



Islamic Republic of Afghanistan
Ministry of Public Health

A Basic Package of Health Services for Afghanistan

2009/1388

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Abbreviations

AFB	Acid-Fast Bacilli
ANDS	Afghanistan National Development Strategy
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette Guerin
BPHS	Basic Package of Health Services
CBHC	Community-Based Health Care
CHW	Community Health Worker
DMPA	Medroxyprogesterone 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
GBV	Gender Based Violence
GMS	Gender Main Streaming
GRR	Gender and Reproductive Rights
HB	Hepatitis B
HNS	Health and Nutrition Sector
HNSS	Health and Nutrition Sector Strategy
HCSs	Health Care Services
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illnesses
IUD	Intrauterine Device
IV	Intravenous
MDD	Micronutrient Deficiency Diseases
MDR-TB	Multidrug-Resistant Tuberculosis
MOPH	Ministry of Public Health
MVA	Manual Vacuum Aspiration
NHCS	National Health Care System
NID	National Immunization Day
NGO	Non Governmental 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	Sulfamethoxazole-Trimethoprim (Co-trimoxazole)
STD	Sexually Transmitted Disease
S-C	Sub-Centers
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



**Islamic Republic of Afghanistan
Ministry of Public Health**

Foreword

The Ministry of Public Health (MOPH) of the Islamic Republic of Afghanistan is very pleased to present this newly revised Third Edition of the Basic Package of Health Services BPHS 2009/1388. Since the previous revision (2005) there have been a number of changes in the health system, including increased access to health services, expansion in the number of health facilities (as well as the introduction of Health Sub Centers, and Mobile Health Teams), and the elimination of user fees at health facilities. The MOPH believes that by continuing to focus on a Basic Package of Health Services, it will be able to concentrate its resources on reducing mortality among its most vulnerable citizens, especially women of reproductive age and children under five.

The BPHS continues to serve as the foundation of the Afghan health system and remains the key instrument in making sure that the most important and effective health interventions are made accessible to all Afghans. This edition of the BPHS continues the format used in previous editions--it clearly identifies what services need to be available at each level of the primary health care system--health posts, health sub centers, basic health centers, mobile health teams, comprehensive health centers, district hospitals--and lists the staff, equipment, diagnostic services, and medications required to provide the services at each level.

One innovation found in this edition but not found in previous editions allows some flexibility in how the BPHS is actually implemented. In previous versions there was little or no flexibility in the way the service provider (NGOs in most cases) could implement the Basic Package. In this revised version the MOPH is allowing the service provider to choose between several options (in certain cases) because of the wide range of actual conditions experienced in the field in Afghanistan. For example, in areas where security is an issue, there may be a need to deviate somewhat from the standard package in order to ensure that important services are reaching those who most need them.

This revised BPHS (which incorporates updates based on evidence and on the experience to date in Afghanistan), together with the EPHS, remain the cornerstone of health service delivery in Afghanistan. The BPHS itself is completely consistent with and based upon the principles contained in the Afghan National Development Strategy (ANDS) 2008 -2013 and the Health and Nutrition Sector Strategy (HNSS) 2007/8 – 2012/13. Both the ANDS and the HNSS represent the efforts of a large group of people from all sectors and reflect the collective aspirations of the Afghan government and people.

There are several important new services added to this edition of the BPHS. Of particular importance are services focused on people with mental health problems and with disabilities. Although included in the 2005 edition of the BPHS, mental health and disabilities did not include specific activities and staff that are required to actually provide important services to the population. Those activities and staff are included in this edition.

We hope that everyone will cooperate, under the stewardship role of the MOPH, to make sure that all Afghans, rich or poor, living in towns or remote villages or in prisons will be able to receive quality services through this newly revised BPHS. In time we will continue to revise the BPHS and hope that all service providers will make note of what works best and what doesn't work as well, so that we can continue to update and improve the BPHS.

I would like to express my thanks to the members of the BPHS Revision Core Group, who come from the MOPH, the UN organizations, NGOs, and other MOPH partner organizations, for their hard work and commitment to this very important process. They, and the hardworking members of the five sub-groups, have

kept true to the spirit of the original BPHS in having it be a basic rather than a comprehensive package, so that all Afghans have access to these basic services. The MOPH is especially grateful to the European Commission and to EPOS for both funding and providing leadership for this exercise.

Now we need to dedicate ourselves to make sure that this BPHS is actually provided to all Afghans and that the quality of the provided services continues to improve. The people of Afghanistan are depending upon us.

Dr. Sayed Mohammad Amin Fatimie
Minister of Public Health
Kabul, Afghanistan
January 2009

1. The Process for the Development of the Second Revised Basic Package of Health Services

After the establishment of the Islamic Transitional Government of Afghanistan in 2002, the government developed around fourteen developmental programs within its National Development Framework. It was decided that in each development program there should be one consultative group to provide consultancy for developing policies, laws, regulations, strategies, plans and guidelines. Therefore the Ministry of Public Health (MoPH) formed the Consultative Group on Health and Nutrition with membership from all relevant stakeholders such as donors, line ministries, NGOs, UN agencies, Embassies and International Assistance Forces. In 2002 the CGHN proposed developing an essential package of health services to address the highest priority health problems that would be available to all Afghans. This was to include those living in remote and underserved areas. In March 2003 the MOPH ratified the first version of BPHS which had been developed collaboratively with its partner agencies. The purpose of developing the BPHS was to provide a standardized package of basic services that would form the core service delivery in all primary health care facilities.

The first revision of BPHS was completed in 2005 and implemented by NGOs and the MOPH strengthening mechanism in 2005, 2006, 2007 and 2008.

In developing the BPHS and the revised BPHS in 2005, the MOPH developed a set of criteria upon which the revision was conducted.

In the first BPHS revision the MOPH focused on obtaining better responses to emerging priority health problems with essential services. To accommodate new policy and strategic directions, the BPHS will be reviewed every 3-4 years.

The Government of Afghanistan (GOA) has developed a medium term strategic plan, Afghanistan National Development Strategy (ANDS), along with endorsing the Health and Nutrition Sector Strategy (HNSS). Within these two umbrella strategies a number of important public health considerations were recognized as falling within the GOA/MOPH mandate to address; namely the previously neglected areas within population health.

Additionally, a number of health concerns have newly been identified as priorities for the government as a result of broader enquiry into areas of mental health, disability, dental health, renal disease as examples. National health strategies for these and other priority health issues have identified areas for intervention that fall outside the current framework of the BPHS such as the public health and non-BPHS primary health care interventions that go beyond service provision. These are currently unplanned for and have no commitment for funding. Private providers are also being encouraged to contribute to better health outcomes for Afghans by delivering services that compliment the scope of the BPHS and the GOA commitment to provision of free essential health care to all.

The MOPH has commenced the process of developing provincial level strategic plans which will address population health, primary care and secondary/tertiary care. It is therefore essential to differentiate between what is included within the BPHS package and what will fall outside that package or within other levels of intervention or care.

Given the significance of these new developments and the dynamics of the health sector at this point of time, it was decided to instigate a full review of the BPHS.

The process kicked off in May 2008 after getting the approval of the MOPH leadership. First the idea of revision was communicated to the relevant stakeholders in health sector and they were allowed to share their comments on the revision of this very important document over a period of one and half month. Once all comments were compiled, a core group of members from various relevant partners and departments in MOPH was selected to start the revision. The core group came up with the specific TOR and timeline for the revision. In resemblance with the first revision, the core group came up with a short list of essential criteria need to be considered for any interventions proposed for inclusion in the revised BPHS:

- 1) Is the intervention **relevant** to BPHS?
- 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)
- 6) Is a set of the services proposed **kept basic and essential**?
- 7) Is the intervention **acceptable** to most Afghans?
- 8) Do the services proposed have an **impact** on the priority health problems?

After consolidating all the comments received from colleagues in the ministry and partners the relevant sub groups for reviewing of comments were formed. The sub-group came up with the recommendations to the core group. After consolidating all the comments received from colleagues in the ministry and partners the relevant sub groups for reviewing of comments were formed. The sub-group came up with the recommendations to the core group. After extensive work and deliberation on the recommendation from Sub-groups, the core group, with the support of the technical adviser, produced a list of draft recommendations for change.

These recommendations were presented in the CGHN in January 2009 and after incorporating inputs from both CGHN and Technical Advisory Group (TAG), the final recommendations were submitted to the MOPH executive board for endorsement.

The official approval of the MOPH Executive Board was received in 2009.

2. The Success of the BPHS

Five years of BPHS implementation have witnessed enormous progress in the health sector. The BPHS was not only successful in achieving its direct objective regarding the availability, coverage and quality of health care, but in conjunction the package had tremendous influence on the organizational and managerial attributes of health care.

Bringing coherence and unified priorities to the Afghan health system, the BPHS provided the health sector with uniform standards of performance of core package of preventive and curative health services. In addition to being a vehicle to provide widely available basic health care to the Afghan population, it also provided the MoPH with tools to effectively assume its stewardship role to coordinate and monitor the implementation of health care activities.

The BPHS represented a roadmap that provided the policymakers with a clear sense of direction and emphasized essential primary health care a basis of the health system. As a result, the BPHS has been the catalyst behind the establishment of strong understandings between the MoPH and its major partners; namely the BPHS implementing NGOs and the donors.

As the experience of BPHS implementation progressed, the standardized package of health services has expanded to respond to newly identified priority needs and to embrace additional services. In the first revision of 2005, mental health and disability services were included in the package. Eye care services are considered, for the first time, in the second revision of the BPHS. Similarly, the package, which managed to install a standardized uniform structure of health facilities in its first version, now recognizes new types of facilities to increase the accessibility of health care to people living in remote and isolated areas. The standardized classification of health facilities that provide the basic services is as follows:

- health posts
- mobile health teams (MHTs)
- health sub-centers (HSCs)
- basic health center (BHC)
- comprehensive health center (CHC)
- district hospital

This standardized classification established a common language used by the MoPH and its partners. Being based on measurable considerations such as population size and the locations of the target areas, the standardized classification of facilities emphasizes the equitable distribution of health care all over the country. In addition, the standardized classification has increased the ability of the MoPH to oversee, monitor 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.

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 in order to ensure a complete and integrated health system in which 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 endorsed by the MOPH in July 2005. For each of the three levels of hospitals—district, provincial, and regional and specialty—the EPHS identifies¹:

- The hospital 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).

The BPHS and EPHS together represent the basic and essential elements of the health system.

Increased availability and accessibility of basic health services is another profound success achieved through the implementation of the BPHS. Six years of BPHS implementation lead to a significant increase in the proportion of the population with access to basic health services. BPHS is implemented currently in districts where 82% of population resides². The increased access of population to the BPHS facilities resulted in momentous increase in the utilization of the various services of the package. The MoPH plans to extend the BPHS coverage to be 90% by the year 2010. It is expected the MHTs and HSCs, endorsed in this new revision, will be instrumental to reach this target.

The success of the BPHS is demonstrated in the significant improvement of the health indicators of Afghanistan compared with 2003. The following table displays the improvement achieved in some important indicators:

Table 1. Progress and indicators

	INDICATOR	Value	Year	Value	Year
1	Outpatient visits per capita per year	0.6 ¹	2003	1.04 ¹	2008
2	DPT3 immunization	29.9% ²	2003	82.9% ²	2007
3	Skilled birth attendance at deliveries	6.0% ³	2003	18.9% ⁴	2006
4	Infant mortality rate (per 1,000 live births)	165 ³	2000	129 ⁴	2006
5	Under 5 mortality rate (per 1,000 live births)	257 ³	2000	191 ⁴	2006
6	Number of health facilities	1241	2003	1586 ¹	2008
7	% pregnant women utilizing antenatal care	4.6% ³	2003	18.9% ⁴	2006

Sources:

¹ HMIS

² Expanded Program of Immunization, MOPH

³ MICS

⁴ Afghanistan Household Survey 2006

3. 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 all remote areas in the country plus 23% of urban dwellers. For the rural population coverage, increasing levels of access

¹ Essential Package of Hospital Services, MoPH, 2005.

² Afghanistan Health Sector Development, An MoPH presentation to the Result Conference, November 2008.

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.

- The MOPH remains committed to building a sustainable nation wide health system that is appropriate for Afghanistan. However this will prove a challenge as the current service is primarily provided through funding of three major donors plus significant contributions by other donor agencies. The MOPH 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, the tools it is using is the HMIS, the National Monitoring Checklist and the Balanced Score Card.

Insecurity is still another challenge which reduces the population access to the health care services. It also limits monitoring visits to the provinces where BPHS is being implemented. This may result in a compromise of the quality and possibly a lack of transparency in terms of quality services provision.

Construction of the health facilities in the provinces on the bases of the political influences brings the risk of mal-distribution of the HFs which is an ongoing and serious concern in developing an appropriate infrastructure for BPHS delivery.

Construction of the health facilities in the provinces on the bases of the political influences brings the risk of mal distribution of the HFs which was a serious concern when developing BPHS.

An additional challenge is to align 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 clinical supervision of the health centers and much needed in-service education on a regular basis to staff in health posts, health sub centers, BHCs, Mobile Health Teams and CHCs.

Finally, retaining the commitment to the BPHS will be a challenge. As the emergency situation the health system faced in 2002 has diminished, 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.

4. BPHS 2009/1388—Changes to the 2009/1388 BPHS

The following is a summary of the major changes introduced to the BPHS through a consultative process:

1. The Disability and Mental Health elements of the 2005 edition of the BPHS have not had any funds or staff allocated to either program. In this new edition funds will be required for a basic level of

staffing, training, services, supplies and equipment. Over the next three years these two services will be gradually implemented

2. Primary eye care has been newly introduced as a BPHS component to be gradually implemented in the form of more training, primary eye care services and referral services.
3. Two new categories of health facilities or delivery mechanisms—Health Sub Centers and Mobile Health Teams—which have already been established based on need in different parts of Afghanistan, have been integrated into the BPHS. It is anticipated that these will improve access and quality of services for the people,
4. Privacy for psychosocial counseling and for labor rooms is now recognized in CHCs and BHCs
5. More essential drugs and equipment have been added to all categories of health facilities, from health posts to district hospitals.
6. Updating of the Intervention Tables regarding EPI, Malaria, Nutrition, Disability, Mental Health and HIV/AIDS has been included
7. Introductory and explanatory notes to clarify different sections of the new BPHS document have been added.
8. Creation of a linkage between the ANDS, HNSS and other program-specific strategies and policies and the BPHS is introduced
8. A “flexibility clause” into the BPHS document has been introduced to address variations between localities, demand and other local situations
1. Addition of a table providing specifications for medical supplies and another for physiotherapy equipment and supplies was seen essential
9. Inclusion of Prison Health into the BPHS enables basic services to this otherwise neglected population group
2. Introduction of a Monitoring and Evaluation Framework and the fact sheet of indicators into the BPHS address quality issues.
3. Inclusion of Community Based Therapeutic Center CTC and Mother’s Support/Women’s Action Groups.
4. Additional staff that are now required at health facilities include two physiotherapist in DH, the addition of the second one will be on the condition that there is no physiotherapy center in the vicinity of the DH. One psychosocial counselor at each CHC and one driver at those CHCs which have their own ambulance; the addition of other staff categories will be governed by the “flexibility clause”
10. Inclusion of a table on trainings needed for implementation of the BPHS addresses a number of human resource concerns
5. Restrictions imposed by asteroid have been relaxed by removing most of the asteroid to allow for the use of antibiotics for the management of IMCI.

5. Types of Health Facilities Used by the BPHS

The BPHS will be offered at six standard types of health facilities, ranging from outreach by CHWs, through outpatient care at basic health centers, to inpatient services at comprehensive health centers and district hospitals. Table 3 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. A health post, ideally staffed by one female and one male CHW, will cover a catchments area of 1,000– 1,500 people, which is equivalent to 100–150 families. The community health supervisors (CHSs) male and female will supervise the CHWs. CHWs will offer limited curative care, including diagnosis and treatment of malaria, diarrhea, and acute respiratory infection; distribution of condoms, oral contraceptives, and depot progesterone (DMPA) injections; and micronutrient supplementation. In addition to delivering the BPHS, CHWs will be responsible for treating other illnesses and conditions common in children and adults and for disability awareness raising and identification of persons with disabilities and mental conditions (for a fuller explanation of CHW tasks, see the CHW job description in Annex A). The management of normal deliveries is not part of the CHW’s job description. In addition to basic pre- and postnatal care, Female CHWs will focus on promoting birth preparedness, safe home deliveries by families, awareness of danger signs and the need for urgent referral.

Health Sub Center. Lessons learnt so far, however, show that perfect adherence to the criteria for the BPHS health facilities are just impossible. The tough geography especially in some parts of the country, the scattered pockets of population, absence of basic infrastructure such as roads and bridges, ethnic problems and so on, all pose some questions to the establishment of the BPHS health facilities based on the number of people covered.

Many health facilities have been established for the smaller pockets of population that do not meet the criteria recommended by the BPHS. For example, there is a Comprehensive Health Center (CHC) for less than 15,000 people or a Basic Health Center (BHC) for less than 10,000 people and even much less. Consequently according to the HMIS data, around 8 to 10% of CHCs are underutilized, a situation defined by low patient volume levels.

The Health Sub-Center (HSC) is an intermediate health delivery facility to bridge the services gaps between Health Post and other BPHS levels of service delivery. The MOPH has agreed to establish a number of HSCs with financial support from the World Bank, European Commission (EC) and Global Alliance for Vaccine and Immunization (GAVI) to benefit a total of 600,000 people who are currently not served by the healthcare system. The HSCs are additional inputs to the BPHS and deemed not to create vertical administration in the existing public health governance.

The overall objective of establishing HSC is to increase access to health services for underserved populations, residing in remote areas. The HSC is established to cover a population from 3,000-7,000. The maximum walking distance will be two hours for the consumer of health services from remote residential area to HSC. The HSC will be established in private houses. This is a precondition for establishment in order to generate a commitment from the surrounding community . The general HSC location should be proposed with the ultimate location approved by PHCC.

The HSC will provide most of the services in the BPHS that are available in BHCs including health education, immunization, Antenatal Care, family planning, TB case detection, TB suspected case referral and follow up of TB cases and basic curative care, including treatment of Diarrhea and Pneumonia. HSCs will refer complicated and other required cases to higher level facilities. Where feasible, HSCs centers will support health posts and CHWs. The HSC will be staffed by two technical staff, one male nurse, a community midwife, a Cleaner/Guard.

Mobile Health Team. Another way to ensure access to basic health services in remote areas is the provision of health care services through mobile health teams. While the provision of mobile health services is perceived to be costly, establishing more (fixed) health facilities within current available financial and human resources appear to be a less feasible option at this stage. The principle idea of mobile health services is to establish a limited number of mobile health teams in each province by dividing the province into clusters of districts .1) To ensure the provision of essential and basic health services in remote villages located in geographically hard to access areas; 2) To expand and strengthen community-based health care (CBHC) through the identification of additional CHWs in hard to access areas and to link community level interventions with BPHS facility-based services; 3) To encourage greater community participation and community ownership of health services.

