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AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

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QUARTERLY REPORT

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MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR

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SUMMARY OF PROGRESS:

COMPONENT 1. TRAINING.

As part of the Project phase out plan last initial BHW training was closed in May and no further initial training is planned. * Currently 13 trainees are undergoing training in the second Maternal & Child Health Officer (MCHO) course at the IPH center in Jalalabad and are expected to complete class training by the end of February 1994. The MCHO Instructor's manual was completed and printed. * Eleven Rural Health Officers (RHOs) participated in an IPH seminar on RHOs role in improving health services which began in Jalalabad in December. Originally planned for IPH Kabul, the seminar was shifted to IPH Jalalabad because of security problems in Kabul. These RHOs are currently on job in their home districts where in addition to supervising the BHWs and assisting the local communities in community health promotion, they are also conducting BHW Continuing Education Program (BHWCEP) training under the supervision of IPH trainers. A total of 259 BHWs received BHWCEP training during the quarter. * Forty trainees attended the management seminars at IPH Kabul while 160 trainees attended the Primary Health Care (PHC) seminars arranged by IPH Jalalabad. * Twenty trainees participated in the fifth session of the Combined Midlevel Continuing Education Program (CMCEP) in Jalalabad which ended in December. * The BHW technical assessment teams evaluated and assessed 51 BHWs in their assigned work locations.

COMPONENT 2. HEALTH SERVICES IMPLEMENTATION

Two hundred and seventy MOPH posts received their salaries and resupplies from Peshawar while 237 RHA posts were issued transportation costs to collect their resupplies from regional depots. * Thirteen Basic Health Centers, including one MCH center were resupplied from Peshawar and transportation costs were issued to 24 centers, including six MCH centers, to collect resupplies from Afghanistan based depots. Five Comprehensive Health Centers received their final payments and four centers received transportation costs. * Seven Kabul hospitals were provided with portable x-ray machines and the Naz-o Ana OB / GYN hospital was assisted through donation of an MCH clinic kit. The Moqor (0610), Ghazni PHC hospital was resupplied from Peshawar. In addition transportation costs were issued to four RHA PHC hospitals. * Four liaison offices (HCPP, HIM, SCNA, WAHDAT) were established in Kabul. Ten existing administrative centers were resupplied. * From the beginning of the Project until the end of this quarter, the MSH Monitoring Unit had monitored 2263 BHWs including MCH posts (out of a total of 2271 BHWs initially supplied) and 291 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 292 established). As a result of the improved monitoring, MSH support was withdrawn from 1223 inactive or redundant posts and 135 clinics and hospitals. * As in the previous quarter the Pakistani authorities have been very irregular in issuing permits for cross border shipment of supplies resulting in delays in our planned schedule for sending medical supplies to Project supported facilities. No permits were issued between December 9, 1993 and the end of the quarter.

COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

Progress made this quarter centered on: i) conducting technical assessment of 11 MCH facilities in cooperation with the MCH department of MOPH. To conduct the assessment Dr.

Dawood of MOPH went to Balkh Province and Dr. Shah Agha of MOPH travelled through Kabul, Kapisa and Parwan provinces, while Dr. Hasibullah of MSH assessed the MCH facilities in Takhar Province; ii) assessment of 13 MCH facilities in Eastern, Northern and Central zones by three MCH RHOs to evaluate the extent of services offered and to collect data on patient use; iii) translation of 241 VHS survey interview sheets from Dari into English; iv) preparation of three chapters of VHS manual and translation of four chapters of VHS manual from English into Dari; and v) support of the Naz-o Ana OB/GYN hospital and Abu Ali Sinna MCH clinic in Kabul through provision of six month MCH supply kits. * Four clinics and one post were monitored twice, were found to be inactive, and therefore cancelled.

COMPONENT 4. CHILD SURVIVAL AND DISEASE CONTROL.

