators. Depending on the scope of services provided and the workload of the BHC, up to two additional health workers can be added to perform well-defined tasks (e.g., supervision of community health activities and outreach activities). A male/female ratio of 1/1 is recommended, and at least one female health worker should be part of the BHC staff. The MOPH will allow a physician to be at a BHC only to replace a midwife or nurse, when those positions are not filled, and a physician is available and there is sufficient physician staffing at CHCs and district hospitals.

Comprehensive Health Center. The CHC covers a larger catchment area of 30,000–60,000 people and offers a wider range of services than does the BHC. In addition to assisting normal deliveries, the CHC can handle some complications, grave cases of childhood illness, treatment of complicated cases of malaria, and outpatient care for mental patients and the disabled. The facility will have limited space for inpatient care, but will have a laboratory. The staff of a CHC will also be larger than that of a BHC; it will include both male and female doctors, male and female nurses, midwives, and laboratory and pharmacy technicians.

District Hospital. At the district level, the district hospital will handle all services in the BPHS, including the most complicated cases. Cases referred to the district hospital level include major surgery under general anesthesia, X-rays, comprehensive emergency obstetric care, and male and female sterilizations. It will offer comprehensive outpatient and inpatient care for mental patients and the disabled with referral for specialized treatment when needed. The hospital will also provide a wider range of essential drugs and laboratory services than do the health centers. The hospital will be staffed with doctors, including female obstetricians/gynecologists; a surgeon, an anesthetist, and a pediatrician; midwives; lab and X-ray technicians; a pharmacist; and a dentist and dental technician. Each district hospital will cover a population of 100,000–300,000. **Table 17 summarizes BPHS services provided at district hospitals. This table reflects only BPHS-related services at the district hospital, which is a subset of all health services provided by district hospitals. The EPHS provides a comprehensive list of all services provided at the district hospital and these can be provided, as needed, by the service provider or NGO.**

A summary of all the services, staffing, equipment, and essential drugs for health posts, BHCs, CHCs, and district hospitals is provided in Section 8, in Tables 14, 15, 16, and 17, respectively.

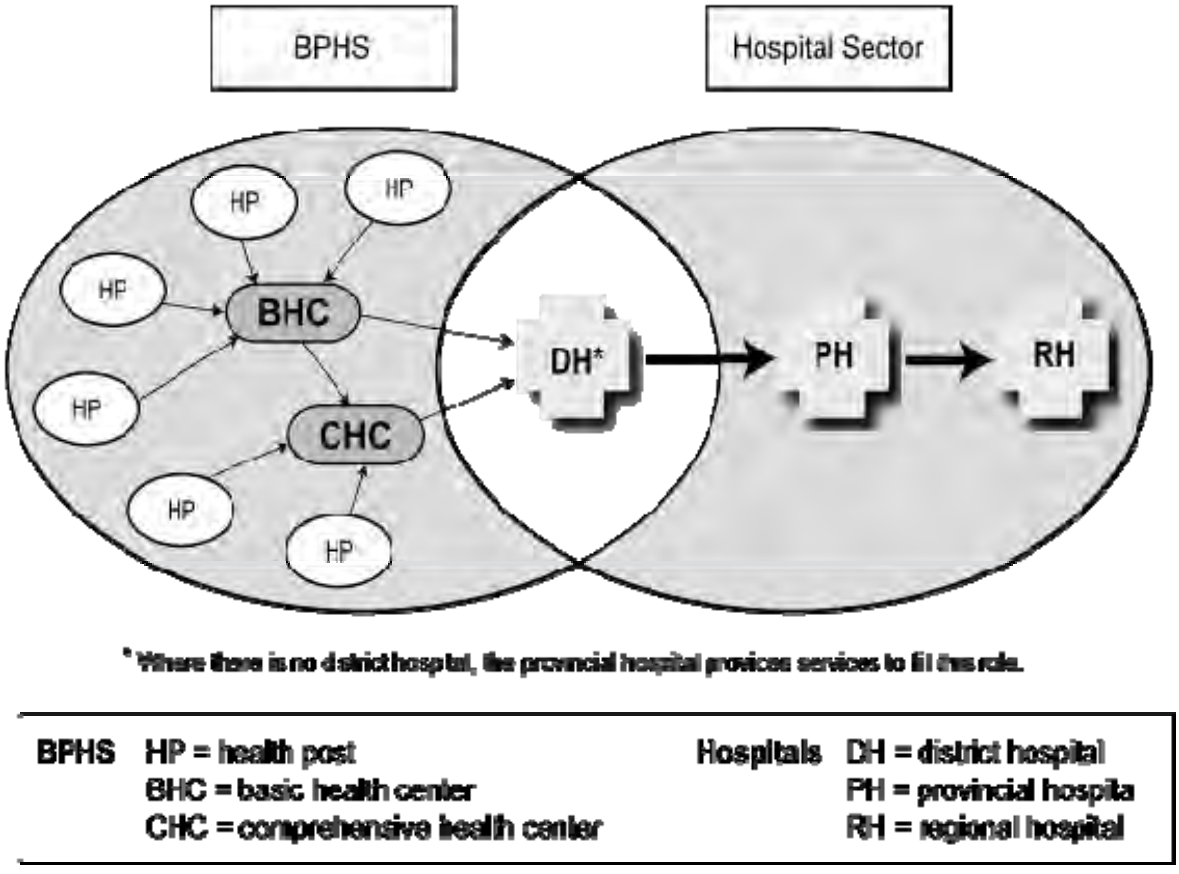
3. BPHS: The Foundation of the Health System and Its Relationship to Hospitals

Afghanistan is building a health system based on basic health services that address its major health problems. The BPHS is the culmination of a process that determined priority health services to address the population's most immediate needs. This package includes the services most needed at the health post and health center levels of the health system. The BPHS 2005/1384 provides the foundation of a health system developed to equitably meet the basic health needs of the majority of Afghans.

Health services in Afghanistan operate at three levels: 1) at the community or village level as represented by health posts and CHWs; 2) at the district level, as represented by BHCs and CHCs operating in the larger villages or communities of a province; and 3) secondary and tertiary services at the provincial level, as represented by district, provincial, and regional hospitals.

The BPHS made clear the need for a primary-care-based health system, one that requires functioning hospitals in order to have an appropriate referral system, whereby all health conditions may be treated. Hence, our hospital system, as represented in the EPHS, supports and compliments the BPHS. Together, the BPHS and the EPHS define the key elements of the health system being built by the Afghanistan MOPH. They illustrate where basic primary care and hospital services are provided and explain the referral hospital system necessary to support the BPHS. Figure 1 illustrates the foundational role played by health posts, BHCs, and CHCs as well as the key role the district hospitals play in linking the BPHS and the hospital sector.

Figure 1. The Link between the BPHS and Hospital Sector



4. BPHS 2005/1384: The Services and Essential Drugs Provided by Health Posts, BHCs, CHCs, and District Hospitals

The BPHS has seven primary elements. Six are basic services and the seventh element is necessary for the six service elements to succeed: the regular and dependable supply and provision of essential drugs. A table on blood transfusion and blood-bank services has been added to BPHS 2005/1384 (Table 9), which was not in the original BPHS. Blood transfusion and blood bank services are not one of the seven basic elements of BPHS but are an important element of health services at CHCs and district hospitals.

The seven elements of the BPHS and the relevant sub-elements are listed in Table 1. The number of the table listing services provided at various levels is given in parentheses.

Table 1. The Seven Elements of the BPHS and Their Components

1. Maternal and Newborn Health (Tables 2.1–2.5)	• Antenatal care (Table 2.1) • Delivery care (Table 2.2) • Postpartum care (Table 2.3) • Family planning (Table 2.4) • Care of the newborn (Table 2.5)
2. Child Health and Immunization (Tables 3.1–3.2)	• Expanded Program on Immunization (EPI) services (Table 3.1) • Integrated Management of Childhood Illnesses (IMCI) (Table 3.2)
3. Public Nutrition (Table 4)	• Prevention of malnutrition • Assessment of malnutrition • Treatment of malnutrition
4. Communicable Disease Treatment and Control (Tables 5.1–5.3)	• Control of tuberculosis (Table 5.1) • Control of malaria (Table 5.2) • Control of HIV (Table 5.3)
5. Mental Health (Table 6)	• Mental health education and awareness • Case detection • Identification and treatment of mental illness
6. Disability Services (Table 7)	• Disability awareness, prevention, and education • Assessment • Referrals
7. Regular Supply of Essential Drugs (Table 8)	Listing of all essential drugs needed

