ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: AFGHANISTAN

July 2015

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Photo Credit: Afghan children the Arghandab river valley in Rajan Qala, Afghanistan. (U.S. Air Force photo by Staff Sgt. Christine Jones/Released)

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ACRONYMS

BPHS	Basic Package of Health Services
EPHS	Essential Package of Health Services
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.

THE ESSENTIAL PACKAGE OF HEALTH SERVICES IN AFGHANISTAN

Afghanistan has a clearly defined EPHS, which includes a Basic Package of Health Services and an Essential Package of Hospital Services.

The Ministry of Public Health first ratified the BPHS in March 2003, and revised it in 2005 and again in 2010. The purpose of the BPHS is to ensure that all primary health care facilities deliver a standardized package of basic services.

The Essential Package of Hospital Services was published in 2005 to ensure that a standardized package of services was available at hospitals, and to promote a rational referral system in synergy with the BPHS (MoPH 2005).

For the complete list of services, see Annex A. Annex A includes the most relevant selections from A *Basic Package of Health Services for Afghanistan—2010/1389*, and The Essential Package of Hospital Services for Afghanistan 2005/1384; these are both documents from the Ministry of Public Health.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Afghanistan's EPHS and the Priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	38
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	2
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	3
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	17

The following five priority RMNCH services are excluded from Afghanistan's EPHS:

Implicitly excluded:

- Safe abortion
- Social support during childbirth
- Home visits for women and children across the continuum of care

Explicitly excluded:

- Screen for and initiate or continue antiretroviral therapy for HIV
- Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)				
BCG immunization coverage among one-year-olds (%)	2013	75		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	71		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The document *Basic Package of Health Services for Afghanistan—2010/1389* recognizes six classifications of facilities providing the BPHS across the country. These include health posts, health sub-centers, basic health centers, mobile health teams, comprehensive health centers, and district hospitals. Community health workers staff each health post. These facilities are intended to provide the basic package of health services and to provide referral services to district, provincial, and regional hospitals. The regional hospitals deliver at least the Essential Package of Hospital Services, plus other specialty services.

The majority of these facilities are run by nongovernmental organizations and international donor partners (MoPH 2011). The country has few government-run facilities; the Ministry of Public Health has instead taken on a stewardship role over health care delivery, in which it manages the contracting mechanisms for the provision of service delivery. While most contracting out of health services is to nongovernmental organizations, over time there will likely be a shift to public-private partnerships to encourage sustainability. Indeed, in October 2014, the Ministry of Public Health issued the first request for private companies to take on the operation of three donor-built hospitals (Health Policy Project 2014).

The EPHS in Afghanistan helps to ensure that regardless of ownership of the health facility, a standard package of services is available. The sector has adopted the Balanced Scorecard methodology to ensure that the package of services is available across the country. A consortium of stakeholders including the Ministry of Public Health carried out an assessment of the country's 30 provincial hospitals in 2007; it found a wide range in the performance of provincial hospitals nationally, but determined that, overall, the level of performance in many hospitals was notably high (Chang et al. 2010).

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ the indigent, and
- ✓ rural populations.

The World Health Organization has not created a health equity profile of Afghanistan. Very little data are available related to health equity in the country. However, one of the 10 strategic directions outlined in the *Ministry of Public Health Strategic Plan, 2011–2015* is to increase equitable access to quality health services. The Plan includes strategies to improve access to care for rural and remote populations, as well as strategies to improve health outcomes for women, newborns, and children. Additionally, the *Afghanistan Health Financing Strategy 2014–2018* includes specific strategies that seek to improve access for poor populations.

Providing Financial Protection for the EPHS

- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

Primary health care services from Afghanistan's BPHS have been legally exempt from user fees since 2008. A 2005 pilot study examined the effects of such a ban, and found that utilization increased 400 percent at facilities that had previously charged fees. Following the 2008 national fee ban, visits for curative care increased significantly, though the percentage of women giving birth in a health facility instead of at home did not. However, nongovernmental organizations, health workers, and community leaders raised concerns over lost revenue from the fee ban, saying that it rendered health care delivery less financially sustainable (Steinhardt et al. 2011).

Despite the ban on user fees for primary care services, Afghans still experience financial losses when accessing health services, mainly due to transportation costs and lost wages. A conditional cash transfer program piloted in 12 districts found that transportation was a major barrier to accessing services, even with the incentive payment (MoPH 2014). Additionally, many services in the Essential Package of Hospital Services still have user fees.

The Ministry of Public Health published the *Afghanistan Health Financing Strategy 2014–2018*, which identified some strategies to improve financial sustainability of the EPHS while also maintaining financial protection for Afghans. A health insurance feasibility study conducted in 2014 will help inform the policy direction. Potential policies include: community-based health insurance, social health insurance, user fees with fee exemptions for the poor, and health equity funds. However, these types of schemes do not currently exist.

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ANNEX A. AFGHANISTAN EPHS

Islamic Republic of Afghanistan
Ministry of Public Health

A Basic Package of Health Services for Afghanistan – 2010/1389

Revised July 2010

9.1 Maternal and Newborn Health

9.1.a Antenatal Care

(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Table 2.1. Antenatal Care Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	**Health Sub-Center**	**BHC**	**MHT**	**CHC**	**Dist. Hospital**
Information, education, and communication (IEC)	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis of pregnancy	Presumptive	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 entry way, waiting area plus appropriate location of bathrooms in proximity to the delivery room, etc.