Refresher training is routinely conducted for the MOPH vaccinators upon their return to Peshawar for resupply and for the RHA immunization and cold chain technicians in the EPI posts and clinics attached to Vaccine Storage Facilities (VSFs). * Reports were received from the PMD immunization teams operating in Bar Konar (1007), Gezab (2608), Ajrestan (2607), Mehterlam (0901), Maruf (2416), Bati Kot (0804), Gardaiz (0701), Baraki (0501), Sarobi (0107), Moqur (0610), Khanabad (1404), Nahrein (1307), and Kahmard (2803). Reports were also received from the following VSFs: Balkh (1602) VSF covering Balkh (1202), Nahre Shahi (1603), Dawlatabad (1606), Sholgera (1607), Keshende (1608), Char Bolak (1610), Sang Charak (1702) and Samangan (1501), Taloqan VSF (1201) covering Taloqan (1201), Rustaq (1201), Khwajaghar (1203), Yangi Qala (1208), Farkhar (1210), Warsaj (1211), Aliabad (1402), Hazarat Imam (1403) and Khanabad (1404), Rokha VSF (0207) covering Alasay (0203), Nejrab (0206), Panjshare (0207), Panjshare Awal (0208), Panjshare Dowom (0209), Charikar (0301) and Jabul Saraj (0306), and from Kajab VSF in Markaze Behsud (0406), covering Behsud Awal (0407), Jalrez (0402), Bamyan (2801), Waras (2807) and Kahmard (2803) districts in Wardak and Bamyan provinces. In general the target population appears to have been reached and the vaccine wastage rates are within the acceptable level established by WHO. Dropout rates between shots are negative for some of the teams because they are "catching up" (See annexes A, B & C for details). * Regular meetings were held with UNICEF / APO to discuss the measles campaign in Kabul, follow up on the reorganization of vaccine supply lines and the future of EPI once the AHSSP support ends. An EPI task force meeting was held in Mazar-i-Sharif December 8 - 16, 1993 focussing on vaccine distribution for north Afghanistan. * The GOP temporary ban on cross border shipments has delayed final deliveries to several teams. These will be supplied in January 1994 provided GOP resumes issuing route permits.

COMPONENT 5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

In line with the Project phase out plan drugs and medical supplies required to complete the needed kits were purchased locally worth approximately U.S.\$ 7,675.00. * The warehouse issued 60.4 metric tons of medical and other supplies and assembled 63.8 metric tons of medical and other supplies into kits and cartons for future shipments.

COMPONENT 1. TRAINING.

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH WORKER TRAINING

As part of the Project phase out, no initial training is being given or planned.

b. MATERNAL & CHILD HEALTH OFFICER (MCHO) TRAINING

Currently 13 trainees are undergoing training in the second MCHO course in Jalalabad after three trainees left the program because of personal and family problems. The class training is expected to end in February 1994.

The MCHO instructor's manual in Dari was completed and printed.

c. RURAL HEALTH OFFICER (RHO) TRAINING

Eleven RHOs participated in an IPH seminar on RHOs role in improving health services in rural Afghanistan which began in early December in IPH Jalalabad. These RHOs are currently assigned to their home districts in Afghanistan where, in addition to supervising the BHWs and assisting the local communities in community development and community health promotion, they are also conducting BHW Continuing Education Program (BHWCEP) training under the supervision of IPH trainers.

The RHO manual in Dari was edited and the printing process will be completed next quarter.

d. PHC & MANAGEMENT TRAINING

TYPE	LOCATION	OCT	NOV	DEC	TOTAL # OF PARTICIPANTS
Management	IPH Kabul	22	18	0	40
RHO Seminar	IPH Jalalabad	0	0	11	11
PHC	IPH Jalalabad	0	0	160	160
Total		22	18	171	211

e. CONTINUING EDUCATION TRAINING & PRIMARY HEALTH CARE SEMINARS

The revised BHWCEP curriculum with emphasis on BHW privatization, community promotion and community participation is now followed by all the centers. Following are the BHWCEP outputs for this quarter:

LOCATION	OCT	NOV	DEC	TOTAL
Jalalabad (IPH)	37	145*	71	253
Balkh	6	0	0	6
Total	43	145	71	259

Out of 145 BHWs who received BHWCEP training in November 1993, 55 were trained in Khost with the cooperation of the Health Committee of Paktya and Pakteka (HCPP).

