



**Essential Health Services Package**  
**For**  
**FATA**

## Components of Essential Health Services Package:

- **Types of Services in EHSP.**
- **Types of Facilities for EHSP.**
- **Human Resource for Facilities.**
- **Equipments for Facilities.**

### 1. Types of Services in EHSP.

**Table 1. Types of Services in EHSP.**

1. Maternal and Newborn Health.	<ul style="list-style-type: none"> <li>• Antenatal Care (Table 1.1.1)</li> <li>• Delivery Care (Table 1.1.2)</li> <li>• Postpartum Care (Table 1.3)</li> <li>• Family Planning (Table 1.1.4)</li> <li>• Care of the Newborn (Table 1.1.5)</li> </ul>
2. Child Health and Immunization.	<ul style="list-style-type: none"> <li>• EPI services (routine and outreach) (Table 1.2.1)</li> <li>• Integrated Management of Childhood Illnesses (Table 1.2.2)</li> </ul>
3. Nutrition	<ul style="list-style-type: none"> <li>• Prevention of Malnutrition (Table 1.3)</li> <li>• Assessment of Malnutrition (Table 1.3)</li> <li>• Treatment of Malnutrition (Table 1.3)</li> </ul>
4. Communicable Diseases Treatment and Control.	<ul style="list-style-type: none"> <li>• Treatment and Control of Tuberculosis (Table 1.4.1)</li> <li>• Treatment and Control of Malaria (Table 1.4.2)</li> <li>• Control of HIV (Table 1.4.3)</li> </ul>
5. Supply of Essential Drugs.	<ul style="list-style-type: none"> <li>• List (Table 1.5)</li> </ul>

**Table 1.1.1. Antenatal Care Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	Information, Education and Communication (IEC)	Yes	Yes
2	Diagnosis of Pregnancy	Presumption	Yes
3	Antenatal visits--weight, Height measurement	Yes	Yes
4	Tetanus Immunization	Outreach	Yes
5	Iron and Folic Acid supplements	Yes	Yes
6	Multi-micronutrient supplementation	Yes	Yes
7	Intermittent presumptive treatment against Malaria	Yes	Yes
8	Blood Pressure measurement	No	Yes
9	Simplified Urinalysis	No	No
10	Diagnosis of Anemia	Yes (Clinical)	Yes (Clinical)
11	Treatment of Intestinal worms	Yes	Yes
12	Treatment of Malaria	Endemic/ Presumptive	Presumptive
13	Treatment of Asymptomatic Urinary Tract Infections	No	No
14	Treatment of Symptomatic Urinary Tract Infections	No (Referral)	Yes
15	Treatment of Anemia	Yes (Iron/Folic acid)	Yes (Iron/Folic Acid)
16	Management of Sexually Transmitted Diseases	No	Yes (Clinical)
17	Treatment of Hypertensive disorders of pregnancy	No	Yes and Refer
18	Treatment of Pre-eclampsia/Eclampsia	No	Yes and Refer
19	Treatment of Incomplete miscarriage/Abortion	No	Yes (MVA)
20	Treatment of Ectopic Pregnancy	No	Stabilize and Refer
21	Reporting	Yes	Yes
22	Supervision and Monitoring	No	Yes

**Table 1.1.2. Delivery Care Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	Information, Education, and Communication	Yes	Yes
2	Monitor progression of labor	No	Yes (Partograph)
3	Identify fetal malpositions	No	Yes and Refer
4	Assist normal delivery	No	Yes
5	Vaginal delivery requiring additional procedures/equipmt	No	Yes and Refer
6	Provide mini delivery kit	Yes	No
7	Parenteral administration of oxytocin	No	Yes
8	Parenteral administration of anticonvulsants	No	Yes and Refer
9	Bimanual compression of the uterus	No	Yes
10	Controlled cord traction	No	Yes
11	Suturing tears	No	Yes (Vaginal)
12	Provision of intravenous fluids	No	Yes
13	Blood transfusion	No	No
14	Manual removal of placenta	No	Yes
15	Curettage	No	No
16	Hysterectomy	No	No
17	Management of prolapsed cord	No	No
18	Management of shoulder dystocia	No	Yes
19	Vacuum extraction	No	Yes
20	External cephalic version	No	No
21	Symphiotomy	No	No
22	Caesarean section	No	No
23	Craniotomy	No	No
24	Parental Administration of Antibiotics	No	Yes
25	Reporting	Yes	Yes
26	Supervision and monitoring	No	Yes