9.1.b Delivery Care

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

Table 2.2. Delivery Care Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	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
Removal of retained products (e.g. MVA)	No	Yes MVA	Yes MVA	Yes MVA	Yes MVA	Yes
Curettage	No	No	No	No	MVA	Yes
Hysterectomy	No	No	No	No	No	Yes
Management of prolapsed cord	No	No	No	Assess & refer	Yes	Yes
Management of shoulder dystocia	No	Yes	Yes	No	Yes	Yes
Vacuum extraction(assisted vaginal delivery)	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

9.1.c Postpartum Care

(A part of Component 1 BPHS, "Maternal and Newborn Health")

Table 2.3: Postpartum Care Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	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 inject able progesterone	Condom/Oral or injectable progesterone	Condom/Oral or injectable progesterone	Condom/Oral or injectable progesterone	Condom/Oral or injectable progesterone	Condom/Oral or injectable progesterone
Case definition and referral of infertility cases to provincial hospital	Yes	Yes	Yes	Yes	Yes	Yes

9.1.d Family Planning

(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Table 2.4. Family Planning Services by Type of Facility						
Interventions and Services Provided	**Health Facility Level**					
	Health Post	**Health Sub-Center**	**BHC**	**MHT**	**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	Yes –if trained person available	Yes –if trained person available	Yes –if trained person available	Yes –if trained person available
Female sterilization	No	No	No	No	No	Yes
Male sterilization	No	No	No	No	No	Yes

9.1.e Care of the Newborn

(A part of Component 1 of the BPHS, "Maternal and Newborn Health")

Table 2.5. Care of the Newborn Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	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 care	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

9.2 Child Health and Immunization

9.2.a Expanded Programme on Immunization

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

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

Table 2.6. EPI Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	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 outbreak response	Yes	Yes	Yes	Yes	Yes	Yes
Vitamin A supplementation	Yes	Yes	Yes	Yes	Yes	Yes

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

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

9.2.b Integrated Management of Childhood Illness (IMCI)

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

The IMCI and C-IMCI guidelines of the MoPH need to be observed during the implementation.

Table 2.7. Integrated Management of Childhood Illness (IMCI) Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	**Health Sub-Center**	**BHC**	**MHT**	**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 PH or RH
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
Fever malaria unlikely	Yes	Yes	Yes	Yes - refer	Yes	Yes
e. Measles						
Severe, complicated measles	Pre-referral	Pre-referral	Pre-referral	Pre-referral	Pre-referral	Yes

Table 2.7. Integrated Management of Childhood Illness (IMCI) Services by Type of Facility						
Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	CHC	Dist. Hospital
	treatment and refer	treatment and refer	treatment and refer	treatment and refer	treatment and refer	
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						
Severe malnutrition or severe anemia	refer	Yes-refer	Yes-refer	Yes-refer	Yes-refer	Yes
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	Yes, if not given by previous levels	Yes, if not given by previous levels	Yes, if not given by previous levels
Mebendazole (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

9.3 Public Nutrition

(The Public Nutrition Policy and Strategy and the Infant and Young Child Feeding strategic plan need to guide implementation)

Table 2.8. Public Nutrition Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	CHC	Dist. Hospital
a. Assessment of Malnutrition (Population Level)						
Nutritional status	*Estimate prevalence of malnutrition (z-score using indices of weight for height [wasting], weight for age [underweight], and height for age [stunting] as well as the underlying causes. Surveys conducted at district or provincial level for purposes of* ***baseline****,* ***monitoring,*** *and* ***evaluation*** *or in case of* ***obvious deterioration*** *in nutritional situation.*					
b. Prevention of Malnutrition						
Vitamin A supplementation: To all children 6 months to 59 months	Yes during NIDs	No, except yes after NIDs stop	No, except yes after NIDs stop	No, except yes after NIDs stop	No, except yes after NIDs stop	No, except 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 2 years[1] (Where applicable and linked with IMCI)	Yes	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
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

Table 2.8. Public Nutrition Services by Type of Facility						
Interventions and Services Provided	**Health Facility Level**					
	Health Post	**Health Sub-Center**	**BHC**	**MHT**	**CHC**	**Dist. Hospital**
Treatment of severe malnutrition at community-based Community Therapeutic Centers (CTCs)[5]: Community mobilization and screening	Yes Refer	(Pre- referral treatment and refer)	Yes	Yes	Yes	Yes
Out patient management (OPM)	No	Yes	Yes	Yes	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	Yes	Yes	No
Screening: Screening and referral of at risk using mid-upper-arm circumference (MUAC), or weight/height, or clinical signs of micronutrient deficiency diseases (MDDs)	Yes	Yes	Yes	Yes	Yes	Yes to (H2)