4.1 Maternal and Newborn Health

Table 2.1. Antenatal Care Services by Type of Facility
(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	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 supplementation to pregnant women	Yes	Yes	Yes	Yes
Multi-micronutrient supplementation	Yes	Yes	Yes	Yes
Intermittent presumptive treatment against malaria	Yes	Yes	Yes	Yes
Blood pressure measurement	No	Yes	Yes	Yes
Simplified urinalysis	No	No	Yes	Yes
Diagnosis of anemia	Yes—clinical	Yes—clinical	Yes—blood test	Yes—blood test
Treatment of intestinal worms	Yes	Yes	Yes	Yes
Treatment of malaria	Endemic/Presumptive	Presumptive	Yes—based on lab findings	Yes—based on lab findings
Treatment of asymptomatic urinary tract infections	No	No	Yes – urinalysis	Yes—urinalysis
Treatment of symptomatic urinary tract infections	No—referral	Yes	Yes	Yes
Treatment of anemia	Yes—iron/folic	Yes—iron/folic	Yes—iron/folic/blood (acute blood loss)	Yes—iron/folic/blood (acute blood loss)
Management of sexually transmitted diseases	No	Yes—clinical	Yes—based on lab findings	Yes—based on lab findings
Treatment of hypertensive disorders of pregnancy	No	Yes and refer	Yes	Yes
Treatment of pre-eclampsia/eclampsia	No	Yes and refer	Yes and refer	Yes
Treatment of incomplete miscarriage/abortion	No	Yes—MVA	Yes—MVA	Yes—MVA
Treatment of ectopic pregnancy	No	Stabilize and refer	Stabilize and refer	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 2.2. Delivery Care Services by Type of Facility
(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Information, education, and communication	Yes	Yes	Yes	Yes
Monitor progression of labor	No	Yes—partograph	Yes—partograph	Yes—partograph
Identify fetal malpositions	No	Yes and refer	Yes and refer	Yes
Assist normal delivery	No	Yes	Yes	Yes
Vaginal delivery requiring additional procedures/equipment	No	Yes and refer	Yes	Yes
Provide mini delivery kit (see Annex C for kit contents)	Yes	No	No	No
Parenteral administration of oxytocin	No	Yes	Yes	Yes
Parenteral administration of anticonvulsants	No	Yes and refer	Yes and refer	Yes
Bimanual compression of the uterus	No	Yes	Yes	Yes
Controlled cord traction	No	Yes	Yes	Yes
Suturing tears	No	Yes—vaginal	Yes—vaginal/cervical	Yes—vaginal/cervical
Provision of intravenous fluids	No	Yes	Yes	Yes
Blood transfusion	No	No	Yes	Yes
Manual removal of placenta	No	Yes—manual	Yes	Yes
Curettage	No	No	MVA	Yes
Hysterectomy	No	No	No	Yes
Management of prolapsed cord	No	No	Yes	Yes
Management of shoulder dystocia	No	Yes	Yes	Yes
Vacuum extraction	No	Yes	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
Parenteral administration of antibiotics	No	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 2.3. Postpartum Care Services by Type of Facility
(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Information, education, and communication	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/IV	Yes—oral/IV	Yes—oral/IV
Counseling on family planning and exclusive breastfeeding	Yes	Yes	Yes	Yes
Provide family planning	Yes—condom	Condom/DMPA	Condom/DMPA	Condom/DMPA
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 2.4. Family Planning Services by Type of Facility
(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Counseling 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/IM	Yes—oral/IV	Yes—oral/IV
Distribute condoms	Yes	Yes	Yes	Yes
Distribute oral contraceptives	Yes	Yes	Yes	Yes
DMPA injection	Yes—follow up	Yes	Yes	Yes
Intrauterine devices (IUDs)	No	Yes—if trained person available	Yes—if trained person available	Yes—if trained person available
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 2.5. Care of the Newborn Services by Type of Facility
(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Information, education, and communication	Yes	Yes	Yes	Yes
Stimulate, clean airway; clean, clamp, and cut cord; establish early breastfeeding	Yes	Yes	Yes	Yes
Prevention of ophthalmia of the newborn	No	Yes	Yes	Yes
Resuscitation of the newborn	No	Yes	Yes	Yes
Newborn immunizations	No	Yes	Yes	Yes
Kangaroo method	No	Yes	Yes	Yes
Incubator	No	No	Yes	Yes
Manage neonatal infections (omphalitis)	Provide first aid and refer	Provide first aid and refer	Yes	Yes
Manage neonatal sepsis	Provide first aid and refer	Provide first aid and refer	Yes	Yes
Manage neonatal jaundice	Counseling	Counseling	Counseling	Yes
Manage neonatal tetanus	Refer	Refer	Refer	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

4.2. Child Health and Immunization

Table 3.1. EPI Services by Type of Facility
(A part of Component 2 of the BPHS, "Child Health and Immunization")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
IEC	Yes	Yes	Yes	Yes
Storage of vaccines	No	Yes	Yes	Yes
Routine immunization (BCG, DPT, OPV, measles)	Yes—support	Yes	Yes	Yes
EPI-plus (EPI + HB + vitamin supplementation)	Yes—support	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	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 3.2. Integrated Management of Childhood Illness Services by Type of Facility
(A part of Component 2 of the BPHS, "Child Health and Immunization")

IMCI Case Management Chart for children less than 5 years

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Counsel the mother when to return immediately	Yes	Yes	Yes	Yes
Counsel mother what to do at home and follow-up	Yes	Yes	Yes	Yes
a. Case Management of ARI				
No pneumonia (cough or cold)	Yes	Yes	Yes	Yes
Pneumonia	Yes	Yes	Yes	Yes
Severe pneumonia or very severe diseases	First dose of antibiotic and refer to CHC or DH	Pre-referral treatment and refer to CHC or DH	Treatment and refer if necessary to DH	Treatment and refer if necessary to provincial or regional hospital
b. Case Management of Diarrhea				
No dehydration	Yes	Yes	Yes	Yes
Some dehydration	Yes	Yes	Yes	Yes
Severe dehydration	ORS and refer	Yes	Yes	Yes
Severe persistent diarrhea	ORS and refer	Yes	Yes	Yes
Persistent diarrhea	Refer	Yes	Yes	Yes
Dysentery	Yes	Yes	Yes	Yes
c. Ear Problem				
Mastoiditis	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	yes
Acute ear infection	Yes	Yes	Yes	Yes
Chronic ear infection	Yes and follow	Yes	Yes	Yes
d. Fevers and Malaria				
Very severe febrile diseases	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	yes
Malaria	Yes	Yes	Yes	Yes
Fever malaria unlikely	Yes	Yes	Yes	Yes

Interventions and Services Provided	Health Facility Level			
	Health Post	**BHC**	**CHC**	**District Hospital**
e. Measles				
Severe, complicated measles	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Measles with eye or mouth complications	Yes and refer	Yes	Yes	Yes
Measles	Yes	Yes	Yes	Yes
f. Malnutrition and Anemia				
Severe malnutrition and anemia	No, Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Anemia or very low weight	Refer	Yes	Yes	Yes
No anemia and not very low weight	Yes	Yes	Yes	Yes
g. Give Oral Drugs at Home				
Vitamin A supplementation	Yes (NID)	Yes, if not given by HP	Yes, if not given by previous levels	Yes, if not given by previous levels
Mebendazol (periodic)	Yes	Yes, if not given by HP	Yes, if not given by previous levels	Yes, if not given by previous levels
h. Immunization	Yes (campaigns)	Yes	Yes	Yes
i. Additional Classifications for Young Infant Less Than 2 Months				
Possible serious bacterial infection	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Skin infection	Yes	Yes	Yes	Yes
Blood in stool	Refer	Yes and refer	Yes and refer	Yes
Not able to feed, possible serious bacterial infection	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Feeding problem	Refer	Yes	Yes	Yes

4.3. Public Nutrition

Table 4. Public Nutrition Services by Type of Facility
(A part of Component 3 of the BPHS, "Public Nutrition")

Interventions and Services Provided	Health Facility Level			
	Health Post	**BHC**	**CHC**	**District Hospital**
a. Assessment of Malnutrition (Population Level)				
Nutritional status	*Estimate prevalence of malnutrition (z-score using indices of weight for height [wasting], weight for age [underweight], and height for age [stunting] as well as the underlying causes. Surveys conducted at district or provincial level for purposes of **baseline**, **monitoring,** and **evaluation** or in case of **obvious deterioration** in nutritional situation.*			
b. Prevention of Malnutrition				
Vitamin A supplementation: to all children 6 months to 59 months	Yes during NID	No, yes after NIDs stop	No, yes after NIDs stop	No, yes after NIDs stop
Promotion of iodized salt	Yes	Yes	Yes	Yes
Promotion of balanced of micronutrient-rich foods	Yes	Yes	Yes	Yes
Support and promote exclusive breastfeeding	Yes	Yes	Yes	Yes
Promotion of appropriate complementary feeding for young children with behavior changes	Yes	Yes	Yes	Yes
Growth monitoring and promotion for less than 5 years[1] (Where applicable and linked with IMCI)	No	Yes	Yes	Yes
Iron/folic acid supplementation for pregnant, lactating women	Yes	Yes	Yes	Yes
Vitamin A supplementation postpartum	Yes	Yes	Yes	Yes
Promotion of maternal nutritional status[2]	Yes	Yes	Yes	Yes
Control and prevent diarrheal disease and parasitic infections	Yes	Yes	Yes	Yes
Underlying causes: based on analysis of causes of malnutrition, support, and advocate for interventions to address underlying causes.	BPHS NGO will demonstrate understanding of underlying causes and outline appropriate interventions to prevent and address malnutrition including in areas of food security, social and care environment and health (including water and sanitation (see Conceptual Model of Causes of Malnutrition).			

Interventions and Services Provided	Health Facility Level			
	Health Post	**BHC**	**CHC**	**District Hospital**
c. Treatment of Malnutrition				
Micronutrient deficiency diseases diagnosis and treatment	Identify and refer	Yes	Yes	Yes
Treatment of severe malnutrition based on MOPH protocols for 24-hour care for Phase I; day care/home-treatment for Phase II[3] and follow-up	No—refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Moderate malnutrition: only where acute malnutrition levels higher than 10% with additional risk factors.	No	Where applicable[4]		
d. Surveillance and Referral				
Clinic-based surveillance: all children under 5 years measured for weight for height (using HMIS forms), monitor trends	No	Yes	Yes	No
Screening: Screening and referral of at risk using mid-upper-arm circumference (MUAC), or weight/height, or clinical signs of micronutrient deficiency diseases (MDDs)	Yes	Yes	Yes	Yes (to H2)

[1] Growth monitoring and promotion (GM and P): Some studies indicate the GM and P is an ineffective intervention for improving nutritional status. During 2004 or 2005, The MOPH in collaboration with WHO and on assessment to identify what needs (resources, training, skills, and adaptation) to be in place for GM and P to be effective in Afghanistan.

[2] Maternal nutrition: Improving the nutritional status of women remains a priority, but a strategy for addressing the poor nutritional status of women is still being developed.

[3] Treatment of severe malnutrition: The MOPH currently has guidelines and a strategy to support hospital-based (24-hour/day care) treatment, which are implemented in hospitals.

[4] Supplementary feeding points (SFPs): Emergency SFPs will only be implemented in those identified districts which have a prevalence of acute malnutrition > 10% and/or high risks (see MOPH Guidelines for Supplementary Feeding).