**Table 1.1.3. Postpartum Care Services by Type of Facility.**

<b>S. No</b>	<b>Services</b>	<b>Type of Health Facility</b>	
		<b>Health House</b>	<b>CHC</b>
1	Information, Education, and Communication	Yes	Yes
2	Vitamin A supplementation	Yes	Yes
3	Detection of anemia	To be referred	Yes (Clinical)
4	Detection of puerperal infection	To be referred	Yes
5	Breast examination	To be referred	Yes
6	Antibiotics	Yes (Oral)	Yes (Oral/IV)
7	Counselling on family planning and breastfeeding	Yes	Yes
8	Provide Family Planning	Yes (Condom)	Condom/DMPA
9	Reporting	Yes	Yes
10	Supervision and monitoring	No	Yes

**Table 1.1.4. Family Planning Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	Counselling on family planning methods	Yes	Yes
2	Clinical examination	No	Yes
3	Screening for STD	To be referred	Yes (Clinical)
4	Treatment of STD	No	Yes (Oral/IM)
5	Distribute condoms	Yes	Yes
6	Distribute oral contraceptives	Yes	Yes
7	DMPA injection	Yes (Follow up)	Yes
8	Intrauterine devices	No	Yes (If Trained Person Available)
9	Female sterilization	No	No
10	Male sterilization	No	No
11	Reporting	Yes	Yes
12	Supervision and monitoring	No	Yes

**Table 1.1.5. Newborn Care Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	Information, Education, and Communication	Yes	Yes
2	In delivery: stimulate, clean airway, clean clamp and cut cord, establish early breastfeeding	Yes	Yes
3	Prevention of ophthalmia of the newborn	No	Yes
4	Resuscitation of the Newborn	No	Yes
5	Newborn immunizations	No	Yes
6	Kangaroo method	No	Yes
7	Incubator	No	No
8	Manage neonatal infections (omphalitis)	Provide First Aid and refer	Provide First Aid and refer
9	Manage neonatal sepsis	Provide First Aid and refer	Provide First Aid and refer
10	Manage neonatal jaundice	Counseling	Counseling
11	Manage neonatal tetanus	Refer	Refer
12	Reporting	Yes	Yes
13	Supervision and Monitoring	No	Yes

**Table 1.2.1. EPI Services by Type of Facility**

<b>S. No</b>	<b>Services</b>	<b>Type of Health Facility</b>	
		<b>Health House</b>	<b>CHC</b>
1	IEC	Yes	Yes
2	Storage of vaccines	No	Yes
3	Routine immunization (BCG, DPT, OPV, measles)	Yes (Support)	Yes
4	EPI-plus (EPI + HB + vitamin supplementation)	Yes (Support)	Yes
5	Outreach immunization	Yes (Support)	Yes
6	Campaigns (NIDs)	Yes (Support)	Yes
7	Disease surveillance and case reporting	Yes	Yes
8	Reporting	Yes	Yes
9	Supervision and monitoring	No	Yes



**Table 1.2.2. IMCI Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	Counsel the mother when to return immediately	Yes	Yes
2	Counsel the mother what to do at home and follow up	Yes	Yes
<b>Case Management of ARI</b>			
3	No Pneumonia (Cough or Cold)	Yes	Yes
4	Pneumonia	Yes	Yes
5	Severe Pneumonia or Very severe disease	Pre referral Treatment and refer	Pre referral Treatment and refer
<b>Case Management of Diarrhea</b>			
6	No dehydration	Yes	Yes
7	Some dehydration	Yes	Yes
8	Severe dehydration	ORS and refer	Yes
9	Severe persistent diarrhea	ORS and refer	Yes
10	Persistent diarrhea	Refer	Yes
11	Dysentery	Yes	Yes
<b>Otitis</b>			
12	Mastoiditis	Pre referral treatment and refer	Pre referral treatment and refer
13	Acute Otitis	Yes	Yes
14	Chronic Otitis	Yes	Yes
<b>Fever</b>			
15	Very severe febrile disease	Pre referral treatment and refer	Pre referral treatment and refer
16	Malaria	Yes	Yes
17	Fever Malaria unlikely	Yes	Yes

S. No	Services	Type of Health Facility	
		Health House	CHC
<b>Measles</b>			
18	Severe complicated Measles	Pre referral treatment and refer	Pre referral treatment and refer
19	Measles with eye or mouth complications	Yes	Yes
20	Measles	Yes	Yes
<b>Malnutrition and Anemia</b>			
21	Severe Malnutrition and Anemia	Refer	Refer
22	Anemia or very low weight	Refer	Refer
23	No Anemia and not very low weight	Yes	Yes
<b>Give oral drugs at home</b>			
24	Vitamin A supplementation	Yes	Yes
25	Mebensazole	Yes	Yes
<b>Immunization</b>			
26	Immunization	Yes	Yes
<b>Additional classifications for young infants less than 2 months</b>			
27	Possible serious bacterial infection	Refer	Pre referral treatment and refer
28	Skin Infection	Yes	Yes
29	Blood in stool	Refer	Pre referral treatment and refer
30	Not able to feed, possible serious bacterial infection	Refer	Pre referral treatment and refer
31	Feeding Problem	Refer	Yes