1. Growth monitoring and promotion (GM and P): During 2004 or 2005, The MoPH in collaboration with WHO carried out an assessment to identify what needs (resources, training, skills, and adaptation) should be in place for GM and P to be effective in Afghanistan. As indicated in the IYCF strategic plan and the Public Nutrition Policy and Strategy, approaches to growth promotion proven successful elsewhere will be adapted for each level and tested in the Afghan situation before careful scaling up.
2. Maternal nutrition: Improving the nutritional status of women remains a priority, but a strategy for addressing the poor nutritional status of women is still being developed.
3. Treatment of severe malnutrition: The MoPH currently has guidelines and a strategy to support hospital-based (24-hour/day care) treatment, which are implemented in hospitals
4. Supplementary feeding points (SFPs): Emergency SFPs will only be implemented in those identified districts which have a prevalence of acute malnutrition > 10% and/or high risk (see MoPH Guidelines for Supplementary Feeding).
5. Community Therapeutic Centers (CTC) with its components will be implemented where vertical input is provided by UNICEF in agreement with the Public Nutrition Department.

9.4 Communicable Diseases

9.4.a Control of Tuberculosis primary entry point for VCCT

(A part of Component 4 of the BPHS, "Communicable Disease Treatment and Control")

Table 2.9. Control of Tuberculosis primary entry point for VCCT Services by Type of Facility

Interventions and Services Provided	Health facility Level					
	Health Post	Sub-Center	BHC	MHT	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 child contacts of TB patients	To be referred	Yes – chemo-prophylaxis	Yes – chemo-prophylaxis	Yes - Counseling	Yes	Yes
DOTS-plus in multi-drug-resistant TB	No	Yes-follow-up	Yes-follow-up	Yes follow up	Yes-if culture is available	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

9.4.b Control of Malaria

(A part of Component 4 of the BPHS, "Communicable Disease and Control")
(For children under 5, see Table 2.2, IMCI)

Table 2.9. Control of Tuberculosis primary entry point for VCCT Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	**Sub-Center**	**BHC**	**MHT**	**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	Pre-referral management and refer	Pre-referral management and refer	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 (since the prevalence of Malaria is low in Afghanistan, intermittent presumptive therapy is not recommended by National Treatment Guidelines, and is therefore removed)	No	No	No	No	No	No

9.4.c Control of HIV

(A part of Component 4 of the BPHS, "Communicable Disease and Control")

Table 2.11. Control of HIV by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	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	No	Yes	Yes	Yes
HIV testing for STI (PITC)	No	No	No	Yes	Yes	Yes
HIV testing for ANC (PITC)	No	No	No	Yes	Yes	Yes
HIV testing for diagnosis (CITC)	No	No	No	Yes	Yes	Yes
HIV testing for injecting drug use (PICT)	No	No	No	Yes	Yes	Yes
HIV testing for blood safety (PITC)	No	No	No	Yes	Yes	Yes
CTX (co-trimoxazole) prophylaxis	No	No	Yes	Yes	Yes	Yes
OI (opportunistic infections) and TB	No	No	No	Yes	Yes	Yes
Monitoring, supervision and support for ARV prophylaxis for PMTCT	Subject to training and orientation?	Subject to training and orientation?	Subject to training and orientation?	Subject to training and orientation?	Yes	Yes
Monitoring, supervision and support for ART (antiretroviral treatment)	Subject to training and orientation?	Subject to training and orientation?	Subject to training and orientation?	Subject to training and orientation?	Yes	Yes
Staff safety through vaccination for Hepatitis B	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 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 fully respecting confidentiality.
3. Client initiated testing and counseling (CITC) is by voluntary request of patient fully respecting 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 patients, 4) injecting drug users, 5) clients seeking HIV diagnosis, and 6) ANC patients who have blood samples taken (to be confirmed).
5. HIV testing requires HIV rapid tests with 3 tests of different assays for HIV positive diagnoses. First rapid test will be used for blood screening. Second (but different assay) rapid test will be used for HIV positive results from the first test. Third (but different assay) rapid test will be used for HIV positive results from the second test. Positive results on the 3rd test yields HIV diagnosis.

9.5 Mental Health

(BPSM = biopsychosocial management; PSM= psychosocial management)

Table 2.12. Mental Health Services by Type of Facility

Interventions and Services Provided	Health Facility Level					
	Health Post	Health Sub-Center	BHC	MHT	CHC	District Hospital
Mental health awareness	Yes	Yes	Yes	Yes	Yes	Yes
Mental health education	No	No	Yes	Yes	Yes	Yes
Identification of suspected cases	Yes	Yes	Yes	Yes	Yes	Yes
Diagnosis and classification	No	No	Yes	Yes	Yes	Yes
Psychosocial problems/stresses	PSM	PSM	PSM	PSM	PSM	PSM
Common Mental Disorders (mild-moderate depression, anxiety disorders, unexplained somatic complaints):	Refer suspected cases	PSM	BPSM	BPSM	BPSM	BPSM
Severe Mental Disorders (psychosis, severe depression, bipolar disorder, schizophrenia):	Refer suspected cases	Refer suspected cases	BPSM *	Referral	BPSM	BPSM
Substance Abuse:	Refer suspected cases	Motivation, referral, follow up	Motivation, referral, follow up	Motivation, referral, follow up	Motivation, referral, follow up	Detoxification, Referral to specialized services
Childhood mental disorders (including enuresis)	Refer suspected cases	Referral	BPSM *	BPSM	BPSM	BPSM
Learning difficulties : Identification and education for parents and teachers	No	Yes	Yes	Yes	Yes	Yes
Epilepsy	To be referred	Referral	Yes *	Yes	Yes	Yes
Self harm	Identify, and referral	Identify and referral	Identify and referral	Identify and referral	BPSM	BPSM
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