4.4. Communicable Diseases

Table 5.1. Control of Tuberculosis Services by Type of Facility
(A part of Component 4 of the BPHS, "Communicable Disease Treatment and Control")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
IEC	Yes	Yes	Yes	Yes
Case detection among self-reporting patients using sputum smear	To be referred	To be referred	Yes	Yes
Short course chemotherapy, including DOTS	Yes—follow up	Yes—follow up	Yes—diagnose and treat	Yes—diagnose and treat
Surveillance of cases of interrupted treatment	Yes	Yes	Yes	Yes
BCG vaccination	To assist 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 and refer	Yes and refer	Yes	Yes
Preventive therapy for children contacts of TB patients	To be referred	Yes—chemoprophylaxis	Yes	Yes
DOTS-plus in multi-drug-resistant TB	No	Yes—follow up	Yes	Yes
Inpatient management of severe cases	No	No	Yes and refer	Yes and refer
Management of complicated severe cases	No	No	No	Yes and refer
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	Follow up	Yes	Yes	Yes

Table 5.2. Control of Malaria Services by Type of Facility
(A part of Component 4 of the BPHS, "Communicable Disease Treatment and Control")

(For children under 5, see Table 2.2, IMCI)

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Information, education, communication	Yes	Yes	Yes	Yes
Clinical diagnosis	Yes	Yes	Yes	Yes
Microscope diagnosis	No	No	Yes	Yes
Treatment of uncomplicated cases—firstline treatment	Yes	Yes	Yes	Yes
Treatment of uncomplicated cases not responding to firstline treatment	Refer	Yes	Yes	Yes
Treatment of severe and complicated cases	Pre-referral management and refer	Pre-referral management and refer	Yes and refer	Yes
Insecticide-treated mosquito nets	Yes	Yes	Yes	Yes
Intermittent presumptive therapy	Yes—for pregnant women	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

Table 5.3. Control of HIV by Type of Facility
(A part of Component 4 of the BPHS, "Communicable Disease Treatment and Control")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Information, education, and communication	Yes	Yes	Yes	Yes
Referral for voluntary confidential counseling and testing	Yes	Yes	Yes	Yes
Counseling	No	No	Yes	Yes
Voluntary confidential counseling and testing	No	No	Yes*	Yes*

** Many CHCs and DHs are using the rapid HIV testing now. A national protocol for VCCT is to be developed.*

4.5. Mental Health

Table 6. Mental Health Services by Type of Facility
(A part of Component 5 of the BPHS, "Mental Health")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Mental health education and awareness	Yes	Yes	Yes	Yes
Case detection	Yes	Yes	Yes	Yes
Psychosis: identification and biopsychosocial management	To be referred	Yes (follow up)	Yes	Yes
Anxiety disorders (e.g., post-traumatic stress disorder, panic disorder)	No and refer	Yes (follow up)	Yes	Yes
Depression: identification and biopsychosocial management	No and refer	Yes (mild and follow up)	Yes	Yes
Epilepsy: identification and treatment	To be referred	Yes (follow up)	Yes	Yes
Substance abuse: identification and education	Yes	Yes	Yes	Yes
Mental retardation: identification and education to parents and community	Yes	Yes	Yes	Yes
Follow up of psychiatric patients	Yes	Yes	Yes	Yes
Community-based rehabilitation (linked to disability component)	Yes	Yes	Yes	Yes
Support group for drug addicts, psychiatry patients/families, and women	Yes	Yes	Yes	Yes
Inpatient treatment	No	No	To be referred	Yes
Reporting	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes

4.6. Disability

Table 7. Disability Services by Type of Facility
(A part of Component 6 of the BPHS, "Disability Services")

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Disability awareness, prevention, and education	Yes	Yes	Yes	Yes
War injuries	Refer to DH	Refer to DH	Refer to DH	Yes
Traumatic amputations	Refer to DH	Refer to DH	Refer to DH	Yes
Prostheses	Refer to DH	Refer to DH	Refer to DH	Yes
Assess and treat disabled and physically impaired patients (spinal muscular skeletal conditions, cerebral palsy, poliomyelitis, arthritis, neurological conditions)	No	No	Yes and refer	Yes
Refer to specialists in surgery and other specialists as required	Yes	Yes	Yes	Yes
Disability training for medical staff to refer disabled children with physical anomalies	Yes	Yes	Yes	Yes

4.7. Regular Supply Of Essential Drugs

Table 8. Essential Drugs for BPHS by Type of Facility
(A part of Component 7 of the BPHS, "Regular Supply of Essential Drugs")