Given all the challenges coupled with the scarcity of trained health workers particularly females; it does not seem possible to establish staffed fixed centers in remote areas, where populations are scattered and live in small communities. Furthermore, establishing more basic health centers (BHC) in remote areas raises the risk of the creation of more underutilized health facilities. The alternative, that of creating mobile health teams, is therefore anticipated to be more effective in terms of increasing access to health services and more feasible.

It is expected that the work of mobile health teams will facilitate the further strengthening and expansion of CBHC, by enhancing community participation and communities' ownership of their health services, particularly as they will be involved in the monitoring and evaluating of the mobile health team's work and the work of the CHWs.

The establishment of mobile health services will be based on the recommendation of the Provincial Health Coordination Committee (PHCC); scoring criteria are outlined in the MHT concept note. The criteria take into account accessibility, population per existing health facilities and average monthly utilization of nearest health facilities. At a later stage when more is learned about the sites the mobile health team is visiting the PHCC can modify the sites according to the needs of the province. Planning for a mobile health service will be undertaken with community leaders to gain their support and guidance. Their assistance in providing secure accommodation for overnight stays of the mobile team staff will also be sought. EPI teams will assist the PHCC in determining the sites for mobile health services.

Mobile health services are an extension of BHC services; therefore the services they provides are those recommended for a BHC. Some of the services that do apply to the skill level of the mobile health team staffing structure have been eliminated from the list of BHC level interventions (see Annex A of the Concept note for a list of services provided by the mobile health team).

Basic Health Center. The BHC is a small facility offering primary outpatient care, immunizations and midwifery care. Services offered include antenatal, delivery, and postpartum care; nonpermanent contraceptive methods; routine immunizations; integrated management of childhood diseases; treatment of malaria and tuberculosis, including DOTS; and identification, referral, and follow-up care for mental health patients and persons with disabilities including awareness raising. The BHC will supervise the activities of the health posts in its catchments 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 catchments 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 a nurse, when those positions are not filled, and a physician is available and there is sufficient physician staffing at CHCs and district hospital. The doctors can be given the salary of the physician if they work in the BHCs. Hospital Physiotherapist will visit BHCs on an outreach basis from district level.

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 health patients. Persons with disabilities and persons requiring physiotherapy services will be screened, given advice and referred to appropriate services in the area. 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, *one (male or female) psychosocial counsellors* and a laboratory and pharmacy technicians. Physiotherapists will visit CHCs on an outreach basis from district hospital. One driver will be appointed for those CHCs which have ambulances.

District Hospital. At the district level, the district hospital will handle all services in the BPHS, including the most complicated patients. Patients 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 health patients and the rehabilitation for persons requiring physiotherapy 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 a

doctor as focal point for mental health, and psychosocial counsellors/supervisors; midwives; laboratory and X-ray technicians; a pharmacist; a dentist and dental technician; and two physiotherapist (male and female). Each district hospital will cover a population of 100,000–300,000. **Table 16 summarizes BPHS services provided at district hospitals.**

A summary of all the services, staffing, equipment, and essential drugs for health posts, BHCs, CHCs, and district hospitals is provided in, in Tables 11, 12, 13, 14, 15 and 16, respectively.

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

The implementation mechanism for BPHS was a divergent modification adopted by each of the three major donors. The MOPH considers the BPHS as a strong foundation for building the health system based on basic health services to address its major health problems.

The BPHS is a service delivery strategy identifying a set of cost-effective primary health care interventions with particular attention to vulnerable group (e.g. women and children), and a strong focus on reaching out to the rural population and on ensuring equity. Over last few years BPHS has considerably contributed to the development of the health sector along with improving previously unacceptable health indicators. BPHS has now been extended to almost 82% of areas where the rural population of Afghanistan resides.

Health services in Afghanistan operate at three levels: 1) Primary Care Services i.e. at the community or village level as represented by health posts, CHWs, SHCs and BHCs; 2) Secondary Care Services i.e. at the district level, as represented by CHCs and District Hospitals operating in the larger villages or communities of a province; and 3) tertiary care services at the provincial level and national, as represented by provincial, regional hospitals, national and specialty hospitals.

BPHS is complemented by the EPHS which defines essential elements of hospital services and promotes a referral system in synergy with the BPHS. Together, the BPHS and the EPHS defined identify a number of key elements of the health system being built by the MoPH in Afghanistan. At the planning stage they have illustrated where essential primary care and hospital services will be provided and have explained the referral hospital system necessary to support the BPHS.

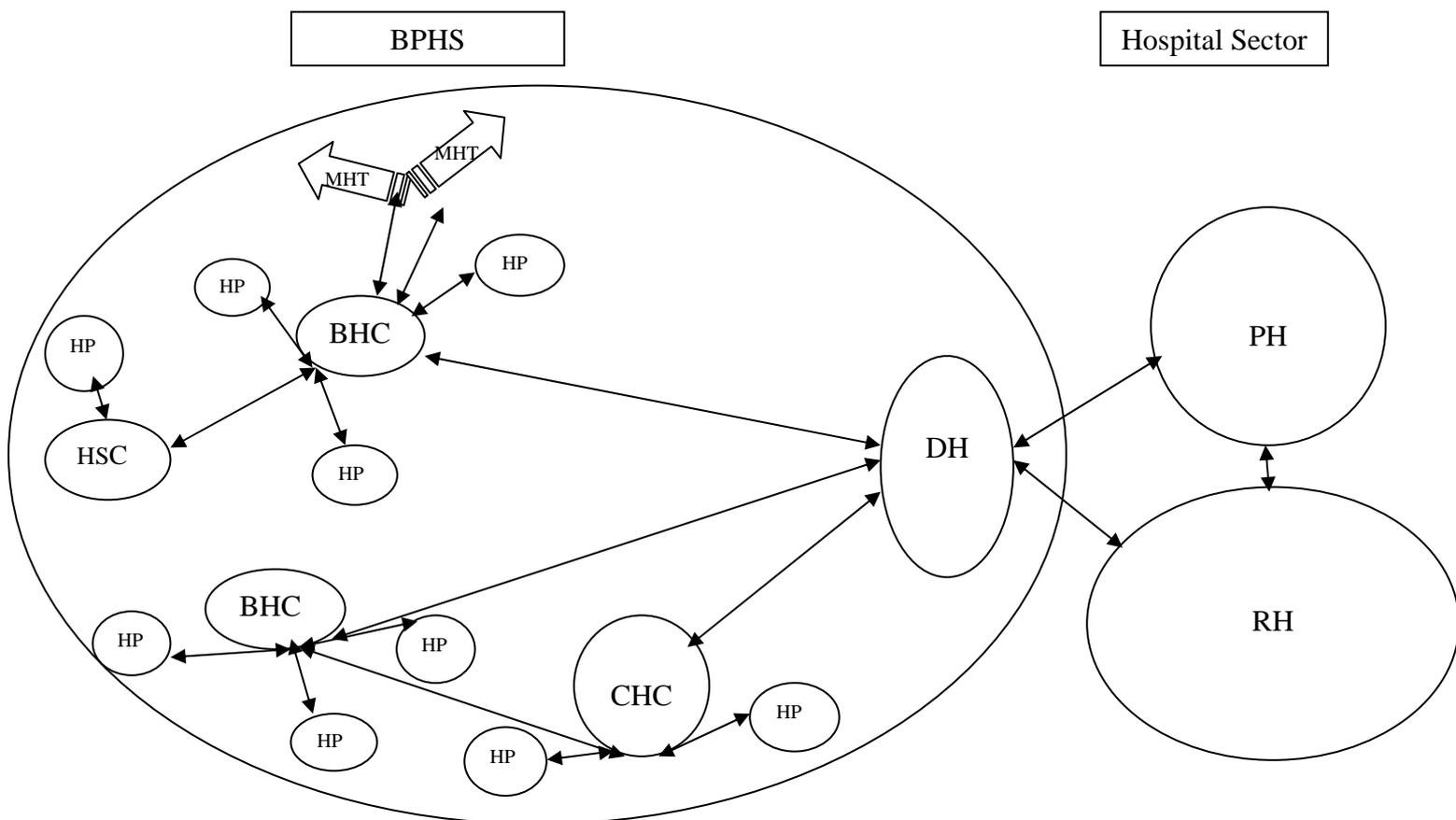
However the EPHS which was developed at later phase and with a lower enthusiasm from the donor community could neither attain the coverage nor achieve the success of the impact of BPHS. The hospital sector is a far less cost efficient service of the MoPH, but provides high profile and expected services to the population.

The initial expectation that the referral system will complete the synergy between BPHS and EPHS has not materialized to the extent expected. This can be defined by the sometimes inappropriate utilization of hospital services and an unstructured referral system.

Of late MoPH has taken corrective measures to eliminate fragmentation and to introduce progressive integration of healthcare services provision through some structural and functional changes. It is expected that in future these shortcomings will be overridden.

Figure 1 illustrates the foundational role expected to be played by health posts, Health Sub Center, BHCs, Mobile Health Teams, 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



BPHS		Hospitals	
HP	Health Post	DH	District Hospital
HSC	Health Sub Center	PH	Provincial Hospital
MHT	Mobile Health Team	RH	Regional Hospital
BHC	Basic Health Center		
CHC	Comprehensive Health Center		
DH	District Hospital		

Supervision hierarchy to be considered in Health Sub-center for the health posts. It was concluded that NGOs can have flexibility in supervising health posts either from nearby BHC or Health Sub-center.

7. Flexibility

Flexibility in the implementation of BPHS was among the most important recommendations of the MoPH Strategic Retreat of December 2008. Adopting the principle of flexibility in implementation is meant to allow alternative solutions when the BPHS implementing agency faces local situations or problems that require innovation, modifications or alternative approaches. Those include, *inter alia*, staff patterns, types of staff training, selection of brands and manufacturers of medical supplies, levels of health facilities, incentive schemes and on-call arrangements for relevant staff members or in response to population growth or distribution.

Flexible adjustments in BPHS implementation must observe the following principles:

1. Each adjustment should have a strong justification (such as gender equity, geography, security) and lead to tangible improvements in specific aspects of service delivery
2. Modifications should promote the availability and equitable access of BPHS
3. They should not undermine the quality of the BPHS services
4. They should be cost efficient
5. They should be of limited nature, implemented only when and where necessary, to maintain the consistency of BPHS implementation

8. Prison Health

Detainees are a part of the target population of the BPHS who are temporarily found in a special location and while they reflect the epidemiological pattern of the general population, for certain diseases and behaviour patterns (such as tuberculosis and drug use), detention can actually be an aggravating factor. Detainees' health can be put at risk due to inadequate living conditions, limited hygiene, lack of heating and general overcrowding. Furthermore, prison populations share similarities to other population groups such as those with chronic diseases, the elderly, minors, women and their small children, the mentally ill and drug users. Those inflicted need special care that is not always available in detention centres. The referral of these detained population groups for illness or wounds to a hospital is notoriously difficult, owing to constraints of logistics and security.

Therefore due to the limitations of the current health services provided by the Ministry of Justice, the Prison Health Services reform currently underway includes in transferring the provision of services from the Ministry of Justice to the Ministry of Public Health, or NGOs as its agents, under the stewardship of the MoPH. Establishing solid primary care services in Afghanistan's 34 provincial central prisons is also a pre-condition for the implementation of disease- and problem-specific activities for which special funding is available (such as activities related to HIV/AIDS and drug use).

Prison Health Services are therefore an integral part of the basic health services provided to the population. With regard to both funding and implementation, they will become an integral part of basic health service provision, as specified in the Prison Health Services Strategy and Package of the MoPH. The respective rights and obligations of the MoPH (and its agents) and the Ministry of Justice are regulated by an Inter-Ministerial Protocol.

Nomadic people, the *Kochie*, and other marginalized populations will be part of the work plan for each province and therefore contribute to and be addressed every in the request for proposal (RFP) for the BPHS. Every BPHS implementer has to cover the nomadic population living for even part of the year in their catchment areas. Vaccinators must provide outreach services for them and clinics for these groups must be integrated into the BPHS. Coverage must be based on accurate population data and plan accordingly for their primary health care needs. There is the possibility of obtaining hardship allowances for provision of health services for marginalized populations by the implementing agency over and above the provision of regular services. The Nomad Health Unit of the MoPH, through the PPHD, will supervise these activities against agreed indicators.

9. BPHS 2009/1388: The Services and Essential Drugs Provided by Health Posts, Health Sub Centers, BHCs, MHTs, CHCs, and DHs

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 availability 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.

Another table on primary eye care has been added to BPHS 2009. All the trainings pertaining to all the components and management issues e.g. maintenance of equipment etc needed for building the staff capacity should be provided to the relevant staff. Gender training up to the BHC level should be conducted and training on blood transfusion, physiotherapy, nutrition and mental health should be conducted and budgeted for in the proposals submitted by the implementing organization.

The seven elements of the BPHS and the relevant sub-elements are listed in Table 2. The number of the table listing services provided at various levels is given in parentheses.

10. The Seven Elements of the BPHS and their Components

Before going into the details of these elements it is expected that the BPHS implementing partners will be familiar with the specific policies and strategies of the various priority health streams of MoPH. The Afghanistan National Development Strategy (ANDS), the Health and Nutrition Sector Strategy (HNSS) are umbrella strategies supported by the specific service strategies with each supported by a service department for implementation purposes. The BPHS, and to an extent EPHS, are service delivery packages identify only the essential, most cost effective and high impact interventions for priority service delivery (these documents can all be obtained from the MoPH Resource Center, the GCMU or related departments). Similarly, support strategies (Hr and M&E), their procedures and all relevant administrative procedures should be known to the relevant staff of implementing partners. Dissemination trainings on these strategies and procedures will be provided to staff. Meanwhile, it is the responsibility of the contracting NGOs, the GCMU and the individual MoPH departments to disseminate the information contained in all these documents in a logical sequence so that the implementation is done in unison and in an integrated manner rather than in isolation. The implementing NGOs are also required to identify contractual and service strategy indicators for each of the BPHS service streams and work toward achieving those targets.

The H-SC and MHT have been added to the BPHS but they are to be regarded as temporary facilities which may be abolished or changed to other permanent types of facilities if the need arises.

Table 2. The Seven Elements of the BPHS and their Components

1. Maternal and Newborn Care (Table 2.1 – 2.5)	1. Antenatal care (Table 2.1) 2. Delivery care (Table 2.2) 3. Postpartum care (Table 2.3) 4. Family planning (Table 2.4) 5. Care of the newborn (Table 2.5)
2. Child Health and Immunization (Table 6.2 – 7.2)	1. Expanded Programme on Immunization (EPI)(Table 6.2) 2. Integrated Management of Childhood Illnesses (IMCI)(Table 7.2)
3. Public Nutrition (Table 8.2)	1. Prevention of malnutrition 2. Assessment of malnutrition
4. Communicable Disease Treatment and Control (Table 9.2 - 11.2)	1. Control of tuberculosis (Table 9.2) 2. Control of malaria (Table 10.2) 3. Prevention of HIV and AIDS (Table 11.2)
5. Mental Health (Table 12.2)	1. Mental health education and awareness 2. Case identification and treatment

6. Disability and Physical Rehabilitation Services (Table 13.2)	1. Disability awareness, prevention, and education 2. Provision of physical rehabilitation services 3. Case identification, referral and follow-up
7. Regular Supply of Essential Drugs (Table 14.2)	1. Listing of all essential drugs needed

10.1 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	Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Information, education, and communication (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis of pregnancy	Presumption	Yes	Yes	Yes	Yes	Yes
Antenatal visits—weight, height measurement	No—referral	Yes	Yes	Yes	Yes	Yes
Tetanus immunization	Outreach	Yes	Yes	Yes	Yes	Yes
Iron and folic acid supplementation to pregnant women	Yes	Yes	Yes	Yes	Yes	Yes
Multi-micronutrient supplementation	Yes	Yes	Yes	Yes	Yes	Yes
Blood pressure measurement	No—referral	Yes	Yes	Yes	Yes	Yes
Simplified urinalysis	No	No	No	No	Yes	Yes
Diagnosis of anemia	Yes—clinical	Yes—clinical	Yes—clinical	Yes—clinical	Yes—blood test	Yes—blood test
Treatment of intestinal worms	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of malaria	Yes	Yes	Yes	Yes	Yes based on lab findings	Yes based on lab findings
Treatment of asymptomatic urinary tract infections	No	Yes	Yes	Yes	Yes - urinalysis	Yes - urinalysis
Treatment of symptomatic urinary tract infections	No—referral	Yes	Yes	Yes	Yes	Yes
Treatment of anemia	Yes—iron/folate	Yes—iron/folate	Yes—iron/folate	Yes—iron/folate	Yes—iron/folate/blood transfusion	Yes—iron/folate/blood transfusion
Screening for and management of sexually transmitted diseases	No—referral	Yes—clinical	Yes—clinical	Yes—clinical	Yes—based on laboratory findings	Yes—based on laboratory findings
Treatment of hypertensive disorders of pregnancy	No—referral	Yes and refer	Yes and refer	Yes and refer	Yes	Yes
Treatment of pre-eclampsia/eclampsia	No—referral	Yes and refer	Yes and refer	Yes and refer	Yes and refer	Yes
Treatment of incomplete miscarriage/abortion	No	Yes—MVA	Yes—MVA	Yes – MVA	Yes – MVA	Yes –MVA MVA
Treatment of ectopic pregnancy	No—referral	Stabilize and refer	Stabilize and refer	Stabilize and refer	Stabilize and refer	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes

Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No—referral	Yes	Yes	Yes	Yes	Yes

Note: An infrastructure requirement is to ensure the privacy of clients before, during and after delivery by making partitions or making small changes in the delivery room e.g. separate way, waiting area plus appropriate location of bath rooms in proximity to the delivery room and etc.