* BHC staffed by doctor, otherwise only follows up

Funds will be provided for mental health training, drugs and psychosocial counselling in a phased manner

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9.6 Disability and Physical Rehabilitation

Table 2.13. Physical Rehabilitation (including Persons with Disabilities) Services

Interventions and Services Provided	Health Facility Level					
	Health Post	**Health Sub-Center**	**BHC**	**MHT**	**CHC**	**District Hospital**
Information, education, communication[1]	Yes	Yes	Yes	Yes	Yes	Yes
Identification of people with disabilities and referral to nearest services for physical rehabilitation	Yes	Yes	Yes	Yes	Yes	Yes
Early identification and referral to physical rehabilitation services at DH level for children with physical, sensory and intellectual impairments.	Yes	Yes	Yes	Yes	Yes	Yes refer on as needed
Assess and treat persons with musculoskeletal conditions such as: developmental dysplasia of the hip, clubfoot, low back pain; neurological conditions such as cerebral palsy and sequels of poliomyelitis and traumatic injuries from burns, accidents, explosive devices, war	No	No	No	No	No[2]	Yes
Provision of crutches, walking aids at CHC and DH[3]. Physical rehabilitation staff at DH can measure for wheelchairs and assistive devices for children with cerebral palsy and refer to Orthopedic Workshops centers for prostheses, orthoses, assistive devices, special seating, wheelchairs and management of club foot and DDH	Refer to nearest rehabilitation centre (RC)	Refer to nearest RC	Refer to nearest RC	Refer to nearest RC	Refer to nearest RC	Yes

1. Awareness and information package available with Disability and Rehabilitation Department of MoPH.
2. Physical rehabilitation staff can assess physical needs and advice on outreach visits from DH to CHCs subject to staff availability
3. Wooden auxiliary crutches and walking sticks can be made locally for low cost as an income generation project for persons with disability or low income families or purchased. Measurement of correct height can be easily taught to staff in CHC.

Note: Disability services will be implemented gradually

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Table 6. Diagnosis and Treatment of Common Conditions, by Type of Hospital

	Diagnosis and Treatment of Common Conditions	District Hospital	Provincial Hospital	Regional Hospital
1. ACUTE TRAUMA & SELECTED EMERGENCIES				
1.1	Anaphylaxis	X	X	X
1.2	Cardiac arrest (simple ABC resuscitation done at all levels, but defibrillator only available at RH)			X
1.3	Abdominal trauma	X	X	X
1.4	Bites and rabies	X	X	X
1.5	Burns	X	X	X
1.6	Natural disasters	X	X	X
1.7	Head injury	X	X	X
1.8	Multiple injury to patient	X	X	X
1.9	Pneumothorax and hemothorax	X	X	X
1.10	Poisoning	X	X	X
1.11	Shock	X	X	X
1.12	Tracheotomy (done at all levels in cases of emergency)	X	X	X
1.13.	Fluid and electrolyte balance		X	X
2. AIDS/HIV AND SEXUALLY TRANSMITTED DISEASES		**DH**	**PH**	**RH**
AIDS Prevention and Management				
2.1	Universal precaution measures	X	X	X
2.2	Needle-stick injury	X	X	X
2.3	Mother-to-child transmission of HIV			X
2.4	HIV screening by rapid test	X	X	X
2.5	Confirmation of HIV infection (by two different Elisa tests)	X	X	X
2.6	Stages and diagnosis of AIDS			X
2.7	Information, education, and communication	X	X	X
2.8	Voluntary counseling and testing			X
Sexually Transmitted Diseases (STDs)				
2.9	Gonorrhea and urethral discharge	X	X	X
2.10	Genital discharge in the female	X	X	X
2.11	Dysuria in the female	X	X	X
2.12	Pelvic inflammatory disease	X	X	X
2.13	Genital ulcer disease	X	X	X
2.14	Buboes or swollen inguinal glands	X	X	X
2.15	Venereal warts (genital)	X	X	X
3. CARDIOVASCULAR CONDITIONS		**DH**	**PH**	**RH**
3.1	Congenital heart disease			X
3.2	Deep-vein thrombosis	X	X	X
3.3	Heart failure		X	X
3.4	Hypertension	X	X	X
3.5	Pulmonary edema	X	X	X
3.6	Ischemic heart disease (symptomatic treatment only; refer to tertiary Kabul level if possible)	X	X	X
3.7	Rheumatic heart disease	X	X	X
4. CENTRAL NERVOUS SYSTEM		**DH**	**PH**	**RH**
4.1	Cerebral palsy			X
4.2	Seizure disorders	X	X	X