**Table 1.3. Nutrition Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
<b>1. Assessment of Malnutrition</b>			
1	Nutritional Status	Baseline, M&E surveys by Distt. and Provincial govt	
<b>2. Prevention of Malnutrition</b>			
2	Promote exclusive Breastfeeding	Yes	Yes
3	Vitamin A supplementation	Yes during NIDs	No
4	Promotion of Iodized salt	Yes	Yes
5	Promotion of balanced micronutrient rich foods	Yes	Yes
6	Promote complementary feeding for young children	Yes	Yes
7	Growth monitoring of under 5 children	Yes	Yes
8	Iron/folic acid supplementation for pregnant and lactating women	Yes	Yes
9	Vitamin A supplementation postpartum	Yes	Yes
10	Promotion of Maternal nutrition status	Yes	Yes
11	Prevent and control diarrheal diseases and parasitic infections	Yes	Yes
12	Support and advocate for interventions to address underlying causes	Yes	Yes

S. No	Services	Type of Health Facility	
		Health House	CHC
<b>3. Treatment of Malnutrition</b>			
13	Micronutrient deficiency diseases	Refer	Refer
14	Treatment of severe malnutrition on standard protocols	Refer	Refer
15	Moderate malnutrition	Refer	Refer
<b>Surveillance and referral</b>			
16	All children under 5 are measured for weight for height	Yes	Yes
17	Screening and referral of at risk children	Yes	Yes

**Table 1.4.1. Control and Treatment of Tuberculosis Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	IEC	Yes	Yes
2	Case detection among self-reporting patients using sputum smear	To be referred	To be referred
3	Short course chemotherapy, including DOTS	Yes (Follow up)	Yes (Follow up)
4	Surveillance of cases of interrupted treatment	Yes	Yes
5	BCG vaccination	To assist Outreach	Yes
6	X-Ray for smear-negative patients	No	No
7	Algorithms of treatment for AFB(-)	No	No
8	Active case finding in OPD/community	Yes and refer	Yes and refer
9	Preventive therapy for children contacts of TB patients	To be referred	Yes (Chemoprophylaxis)
10	DOTS-plus in MDR TB	No	Yes (Follow up)
11	Inpatient management of severe cases	No	No
12	Management of complicated severe cases	No	No
13	Reporting	Yes	Yes
14	Supervision and monitoring N	Follow up	Yes

**Table 1.4.2 Control and Treatment of Malaria Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	IEC	Yes	Yes
2	Clinical diagnosis	Yes	Yes
3	Microscope diagnosis	No	No
4	Treatment of uncomplicated cases – first line treatment	Yes	Yes
5	Treatment of uncomplicated cases – first line-resistant cases	Refer	Yes
6	Treatment of severe and complicated cases	Pre referral management and refer	Pre referral management and refer
7	Insecticide-treated mosquito nets	Yes	Yes
8	Intermittent presumptive therapy	Yes (For pregnant women)	Yes
9	Reporting	Yes	Yes
10	Supervision and monitoring	No	Yes

**Table 1.4.3 Control and Treatment of HIV Services by Type of Facility.**

S. No	Services	Type of Health Facility	
		Health House	CHC
1	IEC	Yes	Yes
2	Referral for Voluntary Confidential Counseling and Testing	Yes	Yes
3	Counseling	No	No
4	Voluntary Confidential Counseling and Testing	No	No

Table 1.5 Essential Drugs by Type of Facility.

Drug	Dosage, Form and Strength	Type of Health Facility	
		Health House	CHC
<b>1. Anaesthetics</b>			
<b>1.1 General Anaesthetics and Oxygen</b>			
Ketamine	injection 50mg (as hydrochloride)/ml in 10-ml vial		
Oxygen	inhalation (medicinal gas)		√
<b>1.2 Local Anaesthetics</b>			
Lidocaine	injection 1% (hydrochloride) in vial		
Lidocaine	injection 2%(hydrochloride) in vial		
Lidocaine	injection for spinal anesthesia 5% (hydrochloride) in 2-ml ampoule to be mixed with 7.5% glucose solution		
Lidocaine	topical forms 2 % (hydrochloride)		√
Lidocaine	topical forms 4 % (hydrochloride)		√
Lidocaine + Adrenaline	injection 1% (hydrochloride) + epinephrine 1:200,000 in vial		
Lidocaine + Adrenaline	injection 2% (hydrochloride) + epinephrine 1:200,000 in vial		
<b>2. Analgesics, Antipyretics, Non-Steroidal Anti-Inflammatory</b>			
<b>2.1 Non-Opioid Analgesics/ Antipyretics / NSAID</b>			
Acetaminophen (Paracetamol)	Tblets	√	√
Acetaminophen (Paracetamol)	Syrup 120 mg/5ml	√	√
Acetaminophen (Paracetamol)	Tablet 100 mg	√	√
Acetyl Salicylic Acid	Tablet		√
Ibuprofen	Tablet 200 mg		√
<b>3. Anti-Convulsants/ Anti-Epileptics</b>			
Carbamazepin	tablet 200mg		
Diazepam	injection 5mg/ml in 2-ml ampoule		