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
1. Anesthetics					
1.1 General Anesthetics and Oxygen					
Ketamine	injection 50 mg (as hydrochloride)/ml in 10-ml ampoule			If anes-thesist	√
Oxygen	Inhalation (medicinal gas)		√	√	√
1.2 Local Anesthetics					
Lidocaine	injection 1% (hydrochloride) in vial		★	√	√
Lidocaine	injection 2% (hydrochloride) in vial		★	√	√
Lidocaine	injection for spinal anesthesia 5% (hydrochloride) in 2-ml ampoule to be mixed with 7.5% glucose solution				√
Lidocaine	topical forms 2% (hydrochloride)		√	√	√
Lidocaine	topical forms 4% (hydrochloride)		√	√	√
Lidocaine + Adrenaline	injection 1% (hydrochloride) + epinephrine 1:200,000 in vial			√	√
Lidocaine + Adrenaline	injection 2% (hydrochloride) + epinephrine 1:200,000 in vial			√	√
2. Analgesics, Antipyretics, Nonsteroidal Anti-Inflammatory Drugs					
2.1 Non-Opioid Analgesics/Antipyretics/ NSAID					
Acetaminophen (Paracetamol)	tablet	√	√	√	√
Acetaminophen (Paracetamol)	syrup 120 mg/5 ml	√	√	√	√
Acetaminophen (Paracetamol)	tablet 100 mg	√	√	√	√
Acetyl Salicylic Acid (Acetylsalicylic Acid)	tablet 500 mg		√	√	√
Ibuprofen	tablet 200 mg		√	√	√
3. Anticonvulsants/Anti-Epileptics					
Carbamazepin	tablet 200 mg			√	√
Diazepam	injection 5 mg/ml in 2-ml ampoule		★	√	√
Magnesium Sulphate	injection 500 mg/ml in 20-ml ampoule			√	√
Phenobarbital	tablet 15 mg		★	√	√
Phenobarbital	tablet 100 mg		★	√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
4. Antidotes					
4.1 Nonspecific Antidotes					
Activated charcoal	tablet 500 mg	√	√	√	√
5. Antihistamines					
5.1 H1-Receptor Antagonists					
Chlorpheniramine Maleate (Chlorphenamine)	tablet 4 mg	√	√	√	√
Chlorpheniramine Maleate (Chlorphenamine)	injection 10 mg/ml in 1-ml ampoule		√	√	√
6. Anti-Infective Medicines					
6.1 Anthelminthics					
Mebendazole	chewable tablet 100 mg		√	√	√
6.2 Antibacterials					
6.2.1 Beta Lactam Medicines					
Amoxicillin	capsules/tablet 500 mg (anhydrous)		√	√	√
Amoxicillin	capsules/tablet 250 mg (anhydrous)		√	√	√
Amoxicillin	powder for oral suspension 125 mg/5 ml (anhydrous)		√	√	√
Ampicillin	powder for injection 1g (as sodium salt)		★	√	√
Ampicillin	powder for injection 500 mg (as sodium salt)		★	√	√
Benzathine Benzyl Penicillin	powder for injection, 1.2 million IU in 5-ml vial		★	√	√
Benzathine Benzyl Penicillin	powder for injection, 2.4 million IU in 5-ml vial		★	√	√
Phenoxy Methyl Penicillin (Penicillin V)	tablet 250 mg (as potassium-salt)		★	√	√
Phenoxy Methyl Penicillin (Penicillin V)	tablet 500 mg (as potassium-salt)		★	√	√
Phenoxy Methyl Penicillin (Penicillin V)	powder for oral suspension 250 mg/5 ml (as potassium salt)		★	√	√
Procaine Penicillin	powder for injection 2 million IU		★	√	√
Procaine Penicillin	powder for injection 4 million IU		★	√	√
6.2.2 Other Antibacterials					
Chloramphenicol	capsule/tablet 250 mg		★	√	√
Chloramphenicol	powder for injection, 1-g vial		★	√	√
Chloramphenicol	suspension 125 mg/5 ml		★	√	√
Doxycycline	capsule/tablet 100 mg (hydrochloride)		★	√	√
Gentamicin	injection 20 mg (as sulfate)/ml in 2-ml vial		★	√	√
Gentamicin	injection 40 mg (as sulfate)/ml in 2-ml vial		★	√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
6.2.3 Antituberculosis					
Ethambutol	tablet 400 mg		√	√	√
INH	tablet 100 mg		√	√	√
INH	tablet 300 mg		√	√	√
Pyrazinamide	tablet 500 mg		√	√	√
Rifampicin (Rifampin)	capsule/tablet 150 mg		√	√	√
Rifampicin (Rifampin)	capsule/tablet 300 mg		√	√	√
Streptomycin	powder for injection 1g (as sulfate) in vial		√	√	√
6.3 Antifungal					
Nystatin	drop 100,000 IU/ml		√	√	√
Nystatin	coated tablet 100,000 IU		√	√	√
Nystatin	coated tablet 500,000 IU		√	√	√
6.4 Antiprotozoal Medicine					
6.4.1 Anti-Amoebic and Antigiardiasis					
Metronidazole	tablet 250 mg		√	√	√
Metronidazole	tablet 400 mg		√	√	√
Metronidazole	injection 500 mg in 100 ml vial			√	√
Metronidazole	oral suspension 200 mg (as benzoate)/5 ml		√	√	√
6.4.2 Antimalarial					
Chloroquine	tablet 100 mg (as phosphate or sulfate)	√	√	√	√
Chloroquine	tablet 150 mg (as phosphate or sulfate)/5 ml	√	√	√	√
Chloroquine	syrup 50 mg (as phosphate or sulfate)/5 ml	√	√	√	√
Chloroquine	injection 40 mg (as hydrochloride phosphate or sulfate)/ml		★	√	√
Pyrimethamin + Sulfadoxine (Fansidar)	tablet 25 mg + 500 mg		√	√	√
Quinine	tablet 300 mg (as bisulfate or sulfate),		√	√	√
Quinine	injection 300 mg (as dihydrochloride)/ml in 2-ml ampoule			√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
Artemesin combination therapy—Artemether, Artesunate, and Artemether	*These three antimalarials used in combination are subject to intense research at present. Given their expense and potential for developing resistance with overuse, the best technical approach and level of services with which to use them remains to be determined for Afghanistan's BPHS. Once more information is available, clear policy guidelines for their use will be developed and the Essential Drug List of Afghanistan adjusted accordingly. Hence, it is not included as appropriate at this time, and their usage is restricted.*				
6.5 Sulfonamide/Related					
Co-trimoxazole (Sulfamethoxazole + Trimethoprime)	tablet 100 mg + 20 mg	√	√	√	√
Co-trimoxazole (Sulfamethoxazole + Trimethoprime)	tablet 400 mg + 80 mg	√	√	√	√
Co-trimoxazole (Sulfamethoxazole + Trimethoprime)	suspension 200 mg + 40 mg/5 ml	√	√	√	√
6.6 Urinary Antiseptics					
Nitrofurantoin	tablet 100 mg		★	√	√
7. Medicines Affecting the Autonomic System					
7.1 Sympathomimetics					
Adrenaline	injection 1 mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule		★	√	√
Salbutamol	tablet 4 mg (as sulfate)		√	√	√
Salbutamol	syrup 2 mg/5 ml (as sulfate)		√	√	√
8. Medicines Affecting the Blood					
8.1 Drugs Used in Anemia					
Ferrous Sulphate	tablet equivalent to 60 mg iron		★	√	√
Ferrous Sulphate	oral solution equivalent 25 mg iron (as sulfate)/ml		★	√	√
Ferrous Sulphate + Folic Acid	tablet equivalent to 60 mg iron + 400 mcg folic acid	√	√	√	√
Folic Acid	tablet 5 mg		★	√	√
9. Cardiovascular Medicines					
9.1 Antihypertensive Agents					
Atenolol	tablet 50 mg		★	√	√
Atenolol	tablet 100 mg		★	√	√
Methyl Dopa	tablet 250 mg		√	√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
Nifedipine	capsule 10 mg		★	√	√
Nifedipine	tablet 10 mg		★	√	√
9.2 Antithrombotic Agent					
Acetyl salicylic acid (Acetylsalicylic Acid)	tablet 100 mg		★	√	√
10. Dermatological Medicine (Topical)					
10.1 Anti-Infective, Topical					
Gentian Violet (Methyl Rosanilinium Chloride)	aqueous solution 0.5%	√	√	√	√
Gentian Violet (Methyl Rosanilinium Chloride)	aqueous solution 1%	√	√	√	√
10.2 Antifungal, Topical					
Benzoic Acid + Salicylic Acid	cream or ointment 6% + 3%		√	√	√
Nystatin	ointment 100,000 IU, vaginal		√	√	√
Nystatin	tablet 100,000 IU, vaginal		√	√	√
10.3 Scabicides/Pediculocides					
Lindane	lotion 1%		√	√	√
11. Disinfectants and Antiseptics					
Chlorhexidine	solution 5% (digluconate) for dilution	√	√	√	√
12. Diuretics					
Hydrochlorothiazide	tablet 50 mg		√	√	√
13. Gastrointestinal Medicines					
13.1 Antacids					
Aluminum Hydroxide	tablet 500 mg		√	√	√
Aluminum Hydroxide + Magnesium Hydroxide	chewable tablet aluminum hydroxide 200 mg + magnesium hydroxide 200 mg	√	√	√	√
Aluminum Hydroxide + Magnesium Hydroxide	suspension aluminum hydroxide 225 mg + magnesium hydroxide 200 mg/5 ml		√	√	√
13.2 Anti-Emetics					
Metoclopramide	tablet 10 mg (hydrochloride)		√	√	√
Metoclopramide	injection 5 mg (hydrochloride)/ml in 2-ml ampoule		★	√	√
13.3 Oral Rehydration Solution					
ORS—oral rehydration salts solution (for glucose electrolyte solution)	powder, 27.9 g/l (components: sodium chloride 3.5 g, trisodium citrate dihydrate 2.9 g, potassium chloride 1.5 g, glucose 20 g)	√	√	√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
14. Hormones, Other Endocrine Medicines, and Contraceptives					
14.1 Adrenal Hormones and Synthetic Substitutes					
Hydrocortisone	powder for injection 100 mg (as sodium succinate) in vial		√	√	√
14.2 Contraceptives					
Ethinylestradiol + Levonorgestrel	tablet 30 microgram +150 mcg	√	√	√	√
Ethinylestradiol + Levonorgestrel	tablet 250 microgram + 50 mcg	√	√	√	√
Ethinylestradiol + Norethisterone	tablet 35 microgram + 1	√	√	√	√
Medroxy Progestrone (DMPA)	depot injection 150 mg/ml in 1-ml vial		★	√	√
Condoms		√	√	√	√
IUD			★	√	√
15. Immunologicals					
15.1 Vaccines					
BCG	0.05 ml given subcutaneously to children between birth and 1 year old		√	√	√
DPT (diphtheria, pertussis, tetanus)	0.5 ml given intramuscularly to children between 6 weeks and 1 year old		√	√	√
DPT/Hepatitis-B vaccine	0.5 ml given intramuscularly		√	√	√
Measles	0.5 ml given intramuscularly to children between 9 months and 1 year old		√	√	√
OPV (oral polio vaccine)	2 drop PO for children under 1 year old, supplemental doses given to all children under 5 years during NIDs		√	√	√
Tetanus Toxoid	0.5 ml given intramuscularly to women 15–45 years old		√	√	√
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)		★	√	√
Ergometrine	injection 200 microgram (hydrogen maleate)			√	√
Oxytocin	injection 10 IU in 1-ml ampoule			√	√
17.2 Antioxytocics					
Salbutamol	tablet 4 mg (as sulfate)		★	√	√
Salbutamol	injection 50 microgram (as sulfate)/ml in 5-ml ampoule			√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
18. Psychotherapeutic Medicines					
18.1 Medicines Used in Psychotic Disorders					
Chlorpromazine	100 mg tablet (hydrochloride)				√
Chlorpromazine	injection 25 mg (hydrochloride)/ml in 2-ml ampoule				√
Haloperidol	tablet 5 mg				√
Haloperidol	injection 5 mg in 1-ml ampoule				√
Thioridazine	tablet 25 mg				√
18.2 Medicines Used in Depressive Disorders					
Amitriptyline	tablet 25 mg (hydrochloride)			√	√
18.3 Medicines Used in Generalized Anxiety and Sleep Disorder					
Diazepam	tablet 5 mg		★	√	√
Diazepam	tablet 10 mg		★	√	√
19. Medicines Acting on the Respiratory Tract					
19.1 Anti-Asthmatic Medicines					
Aminophylline	injection 25 mg/ml in 10-ml ampoule		★	√	√
Aminophylline	tablet 100 mg		√	√	√
Epinephrine (Adrenaline)	injection 1 mg (as hydrochloride or hydrogen tartrate) in 1-ml ampoule		★	√	√
Salbutamol	tablet 4 mg		√	√	√
Salbutamol	inhalation (aerosol) 100 microgram (as sulfate) per dose		√	√	√
Salbutamol	syrup 2 mg (as sulfate)/5 ml		√	√	√
Salbutamol	respirator solution for use in nebulizers 5 mg (as sulfate)/ml		√	√	√
20. Solution Correcting Water, Electrolyte, and Acid-Based Disturbances					
20.1 Oral					
Oral rehydration salt (ORS)	powder 27.9 g/l (Nacl 3.5 g, trisodium citrate dihydrate 2.9 g, Kcl 1.5 g, glucose 20 g)	√	√	√	√
20.2 Parenteral					
Sodium Chloride	injectable solution 0.9% isotonic (equivalent to Na +154 mmol/1, Cl-154 mmol/1)		★	√	√
Compound solution of Sodium Lactate	injectable solution		★	√	√
Glucose	injectable solution 10% isotonic		★	√	√
Glucose	injectable solution 50% hypertonic		★	√	√

Drug	Dosage Form and Strength	Health Post	BHC	CHC	DH
√=drug permitted at this level ★= drug permitted at BHC only if physician is present (*see point #14, p. 6 in section 1.4 for when a physician is allowed at BHC level*)					
Glucose with Sodium Chloride	injectable solution 4% glucose, 0.18% Nacl (equivalent to Na 30 mmol/l, Cl 30 mmol/l)		★	√	√
Potassium Chloride	injectable solution 11.2% (112 mg) in 20-ml ampoule (equivalent to K 1.5 mmol/ml, Cl 1.5 mmol/ml)			√	√
Sodium Hydrogen Carbonate (Sodium Bicarbonate)	injectable solution 8.4% (840 mg), in 10-ml ampoule (equivalent to Na 1,000 mmol/l, HCO3 1,000 mmol/l)			√	√
20.3 Miscellaneous					
Water for injection	5 ml		√	√	√
Water for injection	10 ml		√	√	√
21. Vitamins and Minerals					
Iodine	0.57 ml (308 mg iodine) in dispenser bottle		√	√	√
Iodine	capsule 200 mg		√	√	√
Retinol	sugarcoated tablet 100,000 IU (as palmitate) (5.5 mg)	√	√	√	√
Retinol	capsule 200,000 IU (as palmitate) (110mg)	√	√	√	√
Multi-micronutrients			√	√	√

4.8. Blood Transfusion Services to Support BPHS

Table 9. Blood Transfusion Services by Type of Facility

Interventions and Services Provided	Health Facility Level			
	Health Post	BHC	CHC	District Hospital
Collect blood donations	No	No	Yes	Yes
Immunohematology testing	No	No	Yes	Yes
Screen blood for transmissible diseases	No	No	Yes	Yes
Perform transfusion	No	No	Yes	Yes
Provide transfusion counselling	No	No	Yes	Yes

5. Staffing for BPHS for Health Posts, BHCs, CHCs, and District Hospitals

Recent evolution in the provision of adequate maternal health care has lead to some new definitions for different types of health workers. To reduce any confusion, Table 10 summarizes some of the definitions of basic health workers and their duties.