5. DENTAL AND ORAL CONDITIONS		DH	PH	RH
5.1	Abscess, periapical	X	X	X
5.2	Acute necrotizing ulcerative gingivitis	X	X	X
5.3	Alveolitis (dry socket)		X	X
5.4	Cellutitis (oral)	X	X	X
5.5	Gingivitis	X	X	X
5.6	Neoplasms, salivary gland, and hereditary/developmental disorders (refer to Kabul hospital)	—	—	—
5.7	Pericoronitis	X	X	X
5.8	Periodontitis	X	X	X
5.9	Pulpitis	X	X	X
5.10	Temporomandibular joint disorders (refer to Kabul if necessary)			X
5.11	Trauma (jaw trauma: refer to Regional or Kabul tertiary hospital level if necessary)		X	X

6. EARS, NOSE, THROAT CONDITIONS		DH	PH	RH
6.1	Acute otitis media	X	X	X
6.2	Otitis externa	X	X	X
6.3	Chronic otitis media (CSOM)			X
6.4	Epistaxis	X	X	X
6.5	Foreign bodies in the ears	X	X	X
6.6	Foreign bodies in the nose	X	X	X
6.7	Mastoiditis			X
6.8	Wax on ear	X	X	X

7. ENDOCRINE SYSTEM		DH	PH	RH
7.1	Diabetes mellitus		X	X
7.2	Thyroid diseases (for simple goiter; otherwise refer to Kabul hospital)	X	X	X

8. EYE CONDITIONS		DH	PH	RH
8.1	Common eye conditions (for most conditions a generalist may treat at all levels, but for trachoma and cataracts and other complicated conditions, opthalmologist at RH required)	X	X	X
8.2	Eye injuries (many conditions can be treated at all levels; for those that cannot, refer to opthalmologist at RH required)	X	X	X

9. FAMILY PLANNING		DH	PH	RH
9.1	Hormonal contraceptives	X	X	X
9.2	Intrauterine contraceptive devices (IUCDs)	X	X	X
9.3	Barrier methods	X	X	X
9.4	Surgical contraception	X	X	X
9.5	Periodic abstinence (natural family planning)	X	X	X

10. GASTROINTESTINAL CONDITIONS		DH	PH	RH
10.1	Amoebiasis	X	X	X
10.2	Diarrheal diseases	X	X	X
10.3	Gastritis	X	X	X
10.4	Peptic ulcer disease	X	X	X
10.5	Upper GI tract bleeding (at all levels patient is stabilized with IVs and antipeptic drugs, but further diagnosis and treatment requires referal for use of endoscope at RH level)			X
10.6	Worms	X	X	X

11. GYNECOLOGY		DH	PH	RH
11.1	Uterus fibromyoma		X	X
11.2	Infertility (only basic treatment offered, advanced tests not available at any of the hospital levels)	X	X	X
11.3	Pelvic masses		X	X
11.4	Menstrual disturbances	X	X	X
11.5	Neoplasms (refer to Kabul hospital)	—	—	—
11.6	Vaginitis (vaginal discharge)	X	X	X
11.7	Pelvic inflammatory disease (PID)	X	X	X
11.8	Abscesses		X	X
11.9	Prolapse and transvaginal operations			X
11.10	Fistulae			X
11.11	Sexual assault	X	X	X

12. IMMUNIZATION		**DH**	**PH**	**RH**
12.1	Vaccination schedule	**X**	**X**	**X**
12.2	Dosage and administration	**X**	**X**	**X**

13. INFECTIOUS (SELECTED) & RELATED CONDITIONS		**DH**	**PH**	**RH**
13.1	Acute rheumatic fever (ARF)	**X**	**X**	**X**
13.2	Bacterial infections	**X**	**X**	**X**
13.3	Leishmaniasis	**X**	**X**	**X**
13.4	Malaria	**X**	**X**	**X**
13.5	Measles	**X**	**X**	**X**
13.6	Meningitis	**X**	**X**	**X**
13.7	Poliomyelitis	**X**	**X**	**X**
13.8	Tetanus	**X**	**X**	**X**
13.9	Tuberculosis	**X**	**X**	**X**
13.10	Typhoid fever	**X**	**X**	**X**
13.11	Rabies (rather than refer with inherent dangers of transporting publicly, patients treated and isolated with arrier nursing at all hospital levels)	**X**	**X**	**X**
13.12	Viral hemorrhagic fevers	**X**	**X**	**X**

14. MENTAL ILLNESS *(as a psyciatrist is only available at regional hospital level, common psychiatric conditions such as acute psychosis, depression, sleep disorders and suicide attempts will have to be treated at all hospital levels)*		**DH**	**PH**	**RH**
14.1	Acute confusion (Acute psychosis)	**X**	**X**	**X**
14.2	Anxiety and stress-related disorders			**X**
14.3	Childhood psychiatric disorder			**X**
14.4	Conversion disorders			**X**
14.5	Depression	**X**	**X**	**X**
14.6	Mania			**X**
14.7	Schizophrenia			**X**
14.8	Suicidal ideation	**X**	**X**	**X**
14.9	Substance abuse and dependency			**X**
14.10	Post-traumatic stress syndrome and trauma-related problems	**X**	**X**	**X**