Table 2.2 Delivery Care Services by Type of Facility

(A part of Component 1 of the BPSH, “Maternal and Newborn Health”)

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Information, education, and communication	Yes	Yes	Yes	Yes	Yes	Yes
Monitor progression of labor	No	Yes—partograph	Yes—partograph	Assess—refer	Yes—partograph	Yes—partograph
Identify fetal malpositions	No	Yes and refer	Yes and refer	Yes and refer	Yes and refer	Yes
Assist normal delivery (ONLY emergency cases at home)	No	Yes	Yes	Yes	Yes	Yes
Vaginal delivery requiring additional procedures/equipment	No	Yes and refer	Yes and refer	Assess—refer	Yes	Yes
Provide mini delivery kit (see Annex C for kit contents)	Yes	No	No	Yes	No	No
Parenteral administration of oxytocin	No	Yes	Yes	Yes if called to a delivery	Yes	Yes
Parenteral administration of anticonvulsants	No	Yes and refer	Yes and refer	Yes and refer	Yes and refer	Yes
Bimanual compression of the uterus	No	Yes	Yes	Yes	Yes	Yes
Controlled cord traction	No	Yes	Yes	Yes	Yes	Yes
Suturing tears (Emergency cases at home)	No	Yes—vaginal	Yes—vaginal	Yes	Yes—vaginal/cervical	Yes—vaginal/cervical
Provision of intravenous fluids	No	Yes	Yes	Yes	Yes	Yes
Safe Blood transfusion	No	No	No	No	Yes	Yes
Manual removal of placenta	No	Yes—manual	Yes—manual	Yes	Yes	Yes
Curettage	No	No	No	No	MVA	Yes

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Hysterectomy	No	No	No	No	No	Yes
Management of prolapsed cord	No	No	No	No Assess— refer	Yes	Yes
Management of shoulder dystocia	No	Yes	Yes	No	Yes	Yes
Vacuum extraction	No	Yes	Yes	No	Yes	Yes
External cephalic version	No	No	No	No	Yes	Yes
Symphysiotomy	No	No	No	No	No	Yes
Caesarean section	No	No	No	No	No	Yes
Craniotomy	No	No	No	No	No	Yes
Parenteral administration of antibiotics (First dose)	No	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes

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

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Information, education, and communication	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A supplementation to mother	Yes	Yes	Yes	within 40 days of delivery	Yes	Yes
Treatment of anemia	To be referred	Yes—clinical	Yes—clinical	Yes—clinical	Yes—based on lab findings	Yes—based on lab findings
Treatment of puerperal infection	To be referred	Yes	Yes	Yes	Yes	Yes
Antibiotics	Yes—oral	Yes—oral/IV	Yes—oral/IV	Yes—oral/IV	Yes—oral/IV	Yes—oral/IV
Breast examination (If privacy is not an issue)	To be referred	Yes	Yes	Yes	Yes	Yes
Counseling on birth spacing and exclusive breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes
Provide birth spacing methods	Yes—condom or injectable progesterone	Condom/Oral or injectable progesterone				
Case definition and referral of the infertility cases to provincial hospital	Yes	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and waste	Yes	Yes	Yes	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
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	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Counseling on family planning methods	Yes	Yes	Yes	Yes	Yes	Yes
Clinical examination	No	Yes	Yes	Yes	Yes	Yes
Screening for STD	To be referred	Yes—clinical	Yes—clinical	Yes—clinical	Yes—lab	Yes—lab
Treatment of STD	No	Yes—oral/IM	Yes—oral/IM	Yes—oral/IM	Yes—oral/IV	Yes—oral/IV
Promotion of LAM	Yes	Yes	Yes	Yes	Yes	Yes
Distribute condoms	Yes	Yes	Yes	Yes	Yes	Yes
Distribute oral contraceptives	Yes	Yes	Yes	Yes	Yes	Yes
DMPA injection	Yes, including first injection	Yes	Yes	Yes	Yes	Yes
Intrauterine devices (IUDs)	No	Yes –if trained person available				
Female sterilization	No	No	No	No	No	Yes
Male sterilization	No	No	No	No	No	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	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
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	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Information, education, and communication	Yes	Yes	Yes	Yes	Yes	Yes
Stimulate, clean airway; clean, clamp, and cut cord; establish early breastfeeding	Yes	Yes	Yes	Only emergency/counseling	Yes	Yes
Prevention of ophthalmia of the newborn	No	Yes	Yes	Yes	Yes	Yes
Resuscitation of the newborn	No	Yes	Yes	Yes	Yes	Yes
Newborn immunizations	No	Yes	Yes	Yes	Yes	Yes
Kangaroo method	No	Yes	Yes	Yes	Yes	Yes
Incubator	No	No	No	No	Yes	Yes
Manage neonatal infections (omphalitis)	Prereferral treatment, refer	Prereferral treatment, refer	Prereferral treatment, refer	Prereferral treatment, refer	Yes	Yes
Manage neonatal sepsis	Prereferral treatment, refer	Prereferral treatment, refer	Prereferral treatment, refer	Prereferral treatment, refer	Yes	Yes
Manage neonatal jaundice	Counseling	Counseling	Counseling	Counseling	Counseling	Yes
Manage neonatal tetanus	Refer	Refer	Refer	Refer	Refer	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes

10.2 Child Health and Immunization

Table 2.6 EPI Services by Type of Facility

(A part of Component 2 of the BPHS, “Child Health and Immunization”),

T EPI guidelines, as described in the National EPI Policy must be observed during the implementation of the EPI program.

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
IEC	Yes	Yes	Yes	Yes	Yes	Yes
Storage of vaccines	No	Yes (CB and VC)	Yes	Yes (CB and VC)	Yes	Yes
EPI routine (All antigens)	Yes—support	Yes	Yes	Yes	Yes	Yes
Outreach immunization service	Yes—support	Yes (catchment area)	Yes	Yes	Yes	Yes
EPI-plus (ORS+ De-worming)	Yes—support	Yes	Yes	Yes	Yes	Yes
Supplementary Immunization Activities	Yes—support	Yes	Yes	Yes	Yes	Yes
Disease surveillance and case reporting	Yes	Yes	Yes	Yes	Yes	Yes
VPD out break response	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes

Health Sub-center will be linked with their related health facilities for referral and supply/ logistic

* Health Sub-center will submit an EPI report to the health facility where they obtain vaccine supplies

Table 2.7 Integrated Management of Childhood Illness Services by Type of Facility,

(A part of Component 2 of the BPHS, “Child Health and Immunization”) IMCI targets all children under the age of 5 (0-59 months)

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Counsel mother what to do at home and follow-up	Yes	Yes	Yes	Yes	Yes	Yes
Counsel mother when to return immediately for assessment of the child.	Yes	Yes	Yes	Yes	Yes	Yes
a. Case Management of ARI						
No pneumonia (cough or cold)	Yes	Yes	Yes	Yes	Yes	Yes
Pneumonia	Yes	Yes	Yes	Yes	Yes	Yes
Severe pneumonia or very severe diseases	refer to CHC or DH	Pre-referral treatment and refer to CHC or DH	Pre-referral treatment 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	Yes	Yes
Some dehydration (ORS and Zinc)	Yes	Yes	Yes	Yes	Yes	Yes
Severe dehydration (ORS and Zinc)	ORS and refer	Yes	Yes	Yes and refer	Yes	Yes
Severe persistent diarrhea	ORS and refer	Yes	Yes	Refer	Yes	Yes
Persistent diarrhea	ORS and Zinc	Yes	Yes	Yes	Yes	Yes
Dysentery	Yes	Yes	Yes	Yes	Yes	Yes
c. Ear problems						
Mastoiditis	Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Acute ear infection	Yes	Yes	Yes	Yes	Yes	Yes
Chronic ear infection	Yes and follow	Yes	Yes	Yes and refer	Yes	Yes
d. Fevers and Malaria						
Very severe febrile diseases	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Assess and refer	Pre-referral treatment and refer	Yes
Malaria	Yes	Yes	Yes	Yes	Yes	Yes

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Fever malaria unlikely	Yes	Yes	Yes	Yes - refer	Yes	Yes
e. Measles						
Severe, complicated measles	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Measles with eye or mouth complications	Yes and refer	Yes	Yes	Yes	Yes	Yes
Measles	Yes	Yes	Yes	Yes	Yes	Yes
Severe malnutrition and anemia, a secondary entry point for HIV testing for infants and children	No, Refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
f. Malnutrition and anemia						
Anemia or very low weight	Refer	Yes	Yes	Yes-refer	Yes	Yes
No anemia and not very low weight	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes (NID)	Yes if not given by HP	Yes, if not given by previous levels			
Mebendazol (periodic)	Yes	Yes, if not given by HP	Yes, if not given by HP	Yes	Yes, if not given by previous levels	Yes, if not given by previous levels
h. Immunization						
See table 4.1. for details	Yes (assist)	Yes	Yes	Yes	Yes	Yes
i. Additional services for children under 2 months of age						
Possible serious bacterial infection, possible secondary entry point for HIV screening	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Skin infection	Yes	Yes	Yes	Yes	Yes	Yes
Blood in stool	Refer	Yes and refer	Yes and 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	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Feeding problem	Refer	Yes	Yes	Counseling-refer	Yes	Yes

10.3 Public Nutrition

Table 2.8. 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	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
a. Assessment of Malnutrition (Population Level)						
Nutritional status	<i>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.</i>					
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	yes only after NIDs stop	No, yes after NIDs stop	No, yes after NIDs stop
Promotion of iodized salt	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of balanced micronutrient-rich foods	Yes	Yes	Yes	Yes	Yes	Yes
Support and promote exclusive breastfeeding	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of appropriate complementary feeding for young children with behavior changes	Yes	Yes	Yes	Yes	Yes	Yes
Community food demonstration	Yes	Yes	Yes	Yes	Yes	Yes
Growth monitoring and promotion for less than 5 years ¹ (Where applicable and linked with IMCI)	No	Yes	Yes	Yes	Yes	Yes
Iron/folic acid supplementation for pregnant, lactating women	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A supplementation post-partum	Yes	Yes	Yes	Yes	Yes	Yes
Promotion of maternal nutritional status ²	Yes	Yes	Yes	Yes	Yes	Yes
Control and prevent diarrheal disease and parasitic infections	Yes	Yes	Yes	Yes	Yes	Yes

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	Dist. Hospital
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).					
e. Treatment of Malnutrition						
Micronutrient deficiency diseases diagnosis and treatment	Identify and refer	Yes	Yes	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	Pre-referral treatment and refer	Pre-referral treatment and refer	Yes
Treatment of severe malnutrition at community based (CTC): Community Mobilization and screening	YES refer	Yes (Pre-referral treatment and refer)	Yes	yes	Yes	yes
Out patient management (OTP)	no	no	yes	no	yes	Yes
Inpatient care /Stabilization Center (SC)	No	No	No	No	No	Yes
Moderate malnutrition: only where acute malnutrition levels higher than 10% with additional risk factors.	No	Where applicable				
d. Surveillance and Referral						
Clinic-based surveillance: all children under 5 years measured for weight for height (using HMIS forms), monitor trends and children showing developmental delay referred to physiotherapy services	No	Yes	Yes	No	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	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.

⁴Supplementary 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).

Community Therapeutic Center (CTC) with its components will be implemented where vertical input is provided by UNICEF in agreement with the Public Nutrition Department.

10.4 Communicable Diseases

Table 2.9 Control of Tuberculosis primary entry point for VCCT 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	Sub-Center	BHC	MPHS	CHC	Dist. Hospital
IEC	Yes	Yes	Yes	Yes	Yes	Yes
Case detection among self-reporting patients using sputum smear	Refer suspect cases	Refer suspect cases	Refer suspect cases	Refer suspect cases	Yes	Yes
Short course chemotherapy, including DOTS	Yes—follow-up	Yes—follow-up	Yes—follow-up	Yes—follow-up	Yes—diagnose and treat	Yes—diagnose and treat
Surveillance of cases of interrupted treatment	Yes	Yes	Yes	Yes	Yes	Yes
BCG vaccination	Assist in outreach	Yes	Yes	Yes	Yes	Yes
X-ray for smear-negative patients	No	No	No	No	No	Yes
Algorithms of treatment for AFB(-)	No	No	No	No	Yes	Yes
Active case finding in OPD/community	Yes and refer	Yes and refer	Yes and refer	Yes and refer	Yes	
Preventive therapy for children contacts of TB patients	To be referred	Yes—chemoprophyl axis	Yes—chemoprophyl axis	Yes—Counseling	Yes	Yes
DOTS-plus in multi-drug-resistant TB	No	Yes-follow-up	Yes-follow-up	Yes follow up	Yes	Yes
Inpatient management of severe cases	No	No	No	No	Yes and refer	Yes and refer
Management of complicated severe cases	No	No	No	No	No	Yes and refer
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	Follow up	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes

Table 2.10 Control of Malaria Services by Type of Facility
(A part of Component 4 of the BPHS, “Communicable Disease and Control”)
(For children under 5, see Table 2.2, IMCI)

Interventions and Services Provided	Health Facility Level					
	Health Post	Sub-Center	BHC	MPHS	CHC	Dist. Hospital
Information, education, communication	Yes	Yes	Yes	Yes	Yes	Yes
Clinical diagnosis	Yes	Yes	Yes	Yes	Yes	Yes
Microscopic diagnosis	No	No	No	No	Yes	Yes
Treatment of uncomplicated cases—first line treatment	Yes	Yes	Yes	Yes	Yes	Yes
Treatment of uncomplicated cases not responding to first line treatment	Refer	Yes	Yes	Assess -refer	Yes	Yes
Treatment of severe and complicated cases	Pre-referral management and refer	Yes and refer	Yes			
Insecticide-treated mosquito nets (based on availability and seasonal variations)	Yes	Yes	Yes	Yes	Yes	Yes
Intermittent presumptive therapy (as the prevalence of Malaria is low in Afghanistan and intermittent presumptive therapy is not recommended by National Treatment Guideline, and is therefore removed)	No	No	No	No	No	No
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision and monitoring	No	Yes	Yes	Yes	Yes	Yes

Table 2.11 Control of HIV by Type of Facility
(A part of Component 4 of the BPHS, “Communicable Disease and Control”)

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	DH
Information, education, and communication	Yes	Yes	Yes	Yes	Yes	Yes
Referral to HIV counseling (and testing where indicated)	Yes	Yes	Yes	Yes	Yes	Yes
HIV testing for TB (PITC)	No	No	Yes	Yes	Yes	Yes
HIV testing for STI (PITC)	No	No	Yes	Yes	Yes	Yes
HIV testing for ANC (PITC)	No	No	Yes	Yes	Yes	Yes
HIV testing for diagnosis (CITC)	No	No	Yes	Yes	Yes	Yes
HIV testing for injecting drug use (PICT)	No	No	Yes	Yes	Yes	Yes
HIV testing for blood safety (PITC)	No	No	Yes	Yes	Yes	Yes
CTX (co-trimoxazole) prophylaxis	No	No	Yes	Yes	Yes	Yes
OI (opportunistic infection) and TB	No	No	No	Yes	Yes	Yes
Monitoring, supervision and support for ARV prophylaxis for PMTCT	Subject to training and orientation?	Yes	Yes			
Monitoring, supervision and support for ART (antiretroviral treatment)	Subject to training and orientation?	Yes	Yes			
Staff safety through vaccination for Hepatitis B	Yes	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes
Referral to physical rehabilitation services (exercise training) if required	Yes	Yes	Yes	Yes	Yes	Yes

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

1. All HIV testing will respect confidentiality, informed consent, and voluntary action.
2. Provider initiated testing and counseling (PITC) is by recommendation of physician for improved medical care, to be performed on advice of physician and with consent of patient and in full respect of confidentiality.
3. Client initiated testing and counseling (CITC) is by voluntary request of patient in full respect of confidentiality.
4. HIV prevention, treatment, care and diagnosis in BPHS is based on 6 entry points-1) all blood donors, 2) TB positive patients, 3) STI patient, 4) Injecting drug user, 5) client seeking HIV diagnosis, and 6) ANC patient who has blood sample taken (to be confirmed).

5. HIV testing requires HIV rapid tests with 3 test of different assay for HIV positive diagnosis. First rapid test will be used for blood screening and first test for screening. Second (but different assay) rapid test will be used for HIV positive result first test. Third (but different assay) rapid test will be used for HIV positive result second test. Positive result on 3rd test yields HIV diagnosis.

10.5 Mental Health

Table 2.12 Mental Health Services by Type of Facility
(A part of Component 5 of the BPHS, “Mental Health”)

Mental Health Services						
Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	District Hospital
Mental health education and awareness	Yes	Yes	Yes	Yes	Yes	Yes
Case identification	Yes	Yes	Yes	Yes	Yes	Yes
Psychosocial problems/stresses: psychosocial management	Yes	Yes	Yes	Yes	Yes	Yes
Common Mental Disorders (mild-moderate depression, anxiety disorders, unexplained somatic complaints): primarily psycho-social management, only medication if needed	To be referred	Yes	Yes	Yes	Yes	Yes
Severe Mental Disorders (psychosis, severe depression, bipolar disorder, schizophrenia): bio-psycho-social management (including family support)	To be referred	To be referred	Yes *	Referral	Yes	Yes
Substance Abuse: bio-psycho-social management	To be referred	Motivation, referral, follow up	Detoxification, Referral to specialized services			
Childhood mental disorders (including enuresis): bio-psycho-social management	To be referred	Referral	Yes *	Yes	Yes	Yes
Learning difficulties : Identification and education to parents and teachers	No	Yes	Yes	Yes	Yes	Yes

Mental Health Services						
Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	District Hospital
Epilepsy	To be referred	Referral	Yes *	Yes	Yes	Yes
Self harm: bio-psycho-social management	Yes, and referral	Yes and referral	Yes and referral	Yes and referral	Yes	Yes
Community based rehabilitation (linked to disability component)	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient treatment	No	No	No	No	To be referred	Yes
Monitoring and follow up	Yes (treatment compliance)	Yes	Yes	Yes	Yes	Yes
Mental health training for staff and health workers	Yes	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes
Supervision	No	Yes	Yes	Yes	Yes	Yes

* BHC staffed by doctor, otherwise only follows up

Funds will be provided for the mental health training, drugs and psychosocial counselling in a phased manner i.e. 16.6% in the first year (2009), 33.3% in the second year(2010) and 48.8% in the third year(2011). Similarly funds will be provided for creating privacy for psychosocial counselling in CHCs where necessary.

10.6 Disability

Table 2.13 Physical Rehabilitation (including Persons with Disabilities) Services by Type of Facility

(A part of Component 6 of the BPHS, “Disability Services”)

Physical Rehabilitation (including Persons with Disabilities) Services						
Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MPHS	CHC	District Hospital
Awareness raising about disability and physical rehabilitation services (including prevention and referral)	Yes	Yes	Yes	Yes	Yes	Yes
Identify children with possible physical, sensory and intellectual anomalies and refer	Yes	Yes	Yes	Yes	Yes	Yes
Assess and treat persons with all types of disability and physical conditions (muscular skeletal conditions, cerebral palsy, poliomyelitis, arthritis, neurological conditions, amputations, traumatic injuries) with physiotherapy services in-patient and out-patient. Home visits may be necessary for some cases.	No	No	No	No	No	Yes
Include physiotherapists in supervision teams visiting health facilities to screen and refer patients for treatment to physiotherapy services	No	No	No	No	No	Yes
Provision of prostheses, orthoses, mobility aids (wheelchairs, walking frames, crutches)	Refer to nearest orthopedic workshop					
Refer to other specialists, surgery, orthopedic workshops) as required	Yes	Yes	Yes	Yes	Yes	Yes

Disability will be implemented in increasing order and cumulative manner in 16.6 % in 2009, 33.3% in 2010 and 48.8% in 2011 of the facilities.