Table 10. Descriptions of the Duties of Basic Health Workers

Type of Health Worker	General description of duties
Skilled birth attendant	These are health workers with midwifery skills, such as midwives, doctors, and nurses, who have proficiency in the skills necessary to manage normal deliveries and diagnose, manage, or refer obstetric complications. These workers must be competent to manage normal childbirth and able to provide emergency obstetric care. Not all skilled attendants can provide comprehensive emergency obstetric care, although they should have the skills to diagnose when such interventions are needed and the capacity to refer women to a higher level of care. Traditional birth attendants (TBAs), whether or not trained, are not considered to be skilled birth attendants. ***Note**: Skilled birth attendance refers to the process by which a pregnant woman is provided with adequate care during labor, birth, and the postpartum and immediate newborn periods. In order for this process to take place, the attendant must have the necessary skills and must be supported by an enabling environment at the domiciliary, primary health care, or district hospital level. This includes adequate supplies, equipment, and infrastructure, as well as an efficient and effective system of communication and referral/transport*. (Inter-Agency Group for Safe Motherhood, Nov. 2000)
Midwife	Works in the country's hospitals (district, provincial, and central) and CHCs primarily to deliver reproductive health care services to women. She assumes responsibility and accountability for her practice, applying up-to-date knowledge and skills in caring for each woman and family. She works as a member of a team that includes doctors (including obstetric/gynecology specialists), nurses, paramedics, and CHWs. The team offers comprehensive emergency obstetric care.
Community midwife	Works in the country's CHCs and BHCs primarily to deliver reproductive health care services to women. She assumes responsibility and accountability for her practice, applying up-to-date knowledge and skills in caring for each woman and family. She works as a member of a team that can include doctors (including obstetric/gynecology specialists), midwives, nurses, paramedics, and CHWs. Depending on the composition of the team, it always offers assistance with normal deliveries, and when skill permits, basic emergency obstetric care.

The staff providing BPHS services at district hospitals are a subset of the total district hospital staff—these are the staff providing or assisting with the BPHS. This subset of district hospital staff would be much smaller than the total staff at the district hospital. Refer to the EPHS to see the total numbers of staff recommended for a district hospital. The recommended staffing patterns for BPHS facilities are:

Table 11. Type and Number of Health Workers by Type of Facility

Type of Health Worker		Number of Health Workers			
		Health Post	**BHC**	**CHC**	**District Hospital** (Staff providing BPHS—not total staff of hospital)[1]
Outreach Workers					
	Community health worker (male)	1			
	Community health worker (female)	1			
	Community health supervisor		1	1	1
	Vaccinator		2	2	2
Health Providers					
	Nurse (male)		1	1	5
	Nurse (female)			1	5
	Community midwife		1	2	
	Midwife				4
	Physician MD general (male)		(1)[2]	1	2
	Physician MD general (female)		(1)[2]	1	2
	Surgeon				1
	Anesthetist				1
	Pediatrician				1
	Dentist				1
	Pharmacist				1
Paramedics, Ancillary Services Staff					
	Laboratory technician			1	2
	Pharmacy technician			1	
	X-ray technician				1
	Dental technician				1
Support Staff					
	Administrator			1	1
	Cleaners, guards		2	4	7

[1] For complete staffing numbers of district hospitals, refer to Table 8 in *The Essential Package of Hospital Services,* MOPH, July 2005.

[2] Physicians may be added to BHCs only to replace a midwife or nurse when those positions are not filled and a physician is available and the CHCs and district hospital are adequately staffed. In no case is there to be more than one physician per BHC.

6. Equipment for BPHS for Health Posts, BHCs, CHCs, and District Hospitals

Table 12. Equipment and Supplies for BPHS Facilities by Type of Health Facility

Type of Equipment and Supplies	Health Post	BHC	CHC	District Hospital[1]
Basic Equipment				
Scissors	√	√	√	√
Forceps	√	√	√	√
Thermometer	√	√	√	√
Clean delivery kit (mini delivery kit for health post—see Annex C for kit contents)	√	√	√	√
ORS measuring jug/container	√	√	√	√
Tape measure for nutrition assessment	√	√	√	√
Simple Equipment and Supplies				
Stethoscope		√	√	√
Sputum and blood specimen bottles		√	√	√
Vision testing chart		√	√	√
Sphygmomanometer		√	√	√
Dispensing counting tray		√	√	√
Pediatric and adult scales		√	√	√
Cold box/refrigerator for EPI		√	√	√
Vaccine carrier and ice pack		√	√	√
Patella hammer		√	√	√
Diagnostic set or autoscope		√	√	√
Drip stand		√	√	√
Flashlight		√	√	√
Minor surgery kit (see Annex B for contents)		√	√	√
Stretcher		√	√	√
Specula		√	√	√
Lamp		√	√	√
Suction		√	√	√
Midwifery kit (see Annex C for kit contents)		√	√	√
Sterilizer		√	√	√
Examining table		√	√	√
More Complex Equipment and Supplies				
Oxygen gauge and cylinder			√	√
Neonatal resuscitation trolley			√	√
Hearing screening equipment			√	√
Basic emergency obstetric care kit			√	√
Sterilization equipment			√	√
Hemoglobinometer			√	√
Hand crank centrifuge			√	√
Microscope			√	√

[1] For complete list of equipment and supplies for district hospitals, refer to Table 9 in *The Essential Package of Hospital Services,* MOPH, July 2005.

7. Diagnostic Services for BPHS at Health Posts, BHCs, CHCs, and District Hospitals

Diagnostic services, such as a laboratory and radiology service, support health workers in their diagnoses of patient conditions. As the BPHS comprises the most critical services and interventions, the primary role of diagnostic services is to provide confirmation of a diagnosis. The services available for the BPHS are very basic, as most more sophisticated diagnostic services are found at provincial and regional hospitals. The radiology, laboratory, and other diagnostic services available in the referral system at higher-level hospitals are outlined in Table 7, "Diagnostic Services by Hospital Level," in the EPHS.

Table 13. Diagnostic Services by Type of Facility

Diagnostic Test	Health Post	BHC	CHC	DH[1]
1. Laboratory Services				
1.1 Hematology				
Hemoglobin			√	√
Red and white blood cell count			√	√
ESR and differential cell count			√	√
Hematocrit				√
Bleeding time and coagulation time				√
Blood grouping and Rh factors			√	√
Hepatitis B and C tests			√	√
HIV test			√	√
White blood count (WBC and differential) manual			√	√
Erythrocite sedimentation rate (ESR)			√	√
Malaria parasite smear (MPS)			√	√
1.2 Bacteriology				
Ziehl-Nelson staining for acid fast bacil (AFB)			√	
Direct smear for AFB				√
Albert's staining for diphtheria			√	√
Gram's staining			√	√
1.3 Serology				
Widal test				√
1.4 Clinical Pathology				
Urine analysis: physical exam			√	√
Chemical exam: Albumin (qualitative)			√	√
Chemical exam: Albumin (quantitative)				√
Chemical exam: Glucose (qualitative)			√	√
Chemical exam: Glucose (quantitative)				√
Microscopic (stool test)			√	√
Macroscopic (stool test)				√
Pregnancy test			√	√

1.5 Biochemistry				
Blood-sugar test				√
Urea test				√
Creatinin test				√
Total protein test				√
Simple liver-function test				√
1.6 Gram Stain				
Body fluids				√
2. Imaging Services				
2.1 X-Rays				
Chest				√
Abdomen				√
Skeletal				√
2.2 Ultrasound				
Ultrasound (simple portable ultrasound at DH)				√

[1] For complete list of diagnostic services at a district hospitals, refer to Table 7 in *The Essential Package of Hospital Services,* MOPH, July 2005.

8. Summary of Services, Staffing Equipment, Diagnostic Services, and Essential Drugs at Health Posts, BHCs, CHCs, and District Hospitals

A summary of each type of BPHS health facility is provided in four tables, as outlined below. Each table catalogs the catchment population, all the services and interventions provided, the type and number of health worker staff, an illustrative list of equipment, and a list of essential drugs at each type of facility. These are provided in following tables:

- Table 14. Health Post: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 15. Basic Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 16. Comprehensive Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 17. District Hospital: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

Table 14. Health Post: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

Population Catchment Area Served: 1,000–1,500 (100–200 families)

Health Post Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
1. Maternal and Newborn Health	• Provide antenatal care; refer complicated cases	CHW (male) 1	Private home of CHW	Scissors	**Analgesics:** Acetaminophen
	• Refer all deliveries, if no referral possible attend normal deliveries	CHW (female) 1		Forceps	**Antidotes:** Activated charcoal
	• Identify sick newborns and refer after first aid			Thermometer	**Antihistamines:** Chlorpheniramine Maleate
	• Provide micronutrient supplementation			Mini delivery kit *(see Annex C for kit contents)*	**Anti-bacterial:** Co-trimoxazole
	• Provide counseling on family planning and exclusive breastfeeding			ORS Measurement jug	**Anti-malarial:** Chloroquine
	• Distribute condoms and oral contraceptives, and provide follow-up DMPA			Tape measure for nutrition assessment	**Sulfonamide:** Co-trimoxazole
2. Child Health and Immunization	• Support EPI outreach and immunization campaigns			Health education teaching materials	**Antenatal Supplements:** Ferrous Sulphate + Folic Acid
	• Manage cases of ARI, pneumonia, diarrhea, fever, malaria; provide ORT; refer complicated cases				**Anti-infectives:** Gentian Violet