15. MUSCULOSKELETAL CONDITIONS		**DH**	**PH**	**RH**
15.1	Arthralgia, nonspecific	**X**	**X**	**X**
15.2	Gout			**X**
15.3	Osteoarthritis	**X**	**X**	**X**
15.4	Osteomyelitis		**X**	**X**
15.5	Rheumatoid arthritis		**X**	**X**
15.6	Septic arthritis			**X**

16. NEONATAL CARE & CONDITIONS		**DH**	**PH**	**RH**
16.1	Neonatal asphyxia and resuscitation	**X**	**X**	**X**
16.2	Care of the normal newborn	**X**	**X**	**X**
16.3	Birth injuries		**X**	**X**
16.4	Congenital anomalies (simple conditions, such as sixth finger, may be treated at lower levels)			**X**
16.5	Infants of diabetic mothers		**X**	**X**
16.6	Jaundice (complicated cases to be referred to higher levels)	**X**	**X**	**X**
16.7	Preterm infant (major difficulty is lack of power supply for operating incubators, if none then refer)		**X**	**X**
16.9	Apnoeic attacks			**X**
16.10	Respiratory distress		**X**	**X**

17. NEOPLASMS		**DH**	**PH**	**RH**
17.1	Neoplasms in childhood	—	—	—
17.2	Adult neoplasms (refer to Kabul hospital)	—	—	—

18. NUTRITIONAL & HEMATOLOGIC CONDITIONS				
18.1	Anemia	X	X	X
18.2	Blood transfusion	X	X	X
18.3	Failure to thrive	X	X	X
18.4	Growth monitoring and nutrition	X	X	X
18.5	Malnutrition—severe or moderate, acute/chronic	X	X	X
18.6	Malnutrition—micronutrient deficiency diseases (Vitamin A, anemia, iodine, Vitamin C) deficiencies)	X	X	X
18.7	Thalassemia (refer to Kabul)	—	—	—

19. OBSTETRICS		DH	PH	RH
Antenatal Care and Complications (at present, many conditions will have to be treated at the hospital level where they present due to lack of or poor transportation for referring patients)				
19.1	Antenatal care	X	X	X
19.2	High-risk pregnancy	X	X	X
19.3	Anemia in pregnancy	X	X	X
19.4	Antepartum hemorrhage (APH)	X	X	X
19.5	Cardiac disease in pregnancy		X	X
19.6	Diabetes in pregnancy		X	X
19.7	Drugs in pregnancy	X	X	X
19.8	Malaria in pregnancy	X	X	X
19.9	Multiple pregnancy	X	X	X
19.10	Pre-eclampsia	X	X	X
19.11	Eclampsia	X	X	X
19.12	Rhesus (Rh) incompatibility		X	X
19.13	Urinary tract infection in pregnancy	X	X	X
19.14	Ectopic pregnancy	X	X	X
Intrapartum Care and Complications				
19.15	Normal labor and delivery (including assessment of low-birthweight infants)	X	X	X
19.16	Complicated labor and delivery (including CS and uterus rupture)	X	X	X
Postpartum Care and Complications				
19.17	Postnatal care	X	X	X
19.18	Complications of puerperium	X	X	X
19.19	Postpartum hemorrhage (PPH)	X	X	X
19.20	Puerperal infections	X	X	X
19.21	Breast conditions	X	X	X
19.22	Deep vein thrombosis (DVT)	X	X	X
19.23	Puerperal psychosis (rare condition—it is difficult to refer such patients so basic treatment would have to be done at all levels)	X	X	X
19.24	Abortion (due to medical indication: a special committee is necessary)			X
19.25	Incomplete abortion (and complications of abortion)	X	X	X
19.26	Destructive operations		X	X

20. ORTHOPEDICS		DH	PH	RH
Orthopedic Trauma Cases				
20.1	Closed fracture and dislocation of all of minor joints and bones	X	X	X
20.2	Supracondylar displaced fructures	X	X	X
20.3	Old condylar and epicondylar fructures (complicated cases)	FA	X	X
20.4	Volkmann's ischemia and compartment syndrome	FA	X	X
20.5	V.I.C.			X
20.6	Soft tissue injuries and crush injuries	X	X	X
20.7	Spinal vertebrae fracture and trauma	FA	X	X
20.8	Pelvic fracture without complication	FA	X	X
20.9	Pelvic fracture with complication	FA	X	X
20.10	Hip joint dislocation	FA	X	X
20.11	Femur neck fractrue			X
20.12	Femur fracture			X
20.13	Knee joint dislocation		X	X
20.14	Knee joint inner lession			X
20.15	Tibia and fibula closed fracture	FA	X	X
20.16	Tibia open fractures			X
20.17	Ankle joint dislocation and fractures			X
20.18	Ankle bones open fractures			X
20.19	Tarsal bones fractures and dislocations		X	X
20.20	Tarso-metatarsal joint dislocation		X	X
20.21	Skin graft and tendon injuries		X	X
Orthopedic Procedures				
20.22	Acute osteomyelitis	FA	X	X
20.23	Chronic osteomyelitis			X
20.24	Pyogenic septic arthritis		X	X
20.25	Tuberculosis of bones and joints		X	X
20.26	Gout arthritis		X	X
20.27	Rheumatoid arthritis	X	X	X
20.28	Congenital bone diseases		X	X
20.29	Osteogenesis imperfecta			X
20.30	Bone tumors (benign and malignant)			X
20.31	Pott's disease			X
20.32	CDH, DDH			X
20.33	Bone cyst		X	X
20.34	Carpal tunnel lesion			X
20.35	Hand flexors and extensors injuries		X	X
20.36	Amputation (open amputation)	X	X	X
20.37	Scoliosis			X
20.38	Menopausal osteoporosis	X	X	X
20.39	Genu valgum and Genu varum			X
	Note: FA = First Aid			