10.7. Regular Supply of Essential Drugs

Table 2.14 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	HS-C	BHC	MPHS	CHC	Dist. Hosp
√=drug permitted at this level ★= drug permitted at BHC only if physician is present							
1. Anesthetics							
1.1 General Anesthetics and Oxygen							
Ketamine	Injection 50gms (as hydrochloride)/ml in 10-ml ampoule	--	--	--	--	√If anesthetist	√
Oxygen	Inhalation (medical gas)	--	√	√	√	√	√
1.2 Local Anesthetics							
Lidocaine	injection solution 1% in vial	--	√	√	√	√	√
Lidocaine	injection solution 2% in vial	--	√	√	√	√	√
Lidocaine	Injection solution for spinal anesthesia 5% 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 solution 1% + epinephrine 1:200,000 in vial	--	--	--	√	√	√
Lidocaine + Adrenaline	injection solution 2% + epinephrine 1:200,000 in vial	--	--	--	√	√	√
2. Analgesics, Antipyretics, Nonsteroidal Anti-Inflammatory Drugs							
2.1 Non-Opioid Analgesics/Antipyretics/ NSAID							
Paracetamol (acetaminophen)	tablet 500 mg	√	√	√	√	√	√
Paracetamol (acetaminophen)	syrup 120 mg/5 ml	--	√	√	√	√	√
Paracetamol (acetaminophen)	tablet 100 mg	√	√	√	√	√	√
Acetyl Salicylic Acid	tablet 500 mg	--	√	√	√	√	√
Ibuprofen	tablet 200 mg	--	√	√	√	√	√
*Diclofenac	injection 25mg per ml in 3 ml ampoule	--	√	√	√	√	√
*Tramadol	injection 100 mg per 2 ml Ampoule	--	--	--	--	√	√
Morphine	injection Morphine 10mg per ml in 2ml ampoule	--	--	--	--	--	√
3. Anticonvulsants/Anti-Epileptics							
Carbamazepine	tablet 200 mg	--	--	--	--	√	√
Diazepam	injection 5 mg/ml in 2-ml ampoule	--	√	√	√	√	√

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
Magnesium Sulphate	injection 500 mg/ml in 20-ml ampoule	--	✓	✓	✓	✓	✓
Phenobarbital	tablet 15 mg	--	✓	✓	✓	✓	✓
Phenobarbital	tablet 100 mg	--	✓	✓	✓	✓	✓
*Sodium Valproate,	Tablet 200 mg	--	---	--	--	--	✓
4. Antidotes							
4.1 Nonspecific Antidotes							
Activated charcoal	tablet 500 mg	✓	✓	✓	✓	✓	✓
*Neostigmine	Injection 0.5 mg per ml	--	--	--	--	--	✓
Naloxone Hydrochloride	Injection 0.4mg per ml	--	--	--	--	--	✓
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 Medicine							
6.1 Anthelmintics							
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	--	--	★	★	✓	✓
Erythromycin(Ethyl succinate)	Suspension 100 mg per ml 100 ml bottles	--	✓	✓	✓	✓	✓
Cloxacillin	Injection 500 mg per vial						✓
Cloxacillin	Capsule 500 mg					✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
6.2.2 Other Antibacterials							
Silver sulfadiazine cream	Cream	✓	✓	✓	✓	✓	✓
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 10 mg (as sulfate)/ml in 2-ml vial	--	✓	✓	✓	✓	✓
Gentamicin	injection 40 mg (as sulfate)/ml in 2-ml vial	--	✓	✓	✓	✓	✓
Ciprofloxacin	Tablet 250 mg	--	--	--	--	✓	✓
Ceftriaxone	Injection 500 mg vial	--	--	--	--	--	✓
6.2.3 Tuberculosis drugs							
Ethambutol	tablet 400 mg	--	✓	✓	--	✓	✓
Ethambutol/Isoniazide (EH)	tablet 400/150mg	--	✓	✓	--	✓	✓
INH	tablet 100 mg	--	✓	✓	--	✓	✓
INH	tablet 300 mg	--	✓	✓	--	✓	✓
Isoniazide (H)	tablet 100 mg	--	✓	✓	--	✓	✓
Pyrazinamide	tablet 500 mg	--	✓	✓	--	✓	✓
Pyrazinamide (Z)	tablet 400mg	--	✓	✓	--	✓	✓
Rifampicin (Rifampin)	capsule/tablet 150 mg	--	✓	✓	--	✓	✓
Rifampicin (Rifampin)	capsule/tablet 300 mg	--	✓	✓	✓	✓	✓
Rifampicin/Isoniazide (RH)	tablet 150/75mg	--	✓	✓	--	✓	✓
Rifampicin/Isoniazide (RH)	tablet 60/30mg (Child)	--	✓	✓	--	✓	✓
Rifampicin/Isoniazide/Ethambutol (RHE)	tablet 150/75/275mg	--	✓	✓	--	✓	✓
Rifampicin/Isoniazide/Pyrazinamide (RHZ)	tablet 60/30/150mg	--	✓	✓	--	✓	✓
Rifampicin/Isoniazide/Pyrazinamide/ Ethambutol (RHZE)	tablet 150/75/400/275mg	--	✓	✓	--	✓	✓
Streptomycine (S)	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 Anti-protozoal Medicine							
6.4.1 Anti-Amoebic and Anti-giardiasis							

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
Metronidazole	tablet 250 mg, 200mg	--	✓	✓	✓	✓	✓
Metronidazole	tablet 400 mg, 500mg	--	✓	✓	✓	✓	✓
Metronidazole	injection 500 mg in 100 ml vial	--	--	--	--	✓	✓
Metronidazole	oral suspension 200 mg (as benzoate)/5 ml	--	✓	✓	✓	✓	✓
6.4.2 Antimalarial							
Chloroquine	Tablet 150 mg (as phosphate or sulfate)	✓	✓	✓	✓	✓	✓
Chloroquine	Syrup 50 mg (as phosphate or sulfate)/5 ml	✓	✓	✓	✓	✓	✓
Primaquine	Tablet 15mg	--	--	--	--	✓	--
Pyrimethamin + Sulfadoxine (Fansidar)	Tablet 25 mg + 500 mg	<u>✓</u> ¹	✓	✓	✓	✓	✓
Quinine	Tablet 300 mg (as bisulfate or sulfate),		<u>✓</u> ²	<u>✓</u> ²	✓	✓	✓
Quinine	injection 300 mg (as dihydrochloride)/ml in 2-ml ampoule	--	--	--	--	✓	✓
Artesunate + Sulfadoxine +Pyrimethamine	Artesunate 100mg (6 tabs) + Sulfadoxine 500mg/Pyrimethamine 25mg (3 tabs)		<u>✓</u> ⁴	<u>✓</u> ⁴	✓	✓	<u>✓</u>
Artesunate + Sulfadoxine +Pyrimethamine	Artesunate 50mg (6 tabs) + Sulfadoxine 500mg/Pyrimethamine 25mg (2 tabs)		✓ ⁴	<u>✓</u> ⁴	✓	<u>✓</u>	<u>✓</u>
Artesunate + Sulfadoxine +Pyrimethamine	Artesunate 50mg (3 tabs) + Sulfadoxine 500mg/Pyrimethamine 25mg (1 tabs)		✓ ⁴	<u>✓</u> ⁴	✓	<u>✓</u>	<u>✓</u>
Artemether for pre-referral treatment of suspected and confirmed severe or complicated malaria	Injection 20 & 80 mg in oil for intramuscular injection		✓	✓	✓	✓	✓
<p>¹Presumptive treatment for unconfirmed malaria is chloroquine <i>and</i> sulfadoxine / pyrimethamine, before referral to CHC for confirmatory diagnosis.</p> <p>² Quinine – 2nd line treatment and treatment for severe / complicated malaria require <i>laboratory confirmation</i></p> <p>³ Artemisinin combination therapy: Artesunate + SP (fansidar) as first line treatment for <i>laboratory confirmed</i> Falciparum malaria..</p> <p>⁴ In BHCs where diagnostic services are available.</p>							
6.4.3 Antileishmania							
Sodium Stibugluconate	Injection 100 mg per ml .					✓	✓
Meglamine antimonite	Injection 85mg per ml					✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
6.5 Sulfonamide/Related							
Co-trimoxazole (Sulfamethoxazole + Trimethoprim)	tablet 100 mg + 20 mg	✓	✓	✓	✓	✓	✓
Co-trimoxazole (Sulfamethoxazole + Trimethoprim)	tablet 400 mg + 80 mg	✓	✓	✓	✓	✓	✓
Co-trimoxazole (Sulfamethoxazole + Trimethoprim)	suspension 200 mg + 40 mg/5 ml	✓	✓	✓	✓	✓	✓
6.6 Urinary Antiseptics							
Nitrofurantoin	tablet 100 mg	--	--	--	✓	✓	✓
7. Medicines affecting the Autonomic system							
7.1 Sympathomimetics and Anticholinergics							
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)	--	✓	✓	✓	✓	✓
*Acuronium Bromide	Injection 5mg per ml in two ml ampoule	--	--	--	--	--	✓
*Ephedrine Hydrochloride	Tab.30mg	-	-	-	-	✓	✓
Atropine	Injection 1mg per ml .	-	-	-	-	✓	✓
8. Drugs 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	--	✓	✓	✓	✓	✓
Nifedipine	capsule/tablet 10 mg	--	--	★	★	✓	✓
Hydralazine	Injection 20mg per ml	-	-	-	-	-	✓
9.2 Antithrombotic Agent							
Acetyl salicylic acid (Acetylsalicylic Acid)	tablet 100 mg	--	--	✓	✓	✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
10. Dermatological Topical medicines							
10.1 Anti-Infective, Topical							
Gentian Violet (Methyl Rosanilinium Chloride)	aqueous solution 0.5% (or crystals)	✓	✓	✓	✓	✓	✓
Gentian Violet (Methyl Rosanilinium Chloride)	aqueous solution 1% (or crystals)	✓	✓	✓	✓	✓	✓
Silver Sulphadiazine	Cream 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	✓	✓	✓	✓	✓	✓
Chlorhexidine+Cetrimide	solution chlorhexidine gluconate 1.5% +Cetrimide 15%	--	✓	✓	✓	✓	✓
Chlorine releasing comp.,	Powder for solution	✓	✓	✓	✓	✓	✓
12. Diuretics							
Hydrochlorothiazide	tablet 50 mg	--	✓	✓	✓	✓	✓
Frusemide	Tablet 20 mg,	--	--	--	--	✓	✓
Frusemide	Injection, 20 mg in 2-ml Ampoule	-	-	--	--	--	✓
13. Gastro-intestinal 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	--	✓	✓	✓	✓	✓
Ranitidine	Tablet 150 mg	--	--	--	--	✓	✓
13.2 Anti-Emetics							
Metoclopramide	tablet 10 mg (hydrochloride)	--	✓	✓	✓	✓	✓
Metoclopramide	injection 5 mg (hydrochloride)/ml in 2-ml ampoule	--	✓	✓	✓	✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
13.3 Oral Rehydration Solution							
Low Osmolarity ORS	Glucose anhydrous 13.5g, Sodium chloride 2.6g, Trisodium citrate dihydrate 2.9 gm, Potassium chloride 1.5g	✓	✓	✓	✓	✓	✓
14. Hormones, other endocrine and contraceptives							
14.1 Adrenal Hormones and Synthetic Substitutes							
Hydrocortisone	powder for injection 100 mg (as sodium succinate) in vial	--	✓	✓	✓	✓	✓
Betamethasone + Neomycin	Cream 1% + 0.5 %	--	✓	✓	✓	✓	✓
14.2 Contraceptives							
Ethinylestradiol + Levonorgestrel	tablet 30 microgram +150 microgram	✓	✓	✓	✓	✓	✓
Ethinylestradiol + Levonorgestrel	tablet 50 microgram + 250 microgram	✓	✓	✓	✓	✓	✓
Ethinylestradiol + Norgestrel	tablet 30 microgram + 300 microgram	✓	✓	✓	✓	✓	✓
Ethinylestradiol + Norethisterone	tablet 35 microgram + 1mg	✓	✓	✓	✓	✓	✓
Medroxy Progesterone (DMPA)	depot injection 150 mg/ml in 1-ml vial	✓	✓	✓	✓	✓	✓
Progesterone Only Pills (POP)	Tablet Norgestrel 75microgram	✓	✓	✓	✓	✓	✓
Progesterone Only Pills (POP)	Pill Norethindrone 0.35 mg	✓	✓	✓	✓	✓	✓
*Emergency contraceptives	Tablet Levonorgestrel 750microgram	--	--	--	--	✓	✓
Condoms		✓	✓	✓	✓	✓	✓
IUD		--	✓	✓	✓	✓	✓
15. Immunologicals							
15.1 Vaccines							
BCG	0.05 ml given subcutaneously to children between birth and 1 year old (single dose)	--	✓	✓	✓	✓	✓
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	--	✓	✓	✓	✓	✓
Pentavalent DTPw-HB/Hib	0.5 ml given intramuscularly to children between 6 weeks and 1 year old	--	✓	✓	✓	✓	✓
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	--	✓	✓	✓	✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
Tetanus Toxoid	0.5 ml given intramuscularly to women 15-45 years old	--	✓	✓	✓	✓	✓
15.1 Antisera							
Anti Tetanus Serum(ATS)	Injection 1500 IU ampoule	--	--	--	--	--	✓
16. Ophthalmological Preparations							
16.1 Anti-Infective Topical							
Tetracycline	eye ointment 1% hydrochloride	✓	✓	✓	✓	✓	✓
Tetracaine Hydrochloride	Eye drop 0.5%	--	--	--	--	✓	✓
Flourescine		--	--	--	--	--	✓
17. Oxytocics and anti-oxytocics							
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	--	✓	✓	--	✓	✓
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)	--	--	✓	--	✓	✓
Fluoxetine	Tablet 10 mg					✓	✓
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							

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
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. Solutions Correcting Water, Electrolyte and Acid-base Disturbances							
20.2 Parenteral							
Sodium Chloride	injectable solution 0.9% isotonic (equivalent to Na ⁺ 154 mmol/l, Cl ⁻ 154 mmol/l)	--	✓	✓	✓	✓	✓
Compound solution of Sodium Lactate	injectable solution	--	✓	✓	✓	✓	✓
Glucose	injectable solution 10% isotonic 5% isotonic??	--	✓	✓	✓	✓	✓
Glucose	injectable solution 50% hypertonic	--	--	--	--	✓	✓
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, HCO ₃ ⁻ 1,000 mmol/l)	--	--	--	✓	✓	✓
Calcium Gluconate	Injection 10% 10ml solution	--	✓	✓	✓	✓	✓
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	--	✓	✓	✓	✓	✓

Drug	Dosage form and strength	Health post	HS-C	BHC	MPHS	CHC	Dist. Hosp
Retinol	sugarcoated tablet 100,000 IU (as palmitate) (55 mg)	✓	✓	✓	✓	✓	✓
Retinol	capsule 200,000 IU (as palmitate) (110mg)	✓	✓	✓	✓	✓	✓
Multi-micronutrients		✓	✓	✓	✓	✓	✓
Zinc	Zinc Dispersable Tablet 20mg strip of ten	✓	✓	✓	✓	✓	✓
Vitamin K	Injection 10mg per ml ampoule	--	✓	✓	✓	✓	✓

Either Sodium Stibogluconate or Meglumine Antimonate is to be supplied.

Co-trimoxazole should be given to HIV positive patients, at CHC and DH.

The drugs with asterisk should first be added to the (EDL) and then added to the BPHS(the work is in process and the decision will be made by 26th of Feb.09)

The low osmolarity ORS will replace the original ORS gradually.

11. Blood transfusion Services to Support BPHS

Table 3. Blood Transfusion Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Centre	BHC	MPHS	CHC	District Hospital
Collect blood donations	No	No	No	No	Yes	Yes
Immunohematology testing	No	No	No	No	Yes	Yes
Screen blood for transmissible diseases	No	No	No	No	Yes	Yes
Perform transfusion	No	No	No	No	Yes	Yes
Provide transfusion counseling	No	No	No	No	Yes	Yes
Infection control, safe injection practices, and waste	Yes	Yes	Yes	Yes	Yes	Yes

It is essential that WHO qualified blood safety test kits are used.

The Central Blood Bank guidelines on blood transfusion should be followed.

HMIS must be updated to show blood safety screening of HIV, HBV, HCV, and syphilis. (Both Central Blood Bank and HMIS are to take coordinated action)

Note: Due to the low prevalence of syphilis within the general population close attention will be paid to the quantities and expiry dates of the reagents (kits).

12. Primary Eye Care Services

Table 4. Primary Eye Care Services by Type of Facility

Primary Eye Care (Eye care education, prevention and awareness, common eye diseases detection and referral and simple treatment)

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Centre	BHC	MPHS	CHC	District Hospital
Eye Care education and awareness	Yes	Yes	Yes	Yes	Yes	Yes
Recognition of common blinding eye diseases in the community	Yes	Yes	Yes	Yes	Yes	Yes
Recording Visual Acuity	No	No	Yes	Yes	Yes	Yes
Simple and early treatment of common eye diseases(Trachoma, VAD, Conjunctivitis, Sty and Blepharitis)	Yes	Yes	Yes	Yes	Yes	Yes
Eye wash and removal of superficial conjunctiva foreign body	Yes	Yes	Yes	Yes	Yes	Yes
Remove superficial Corneal foreign body	No	Yes	Yes	Yes	Yes	Yes
Timely referral of eye patients with significant eye symptoms and Visual impairment(VA <6/18)	Yes	Yes	Yes	Yes	Yes	Yes
Advice and counseling for people who require operation and glasses	Refer	Yes	Yes	Yes	Yes	Yes
Provide capacity building of each level of BPHS staff	No	Yes	Yes	Yes	Yes	Yes
Infection control, safe injection practices, and proper waste disposal	Yes	Yes	Yes	Yes	Yes	Yes
Reporting	Yes	Yes	Yes	Yes	Yes	Yes

Primary Eye care will be implemented gradually (16.6%, 33. 3% and 49.8%)in the first-2009, second-2010 and third 2011 years respectively.

Table 5. Descriptions of the Duties of some Basic Health Workers

Type of Health Worker	General description of duties
Skilled birth attendant	<p>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, and 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.</p> <p><i>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)</i></p>
Midwife	<p>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.</p>
Community midwife	<p>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. Depending on the presence of the skills of the other HWs, she offers assistance with normal deliveries, and when skill permits, basic emergency obstetric care.</p>
Psychosocial Counselor/ supervisor	<p>These are midlevel health workers (for example nurses) with training in psychosocial counselling according to the approved and standardised training manuals of Mental Health Department of MoPH. The training consists of 3 months intensive training and 9 months follow up training/supervision). They have knowledge and skills necessary to do psychosocial interventions and counselling for patients with mental disorders and patients who suffer from mental distress but do not have a formal disorder. They work closely together with the MD's and are part of the referral system within BPHS Their duties include the supervision of the basic psychosocial interventions to be implemented by the staff of the BHCs and Health Posts</p>
Mental Health Focal Point (District Hospital)	<p>These are health workers, usually doctors, with additional training in mental health care. They function as a reference person in a District Hospital. Apart from seeing patients with mental disorders they also supervise the health workers in the BHC and CHC.</p>
	<p><i>Note: Several NGOs , mainly within urban areas have good experiences with this type of staff. The introduction of this type of Health worker (psychosocial counsellor) will be gradually, based on evaluation of pilots</i></p>

13. The recommended staffing patterns for BPHS facilities are:

Table 6. Type and Number of Health Workers by Type of Facility

Type of Health Workers and Professionals	Number of Health Workers in the Health Facility					
	Health Post	Health Sub-Centre	BHC	MPHS	CHC	District Hospital
Outreach Workers						
Community health worker (male)	1					
Community health worker (female)	1					
Community health supervisor	-	-	1	-	1	1
Vaccinator	-	-	2	2	2	2
Health Providers						
Nurse (male)	-	1	1	1	1	5
Nurse (female)					1	5
Psychosocial nurse	--	--	--	--	1	--
Community midwife		1	1	1	2	
Midwife	--	--	--	-	-	4
Physician MD general (male)	--	--	--	-	1	2
Physician MD general (female)	--	--	(1 ³)	-	1	2
Surgeon Male			--	-		1
Surgeon Female	--	--	-	-	-	--
Anesthetist	--	--	--	--	--	1
Pediatrician	--	--	--	--	--	1
Dentist	--	--	--	--	--	1
Pharmacist	--	--	--	--	--	1
Physiotherapist ⁴	--	--	--	--	--	2
Paramedics, Ancillary Services Staff						
Laboratory technician	-	-	-	-	1	2
Pharmacy technician	-	-	-	-	1	-
X-ray technician	-	-	-	-	-	1
Dental Technicaian	-	-	-	-	-	1
Support staff						
Administrator	-	-	-	-	1	1
Cleaners, guards	-	1	2	2	4	6
Driver				1	1	1

One of the 2 nurses of the CHC will be trained to work for the Community Therapeutic Center (CTC) beside his/her other nursing duties. UNICEF will provide food and training.