Health Post Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Support case management of measles				**Disinfectants:** Chlorhexidine **Oral Rehydration Salts:** ORS **Contraceptives:** Oral, Condoms **Anti-infectives:** Tetracycline **Vitamins and Minerals:** Retinol
	• Identify gravely ill children and refer				
3. Public Nutrition	• Support for exclusive breastfeeding				
	• Community-based malnutrition management				
	• Multi-micronutrient and iron supplementation				
	• School feeding				
4. Communi-cable Disease Treatment and Control	• DOTS—For identified TB patients, encourage compliance with DOTS determined treatment				
	• Referral of self-reporting TB patients				
	• Surveillance of cases of interrupted TB treatment, active case-finding				
	• Clinical diagnosis of malaria and treatment of uncomplicated cases				
	• Provision of insecticide-treated mosquito nets				

Health Post Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Referral for VCCT for suspected HIV/AIDS patients				
5. Mental Health	• Health education and awareness				
	• Case detection (self-reporting) and follow up of chronic cases				
	• Support community-based self-help groups for drug addiction				
6. Disability Services	• Disability awareness, prevention, and education				
	• Home visit program for paraplegics (in urban settings)				
	• Refer war injuries, traumatic amputations, and prostheses patients to DH				
	• Refer disabled children with physical anomalies				
7. Regular Supply of Essential Drugs	*(See last column)*				
General—Information, Education, and Communication	• Promotion of healthy lifestyles and care-seeking behavior				

Table 15. Basic Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

Population Catchment Area Served: 15,000–30,000

Basic Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
1. Maternal and Newborn Health	• Antenatal care, refer complicated cases • Assistance with normal deliveries, identification of danger signs, and referrals • Detection of postpartum anemia, puerperal infection • Identification of sick newborns and referral after first aid • Promoting exclusive breastfeeding • Micronutrient supplementation	Nurse (male) 1 Community midwife 1 Community health supervisor 1 Vaccinator 2 Physician (male or female)★ 1★ Cleaners, Guards 2	Exam rooms Delivery room Wound dressing area Pharmacy Patient registration room Waiting room	Stethoscope Sputum and blood specimen bottles Vision testing chart Sphygmomanometer Dispensing counting tray Pediatric and adult scales	**Anesthetics:** Oxygen, Lidocaine **Analgesics:** Acetaminophen, Acetyl Salicylic Acid, Ibuprofen **Antidotes:** Activated Charcoal **Antihistamines:** Chlorpheniramine Maleate **Anthelminthics:** Mebendazole **Antibacterials:** Amoxicillin, Co-trimoxazole (other antibacterials permitted only if physician is present, see Table 8)

★*Physicians may be added to BHCs only to replace a midwife or nurse when those positions are not filled* ***and*** *a physician is available* **and** *the CHCs and district hospital are adequately staffed. In no case is there to be more than one physician per BHC. A physician should never replace a female health worker that is already at the facility. When a midwife becomes available, she will replace a male health worker.*

Basic Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Counseling on family planning		Medical Records Area	Cold box/ refrigerator for EPI	**Anti-TB drugs:** Ethambutol, INH, Pyrazinamide, Rifampicin, Streptomycin
	• Screening for and treatment of STDs		Health Education Area	Vaccine carrier and ice pack	**Antifungals:** Nystatin
	• Contraceptive services: DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available			Patella hammer	**Anti-amoebic:** Metronidazole
2. Child Health and Immuniza-tion	• Delivery of EPI services			Diagnostic set or autoscope	**Antimalarials:** Chloroquine, Fansidar, Quinine
	• Case management of ARI, pneumonia, diarrhea, measles, fever/ malaria; provision of ORT, referral of complicated cases			Drip stand	**Sulfonamide:** Co-trimoxazole
	• Identification of gravely ill children and referrals			Flashlight	**Sympathomimetics:** Salbutamol
3. Public Nutrition	• Support exclusive breastfeeding			Minor surgery kit (*see Annex B for kit contents)*	**Antenatal Supplements:** Ferrous Sulphate + Folic Acid
	• Growth monitoring			Stretcher	**Antihypertensives:** Methyl dopa

Basic Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Diagnosis and treatment of malnutrition			Specula	**Anti-infectives:** Gentian Violet
	• Multi-micronutrient and iron supplementation			Lamp	**Anti-fungal:** Benzoic Acid + Salicylic Acid, Nystatin
	• School feeding			Suction	**Scabicides:** Lindane
	• Improvement of sanitation			Midwifery kit (*see Annex C for kit contents)*	**Disinfectants:** Chlorhexidine
4. Communi-cable Disease Treatment and Control	• TB case detection using sputum smear (if lab available)			Sterilizer	**Diuretics:** Hydrochlorothiazide
	• Short-course chemotherapy, including DOTS			Examining table	**Antacids:** Aluminum Hydroxide + Magnesium Hydroxide
	• Surveillance of cases of interrupted TB treatment, active case-finding			Scissors	**Anti-emetics:** Metoclopramide
	• Preventive therapy for children contacts of TB patients			Forceps	**Oral Rehydration Salts:** ORS
	• Clinical diagnosis of malaria and treatment of uncomplicated cases			Thermometer	**Adrenal Hormones:** Hydrocortisone
	• Promotion and distribution of insecticide treated mosquito nets			Clean delivery kit (*see Annex C for kit contents)*	**Contraceptives:** Oral, Condoms, IUD (if person trained), DMPA injections

Basic Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Referral for VCCT for suspected HIV/AIDS patients			ORS measuring jug/container Tape measure for nutrition assessment	**Vaccines:** BCG, DPT, Hepatitis B, Measles, OPV, Tetanus toxoid **Ophthalmological Preparation Anti-infectives:** Tetracycline **Anti-asthmatic:** Aminophylline Salbutamol **Vitamins and Minerals:** Iodine, Retinol, Multi-micronutrients
5. Mental Health	• Mental health education and awareness				
	• Case detection				
	• Follow-up of psychosis, anxiety disorders, depression, epilepsy, and psychiatric patients				
	• Substance abuse: identification and education				
	• Community-based rehabilitation				
	• Support group for drug addicts, psychiatry patients/families, and women				
6. Disability services	• Disability awareness, prevention, and education				
	• Home visit program for paraplegics (in urban settings)				
	• Refer war injuries, traumatic amputations, and prostheses patients to DH				
	• Refer disabled children with physical anomalies				

Basic Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
7. Regular Supply of Essential Drugs	*(See last column)*				
General—Information, Education, and Communication	• Promotion of healthy lifestyles and care-seeking behavior				

Table 16. Comprehensive Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

Population Catchment Area Served: 30,000–60,000

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
1. Maternal and Newborn Health	• Antenatal care, treatment of mild pre-eclampsia/eclampsia, incomplete miscarriage/abortion • Assistance with normal deliveries, provision of basic emergency obstetric care • Detection of postpartum anemia, puerperal infection • Care for newborns; management of neonatal infections and sepsis • Promoting exclusive breastfeeding • Micronutrient supplementation • Counseling on family planning	Nurse (male) 1 Nurse (female) 1 Community midwife 2 Community Health Supervisor 1 Vaccinator 2 Physician (male) 1 Physician (female) 1	Inpatient beds Minor surgery room Holding beds Exam rooms Delivery room Wound dressing area Pharmacy	Oxygen gauge and cylinder Neonatal resuscitation trolley Hearing screening equipment EOC supplies and kit Sterilization equipment Hemoglobinometer Hand crank centrifuge	**Anesthetics:** Ketamine (if anesthetist), Oxygen, Lidocaine, Lidocaine + Adrenaline **Analgesics:** Acetaminophen, Acetyl Salicylic Acid, Ibuprofen **Anticonvulsants:** Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital **Antidotes:** Activated Charcoal **Antihistamines:** Chlorpheniramine Maleate **Anthelminthic:** Mebendazole **Antibacterials:** Amoxicillin, Ampicillin,

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
					Benzathine Benzyl Penicillin, Phenoxy Methyl Penicillin, Procaine Penicillin, Co-Trimoxazole, Chloramphemicol, Doxycycline, Gentamicin
	• Screening for and treatment of STDs	Laboratory technician 1	Laboratory Area	Microscope	**Anti-TB drugs:** Ethambutol, INH, Pyrazinamide, Rifampicin, Streptomycin
	• Contraceptive services: DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available	Pharmacy technician 1	Patient registration room	Stethoscope	**Antifungals:** Nystatin
2. Child Health and Immuniza-tion	• Delivery of EPI services	Administrator 1	Waiting room	Sputum and blood specimen bottles	**Anti-amoebic:** Metronidazole
	• Case management of ARI, pneumonia, diarrhea, measles, fever/ malaria; provision of ORT, referral of complicated cases	Cleaners, Guards 4	Medical Records Area	Vision testing chart	**Antimalarials:** Chloroquine, Fansidar, Quinine
	• Identification of gravely ill children and referrals		Health Education Area	Sphygmomanometer	**Sulfonamide:** Co-trimoxazole
3. Public Nutrition	• Support exclusive breastfeeding support			Dispensing counting tray	**Urinary Antiseptics:** Nitrofurantoin

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Growth monitoring			Pediatric and adult scales	**Sympathomimetics:** Adrenaline, Salbutamol
	• Diagnosis and treatment of malnutrition			Cold box/ refrigerator for EPI	**Antihypertensives:** Methyl Dopa, Atenolol, Nifedipine
	• Multi-micronutrient and iron supplementation			Vaccine carrier and ice pack	**Antithrombotic:** Acetyl Salicylic Acid
	• School feeding			Patella hammer	**Anti-infectives:** Gentian Violet
	• Improvement of sanitation			Diagnostic set or autoscope	**Antifungal:** Benzoic Acid + Salicylic Acid, Nystatin
4. Communicable Disease Treatment and Control	• TB case detection using sputum smear			Drip stand	**Scabicides:** Lindane
	• Short-course chemotherapy, including DOTS, DOTS+ in multi-drug resistant (MDR) TB			Flashlight	**Disinfectants:** Chlorhexidine
	• Surveillance of cases of interrupted TB treatment, active case-finding			Minor surgery kit (*see Annex B for kit contents)*	**Diuretics:** Hydrochlorothiazide
	• Preventive therapy for children and contacts of TB patients			Stretcher	**Antacids:** Aluminum Hydroxide + Magnesium Hydroxide