Magnesium Sulphate	injection 500mg/ml in 2-ml ampoule		
Phenobarbital	tablet 15mg		
Phenobarbital	tablet 100mg		
<b>4. Antidotes</b>			
<b>4.1 Non-specific Antidotes</b>			
Activated Charcoal	Tablet 500mg	√	√
<b>5. Anti-Histamines</b>			
<b>5.1 H1 - Receptor Antagonists</b>			
Chlorpheniramine Maleate	tablet 4mg	√	√
Chlorpheniramine Maleate	injection 10mg/ml		√
<b>6. Anti-Infective Medicines</b>			
<b>6.1 Anthelmintics</b>			
Mebendazole	chewable tablet 100mg		√



## **2. Types of Facilities for EHSP.**

### **a. Health House.**

Primary Health Care services will be delivered by LHWs. They will provide preventive services with limited curative services. Family Planning and Antenatal. A Health House will be for a population of 1000 people (100 households). Minimum staff required for a Health House = One LHW.

### **b. Community Health Center.**

Services offered will be same as in a health house. Additional services will be Antenatal, during delivery Care, postpartum Care, Family Planning (Condoms, Oral Contraceptives), Immunization, IMCI, Treatment of Malaria and Tuberculosis. A CHC will be for a population of 10,000 people. Minimum staff required for a CHC are Two Medical Technicians, Two Midwives, Two LHVs, Two Vaccinators.

**Table 2. Job Description of Health Workers.**

<b>Type of Health Worker</b>	<b>Duties</b>
<b>Skilled Birth Attendant</b>	Manage normal deliveries. Diagnose, manage and/or refer obstetric complications. Capacity to refer women to a higher level of care. Provide adequate care during labor, birth, and postpartum period.
<b>Midwife</b>	Deliver reproductive health care services to women. Work as a member of the comprehensive emergency obstetric care team.
<b>Lady Health Supervisor</b>	Supervision and Monitoring of Health activities carried out by LHW and community health outreach workers in the community, keeping record and reporting.
<b>LHW</b>	Primary Health care, record and report communicable diseases, keep record of malnourished women, children.
<b>Medical Technician</b>	Primary Health care, provide treatment for minor illnesses. Record and report communicable diseases.
<b>Vaccinator</b>	Outreach and In-facility vaccination, report communicable diseases

### 3. Human Resource for Facilities.

**Table 3. Category and Number of Health Workers by Type of Facility.**

Category of Health Worker	Number of Health Workers/Type of Health Facility	
	Health House	CHC
<b>Outreach Workers</b>		
Lady Health Supervisor	-	1
Community Health Worker	-	2
Lady Health Worker	1	-
Vaccinator	-	2
<b>Health Providers</b>		
Nurse (Male)	-	2
Nurse (Female)	-	2
Midwife	-	2
LHV	-	2
<b>Paramedics</b>		
Medical Technician		2
<b>Support Staff</b>		
Security Guard	-	2
Cleaner	-	2

#### 4. Equipments for Facilities.

**Table 4. Equipment by Type of Health Facility.**

Type of Equipment	Type of Health Facility	
	Health House	CHC
<b>Basic Equipment</b>		
Thermometer	Yes	Yes
Scissors	Yes	Yes
Forceps	Yes	Yes
ORS measuring cup	Yes	Yes
Measuring Tape	Yes	Yes
Clean delivery kit	No	Yes
<b>Simple Equipment</b>		
Stethoscope	Yes	Yes
Sphygmomanometer	Yes	Yes
Flash Light	Yes	Yes
Pediatric and Adult scales	Yes	Yes
Vaccin Carrier	Yes	Yes
Stretcher	No	Yes
Midwifery kit	No	Yes
Sterilizer	No	Yes
Examination Table	No	Yes
<b>Complex Equipment</b>		
Oxygen cylinder with guage	No	Yes
Basic Emergency Obstetric Care Kit	No	Yes
Sterilization Equipment	No	Yes
Neonatal Resuscitation Trolley	No	Yes