Incentives are provided to the BHC staff in case they are asked to work over time or need to work during the night time.

A second midwife or community midwife and/or a pharmacy assistant in the BHC or any other staff will be included only if the workload of the health facility is too much for one person to perform the duties properly and the resources are available (available extra resources) (Covered by the Flexibility Clauses).

One driver in CHC to be included and budgeted for in 10% of the CHCs.

³ 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. Physicians employed in such a manner can receive the salary and hardship of physicians.

⁴ It is recognized that there are insufficient physiotherapists in Afghanistan currently to fill all positions in DHs as well as provincial and regional hospital levels. More physiotherapists need to be trained. .

While appointing **CHS** priority should be given to those candidates who have some health/medical background and is a local resident. CHSs should look after up to 15 HPs. If a health facility has more than 15 HPs to supervise, there should be more than one male CHS. Female CHSs, if available will be trained and appointed as CHSs (if CHSs are couples, it is preferable). Consideration will,be given for couples (each one appointed in different but nearby facilities) to work for 15 days in one facility and for the remaining 15days in another facility located nearby.

The implementing NGOs will develop processes to ensure supervision of female CHWs. Female CHWs must be appropriately supported in accordance with local circumstances, gender, geography, security, culture etc

Compliance with all MoPH HRD policies and procedures is required by the implementing NGOs. These will be provided by the PPHD to the NGOs and the NGOs will disseminate the relevant documents to their staff at all levels.

Two of the DH nurses will be specified to work in the therapeutic feeding center (TFU). The psychosocial counselor nurse can also provide counseling on nutrition.

14. Equipment for BPHS for Health Posts, Health Sub Centers, BHCs, CHCs, and District Hospitals

Table 7. Equipment for BPHS Facilities by Type of Health Facility

Type of Equipment and Supplies		Health Post	HSC	BHC	MPHS	CHC	District Hospital
1. Basic Equipment							
1	Scissors	√	√	√	√	√	√
2	Forceps	√	√	√	√	√	√
3	Thermometer	√	√	√	√	√	√
4	Clean delivery kit (mini delivery kit for health post—see Annex C for kit contents)	√	√	√	√	√	√
5	ORS measuring jug/container	√	√	√	√	√	√
6	Tape measure for nutrition assessment	√	√	√	√	√	√
2. Simple Equipment and Supplies							
7	Stethoscope	-	√	√	√	√	√
8	Sputum and blood specimen bottles	-	√	√	-	√	√
9	Vision testing chart	-	√	√	√	√	√
10	Sphygmomanometer	-	√	√	√	√	√
11	Dispensing counting tray	-	√	√	√	√	√
12	Pediatric and adult scales	-	√	√	√	√	√
13	Cold box/refrigerator for EPI	-	√	√	√	√	√
14	Vaccine carrier and ice pack	-	√	√	√	√	√
15	Patella hammer	-	√	√	√	√	√
16	Diagnostic set or otoscope	-	√	√	√	√	√
17	Drip stand	-	√	√	√	√	√
18	Flashlight	-	√	√	√	√	√
19	Minor surgery kit (see Annex B for contents)	-	√	√	√	√	√
20	Stretcher	-	√	√	Portable√	√	√
21	Specula	-	√	√	√	√	√
22	Lamp	-	√	√	√	√	√
23	Suction	-	√	√	-	√	√
24	Midwifery kit	-	√	√	-	√	√
25	Sterilizer	√Steam	√	√	√	√	√
26	Examining table	-	√	√	Portable√	√	√
3. Anthropometric Equipment							
27	MUAC Tape (Mid Upper Arm Circumference Tape) tool for measuring nutritional status	√	√	√	√	√	√
28	Height measuring Board,	--	√	√	Portable√	√	√
31	Growth monitoring chart	--	--	√	√	√	√
4. More Complex Equipment and Supplies							
32	Oxygen gauge and cylinder	-	-	-	-	√	√
33	Neonatal resuscitation trolley	-	√	√	-	√	√
34	Hearing screening equipment	-	-	-	-	√	√
35	Basic emergency obstetric care kit	-	-	-	-	√	√
36	Sterilization equipment	-	-	-	-	√	√
37	Hemoglobinometer	-	-	-	-	√	√
38	Hand crank centrifuge	-	-	-	-	√	√
39	Microscope	-	-	-	-	√	√
40	Nebulizer	-	-	-	-	√	√

Type of Equipment and Supplies		Health Post	HSC	BHC	MPHS	CHC	District Hospital
41	Cervical collar and oxygen in ambulances,	-	-	-	-	√	√
42	Hysterectomy set (Already present but not mentioned)	-	-	-	-	-	√
43	ECG Machine	-	-	-	-	-	√
44	MVA (Manual Vacuum Aspiration) set	-	√	√		√	√
45	Resuscitation Trolley	-	-	-	-	-	√
46	Ambu bag for child, adult and infant	-	√	√	-	√	√
47	Pedal suction machine	-	-	√	-	√	√
48	Torches	-	√	√	-	-	-
49	Wheel Stretcher	-	-	-	-	-	√
50	Folding stretcher	-	√	√	√	√	√
51	Water bath	-	-	-	-	-	√
52	Wheel chair	-	-	-	-	-	√
53	Coagulating Cautry	-	-	-	-	-	√
54	Laparotomy set (Already present but not mentioned)	-	-	-	-	-	√
55	Loop and lid retractor	-	-	-	-	√	√
56	Cupboards for CHWs	√	-	-	-	-	-
57	All Physiotherapy Equipment	-	-	-	-	-	√

Table: 8 Shows the minimum equipment required for a physiotherapy unit in a DH

Table 8. Physiotherapy Equipment
Cervical Traction
Desk/chair/store cupboard
Exercise Bicycle
Floor mat for children
Toys to stimulate children
Goniometre
Gas bottle and double boiler
Heat Packs
Pillow round
Pulleys/weights
Reflex hammer
Saw for cutting POP
Scale for weight measurement
Scale for traction
Spigonometre
Stethoscope
Timer
Towels for hot pack
Traction table
Treatment table

Table 9. Renewable supplies	
Cotton, Gauz and Bandages	
1	Absorbent cotton wool, 500 g { (a) 500 g, roll, non sterile. b) Surgical hydrophilic cotton, c) Hospital Quality }
2	Crepe elastic bandage 7.5cm x 5m, per (roll) { (a) 100% cotton, unbleached, b) Washable and autoclavable, c) Elasticity; Minimum of 150%, unstretched 3m, stretched 5m) }
3	Gauze pad / compress 10cm x 10cm, 12 ply sterile, pack of 20, Absorbent gauze 100% cotton
4	Gauze bandage 5cmx10m, absorbent wow, pack of 10 rolls
5	Gauze roll 90cm x 100M non-sterile, with selvages, absorbent 100% cotton { (a) Gauze roll width 22.5cm after 4 folds, b) Weight 23 gm/m2, type 17 threads/cm2) }
6	Bandage, elastic cotton crepe, 7.5cm x 5m, roll (100 % cotton, unbleached, gauze bandage with selvedge, washable and autoclavable, Elasticity: Minimum of 150% length unstretched 3m, stretched 5m)
7	Bandage gauze cotton, 10cm x 4m, with selvedge, pack of 10 (Absorbent gauze, 100% cotton, ii) Material: Warp 12 threads/cm, weft 8 threads/cm)
8	Crepe elastic bandage, cotton (crepe) 5cm x 5 meter, roll { (a) 100% cotton, unbleached, b) Washable and autoclavable, c) Elasticity: Minimum of 150%, unstretched 3m, stretched 5m) }
Catheters and Tubes	
9	a) Airway Guedel, rubber, adult, L 82mm, autoclavable with plastic insert
10	b) Airway Guedel, rubber, large adult L 110mm, autoclavable with plastic insert
11	c) Airway Guedel, rubber adolescent L 77mm, autoclavable with plastic insert
12	d) Airway Geudel, rubber child, L 67mm, autoclavable with plastic insert
13	e) Airway Guedel, rubber, infant L 54mm, autoclavable
14	f) Airway Guedel, rubber neonate, L 43mm, autoclavable
15	a) Chest catheters with flexible introducer, 24, 28, 32 Fg x L280mm, sterile, pack 10 (i) Material: PVC smooth, with radio-opaque line and markings)
16	b) Chest catheters with blunt tip trocar, sizes 8fg to 32fg, L280mm, sterile pack of 10 (i) Material: PVC soft, with radio-opaque line and markings)
17	a) Chest drainage kit, sealed unit when suction not required for ambulatory use, pack of 5 (i) Complete with 1700ml graduated drainage bag and flexible introducer , ii) Integral flutter valve to prevent re-entry of air / fluid)
18	b) Chest drainage system, underwater seal type for use with or without suction (i) Complete with 2000ml drainage chamber, tubing and floor stand (reusable))
19	c) Chest drainage kit, sealed unit when suction not required for ambulatory use, pack of 5
20	a) Feeding tube CH 5, 40cm, luer, sterile disposable, for neonates/infants, pack 100 ((i) PVC, with cap, rounded tip with side holes, marking for first 20cm)
21	b) Feeding tube CH 6, 40cm, luer, sterile disposable, for neonates/infants, pack 100 ((i) PVC, with cap, rounded tip with side holes, marking for first 20cm)
22	a) Foley catheter, sterile CH 10, 40cm, balloon 3-5 ml latex silicone coated
23	b) Foley catheter, sterile CH 12, 40cm, balloon 10ml latex silicone coated
24	c) Foley catheter, sterile CH 14, 40 cm, balloon 10ml, latex silicone coated
25	d) Foley catheter, sterile CH 16, 40 cm, balloon 10ml, latex silicone coated
26	e) Foley catheter sterile, CH 18, 40cm, balloon 10ml, latex, silicone coated
27	a) Endotracheal tube 4mm (D), cuffed oral, red rubber, non-disposable
28	b) Endotracheal tube 5mm (D), cuffed oral, red rubber, non-disposable
29	c) Endotracheal tube 6mm (D), cuffed oral, red rubber, non-disposable
30	a) Tubes, nasogastric CH 12, length 125cm, sterile disp, box of 50 ((i) Material: Polyvinyl chloride (PVC) with marking and 4 side windows, (ii) For aspiration and feeding)
31	b) Tube, nasogastric CH 16, length 125cm, sterile disposable, box of 50 ((i) Material: Polyvinyl chloride (PVE) with marking and 4 side windows, (ii) For aspiration and feeding)

Table 9. Renewable supplies	
32	c) Tube nasogastric, child, CH 8, length 125cm sterile disposable, box of 50 ((i) Material: Polyvinyl chloride (PVC) with marking and 4 side windows, (ii) For aspiration and feeding in children)
33	d) Tube nasogastric, CH 6, length 125cm, sterile disposable, box of 50 ((i) Material: Polyvinyl chloride (PVC) with marking and 4 side windows,
34	Rectal tube CH 20, length 30cm, polyvinyl sterile disposable, box of 50 { (i) W ith central opening and eye/window on one side) }
35	Tube rectal CH 24, L30cm, polyvinyl sterile disposable, box of 50 (i) W th central opening and eye/window on one side)
36	a) Suction tube CH 8, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector,)
37	b) Suction tube CH 10, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)
38	c) Suction tube CH 14, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)
39	d) Suction tube CH 16, 50cm, sterile, disp, PVC, box of 50 (i) Open distal end with side windows and connector)
Sutures (Chromic, Dexons and Silks)	
40	Chromic catgut 1, 75cm with half circle tapercut 40mm needle, sterile, box of 12
41	Chromic catgut 0, 75cm, with half circle RB 35mm needle, sterile, box of 12
42	Chromic catgut 2/0, 75cm, with half circle tapercut 35mm needle, sterile, box 12
43	Chromic catgut 3/0, 75cm, with curved cutting 16mm needle, sterile, box of 12
44	Dexon 0 needled Suture synthetic absorbable 0.75cm, needle 3/8 triangular end, 36mm. Box of 36
45	Silk braided 1, 75cm with 60mm curved cutting needle, sterile, box of 12
46	Silk braided 2, 75cm with 40mm half circle RB heavy Mayo No 3 needle, box of 12
47	Silk braided 3/0, 45cm with 26mm 3/8 reverse cutting needle, sterile, box of 12
48	Silk braided 0, 75cm with 35mm curved reverse cutting needle, sterile, box of 12
49	Vicryl, 1 - 75cm with 35mm half circle tapercut needle, sterile, box of 12 (a) Absorbable braided suture, colour violet)
50	Vicryl 2-0 needled 75cm with 30mm 1/2 circle round bodied needle, pack of 12 (a) Absorbable braided suture, colour violet)
51	Vicryl, 0-75cm with 35mm half circle RB needle, sterile, box of 12 (a) Absorbable braided suture, colour violet)
52	Vicryl, 3-75cm with 45mm half circle RB needle, sterile, box of 12 (a) Absorbable braided suture, colour violet)
Syringes , Canula and Needles	
53	Syringe Luer disposable, 2 ml, with needle 22G, sterile, box of 100 (Two piece syringe (P/P or PEF) with central luer nozzle, Needle: 23G (0.6mm x 25mm), bi-packed with syringe)
54	IV Cannula, short, 20G (1.1x32mm) { (a) Sterile, disposable, b) Trocar: Stainless steel, c) Injection port, d) Cannula: Polypropylene or teflon) }
55	IV Cannula, short, 22G (1.1x32mm) (a) Sterile, disposable, b) Trocar: Stainless steel, c) Injection port, d) Cannula: Polypropylene or teflon)
56	IV Cannula, short, 24 G (1.1x32mm) (a) Sterile, disposable, b) Trocar: Stainless steel, c) Injection port, d) Cannula: Polypropylene or teflon)
57	Needle Luer, IM, disposable, 21G (0.8x38mm) sterile, stainless steel, box 100
58	a) Needle disp 19G (1.1x40mm), sterile, stainless steel, box of 100
59	b) Needle disp 21G (0.8x40mm), sterile, stainless steel, box of 100
60	c) Needle disp 22G (0.7x30mm), sterile, stainless steel, box of 100
61	d) Needle disp 23G (0.6x25mm), sterile, stainless steel, box of 100
62	e) Needle disp 25G (0.5x16mm), sterile. stainless steel, box of 100
63	Needle, scalp vein infusion set, disposable, 25 G (0.5x19mm) color orange, box of 50 (Materials: Stainless steel needle,PVC tubing (200mm) and wings)

Table 9. Renewable supplies	
64	Needle, scalp vein infusion set, disposable, 21 G (0.8x19mm), colour green, box of 50 (Materials: Stainless steel needle, PVC tubing (200mm) and wings)
65	a) Spinal needle 20g (0.9x90mm) sterile disposable, box of 50 (i) Cannula and stylet stainless steel with Quincke type point)
66	b) Spinal needle 22g (0.7x90mm) sterile disposable, box of 50 (i) Cannula and stylet stainless steel with Quincke type point)
67	IV placement cannula, short, sterile disposable, 18 G, unit, pack of 50 (Trocar stainless steel, Cannula: Polypropylene or teflon with injection port)
68	Syringe 10cc, Luer, sterile disposable, two piece, (P/P or PEF) box of 100
69	Syringe, 20cc Luer, sterile disposable, two piece, (P/P or PEF), box of 100
70	Syringe 5cc, Luer, sterile disposable, two piece (P/P or PEF), box of 100
71	Syringe 50/60cc, Luer lock sterile disp, concentric tip, box of 100
Gloves	
72	Glove, examination, latex, non sterile, small, box of 100 (Disposable, pre-powdered)
73	a) Gloves, examination latex, large, non sterile, powdered, box of 100
74	b) Gloves, examination latex, medium, non-sterile, powdered, box of 100
75	C. Gloves, plastic examination non-sterile, disposable, box of 100
76	a) Gloves surgical 6.5 sterile latex powdered, box of 50 pairs
77	b) Gloves surgical 7.0 sterile latex powdered, box of 50 pairs
78	c) Gloves surgical 7.5, sterile, latex powdered, box of 50 pairs
79	d) Gloves surgical 8.0, sterile, latex powdered, box of 50 pairs
80	e) Gloves surgical 8.5, sterile, latex powdered, box of 50 pairs
Surgical Adhesive Tapes	
81	Sterilization / autoclave test tape for steam sterilization, width 18mm x 50m roll
82	a) Tape surgical, adhesive hypoallergenic, fabric, 5cm x 10m, box of 5
83	b) Tape surgical Leukoplast Zinc oxide, tanned 5cm x 9.2M, box of 12
84	Tape adhesive, Zinc Oxide, 2.5 cm x 5 meter, roll (Colour white, non_stretch, Aerated textile strip impregnated with adhesive. storage: dry conditions and at less than 25 degrees C if possible)
85	c) Tape surgical, Zinc oxide, perforated, 10cm x 5m, box of 10
Bags	
86	Colostomy bag/pouch closed unit opaque, 13mm starter hole, set. Box of 30 (a. Supplied complete with adhesive, skin protector and integral filter, b) Small starter hole for cutting to required size)
87	Drain: Corrugated rubber drainage sheet, 30.5xx15cm (12 x 6 inches)
88	Urine collecting bag with valve, 2000 ml, plastic, graduated with 90mm tube, box of 10 (Supplied complete with connector and suspension eyelets.)
89	a) Blood collection bag, adult for 450ml including 63ml of CPD and blood taking set
90	b) Blood collection bag, child for 250ml including 35ml of CPD and blood taking set
Blade and Razor	
91	Razor safety, stainless steel, 3 piece unit (handle and blade holder), reusable (Razor blades, double edged, steel, disposable, pack of 5. Box of 10 packs)
92	Scalpel blade No 10, sterile disposble small (for handle No 3). Box of 100 (i) Material: Magnetic / Martensitic steel)
93	Scalpel blade No 22, sterile disposable, large (for handle No. 4). Box of 100 (i) Material: Magnetic / Martensitic steel)
Others	

Table 9. Renewable supplies	
94	Spare bulb for Heine otoscope
95	Battery dry cell alkaline AA size 1.5V or LR6 (for otoscope), single unit
96	Tablet bag, plastic size 10cmx15cm, self sealing with 3 white writing panels, (100 x 5) per 500 (Self sealing minigrip type zip lock, moisture resistant closure, Material: Virgin polyethylene, thickness 0.05 mm
97	Tongue depressor (wooden), disposable, box of 100
98	Apron, utility plastic reusable, unit (Straight apron with bib and neckband back fastening, Moisture proof and blood, water, chemical and stain resistant. Able to withstand extreme temperature, Length 120cm, width 90cm, Re-usable and able to withstand disinfection. Material: Opaque/transparent plastic, PVC, vinyl or polypropylene)
99	Bucket, plastic, approximately 12 litres, with lid. Unit
100	Infant coat
101	Resuscitator, adult, hand operated set with bag 1500-2000ml (ballon for oxygen)
X-Ray Radiology	
102	a) X- ray film, blue sensitive, interleaved, 18 x 24 cm, box of 100
103	b) X- ray film, blue sensitive, interleaved, 24 x 30 cm, box of 100
104	c) X- ray film, blue sensitive, interleaved, 30 x 40 cm, box of 100
105	a) X-ray developer powder for 25 litres, 2.6Kg
106	b) X-ray fixer for 22.5 L, 3.3kg

15. Diagnostic Services for BPHS at Health Posts, Health Sub Centers, 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 the more sophisticated diagnostic services are located in the provincial and regional hospitals. The radiology, laboratory, and other diagnostic services available in the referral system at higher-level hospitals are outlined in Table 10, “Diagnostic Services by Hospital Level,” in the EPHS.