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Clinical and microscopic diagnosis of malaria and treatment of complicated cases			Specula	**Anti-emetics:** Metoclopramide
	• Promotion of insecticide treated mosquito nets			Lamp	**Oral Rehydration Salts:** ORS
	• VCCT—voluntary confidential counseling and testing for suspected HIV/AIDS patients			Suction	**Adrenal Hormones:** Hydrocortisone
	• Health education for HIV/AIDS			Midwifery kit (see Annex C for kit contents)	**Contraceptives:** Oral, Condoms, IUD, DMPA injections
	• Counseling for HIV/AIDS			Sterilizer	**Vaccines:** BCG, DPT, Hepatitis B, Measles, OPV, Tetanus toxoid
5. Mental Health	• Mental health education and awareness			Examining table	**Ophthalmological Preparation Anti-infectives:** Tetracycline
	• Case detection			Scissors	**Oxytocics and Antioxytocics:** Ergometrine, Exytocin, Salbutanol
	• Follow-up of psychosis, anxiety disorders, depression, epilepsy, and psychiatric patients			Forceps	**Depressive disorders Medicines:** Amitriptyline
	• Substance abuse: identification and education			Thermometer	**Anxiety and sleep disorders medicines:** Diazepam

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Community-based rehabilitation			Clean delivery kit (*see Annex C for kit contents)*	**Anti-asthmatic:** Aminophylline, Epinephrine, Salbutamol
	• Support group for drug addicts, psychiatry patients/families and women			ORS measuring jug/container	**Parenteral:** Sodium chloride, Glucose, Potassium chloride, Sodium hydrogen carbonate
6. Disability services	• Disability awareness, prevention and education			Tape measure for nutrition assessment	**Vitamins and Minerals:** Iodine, Retinol, Multi-micronutrients
	• Home visit program for paraplegics (in urban settings)				
	• Refer war injuries, traumatic amputations, and prostheses patients to DH				
	• Refer disabled children with physical anomalies				
	• Assess, treat, and refer disabled and physically impaired patients (spinal muscular skeletal conditions, cerebral palsy, poliomyelitis, arthritis, neurological conditions)				
	• Inpatient and outpatient physiotherapy, orthopedics diagnosis				

Comprehensive Health Center Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided**	**Type and Number of Staff**	**Illustrative Facility Features**	**Illustrative Equipment and Supplies**	**Essential Drugs**
	• Referral for fitting and training in use of orthotics and prosthesis				
7. Regular Supply of Essential Drugs	*(See last column)*				
8. Blood Transfusion	• Collect, test and screen blood				
	• Perform transfusion				
General—Information, Education, and Communication	• Promotion of healthy life-styles and care-seeking behavior				
	• Community outreach and promotion of radio health dramas, messages, and spots				

Table 17. District Hospital: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs [1]

Population Catchment Area Served: 100,000–300,000

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
1. Maternal and Newborn Health	• Antenatal care, treatment of mild pre-eclampsia/ eclampsia, incomplete miscarriage/abortion • Assistance with normal deliveries, provision of comprehensive emergency obstetric care • Detection and treatment of postpartum anemia, puerperal infection • Promoting exclusive breastfeeding • Care for newborns; management of neonatal infections and sepsis, newborn incubator	Physician—general (male) 2 Physician—general (female) 2 Surgeon 1 Anesthetist 1 Pediatrician 1	Operating theater Recovery room Emergency (Trauma) room Nursery Inpatient beds	Oxygen gauge and cylinder Neonatal resuscitation trolley EmOC supplies Hearing screening equipment Sterilization equipment	**Anesthetics:** Ketamine, Oxygen, Lidocaine, Lidocaine + Adrenaline **Analgesics:** Acetaminophen, Acetyl Salicylic Acid, Ibuprofen **Anticonvulsants:** Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital **Antidotes:** Activated Charcoal **Antihistamines:** Chlorpheniramine Maleate

[1] This is a listing of BPHS services, staffing and equipment available at the district hospital. It represents only a portion or subset of all services provided by the district hospital. For a listing of all the services available at a district hospital—BPHS and other secondary services—see *The Essential Package of Hospital Services*, MOPH, 2005.

[2] The equipment listed here is only what is required for district hospitals to deliver BPHS services. For complete list of district hospital equipment, see Table 9 of *The Essential Package of Hospital Services*, MOPH, 2005.

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
	• Micronutrient supplementation	Dentist 1	Minor surgery room	Hemoglobinometer	**Anthelminthic:** Mebendazole
	• Counseling on family planning	Nurse (male) 5	Holding beds	Hand crank centrifuge	**Antibacterials:** Amoxicillin, Ampicillin, Benzathine Benzyl Penicillin, Phenoxy Methyl Penicillin, Procaine Penicillin, Co-Trimoxazole, Chloramphemicol, Doxycycline, Gentamicin
	• Screening for and treatment of STDs	Nurse (female) 5	Exam rooms	Microscope	**Anti-TB drugs:** Ethambutol, INH, Pyrazinamide, Rifampicin, Streptomycin
	• Contraceptive services: DMPA injections, distribution of condoms and oral contraceptives, IUDs	Midwife 4	Delivery room	Stethoscope	**Antifungals:** Nystatin
	• Female and male sterilization	Community Health Supervisor 1	Wound dressing area	Vision testing chart	**Anti-amoebic:** Metronidazole

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
2. Child Health and Immunization	• Delivery of EPI services	Pharmacist 1	Pharmacy	Sphygmomanometer	**Antimalarials:** Chloroquine, Fansidar, Quinine
	• Case management of ARI, pneumonia, diarrhea, measles, fever/malaria; provision of ORT, referral of complicated cases	Vaccinator 2	Laboratory Area	Dispensing counting tray	**Sulfonamide:** Co-trimoxazole
	• Identification and treatment of gravely ill children	Laboratory technician 2	Patient registration room	Pediatric and adult scales	**Urinary Antiseptics:** Nitrofurantoin
3. Public Nutrition	• Support exclusive breastfeeding support	X-ray technician 1	Waiting room	Cold box/refrigerator for EPI	**Sympathomimetics:** Adrenaline, Salbutamol
	• Growth monitoring	Administrator 1	Medical Records Area	Vaccine carrier and ice pack	**Antihypertensives:** Methyl Dopa, Atenolol, Nifedipine
	• Diagnosis and treatment of malnutrition	Cleaners, Guards 7	Health Education Area	Patella hammer	**Antithrombotic:** Acetyl Salicylic Acid
	• Multi-micronutrient and iron supplementation			Diagnostic set or autoscope	**Anti-infectives:** Gentian Violet
	• Coordinate school feeding programs			Drip stand	**Antifungal:** Benzoic Acid + Salicylic Acid, Nystatin
	• Improvement of sanitation			Flashlight	**Scabicides:** Lindane

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
4. Communicable Disease Treatment and Control	• TB case detection using sputum smear			Minor surgery kit (see Annex B for kit contents)	**Disinfectants:** Chlorhexidine
	• X-rays for smear-negative patients			Stretcher	**Diuretics:** Hydrochlorothiazide
	• Short-course chemotherapy, including DOTS, DOTS+ in multi-drug resistant (MDR) TB			Specula	**Antacids:** Aluminum Hydroxide + Magnesium hydroxide
	• Surveillance of cases of interrupt-ed TB treatment, active case-finding			Lamp	**Anti-emetics:** Metoclopramide
	• Preventive therapy for children and contacts of TB patients			Suction	**Oral Rehydration Salts:** ORS
	• Clinical and microscopic diagnosis of malaria and treatment of complicated cases			Midwifery kit (see Annex C for kit contents)	**Adrenal Hormones:** Hydrocortisone
	• Promotion of insecticide treated mosquito nets			Sterilizer	**Contraceptives:** Oral, Condoms, IUD, DMPA injections
	• VCCT—voluntary confidential counseling and testing for suspected HIV/AIDS patients			Examining table	**Vaccines:** BCG, DPT, Hepatitis B, Measles, OPV, Tetanus toxoid
	• Health education for HIV/AIDS			Scissors	**Ophthalmological Preparation Anti-infectives:** Tetracycline
	• Counseling for HIV/AIDS			Forceps	**Oxytocics and Antioxy-tocics:** Ergometrine, Exytocin, Salbutanol

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
5. Mental Health	• Inpatient treatment of mental health patients, when required			Thermometer	**Psychotherapeutics for psychotic disorders:** Chlorpromazine, Halo-peridol, Thioridazine
	• Mental health education and awareness			Clean delivery kit (see Annex C for kit contents)	**Depressive disorders medicines:** Amitriptyline
	• Case detection			ORS measuring jug/container	**Anxiety and sleep disorders medicines:** Diazepam
	• Follow-up of psychosis, anxiety disorders, depression, epilepsy, and psychiatric patients			Tape measure for nutrition assessment	**Anti-asthmatic:** Aminophylline, Epinephrine, Salbutamol
	• Mental retardation: Identification and education to parents and community				**Parenteral:** Sodium chloride, Glucose, Potassium Chloride, Sodium Hydrogen Carbonate
	• Substance abuse: identification and education				**Vitamins and Minerals:** Iodine, Retinol, Multi-micronutrients
	• Community-based rehabilitation				
	• Support group for drug addicts, psychiatry patients/families and women				
6. Disability Services	• Basic physiotherapy, orthopedics diagnosis				

District Hospital BPHS Services, Staffing, Equipment, and Essential Drugs Summary					
BPHS Core Area	**Interventions/Conditions Treated/Services Provided [1]**	**Type and Number of Staff [1]**	**Illustrative Facility Features [1]**	**Illustrative Equipment and Supplies [2]**	**Essential Drugs**
	• Disability awareness, prevention and education				
	• Home visit program for paraplegics (in urban settings)				
	• Treat war injuries, traumatic amputations and prostheses patients				
	• Treat disabled children with physical anomalies				
	• Assess and treat disabled and physically impaired patients (spinal muscular skeletal conditions, cerebral palsy, poliomyelitis, arthritis, neurological conditions)				
7. Regular Supply of Essential Drugs	*(See last column)*				
8. Blood Transfusion	• Collect, test, and screen blood				
	• Perform transfusion				
General—Information, Education, and Communication	• Promotion of healthy lifestyles and care-seeking behavior				
	• Community outreach and promotion of radio health dramas, messages, and spots				

[1] **This is a listing of BPHS services, staffing, and equipment available at the district hospital. It represents only a portion or subset of all services provided by the district hospital. For a listing of all the services available at a district hospital—BPHS and other secondary services—see the MOPH's *Essential Package of Hospital Services*, July 2005.**

[2] **The equipment listed here is only what is required for district hospitals to deliver BPHS services. For a complete list of district hospital equipment, see Table 9 of *The Essential Package of Hospital Services*, MOPH, 2005**.