21. RESPIRATORY SYSTEM		DH	PH	RH
Acute Upper Respiratory Tract Infections				
21.1	Common cold (Acute Rhinitis, Coryza)	X	X	X
21.2	Pharyngotonsillitis, tonsillitis	X	X	X
21.3	Sore throat	X	X	X
21.4	Sinusitis	X	X	X
Lower Respiratory Tract Conditions				
21.5	Approach to cough or difficult breathing in children	X	X	X
22.6	Pneumonia—Infant age less than 2 months	X	X	X
21.6	Pneumonia—Child age 2 months–5 years	X	X	X
22.7	Pneumonia—Adults	X	X	X
21.7	Acute epiglottitis	X	X	X
22.8	Croup	X	X	X
21.8	Acute bronchitis—Bronchitis (Tracheobronchitis)	X	X	X
22.9	Wheezing & Asthma—Child under 5 years	X	X	X
21.9	Bronchial asthma—Adults	X	X	X
21.10	Chronic obstructive pulmonary disease	X	X	X

22. SIGNS AND SYMPTOMS		DH	PH	RH
22.1	Coma	X	X	X
22.2	Fever	X	X	X
22.3	Fever of unknown origin	X	X	X
22.4	Hepatosplenomegaly	X	X	X
22.5	Jaundice	X	X	X
22.6	Lymphadenopathy		X	X

23. SKIN DISEASES		DH	PH	RH
23.1	Atopic eczema	X	X	X
23.2	Impetigo	X	X	X
23.3	Ringworm (Tinea)	X	X	X
23.4	Scabies	X	X	X
23.5	Herpes zoster	X	X	X

24. SURGICAL CARE AND CONDITIONS		DH	PH	RH
24.1	Acute abdomen and traumatic abdomen. (Stabilize and refer. If a competent surgeon and anesthetic service and appropriate equipment are available, then laporotomy can be performed at DH.)		X	X
24.2	Thyroidectomy (Refer to center)	—	—	—
24.3	Mastectomy (Refer to center)	—	—	—
24.4	Chest conditions (Chest tube at all levels)			X
24.5	Hiatus hernia (Refer to center)	—	—	—
24.6	Esophageal operations (Refer to center)	—	—	—
24.7	Biliary tract and liver operations			X
24.8	Pancreas operations (Refer to center)	—	—	—
24.9	Colon operations			X
24.10	Proctological operations (perianal abcess at DH)		X	X
24.11	Hernioraphy (simple at DH)		X	X
24.12	Rectal prolapse, Crohn's disease, all malignancies (Refer complicated cases to center)			X
24.13	Superficial abcesses, cysts, and tumors (Refer to center if suspected malignancy)	X	X	X
24.14	Cavity abcesses			X
24.15	Cystostomy	X	X	X
24.16	Kidnay stones and nephrectomy			X
24.17	Prostatectomy			X
24.18	Pyeloplasty (Refer to center)	—	—	—
24.19	Circumcision	X	X	X
24.20	Burns (pending distribution [%] and dept [°])	X	X	X
24.21	Vascular and neurosurgery (Refer to center—life-saving procedures can be done by competent surgeons at PH and RH level)	—	—	—

25. URINARY TRACT AND RENAL CONDITIONS		DH	PH	RH
25.1	Urinary tract infections	X	X	X
25.2	Renal disease signs and symptoms	X	X	X
25.3	Acute glomerulonephritis	X	X	X
25.4	Acute renal failure	X	X	X
25.5	Chronic renal failure (only treatable at RH level if services are upgraded there)			X
25.6	Hypokalemia		X	X
25.7	Nephrotic syndrome		X	X

3. Diagnostic Services Provided by Different Levels of the Hospital Sector

Laboratory and imaging departments support clinicians in their diagnoses of patient conditions. Radiology, laboratory, and other diagnostic services that should be provided by each type of hospital in the health system are identified in Table 7, "Diagnostic Services, by Type of Hospital."