Table 10. Diagnostic Services by Type of Facility

Diagnostic Test	Health Post	HSC	BHC	MPHS	CHC	District Hospital
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 and syphilis tests	-	-	-	-	√	√
HIV test	-	-	-	-	√	√
White blood count (WBC and differential) manual	-	-	-	-	√	√
Erythrocyte sedimentation rate (ESR)	-	-	-	-	√	√
Malaria parasite smear (MPS)	-	-	-	-	√	√
1.2 Bacteriology						
Ziehl-Nelson staining for acid fast bacilli (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	-	-	-	-	-	√

Diagnostic Test	Health Post	HSC	BHC	MPHS	CHC	District Hospital
Abdomen	-	-	-	-	-	√
Skeletal	-	-	-	-	-	√
2.2 Ultrasound						
Ultrasound (simple portable ultrasound at DH)	-	-	-	-	-	√

16. 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 six 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 11. Health Post: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 12. Health Sub Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 13. Basic Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 14. Mobile Health Team: Summary of BPHS Services, Staffing, Facility Features, and Essential Drug
- Table 15. Comprehensive Health Center: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs
- Table 16. District Hospital: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

Table 11. Health Post: Summary of BPHS Services, Staffing, Facility Features, and Essential Drugs

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

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	<ul style="list-style-type: none"> • Provide antenatal and postnatal care; refer complicated cases 	CHW (male) 1	Private home of CHW	Scissors	Analgesics: Acetaminophen Antidotes: Activated charcoal Antihistamines: Chlorpheniramine Maleate Anti-bacterial: Co-trimoxazole Anti-malarial:
	<ul style="list-style-type: none"> • Promote birth preparedness & safe home delivery; refer complicated cases 	CHW (female) 1		Forceps	
	<ul style="list-style-type: none"> • Identify sick newborns and refer after first aid 			Thermometer	
	<ul style="list-style-type: none"> • Provide micronutrient supplementation 			Mini delivery kit (<i>see Annex C for kit contents</i>)	
	<ul style="list-style-type: none"> • Identify and refer babies with physical anomalies such as club foot 			ORS Measurement jug	
	<ul style="list-style-type: none"> • Provide counseling on 			Tape measure for nutrition assessment	

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	family planning and exclusive breastfeeding <ul style="list-style-type: none"> • Distribute condoms and oral contraceptives, and provide DMPA, including first injection of DMPA 				
2. Child Health and Nutrition	Promote routine immunization at the facility and support EPI outreach <ul style="list-style-type: none"> • Disease surveillance and case reporting • VPD out break response • Vitamin A supplementation • Infection control, safe injection practices, and waste disposal • Reporting • campaigns • Manage cases of ARI, pneumonia, diarrhea, fever, malaria, provide ORT, refer complicated cases. • Support case management of measles • Identify gravely ill children and refer 				
3. Public Nutrition	<ul style="list-style-type: none"> • Support for exclusive breastfeeding • Community-based malnutrition management 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> Multi-micronutrient and iron supplementation 				
	<ul style="list-style-type: none"> Community food demonstration 				
	<ul style="list-style-type: none"> Community Mobilization and screening 				
4. Communicable disease Treatment and Control	<ul style="list-style-type: none"> DOTS—For identified TB patients, recommend for HIV test encourage compliance with DOTS determined treatment 				
	<ul style="list-style-type: none"> Referral of self-reporting suspected TB patient 				
	<ul style="list-style-type: none"> Surveillance of cases of interrupted TB treatment, active case-finding 				
	<ul style="list-style-type: none"> Clinical diagnosis of malaria and treatment of uncomplicated cases 				
	<ul style="list-style-type: none"> Provision of insecticide-treated mosquito nets 				
	Information, education, and communication				
	Referral to HIV counseling (and testing where indicated)				
	Monitoring, supervision and support for ARV prophylaxis for PMTCT				
	Monitoring, supervision and support for ART (antiretroviral treatment)				
	Infection control, safe injection practices, and waste				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	Referral to physical rehabilitation services (exercise training) if required				
5. Mental Health	<ul style="list-style-type: none"> • Health education and awareness 				
	<ul style="list-style-type: none"> • Case detection (self-reporting) and follow-up of chronic cases 				
	<ul style="list-style-type: none"> • Support community-based self-help groups for drug addiction including harm reduction 				
6. Disability Services	<ul style="list-style-type: none"> • Refer patients to nearest physiotherapy and orthopaedic workshop services if required 				
	<ul style="list-style-type: none"> • Refer disabled children with physical anomalies to nearest physiotherapy services 				
7. Regular Supply of Essential drugs	<i>(See last column)</i>				
General- Information, Education and Communication	<ul style="list-style-type: none"> • Promotion of healthy lifestyles and care-seeking behavior 				

Table 12: Health Sub-Center: Summary of BPHS Services, Staffing, Facility Features and Essential Drugs

Population Catchments Area served 4000-9000

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	<ul style="list-style-type: none"> Provide antenatal care; refer complicated cases 	<p>The sub-center will be staffed as follows:</p> <p>Male nurse 1</p> <p>Community midwife 1</p> <p>Cleaner/Guard 1</p>	Private house provided by the community	Stethoscope	<p>Anesthetics: Oxygen, Lidocaine</p> <p>Analgesics: Acetaminophen, Acetyl, Salicylic Acid, Ibuprofen, Diclofenac</p> <p>Anticonvulsants: Diazepam, Magnesium Sulfate, Phenobarbital,</p> <p>Antidotes: Activated charcoal, Calcium Gluconate</p> <p>Antihistamines: Chlorpheniramine Maleate</p> <p>Anthelminthics: Mebendazole</p> <p>Antibacterials: Amoxicillin, Benzathine Benzyl Penicillin, Phenoxymethyl Penicillin (Penicillin V), Procaine Penicillin, Chloramphenicol, Doxycycline, Co-trimoxazole, Ampicillin, Gentamycin,</p>
	<ul style="list-style-type: none"> Refer all deliveries, if no referral possible attend normal deliveries 		Examination room	Sputum and blood specimen bottles	
	<ul style="list-style-type: none"> Identify sick newborns and refer after first aid 		Delivery room	Vision testing charts	
	<ul style="list-style-type: none"> Provide micronutrient supplementation 		Wound dressing area	Sphygmomanometer	
	<ul style="list-style-type: none"> Provide counseling on family planning and exclusive breastfeeding 		Pharmacy	Dispensing counting tray	
	<ul style="list-style-type: none"> Distribute condoms and oral contraceptives, and provide follow-up DMPA 		Patient registration room	Pediatric and adult scales	
2. Child Health and Immunization	<ul style="list-style-type: none"> EPI routine (All antigens) Outreach immunization service EPI-plus (ORS+ De-worming) Supplementary Immunization Activities Disease surveillance and case reporting 		Waiting room (area)	Cold box/refrigerator for EPI	
			Medical records area	Vaccine carrier and ice pack	
			Health Education area	Patella hammer	
			Disability materials (Visual and written)	Diagnostic set or Otoscope	
				Drip stand	
				Flashlight	

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • VPD out break response • Vitamin A supplementation • Infection control, safe injection practices, and waste • Reporting • Supervision and monitoring • Manage cases of ARI, pneumonia, diarrhea, fever, malaria, provide ORT, refer complicated cases • Support case management of measles • Identify gravely ill children and refer 				
3. Public Nutrition	<ul style="list-style-type: none"> • Support for exclusive breastfeeding • Community-based malnutrition management • Multi-micronutrient and iron supplementation • School feeding Community food demonstration 				
4. Communicable disease Treatment and Control	<ul style="list-style-type: none"> • TB case detection using sputum smear • Short course Chemotherapy , including DOTS—For identified TB patients, encourage compliance with DOTS determined treatment 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<p>and HIV testing</p> <ul style="list-style-type: none"> • Referral of self-reporting TB patient • Surveillance of cases of interrupted TB treatment, active case-finding • Clinical diagnosis of malaria and treatment of uncomplicated cases • Promotion and distribution of insecticide-treated mosquito nets • Referral for VCCT by HIV prevention education 				
5. Mental Health	<ul style="list-style-type: none"> • Awareness raising & psycho-education • Case identification and referral • Basic psychosocial support for individuals, families and groups • Follow up of chronic patients (Treatment compliance) • Support community-based self-help for drug addiction-harm reduction and referral of IDUs for testing • Mental health training for staff and health workers • Reporting 				
6. Disability Services	<ul style="list-style-type: none"> • Disability and Physical rehabilitation awareness, prevention and education 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> Home visit program for paraplegic patients (in urban setting) Refer patients to nearest Physiotherapy and Orthopedic rehabilitation services as required Refer disabled children with physical anomalies to nearest Physiotherapy services 				
7. Regular Supply of Essential drugs	<i>(See last column)</i>				
General-Information, Education and Communication	<ul style="list-style-type: none"> Promotion of healthy lifestyles and care-seeking behavior 				

Table 13: Basic Health Centre: Summary of BPHS Services, staffing facility features and essential drugs

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

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	<ul style="list-style-type: none"> Antenatal care; refer complicated cases 	Nurse (male) 1	Examination room	Stethoscope	Anesthetics: Oxygen, Lidocaine
	<ul style="list-style-type: none"> Assist with normal deliveries, identification of danger signs and referral 	Community midwife 1	Delivery room	Sputum and blood specimen bottles	Analgesics: Acetaminophen, Acetyl, Salicylic Acid, Ibuprofen, Diclofenac
	<ul style="list-style-type: none"> Detection of postpartum anemia, puerperal infections 	Community health supervisor 1 Vaccinator 2	Wound dressing area	Vision testing charts Sphygmomanometer	Anticonvulsants/Anti-

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Identification of sick newborns and referral after first aid • Promoting exclusive breastfeeding • Micronutrient supplementation • Counseling on family planning • Screening for and treatment of STDs, HIV testing, condom promotion and supply Contraceptive services: DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available 				
2. Child Health and Immunization	<ul style="list-style-type: none"> • EPI routine (All antigens) • Outreach immunization service • EPI-plus (ORS+ De-worming) • Supplementary Immunization Activities • Disease surveillance and case reporting • VPD out break response 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Vitamin A supplementation • Infection control, safe injection practices, and waste • Reporting • Supervision and monitoring • Case management of ARI, pneumonia, diarrhea, measles, fever/malaria; provision of ORT, referral of complicated cases • Identification of gravely ill children and referrals 				
3. Public Nutrition	<ul style="list-style-type: none"> • Support exclusive breastfeeding • Growth monitoring • Diagnosis and treatment of malnutrition • Multi-micronutrient and iron supplementation • School feeding Improvement of sanitation Community food demonstration Treatment of severe malnutrition at community based (CTC): Community 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	Mobilization and screening				
4. Communicable disease Treatment and Control	Out patient management (OTP)				
	<ul style="list-style-type: none"> • TB cases detection using sputum smear (if lab available), HIV testing for TB patientsw 				
	<ul style="list-style-type: none"> • Short-course chemotherapy, including DOTS 				
	<ul style="list-style-type: none"> • Surveillance of cases of interrupted TB treatment, active case-finding 				
	<ul style="list-style-type: none"> • Preventive therapy for children contacts of TB patients 				
	<ul style="list-style-type: none"> • Clinical diagnosis of malaria and treatment of uncomplicated cases 				
	<ul style="list-style-type: none"> • Promotion and distribution of insecticide treated mosquito nets 				
	<ul style="list-style-type: none"> • Referral for VCCT for suspected HIV/AIDS patients HIV prevention education, NTDC or non test dependent counseling and referral for V CCT 				
5. Mental Health	<ul style="list-style-type: none"> • Awareness raising & psycho-education 				
	<ul style="list-style-type: none"> • Case identification 				
	<ul style="list-style-type: none"> • Psychosocial assessment 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> and basic psychosocial interventions • Basic treatment and referral of mental disorders • Support groups for people with substance abuse, mental disorders and their family members • Substance abuse: identification and education • Community-based rehabilitation and harm reduction • Support group for drug addicts, psychiatry patients/families and women • Mental health training for staff and health workers 				
6. Disability Services	<ul style="list-style-type: none"> • Disability and Physical rehabilitation awareness, prevention and education • Refer patients to nearest physiotherapy or orthopedic rehabilitation services as required • Identify and refer newborn and young children (ie Club foot, DDH) with physical anomalies to nearest 				

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	physiotherapy services				
7. Regular Supply of Essential drugs	<i>(See last column)</i>				
General- Information, Education and Communication	<ul style="list-style-type: none"> Promotion of healthy lifestyles and care-seeking behavior 				

Table 14. Mobile Package of Health Services: Summary of BPHS Services, Staffing, facility Features and Essential Drugs Population catchments area served:

Mobile Package of Health Services: Summary of BPHS Services, staffing, facilities and Essential Drugs					
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	<ul style="list-style-type: none"> • Antenatal care; refer complicated cases 	Female Health Provider (Doctor, Community Midwife, Female Nurse) 1	Examination rooms	Stethoscope	Anesthetics: Oxygen, Lidocaine, Lidocaine + Adrenaline Analgesics, Antipyretics, Nonsteroidal Anti-Inflammatory Drugs: Acetaminophen (Paracetamol), Acetyl Salicylic Acid (Acetylsalicylic Acid), Ibuprofen Anticonvulsants/Anti-Epileptics: Diazepam, Magnesium Sulphate, Phenobarbital Antidotes: Activated charcoal Antihistamines: Chlorpheniramine Maleate (Chlorphenamine) Anti-Infective Medicines: Mebendazole,
	<ul style="list-style-type: none"> • Assist with normal deliveries, identification of danger signs and referral 		Delivery Room	Sputum and blood specimen bottles	
	<ul style="list-style-type: none"> • Detection of postpartum anemia, puerperal infections 	Male Health Provider (Doctor or Nurse) 1	Wound dressing area	Vision testing chart	
	<ul style="list-style-type: none"> • Identification of sick newborns and referral after first aid 		Pharmacy	Sphygmomanometer	
	<ul style="list-style-type: none"> • Promoting exclusive breastfeeding 	Vaccinator 1	Patient registration area	Dispensing counting tray	
	<ul style="list-style-type: none"> • Micronutrient supplementation 	Driver 1	Waiting area	Pediatric and adult scales	
	<ul style="list-style-type: none"> • Counseling on family planning 		Medical records Table	Cold box/refrigerator for EPI	
	<ul style="list-style-type: none"> • Screening for and treatment of STDs, HIV testing, condom promotion and supply 		Health Education area	Vaccine carrier and ice pack	
	Contraceptive services:		((Disability awareness)	Patella hammer	
		Disability materials (Visual and	Diagnostic set or autoscope		
			Drip stand		

Mobile Package of Health Services: Summary of BPHS Services, staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available				
2. Child Health and Immunization	<ul style="list-style-type: none"> • EPI routine (All antigens) • Outreach immunization service • EPI-plus (ORS+ De-worming • Supplementary Immunization Activities • Disease surveillance and case reporting • VPD out break response • Vitamin A supplementation • Infection control, safe injection practices, and waste • Reporting • Supervision and monitoring • Case management of ARI, pneumonia, diarrhea, measles, fever/malaria; provision of ORT, referral of complicated 				

Mobile Package of Health Services: Summary of BPHS Services, staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	cases <ul style="list-style-type: none"> • Identification of gravely ill children and referrals 				
3. <i>Public Nutrition</i>	<ul style="list-style-type: none"> • Support exclusive breastfeeding • Growth monitoring • Diagnosis and treatment of malnutrition • Multi-micronutrient and iron supplementation • School feeding Improvement of sanitation Community food demonstration Treatment of severe malnutrition at community based (CTC): Community Mobilization and screening Out patient management (OTP)				
4. Communicable Diseases	<ul style="list-style-type: none"> • TB cases detection using sputum smear (if lab available), HIV testing for TB patients • Short-course chemotherapy, including DOTS • Surveillance of cases of interrupted TB treatment, active case-finding • Preventive therapy for children contacts of TB patients • Clinical diagnosis of malaria and treatment of uncomplicated cases 				

Mobile Package of Health Services: Summary of BPHS Services, staffing, facilities and Essential Drugs					
BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Promotion and distribution of insecticide treated mosquito nets • Referral for VCCT for suspected HIV/AIDS patients • prevention education, NTDC or non test dependent counseling and referral for V CCT 				
5. Mental Health	• Awareness raising & psycho-education				
	• Case identification				
	• Psychosocial assessment and basic psychosocial interventions				
	• Basic treatment and referral of mental disorders				
	• Support groups for people with substance abuse, mental disorders and their family members				
	• Substance abuse: identification and education				
	• Community-based rehabilitation and harm reduction				
	• Support group for drug addicts, psychiatry patients/families and women				
	• Mental health training for staff and health workers				
6.Disability	• Disability and Physical				

Mobile Package of Health Services: Summary of BPHS Services, staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	rehabilitation awareness, prevention and education <ul style="list-style-type: none"> • Refer patients to nearest physiotherapy or orthopedic rehabilitation services as required • Identify and refer newborn and young children (ie Club foot, DDH) with physical anomalies to nearest physiotherapy services • Disability and Physical rehabilitation awareness, prevention and education 				
7. Essential Supply of Essential Drugs	(See last Column)				
General-Information, Education, and communication	Promotion of healthy lifestyles and care-seeking behavior				