Annex A. Community-Based Health Care and Community Health Workers: The Foundation for the BPHS

Community-based health care (CBHC) is the cornerstone of successful implementation of the BPHS. CBHC is not a monolithic concept, but is instead manifested in a range of experiences, approaches, technologies, and ideologies that include different applications. However, 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 no universally accepted definition of CBHC, global experience has identified a number of consistent elements. First, CBHC provides for interaction between communities and health services. Second, communities and providers share joint ownership of health care. The flexible partnership between health professionals and communities balances bottom-up control by communities with top-down support from provincial and district officials. Third, the community participates in identifying and solving their own problems. Finally, community-based health care 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 solutions exist.
- Communities are involved in the design of their health programs from the start.
- The lowest-level health worker 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 makes a financial or in-kind contribution for the services, often for supply of drugs.

CBHC is not new to Afghanistan; it existed prior to the many years of war and conflict. However, in this postconflict 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 as follows:

1. The community must play the prime role; its participation is required to ensure both viability and sustainability. CBHC and related CHWs are a community-based and community-owned program, with essential technical and material support for both NGO and MOPH health services channeled through community structures. These channels are often formalized by the establishment of a community health committee made up of 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. The community must fundamentally agree with the adopted standardized CHW job description (see below), including agreement to both preventive and first-level curative activities.
4. Quality training using sequential tasks will take place as close to the community as possible, with national CHW standard curriculum guidelines defining needed competencies but methods being locally determined.
5. Adequate supervision is to be assured before recruitment and training, preferably provided by the person who does the training.
6. The closest health facility will regularly provide CHWs with a standardized drug kit adapted to the local situation (see Section 8.7) and approved for CHW activities.
7. Compensation must be sustainable, with full-time work to be paid and part-time work compensated only by incentives. When possible, traditional compensation and in-kind contributions will be maintained.
8. Community mechanisms for identifying needs are to include private-sector providers, both traditional and modern.

The Backbone of the BPHS-Based Health System

A revised MOPH-endorsed job description for CHWs, who will form the backbone of health workers delivering the BPHS, is included in this 2005 version of the BPHS. As compared to BPHS 2003, BPHS 2005/1384 recommends the following changes relative to CHWs and TBAs:

1. Traditional birth attendants (TBAs) will be replaced by female CHWs at all health posts.
    1.1. All existing TBAs should be encouraged to become CHWs.
    1.2. Training of all TBAs as female CHWs should be promoted.
    1.3. Eligibility criteria should be set for TBAs to become community midwives (CMW).
    1.4. Supervision of remaining TBAs should be performed by BHCs and CHCs.
    1.5. Female CHWs should partner with TBAs to deliver important health messages to families.
2. CHWs will be permitted to provide vaccinations only when Uniject (a prefilled injection device) and a reliable cold chain are available at the health post level. Until that time, CHWs should be limited to participating in immunization campaigns and assisting outreach activities.
3. CHWs should be provided with mini delivery kits (see Annex C for kit contents).
4. To properly carry out IMCI, CHWs should have firstline antibiotics and firstline antimalarials (only chloroquine).
5. The MOPH will encourage the training of couples as CHWs assigned to the same health post.
6. At least 40 percent of CHWs should be female. Having two female CHWs in a health post will be advantageous. In exceptional cases, having two male CHWs in a health post is possible.
7. Each health post should be supervised and supported by a community health supervisor (CHS) from the nearby referral health facility. The health facility staff should establish a strong linkage with the CHWs working in the vicinity of the health facilities' catchment area.

8. After each phase of training, the CHWs should receive required supplies or pharmaceutical consistent with the skills and competencies they have acquired during training.
9. The role of CHWs in immunization campaigns should be promoted, and CHWs must be staff how are recruited and trained to implement the campaign.
10. The CHW job description in BPHS 2003 has been revised and is presented below.

Job Description for the Community Health Worker (CHW)

Revised by the MOPH Community-Based Health Care Task Force, March 2005

The community health worker (CHW) is a person (female or male) selected by the community according to selection criteria reflected in the Policy on Community Health Workers (June 2003). The CHW promotes healthy lifestyles in the community, encourages appropriate use of health services, and treats and refers common illnesses.

The CHW is accountable to the local *Shura* for performance and community satisfaction and technically accountable to the community health supervisor (CHS) assigned by authorities from the nearest health facility.

General Responsibilities

A. Community Collaboration and Health Promotion

1. Actively participate in community meetings and major community events.
2. Encourage and mobilize family/community participation in the immunization of children and women of child-bearing age.
3. Support national initiatives at the village level and actively participate in all campaigns/activities e.g., National Immunization Days and surveillance for acute flaccid paralysis).
4. Promote good nutrition practices and encourage early breastfeeding and exclusive breastfeeding of children under six months of age.
5. Promote use of Oral Rehydration Salt (ORS) and other homemade rehydration fluids for home management of diarrhea and dehydration.
6. Promote hygiene and sanitation, and the preparation and use of safe drinking water.
7. Encourage couples to practice birth-spacing and receive family planning services.
8. Promote psychosocial well-being and mental health in the community.
9. Create awareness within the community and provide information on the dangers of addictive substances such as tobacco, *naswar*, opium, hashish, and alcohol.

B. Direct Services

1. Identify and manage acute respiratory infections, diarrhea, malaria, and other common communicable diseases according to national protocols. Treat mild cases and refer complicated cases to the nearest health center.
2. Counsel patients on correct use of medications included in the CHW kit.
3. Following completion by the patient of the first phase of tuberculosis treatment at the health facility, the CHW should ensure compliance of TB patients with the second-phase treatment course in the community, based on DOTS. The CHW should create awareness among the community on how to prevent TB and should refer suspected cases to a health facility.
4. Communicate the importance of antenatal and postnatal care. Distribute micronutrients and antimalarials to pregnant women according to national policy. Encourage the community to make regular and timely use of Maternal Child Health (MCH) services.

5. Encourage the use of skilled birth attendants, where possible, and help families to make birth plans. Provide and teach the use of a mini delivery kit (see Annex C for kit contents). Teach family members to recognize the danger signs of complications of pregnancy and childbirth, and assist them in making preparations for emergency referral.
6. Distribute oral contraceptives and condoms to willing members of the target population according to national policy. Administer follow-up injections of Depo Provera to those who have received a first dose in a health facility. Encourage interested families to seek long-term family planning methods at a health facility.
7. Provide first-aid services for common accidents at the family and community level.
8. Ensure administration of vitamin A to children aged six months to five years during NIDs.

C. Management

1. Meet regularly with the *Shura* to develop, implement, and monitor community action plans for health improvement.
2. Meet regularly with the community health supervisor to review reports and action plans, receive supplies, and for in-service training.
3. Collaborate with and support community midwife activities in the catchment area, including health promotion and pregnancy-related referrals.
4. Know the members of the community, and develop a map of the eligible families in the catchment area and the services they have used.
5. Report all deaths and other activities included in the report form of the health post. Inform the health facility of any disease outbreaks.
6. Manage the health post, maintaining supplies and drugs given to CHWs and reporting utilization of drugs and supplies.

Annex B. Contents of Minor Surgery Kit for BHCs, CHCs, and District Hospitals

Item Description	BHC	CHC	District Hospital
Forceps, artery	√	√	√
Forceps, dressing	√	√	√
Needle holder	√	√	√
Syringes and disposable needles	√	√	√
Scissors	√	√	√
Scalpel handle and blades	√	√	√
Tourniquet	√	√	√
Stethoscope	√	√	√
Suturing silk	√	√	√
Antiseptic solution	√	√	√
Detergent	√	√	√
Thermometer	√	√	√

Annex C. Detailed List of Contents of Midwifery, Clean Delivery, and Mini Delivery Kits

Item Description	Mini Delivery Kit	Clean Delivery Kit	Midwifery Kit
Present at health post	√		
Present at basic health center		√	√
Present at comprehensive health center		√	√
Present at district hospital		√	√
Scissors	√	√	√
One umbilical cord clamp or sterile tape or sterile tie	√	√	√
Suturing material	√	√	√
Clean towels	√		
Clean razor blade	√	√	√
Examination gloves	√	√	√
Sterile cotton or gauze (to clean baby's mouth and nose)	√	√	√
Hand soap or detergent	√	√	√
Hand scrubbing brush		√	√
Sterile tray		√	√
Plastic container with a plastic liner to dispose the placenta		√	√
Plastic container with a plastic liner for medical waste (gauze, etc.)		√	√
Stethoscope, adult		√	√
Stethoscope, Pinard fetal		√	√
Sphygmomanometer		√	√
Kidney basin		√	√
Steel bowl		√	√
Protective apron and plastic draw sheet		√	√
Tourniquet		√	√
Two sterile towels (one to receive the baby, one for active management)		√	√
Baby scale (infant weighing scale)		√	√
Forceps, artery		√	√
Forceps, dressing		√	√
Forceps, uterine			√
Needle holder		√	√
Syringes and disposable needles		√	√
16- or 18-gauge needles		√	√
Speculum, vaginal		√	√

Item Description	Mini Delivery Kit	Clean Delivery Kit	Midwifery Kit
Clamps (hemostats)		√	√
Suction pump, hand or foot operated		√	
Vacuum extractor			√
Uterine dilator			√
Curette, uterine			√
Vaginal retractor			√
Ambu bag			√
Guerdal airways—neonatal, child, and adult			√

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