Table 7. Diagnostic Services, by Type of Hospital

Diagnostic Tests Performed		District Hospital	Provincial Hospital	Regional Hospital
1. LABORATORY SERVICES				
HEMATOLOGY				
1.1	Hemoglobin	X	X	X
1.2	Hematocrite	X	X	X
1.3	Bleeding time and coagulation time test	X	X	X
1.4	Prothrombine time		X	X
1.5	White blood count (WBC and differential) manual	X	X	X
1.6	WBC automated			X
1.7	Erythrocite sedimentation rate (ESR)	X	X	X
1.8	Plateletes and reticulocyte		X	X
1.9	Malaria parasite smear (MPS)	X	X	X
1.10	Histopathology (on Kabul level only in one institute)	-	-	-
BIOCHEMISTRY				
1.11	Blood sugar, glycometer	X	X	X
1.12	Blood sugar advanced automated			X
1.13	Electrolytes (Na+, K+, Ca++)			X
1.14	Liver function tests (LFT) and liver enzymatic test		X	X
1.15	Kidney function tests			X
SEROLOGY				
1.16	Creactive protein		X	X
1.17	Toxoplasmosis (Kabul tertiary hospital level only)			X
1.18	Anti-Streptolysine-O (ASLO)		X	X
1.19	Rubeola AG			X
1.20	Typhoid AG (Widal)		X	X
1.21	CD 4 cell count			X
1.22	Brucellosis		X	X
CULTURE				
1.22	Culture and sensitivity testing			X
GRAM STAIN				
1.23	Body fluids	X	X	X

		DH	PH	RH
URINE TEST				
1.24	Macroscopic	X	X	X
1.25	Chemical	X	X	X
1.26	Microscopic	X	X	X
1.27	Pregnancy test	X	X	X
STOOL TESTS				
1.28	Macroscopic	X	X	X
1.29	Microscopic	X	X	X
SPUTUM TESTS				
1.30	Acid fast bacil (AFB) Ziehl-Nielson	X	X	X
BLOOD TRANSFUSION AND BLOOD BANK SERVICES				
1.31	Blood grouping (Beth Vincent/Simonin)	X	X	X
1.32	Cross matching	X	X	X
1.33	HIV antibody (I and II) testing	X	X	X
1.34	Hepatitis B surface antigene	X	X	X
1.35	Hepatitis C virus	X	X	X
1.36	VDRL testing (syphylis)	X	X	X

2. IMAGING SERVICES		DH	PH	RH
X-RAY				
2.1	Chest	X	X	X
2.2	Abdomen	X	X	X
2.3	Skeletal	X	X	X
2.4	IVP (KUB)			X
2.5	Hystero salpyngography			X
2.6	Barium enema and barium meal			X
ULTRASOUND				
2.7	Ultrasound (simple portable at DH/PH, doppler at RH)	X	X	X

	DH	PH	RH
3. ELECTROCARDIOGRAPHY (ECG)		X	X
4. ELECTROENCEPHALOGRAPHY (EEG)			X
5. ELECTROMYOGRAPHY (only in Kabul)			X
6. ENDOSCOPY			X

ANNEX B: COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: BPHS
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: BPHS
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: BPHS
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: BPHS
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: BPHS
	Tetanus vaccination	Yes	Source: BPHS
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Unspecified	This service was not specified in reviewed documents
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: BPHS
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	Yes	Source: BPHS
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: BPHS
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: BPHS
	Magnesium sulphate for eclampsia	Yes	Source: BPHS
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	No	Source: BPHS specifically mentions treatment of incomplete miscarriage/abortion but implicitly excludes safe abortion services. Essential Package of Health Services includes the following service: "Abortion (due to medical indication: a special committee is necessary)". This implies that it is only available at referral level,
	Post abortion care	Yes	Source: BPHS
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Yes	Source: BPHS
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: BPHS
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: BPHS
	Social support during childbirth	No	Source: BPHS implicitly excludes mention of this service under the job description for community health workers.
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Yes	Source: BPHS
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Yes	Source: BPHS
	Screen and manage HIV (if not already tested)	Yes	Source: BPHS
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: BPHS
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Yes	Source: BPHS
	Nutrition counselling	Yes	Source: BPHS
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	No	Source: BPHS; the delivery and postnatal packages do not include screening for HIV and the BPHS specifies six entry points for HIV testing which do not include delivery or postnatal episodes.
	Treat maternal anaemia	Yes	Source: BPHS
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Unspecified	This service was not specified in reviewed documents
	Initiation of early breastfeeding (within the first hour)	Yes	Source: BPHS
	Hygienic cord and skin care	Yes	Source: BPHS
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	This service was not specified in reviewed documents
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: BPHS
	Extra support for feeding small and preterm babies	Unspecified	This service was not specified in reviewed documents
	Management of newborns with jaundice ("yellow" newborns)	Yes	Source: BPHS
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: BPHS
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: BPHS and Essential Package of Hospital Services
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: BPHS
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: BPHS

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Prevention and case management of childhood malaria	Yes	Source: BPHS
	Vitamin A supplementation from 6 months of age	Yes	Source: BPHS
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	No	Source: *Comprehensive Multi-Year Plan for Immunization Program, 2011-2015* stated "Introduction of Pneumococcal and Rota virus vaccine (planned 2011 and 2013;" however http://www.gavi.org/results/countries-approved-for-support/ shows that Afghanistan not approved for rota virus vaccine support in 2014.
	Management of severe acute malnutrition	Yes	Source: BPHS
	Case management of childhood pneumonia	Yes	Source: BPHS
	Case management of diarrhoea	Yes	Source: BPHS
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: BPHS
	Level: Referral		
	Case management of meningitis	Yes	Source: Essential Package of Hospital Services
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	No	Source: BPHS; description of a community health worker implicitly excludes mention of home visits. The CHW is expected to operate his/her clinic from his/her home.
	Women's groups	Yes	Source: BPHS

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