Table 15: Comprehensive Health Centre: Summary of BPHS Services, Staffing, Facility Features and Essential Drugs

Population Catchments Area served: 30,000 – 60,000

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs					
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	<ul style="list-style-type: none"> Antenatal care, treatment of mild pre-eclampsia/eclampsia, incomplete miscarriage/abortion, if blood drawn for any reason to be tested for HIV 	Nurse (male) 1	Inpatient beds	Oxygen gauge and cylinder	Anesthetics: Ketamine (if anesthetist), Oxygen, Lidocaine, Lidocaine + Adrenaline Analgesics: Acetaminophen, Acetyl, Salicylic Acid, Ibuprofen, Diclofenac Tramadol Anticonvulsants: Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital Antidotes: Activated charcoal, Atropine, Calcium Gluconate Antihistamines: Chlorpheniramine Maleate Anthelmintics: Mebendazole Antibacterials: Amoxicillin, Ampicillin,
	<ul style="list-style-type: none"> Assistance with normal deliveries, provision of basic emergency obstetric care 	Nurse (female) 1	Minor surgery room	Neonatal resuscitation trolley	
	<ul style="list-style-type: none"> Detection of postpartum anemia, puerperal infection 	Community midwife 2	Holding beds	Hearing screening equipment	
	<ul style="list-style-type: none"> Care for new born; management of neonatal infections and sepsis 	Community health Supervisor 1	Exam rooms	EOC supplies and kit	
	<ul style="list-style-type: none"> Promoting exclusive breastfeeding 	Psychosocial Counselor 1	Delivery room	Sterilization equipment	
	<ul style="list-style-type: none"> Micronutrient supplementation 	Vaccinator 2	Wound dressing area	Hand crank centrifuge	
	<ul style="list-style-type: none"> Counseling on family planning 	Physician (male) 1	Pharmacy	Microscope	
	<ul style="list-style-type: none"> Screening for and treatment of STDs, if present then HIV testing condom promotion and supply 	Physician (female) 1	Laboratory area	Stethoscope	
	<ul style="list-style-type: none"> Contraceptive services: DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available 	Laboratory technician 1		Sputum and blood specimen bottles	
		Pharmacy technician 1			
	Administrator 1				
	Cleaners, Guards 4				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Gender training • Privacy for delivery rooms 				
<p>2. Child Health and Nutrition</p>	<ul style="list-style-type: none"> • EPI routine (All antigens) • Outreach immunization service • EPI-plus (ORS+ De-worming • Supplementary Immunization Activities • Disease surveillance and case reporting • VPD out break response • Vitamin A supplementation • Infection control, safe injection practices, and waste • Reporting • Supervision and monitoring 				
	<ul style="list-style-type: none"> • Case management of ARI, pneumonia, diarrhea, 				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	measles, fever/malaria; provision of ORT, referral of complicated cases <ul style="list-style-type: none"> • Identification of gravely ill children and referrals 				
3. Public Nutrition	<ul style="list-style-type: none"> • Support exclusive breastfeeding 				
	<ul style="list-style-type: none"> • Growth monitoring 				
	<ul style="list-style-type: none"> • Diagnosis and treatment of malnutrition 				
	<ul style="list-style-type: none"> • Multi-micronutrient and iron supplementation 				
	<ul style="list-style-type: none"> • School feeding 				
4. Communicable disease Treatment and Control	Improvement of sanitation	<ul style="list-style-type: none"> • Community food demonstration 			
	<ul style="list-style-type: none"> • Treatment of severe malnutrition at community based (CTC): Community Mobilization and screening 	<ul style="list-style-type: none"> • TB cases detection using sputum smear (if lab available) if TB positive then HIV testing 			
	<ul style="list-style-type: none"> • Short-course chemotherapy, 				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	including DOTS, DOTS + in multi-drug resistant (MDR) TB <ul style="list-style-type: none"> • Surveillance of cases of interrupted TB treatment, active case-finding • Preventive therapy for children and contacts of TB patients • Clinical and microscopic diagnosis of malaria and treatment of complicated cases • Promotion of insecticide treated mosquito nets Information, education, and communication Referral to HIV counseling (and testing where indicated) HIV testing for TB (PITC) HIV testing for STI (PITC) HIV testing for ANC (PITC) HIV testing for diagnosis (CITC) HIV testing for injecting drug use (PICT) HIV testing for blood safety				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	(PITC) CTX (co-trimoxazole) prophylaxis OI (opportunistic infection) and TB Monitoring, supervision and support for ARV prophylaxis for PMTCT Monitoring, supervision and support for ART (antiretroviral treatment) Infection control, safe injection practices, and waste Referral to physical rehabilitation services (exercise training) if required				
5. Mental Health	<ul style="list-style-type: none"> • Awareness raising & psycho-education • Case identification • Biopsychosocial treatment of severe mental disorders, common mental disorders, epilepsy, childhood mental disorders, substance abuse disorders • Psychosocial counselling services • Support groups for people 				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	with substance abuse, mental disorders and their family members <ul style="list-style-type: none"> • Community-based rehabilitation • Follow-up of patients with mental disorders • Teamwork on Mental Health and Psychosocial Support with staff of DH and BHC • Mental Health Training and supervision of BHC and HP staff • Reporting & documentation 				
6. Disability Services	<ul style="list-style-type: none"> • Disability and physical rehabilitation awareness, prevention and education • Physiotherapy assessment and treatment for patients including those with disability • Providing home visits to patients as needed • Refer patients for corrective surgery, prostheses, Orthoses and mobility aids to orthopedic surgeon and orthopedic workshops in the regions • Promote early identification of children with physical anomalies that is club foot, developmental Dysplasia of the Hip Joint for treatment 				

Comprehensive Health Centre: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Inpatient and outpatient physiotherapy, orthopedics diagnosis • Referral for fitting and training in use of orthotics and prosthesis 				
7. Regular Supply of Essential drugs	<ul style="list-style-type: none"> • <i>(See last column)</i> 				
8. Blood Transfusion	<ul style="list-style-type: none"> • Collect, test and screen blood • Perform transfusion 				
General- Information, Education and Communication	<ul style="list-style-type: none"> • Promotion of healthy life-styles and care seeking behavior • Community outreach and promotion of radio health dramas, messages and spots 				

Table 16: District Hospital: Summary of BPHS Services, Staffing, Facility Features and Essential Drugs

Population Catchments Area served: 100,000 – 300,000

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs					
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	<ul style="list-style-type: none"> Antenatal care, treatment of mild pre-eclampsia/eclampsia, incomplete miscarriage/abortion. if blood drawn for any reason to be tested for HIV 	Physician-general (male) 2	Operating theatre Recovery room	Oxygen gauge and cylinder Neonatal resuscitation trolley	Anesthetics and related drugs : Ketamine, Oxygen, Lidocaine, Lidocaine + Adrenaline, Pancuronium Bromide, Atropine Analgesics: Acetaminophen, Acetyl, Salicylic Acid, Ibuprofen, Diclofenac, Tramadol, Morphine Anticonvulsants: Carbamazepin, Diazepam, Magnesium Sulphate, Phenobarbital, *Sodium Valproate, Antidotes: Activated charcoal Neostigmine Naloxone, Anti Tetanus Serum(ATS), Calcium Gluconate Antihistamines: Chlorpheniramine
	<ul style="list-style-type: none"> Assistance with normal deliveries, provision of comprehensive emergency obstetric care 	Physician—general (female) 2	Emergency (Trauma) room	EmOC supplies	
	<ul style="list-style-type: none"> Detection and treatment of postpartum anemia, puerperal infection 	Surgeon 1	Nursery	Hearing screening equipment	
	<ul style="list-style-type: none"> Care for newborns; management of neonatal infections and sepsis, newborn incubator 	Anesthetist 1	Inpatient beds	Basic emergency obstetric care kit	
	<ul style="list-style-type: none"> Promoting exclusive breastfeeding 	Pediatrician 1	Minor surgery room	Sterilization equipment	
	<ul style="list-style-type: none"> Micronutrient supplementation 	Dentist 1	Holding beds	Hemoglobin meter	
	<ul style="list-style-type: none"> Counseling on family planning 	Nurse (male) 5	Examination room	Hand crank centrifuge	
	<ul style="list-style-type: none"> Screening for and treatment of STDs if present then HIV testing condom promotion and supply 	Nurse (female) 5 (Out of five female nurses 2 specified for TFU)	Delivery room	Microscope	
	<ul style="list-style-type: none"> Contraceptive services: 	Midwife 4	Wound dressing room	Stethoscope	
		Community health Supervisor 1	Pharmacy	Vision testing chart	
	Pharmacist 1	Laboratory Area	Sphygmomanometer		
	Vaccinator 2	Patient registration room	Dispensing counting tray		
		Waiting room			
		Medical Records Area			

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	DMPA injections, distribution of condoms and oral contraceptives, IUDs if trained person available Female and male sterilization <ul style="list-style-type: none"> • Gender training • Privacy for delivery rooms 				
2. Child Health and Immunization	<ul style="list-style-type: none"> • Delivery of EPI Services • Case management of ARI, pneumonia, diarrhea, measles, fever/malaria; provision of ORT, referral of complicated cases • Identification and treatment of gravely ill children 				
3. Public Nutrition	<ul style="list-style-type: none"> • Support exclusive breastfeeding • Growth monitoring • Diagnosis and treatment of malnutrition • Multi-micronutrient and iron supplementation • Coordinate school feeding programs • Improvement of sanitation • Running of TFC • Inpatient care /Stabilization 				
4. Communicable	<ul style="list-style-type: none"> • TB cases detection using 				

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
disease Treatment and Control	sputum smear				
	<ul style="list-style-type: none"> • X-ray for smear negative patients 				
	<ul style="list-style-type: none"> • Short-course chemotherapy, including DOTS, DOTS + in multi-drug resistant (MDR) TB 				
	<ul style="list-style-type: none"> • Surveillance of cases of interrupted TB treatment, active case-finding 				
	<ul style="list-style-type: none"> • Preventive therapy for children and contacts of TB patients 				
	<ul style="list-style-type: none"> • Clinical and microscopic diagnosis of malaria and treatment of complicated cases 				
	<ul style="list-style-type: none"> • Promotion of insecticide treated mosquito nets 				
	Counseling for HIV/AIDS Information, education, and communication Referral to HIV counseling (and testing where indicated) HIV testing for TB (PITC) HIV testing for STI (PITC) HIV testing for ANC (PITC) HIV testing for diagnosis (CITC)				

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<p>HIV testing for injecting drug use (PICT)</p> <p>HIV testing for blood safety (PITC)</p> <p>CTX (Co-trimoxazole) prophylaxis</p> <p>OI (opportunistic infection) and TB</p> <p>Monitoring, supervision and support for ARV prophylaxis for PMTCT</p> <p>Monitoring, supervision and support for ART (antiretroviral treatment)</p> <p>Infection control, safe injection practices, and proper waste disposal</p> <p>Referral to physical rehabilitation services (exercise training) if required</p>				
Mental health	<ul style="list-style-type: none"> • Awareness raising & psycho-education • Diagnosis and bio psychosocial treatment of severe mental disorders, 				

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<p>common mental disorders, epilepsy, childhood mental disorders, substance abuse disorders</p> <ul style="list-style-type: none"> • Psychosocial counseling • Brief hospitalization of patients with severe acute symptoms of mental illness • Back referral to lower levels of health care system for follow up • Training and supervision in mental health and psychosocial support for staff of CHC and BHC • Support groups for people with substance abuse, mental disorders and their family members 				
6.Disability Services	<ul style="list-style-type: none"> • Provide physiotherapy assessment and treatment for patients including those with disabilities • Awareness raising and education about disability and physical rehabilitation • Providing home visits to patients as needed • Refer patients for corrective surgery, Prostheses, Orthoses and mobility aids to orthopedic surgeons and Orthopedic workshop in the regions 				

District Hospital: Summary of BPHS Services, Staffing, facilities and Essential Drugs

BPHS Core Area	Interventions/Conditions Treated/Services Provided	Type and Number of Staff	Illustrative Facility Features	Illustrative Equipment and Supplies	Essential Drugs
	<ul style="list-style-type: none"> • Promote early identification of children with physical anomalies (ie Club foot, Developmental Dysplasia of the Hip) for treatment 				
7. Regular Supply of Essential drugs	<ul style="list-style-type: none"> • (See last column in this table) 				
8. Blood Transfusion	<ul style="list-style-type: none"> • Collect, test and screen blood • Perform transfusion 				
General- Information, Education and Communication	<ul style="list-style-type: none"> • Promotion of healthy life-styles and care seeking behavior • Community outreach and promotion of radio health dramas, messages and spots 				

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

1. Background

Community-based health care (CBHC) is the cornerstone of successful implementation of the BPHS. It provides the context for the most comprehensive interaction between the health system and the communities it serves. Its success depends upon community participation and a partnership between community and health staff.

The implementation of CBHC recognizes first that families and communities have always looked after their own health. Religion and cultural norms and beliefs play an important part in health practices, and families are making decisions to maintain health or care for illness every day. In addition, community members understand and have better information on local needs, priorities, and dynamics. The partnership of health services with communities, therefore, has two aspects:

- To persuade families and communities to make appropriate use of scientific health services, and to change certain behaviors and social norms for more healthy ones,
- To accept the guidance and collaboration of communities in the implementation of health programs and the acceptable provision of health care, and encourage them to identify and solve their own problems.

While there is no universally accepted definition of CBHC, global experience has identified three consistent components of CBHC:

- Partnership between the community and the health facility staff,
- Appropriate and good quality care by community-based providers,
- Promotion of healthy practices and life styles.

Community Integrated Management of Childhood Illnesses (C-IMCI) is a very large and important component of CBHC; it consists of the same three components.

Experience of the implementation of these components has produced a set of global principles of CBHC:

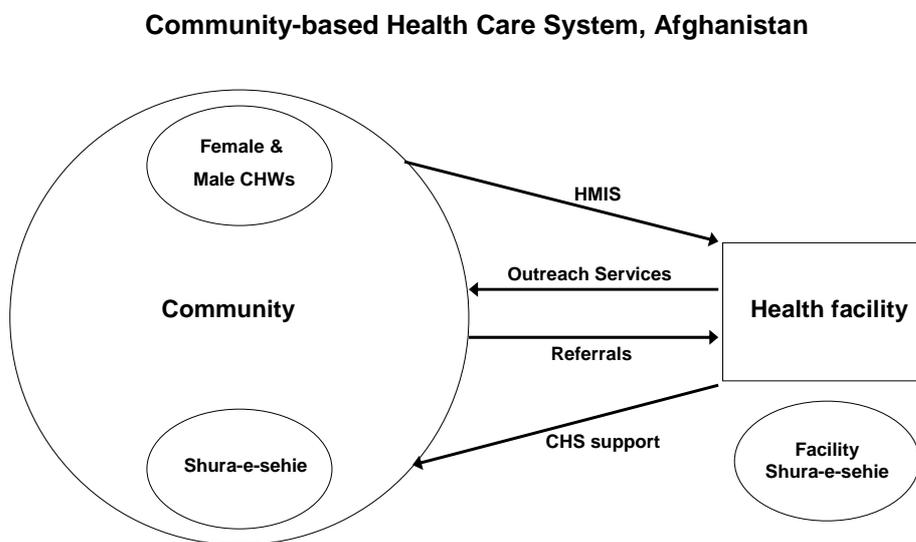
- CBHC focuses on major health problems for which solutions exist.
- The lowest-level health worker can provide the service at a reasonable standard of quality.
- Health workers are locally identified and recruited.
- Health workers are trained incrementally, one skill at a time.
- An established list 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.

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

Figure 2. Community-based Health Care: the Backbone of the BPHS



The Afghan CBHC system is shown in the figure. This is supposed to emphasize the dynamic nature of this system. The components of this system include:

9. Health facility

The facility provides many case management, midwifery and preventive services that are not available at the HP. Facility staff should work with community leaders and CHWs to optimize use of these services by the community.

Many facilities also provide outreach services to communities with poor access to the facility. EPI is the main program delivered in this way because of the importance of achieving herd immunity.

10. Facility Shura (See details in section 4.)

The facility shura works with facility staff to assure the relevance of services to community needs, and good quality of care and patient satisfaction at the facility.

11. Community Health Workers. (See section 3 for Job Description.)

CHWs are community volunteers. A health post has one male and one female CHW to serve a population of 100-150 families. CHWs are trained to provide high impact primary care in the community, and to refer severely sick patients and those needing preventive services or delivery care. They also promote healthy behaviors and lifestyles in the community.

CHWs maintain records of their activities and provide monthly reports to the HMIS system.

12. Community Shura-e-sehie (See details in section 4.)

The community shura provides leadership and support to all health-related activities in their community. They select, support and supervise the CHWs in the community; they monitor the community map with the CHWs to be able to encourage families to make full use of preventive health services including outreach services; they provide leadership in the adoption and promotion of new behaviors and social norms.

13. Community Health Supervisor (See job description in section 5.)

Community Health Supervisors are members of the health facility staff. They are the main links between the facility and the communities around the facility. They support and supervise all the CHWs, collect and process all monthly reports from CHWs, meet regularly with Shura, and manage all community-based health programs.

• **The Community Health Worker**

A health post should have one male and one female CHW if possible. The MOPH encourages the training of couples assigned to the same health post. At least 40% of CHWs should be female. A health post serves a population of between 1000 and 1500 people, but in sparsely populated areas the population served may be as small as 400. Health program managers should give special attention to the coverage of communities by CHWs and train more if required to give access to the whole population.

a. Changes to the job description in this revision of the BPHS

No major changes are introduced to the job description of the CHW in this revision. Some changes are introduced to the provision of birth spacing services and the management of diarrheal diseases. These are being supported by in-service training programs and changes to the preservice training.

- After appropriate training, CHWs will be allowed to counsel women on the use of DMPA and give the first injection as well as follow-up injections
- CHWs are encouraged to promote the Lactation Amenorrhea Method (LAM) of birth spacing in the first six months after a child is born, and then counsel women on the transition to another appropriate birth spacing method.
- Zinc therapy is introduced into the management of all diarrheal diseases.
- Cases of dysentery will need to be referred for treatment with Ciprofloxacin.

CHWs will also be taught to be more aware of mental health and disability problems that can be helped, and how to refer such people.

b. 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. Actively work with mother's groups to promote healthier homes and maternal and child health.
3. Encourage and mobilize family/community participation in the immunization of children and women of child-bearing age.
4. 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).

5. Promote good nutrition practices and encourage early breastfeeding and exclusive breastfeeding of children under six months of age for till the age of two.
6. Promote use of Oral Rehydration Salt (ORS) and other homemade rehydration fluids for home management of diarrhea and dehydration.
7. Promote hygiene and sanitation, and the preparation and use of safe drinking water.
8. Encourage couples to practice birth-spacing and receive family planning services.
9. Promote psychosocial well-being and mental health in the community and raise awareness about prevention identification of disability.
10. 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 to moderate cases and refer complicated cases to the nearest health center.
2. Counsel patients on correct use of medications included in the CHW kit.
3. The CHW should create awareness among the community on how to prevent TB and should refer or accompany suspected cases to a health facility. Following completion by a tuberculosis patient of the first phase of 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.
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. Promote LAM together with exclusive breastfeeding for the child's health during the first six months of a child's life. Administer first and follow-up injections of Depo Provera. 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. Regularly complete and submit the monthly Tally Sheets to the CHS for the HMIS.
5. Know the members of the community, and develop a community map of the eligible families in the catchment area and the services they have used.
6. Report all deaths and other activities included in the report form of the health post. Inform the health facility of any disease outbreaks.
7. Manage the health post, maintaining supplies and drugs given to CHWs and reporting utilization of drugs and supplies.
8. The establishment of Shurai Sehi at the HP level.

c. Compensation for CHWs

CHWs should be compensated for all legitimate expenses (transport and food) when working outside their community. Specifically, approved under this BPHS revision:

- Afs100 per month for routine work travel
- Additional expenses (Afs50) for approved tasks like accompanying a suspected TB patient to a facility with a laboratory.

On salaries, the MOPH 2005 policy continues: “The MOPH will not make regular payments to Community Health Workers (CHWs) from the MOPH budget and do not recommend donors’ resources be allocated for regular payment to CHWs because such a policy is financially unsustainable.”

Communities are encouraged to support and compensate CHWs in traditional ways.

• Role and Terms of Reference of Community and Facility Shura

There are two levels of health shura,

1. Community Health Shura at health post level
2. Health Shura at Health facility level.
Clearly defining the policy roles and responsibilities of the Shuras are essential to ensure the orderly implementation of CBHC activities.

1. COMMUNITY HEALTH SHURA AT HEALTH POST LEVEL:

1.1: Community/health post level shura formation:

The existing shura in the communities will be considered for the community health shura for BPHS activities. However, the existing shura may be reorganized to ensure more responsive to community health needs. The decision of selection/election of the shura members will be depending on community opinion. Health Facility/Health post will facilitate dialogue with different levels of people and beneficiaries of BPHS programs to select/elect community health shura members. Members for the shura may vary from 6-9 depending on community size and opinion. The shura composition will be:

- Chairperson: 1
- Member 5 – 8
- One third of the members to be women if possible.

The concern Trainer or supervisor will act as member secretary of the shura. The member secretary will be responsible for recording and maintaining meeting minutes. At least attendance of two-third members is essential for meeting quorum taking any decision.

The shura members will be selected /elected on the basis of the following criteria:

- Resident at the health post catchments area of the community
- Well known/reputed/influential/authentic formal and informal leaders from community (i.e. like malik, mullah, teacher, etc.) and members from other development program (i.e. credit program, Water Sanitation program, etc.)
- Ensure representation from all cucha (neighborhood)/mosque/corners/section/ of the community
- Beneficiaries of the health program
- Ensure female representation in the shura

A separate female shura may frequently be considered depending on community opinion and culture. The same criteria for selection/election of members will be followed in case of separate female shura.

1.2: Roles and responsibilities:

- Be knowledgeable on selected BPHS, CBHC policies and CHW’s job description

- Review monthly progress/performance of CHWs' activities including his/her updating community maps, completion of the monthly Tally Sheet, and referral clients to health facilities, and give feedback to the CHS or CHWs regarding their performance.
- Develop, implement and review progress of annual action plan for popularizing BPHS activities,
- Support the CHWs in the promotion of healthy behaviors and appropriate use of health services at community and facility level,
- Support outreach activities from the facility and mobilize the community to participate,
- Mobilize local resources for strengthening and sustaining BPHS activities
- Conduct monthly meetings and ad hoc emergency meetings
- Giving ideas and active participation in selection/election of CHWs
- Giving ideas and active participation in selection/election of Mother's Groups

2. SHURA-E-SEHEE AT FACILITY LEVEL:

2.1: Shura-e-Sehee formation:

The staff of each level health facility will facilitate the establishment of facility level "Shura-e-Sehee". The Shura-e-Sehee involves different users groups in the management of the health facility and also promotes community-based activities which aim to improve the health status of the population living in the catchments area of the health facility. The Shura-e-Sehee members will be selected /elected from the community health shura at health post level as well as the catchment's area of respective facility. Members for the shura may vary from 13-15 depending on community size (population and geographical distribution) and opinion. The shura composition will be:

- Chairperson: 1
- Member 12 – 14
- One third of the members should be women if possible .

The shura members will be selected /elected on the basis of the above mentioned criteria for HP Shura

2.2: Roles and responsibilities:

- Be knowledgeable on selected BPHS, CBHC policies and CHW's job description
- Write and sign a constitution of the facility level shura. The constitution will record the names and gender of the members and their location of origin (to ensure equitable representation of the communities within the catchments area), the name of the elected chairperson and member secretary. The facility in-charge will act as member secretary of the shura. The member secretary will be responsible for recording and maintaining meeting minutes.
- Facilitate a health need assessment with the facility level shura members. The need assessment should focus on the major health related problems perceived to be faced by the community.
- Based on BPHS and the health problems perceived by the communities they represent will develop an annual action plan.
- In case of possibility organize an "open door event" (a specific day like Bazaar day, for visiting the health facility to know about services provided and getting an idea of ownership and trust to people) at the health facility for public in every 6 month
- Mobilize local resources for strengthening and sustaining BPHS activities
- Support facilities and community health shura in performing their responsibilities
- Conduct monthly meetings and maintain meeting minutes
- Monitor monthly performance of the facility and satisfaction of clients
- Review implementation status of annual action plan

2.3: Discontinuation of shura membership:

- A member will notify the respective shura if she/he wants to discontinue as a member of the shura. The shura will replace her/him in consultation with people under catchments area.
- The shura may cease any member for the following reasons:
 - Absent from 3 consecutive meetings
 - Mentally/physically unable to perform his/her responsibilities
 - Involved in activities, which may cause harm or against the BPHS activities.

- **Community Health Supervisor (CHS)**

- 1. Supervision of CBHC**

The job of the CHS was created in 2005 and adopted into the BPHS in the 2005 revision. All BPHS facilities that are supervising Health Posts should have at least one CHS, and preferably a male and a female CHS (a couple is preferable). Currently, the supervision of female CHWs is poor because only about 10% of CHSs are females. BPHS implementers are encouraged to work out ways to improve the supervision of female CHWs by increasing the number of female CHSs, sharing existing female CHSs between neighboring facilities, or making time in the job of other female technical staff to support the CHWs.

Effective coverage of all health posts by male CHSs should also be considered. Many CHCs and DHs have 20, 30 or more health posts in their catchment areas. In general, CHSs can provide adequate supervision to about 15 health posts depending upon travel conditions. Deployment of additional CHSs to cover larger numbers of health posts around health facilities should be considered.

- 2. Job Description of Community Health Supervisor (CHS)**

Reports to Head of the health facility (BHC/CHC/DH)

Qualifications:

- Graduate of high school. Professional qualification in health is preferred (a male or female).
- Respected, self-motivated resident of the local community
- Strong communication skills.
- Experience in community development, health care or management experience will be an advantage.
- Working knowledge of Pashto or Dari and fluent in local language if not Dari or Pashto
- Able and willing to travel to all parts of the area extensively

Overall Responsibility:

A Community Health Supervisor will be posted at all BPHS health facilities.

The CHS will supervise all community health activities, not only CHW activities. He or she will assist in training, supporting and supervising CHWs and will also supervise public health programs and promote collaboration between the facility and the community. He or she also assists in the formation and linkage of community health committees (Shura-e-Sehie) with the CHW program and health facilities. He or she is responsible for supporting the community in identifying and addressing their health problems.

Training:

- Assists in practical training during CHW training courses, including supervising the practical experience of the CHWs in the community during their training
- Provides on-the-job and monthly in-service training to CHWs
- Reviews and evaluates the performance of the CHWs and identifies need for further training

Support and supervision:

- Assists the staff of the health facility in making plans for the community health programs in the facility and its catchment area.
- Implements, supervises and evaluates the community health program activities in the catchment area of the health facility.
- Identifies and reports immediately to the head of the health facility any problems that may interfere in achieving program objectives
- Guides the CHWs in the development and implementation of their action plans.
- Conducts monthly supervisory meetings with CHWs.
- Ensures regular replacement of supplies in the CHW kits.
- Conducts regular visits to the CHWs in their communities to assess and assist their work.

- Encourages team work among CHWs, especially when they are working in the same catchment population
- Provides regular reports on the CHWs to the head of facility

Health Management Information System:

- Supervises the quality of the pictorial registers and Community Maps maintained by the CHWs and assists the CHWs where needed.
- Supervises completion of the MARs by CHWs and the completion of the facility MAAR.
- Consolidates the MAARs and assists the head of the health facility in preparing consolidated monthly reports and assists in maintaining graphs to monitor the facility health programs.
- Assists in supervising any required community health survey
- Uses the reporting system and information received from village health committees (Shura-e-Sehie) to monitor health conditions and submits findings to the person in charge of the health facility.

Facility-community collaboration:

- Assists formation of community health committees (Shura-e-Sehie)
- Provides orientation session on BPHS and on health topics of concern to the community Shura
- Guides in formation & implementation of community-based health activities
- Promotes support for CHWs
- Provides feedback from community to head of the health facility

• **Traditional Birth Attendants**

International experience has shown that trained TBAs have made no impact on maternal health without very close integration into a health system. The 2005 BPHS revision, therefore, said:

Traditional birth attendants (TBAs) will be replaced by female CHWs at all health posts.

- All existing TBAs should be encouraged to become CHWs.
- Training of all TBAs as female CHWs should be promoted.
- Eligibility criteria should be set for TBAs to become community midwives (CMW).
- Supervision of remaining TBAs should be performed by BHCs and CHCs.
- Female CHWs should partner with TBAs to deliver important health messages to families.

Annex B: Contents of Minor Surgery Kit by type of Facility

Table 17. Contents of Minor Surgery Kit by type of Facility

Item Description	Sub-Center	BHC	MPHS	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	√	√	√	√	√
Kidney Trays	√	√	√	√	√

Annex C: Detailed List of Contents of Mini Delivery, Clean Delivery, and Midwifery kits

Table 18. Detailed List of Contents of Mini Delivery, , Clean Delivery, and Midwifery kits

Item Description	Mini delivery Kit	Clean Delivery Kit	Midwifery Kit
Present at health post	√		
Present at Sub- center		√	√
Present at BHC		√	√
Present at MHT		√	
Present at CHC		√	√
Present at DH		√	√
Scissor	√	√	√
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 for 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		√	√
Clamps (hemostats)		√	√
Suction pump, hand or foot operated	√	√	√
Vacuum extractor			√
Uterine dilator			√
Curette, uterine			√
Vaginal retractor			√
Ambu bag			√
Guerdal airways – neonatal, child and adult			√

Annex D.

Job Description of a Physiotherapist

Position: Physiotherapist

Responsible to: Head of Department/Medical Supervisor or;
Senior Physiotherapist

Responsibilities

1. Assess the patient, taking care to write detailed assessment cards with history, problem list, long and short term goals and treatment plan
2. Undertake suitable treatments and follow up as appropriate; treatment may include patient education, use of exercises, mobilization and other physical modalities such as electrotherapy.
3. Undertake in-patient treatment and participate in ward rounds as appropriate⁵
4. Refer patients to other specialities such as orthopaedic services as appropriate
5. Prescribe and measure suitable walking aids and wheelchairs as appropriate
6. Use all physiotherapy equipment, supplies and machinery properly and safely, take care of them and keep them clean
7. Be punctual and professional in working practice and follow the requirements of the administration on time-keeping, report writing and preparation of any necessary documents
8. Follow up patients in home based visits or outreach programmes as appropriate
9. Cooperate with relevant medical and health personnel in the best interest of the patient
10. Educate medical doctors, other healthcare workers and local communities on the benefit of physiotherapy
11. Provide training to families, and community health workers on basic exercises as appropriate
12. Supervise PTAs in the treatment and follow-up of patients
13. prepare monthly statistical reports
14. any other duties commensurate with level as instructed by line manager

PROFESSIONAL QUALIFICATIONS:

Have completed a recognized training course. In Afghanistan this will mean person has followed the curriculum set out by PTI at PTI, IAM, SCA, and SGAA. PARSA, SERVE, ICRC

Personal Qualifications

Should be motivated to work in the profession and desire to help people particularly the disabled

Calm approach and good communicator with patients and staff

Likes to work in a team and demonstrate professional appearance and honesty

Participation

Will be required to participate in physiotherapy section meetings and general meetings, Commitment to continued professional development

⁵ Physiotherapists working at District Hospitals

Annex E.

MONITORING AND EVALUATION OF THE BPHS

In order to effectively monitor and evaluate BPHS, the ministry focuses on results defined by the Health and Nutrition Sector Strategy (HNSS) and Millennium Development Goals. National targets have been defined in the HNSS to be achieved by 2013. However, specific targets should be set at the provincial level based on the result of provincial household survey.

Information and reports produced by the MoPH other ministries and agencies used to gather information on performance and implementation of BPHS are:

1. Health Management Information System (HMIS) providing information in facility-based estimates for select process indicators;
2. National Health Services Performance Assessment providing information on process and outcome indicators;
3. Census figures by Central Statistics Office provide population estimates at village, district, province and national level;
4. Household surveys like Afghanistan Health Survey (AHS), Multiple Indicator Cluster Survey (MICS) and National Risk and Vulnerability Assessment (NRVA) providing information on selected primary health and nutrition indicators at population level;
5. Other special studies, like qualitative surveys, measurement of maternal mortality, etc.

The following table provides the framework linking the various aspects of M&E with what needs to be measured and which tool provides the relevant information for effective M&E of BPHS implementation:

Table 19. Monitoring and Evaluation of BPHS

Terminology used				What is Measured	Available Data sources	
Program evaluation	Monitoring and Evaluation		Formative	Existing knowledge, beliefs, attitude and practices; target groups and subgroups; barriers to action; levels of access to services, information, social support groups and a variety of resources channels	Existing epidemiologic and demographic reports (CSO, HHS); special studies using focus groups, in-depth interviews, direct observation, etc... (Qualitative Survey; Mortality Survey)	
			Program Performance monitoring	Process evaluation	Monitoring inputs	Inputs
	Monitoring outputs	Process			Activities completed, units produced: number of newly trained personnel, of personnel refresher trained, of community meetings held, of immunization campaigns	HMIS, HRD, NHSPA
		Service outputs			Quality of care, accessibility of services: number BPHS facilities per 10000 people, number of BPHS facilities with certified personnel, percentage of BPHS facilities implementing DOTS, number of trained CHWs per 1000 people	HMIS, NHSPA

			Evaluation		Utilization outputs	Utilization of services: number of patients seen, cases diagnosed, number of specific tests performed, number of contraceptives sold/distributed, number of ANC/PNC visits, number of deliveries by trained attendants	HMIS, NHSPA
		Monitoring outcomes		Initial	Knowledge, attitude, beliefs	Household surveys	
				Intermediate	Behavior and practice	Household Surveys	
		Impact assessment		Long-term	Health status: mortality, fertility, morbidity	Mortality, fertility, morbidity studies (MICS, DHS, Census, Special Studies)	

Outcome indicators

The BPHS focuses on improving the targets derived from the HNSS. The following set of indicators will be followed to monitor and evaluate the implementation of BPHS.

1. Contraceptive Prevalence Rate
2. TB treatment success rate
3. Proportion of newborns who were breastfed immediately /within one hour after birth
4. DPT3 coverage among children 12-23 months
5. Number of consultations per person per year
6. Proportion of births attended by skilled attendants
7. Proportion of caregivers of under-5 Y children who can identify at least 2 signs for seeking care immediately
8. Coverage of antenatal care
9. Proportion of the lowest income quintile using BPHS services when sick in the last month

In addition, the ministry has adopted the Balanced Scorecard approach to measure and manage delivery of BPHS in the country. It provides a uniform framework that looks at the principal areas of performance – patients and community; staff; capacity for and of service provision; financial systems; and overall vision of the ministry.

Annex F.

The table below is just a guideline. The duration and number of participants may change depending on the TNA. The contractor NGO may do its own need assessment before submitting proposal.

Table 20. Proposed Trainings for BPHS Health Services Providers					
S.N	Training	Duration (days)	Participants	Trainers per training	Remarks
Clinical Trainings					
1	Rational Use of Drugs/Managing Drug Supply (RUD/MDS)	5	25	3	
2	Laboratory Skills Training	10	14	3	
3	Blood Transfusion	10	14	3	
4	Infection Prevention (IP)	5	25	3	
5	EPI	12	15	3	
6	Community IMCI	6	12	2	
7	Common Diseases (Eye, infectious skin disease)				
8	Nutrition	6	15	3	
9	Disability	7	15	3	
10	Advanced Newborn Care (ANBC)	10	20	3	
11	Basic Newborn Care (BNBC)	10	20	3	
12	IMCI	11	24	3	
13	Family Planning (FP)	10	20	3	
14	postpartum Family Planning	4	20	2	
15	Advanced EmOC	5 Weeks	16	4	
16	Basic Essential Obstetric	21	16	4	
17	Mental Health	14	20	3	
18	Communicable Diseases (TB, Malaria, HIV)	10	15	3	
Non-Clinical Trainings					
19	Human Resource Management for Health Facility Staff (Head, Admin/HR)	4	20	2	
20	General Management (Head, Admin/HR)	4	20	2	
21	BCC (Behaviour Change Communication)	5	25	3	
22	IPCC (Interpersonnel Communication and Counseling)	5	25	3	
23	Effective Teaching Skills (ETS) for CHW Trainers and CHW Supervisors	10	20	3	
24	Partnership Defined Quality (PDQ)	5	25	3	
25	Monitoring, Evaluation and Supervision	5	25	3	
26	Gender Awareness Training	3	25	2	
27	HMIS	6	15	3	
28	Equipment maintenance	14	12	4	Estimation
29	Primary Eye Care Training	2 -5	15	2	

Annex G

Weak links in the BPHS

The following weaknesses which need attention by all the stakeholders can be resolved by making action plans by the related stakeholders at different levels to resolve them.

1. BPHS was a rigid document with no flexibility, unless extra resources are available. Vertical inputs need to be integrated.
2. Under utilization of Staff, as generally reported. This may be due to different reasons, e.g., distance from the HF, low staff capacity, etc.
3. Lack of involvement of the technical MoPH departments in the contracting out process.
4. Inclusion of new components e.g., Physiotherapy and Mental Health but absence of fund for them,
5. Absence, incompleteness or lack of operationalization of strategies and deficiency of proper instruments, indicators for some outputs of the components.
6. Absence of proper training need assessment for trainings needed for BPHS.
7. Low dissemination of the contents of various MoPH documents and procedures to the NGOs.
8. Weak feedback and follow up by the MoPH departments,
9. Weak ownership of the BPHS projects by the Provincial Health Directorates (PHDs),
10. Weak referral system and aberrant referral practices between levels in the BPHS and between BPHS and EPHS facilities.