The Afghan staff of the MSH Training Department travelled to Kabui, Jalalabad and Khost training centers to provide technical assistance to the counterparts.

f. COMBINED MIDLEVEL CONTINUING EDUCATION PROGRAM (CMCEP)

MSH Training Department is continuing its participating in the CMCEP training. The fifth CMCEP training session in Jalalabad with 20 trainees enrolled was completed on December 15, 1993.

g. FIELD ASSESSMENTS

The BHW technical assessment teams evaluated and assessed the following numbers of BHWs in their work assignment locations:

TEAMS	OCT	NOV	DEC	TOTAL
IPH	37	7	0	44
Balkh	0	7	0	7
Total	37	14	0	51

h. BOARD OF MEDICAL CERTIFICATION

As part of the Project phase out plan the number of medical professionals introduced for certification is reduced. Consequently, salary support for the staff of the Regional Board of Medical Certification is ended and IPH has taken over the responsibility to cover the need for medical certification of medical professionals who may be introduced for certification of their qualifications.

2. Unanticipated Activities.

None.

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.

The RHO seminar originally planned to be held in December in Kabul was transferred to IPH Jalalabad because of fighting and uncertain security situation in Kabul.

4. Work Plan for Next Quarter.

- a. Conduct RHO seminar in IPH Jalalabad.
- b. Conduct PHC seminars for the health professionals.
- c. Continue BHW CEP training through the regional training centers.
- d. Continue the MCHO second session training in IPH Jalalabad with preparation for testing, certifying and graduation of the course.
- e. Field visit to training centers in Afghanistan.
- f. Implement the phase down/phase out plan for training activities in Afghanistan.
- g. Print the RHO manual.

COMPONENT 2. HEALTH SERVICES IMPLEMENTATION

1. Completed Project Activities and their Verification Status.

a. **BASIC HEALTH POSTS**

Two hundred and seventy MOPH posts received their salaries and resupplies from Peshawar while seven BHWs, including two MCH posts, who had already received their resupplies were given their final payments. In addition, 237 RHA BHWs, including one MCH post, were issued transportation costs to collect their supplies from the regional depots in Afghanistan.

b. **BASIC HEALTH CENTERS**

Thirteen centers, including one MCH center, were resupplied from Peshawar. In addition transportation costs were issued to 24 centers, including six MCH center, for resupplies from inside Afghanistan depots. Seven centers, including one MCH center, who had received resupplies earlier were issued their final salaries until the end of the Project.

CLINICS RESUPPLIED FROM PESHAWAR.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1059	LOGAR	CHARKH	0503	HIA	MOPH
1060	NANGARHAR	MOHMAND DARA	0807	HIA	MOPH
1063	GHAZNI	MOQOR	0610	HIA	MOPH
1064	KONAR	BAR KONAR	1007	NIFA	MOPH
1080	KONAR	PECHE	1013	ANLF	MOPH
1085	LOGAR	AZRO	0505	ANLF	MOPH
1103	KONAR	NOUR GUL	1012	IIA	MOPH
1104	GHAZNI	QARABAGH	0609	JIA	MOPH
1107	NANGARHAR	BEHSUD	0815	IIA	MOPH
1150	KANDAHAR	PANJWAI	2413	IIA	MOPH
1155	KANDAHAR	KHAKRAIZ	2407	ANLF	MOPH
1218	NANGARHAR	DEH BALA	0810	HIK	MOPH
7049	NANGARHAR	SORKH ROD	0814	IIA	MOPH

CLINICS ISSUED TRANSPORTATION COSTS.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1010	HERAT	GOZARAH	2003	JIA	MOPH
1011	HERAT	GHORYAN	2007	JIA	MOPH
1033	GHOR	SHAHRAH	2702	JIA	SSWA
1049	TAKHAR	KALAFGAN	1212	JIA	SCNA
1052	KUNDUZ	KUNDUZ	1401	JIA	SCNA
1090	BAGHLAN	BURKA	1308	HIA	MOPH
1118	KUNDUZ	CHAR DARA	1407	JIA	SCNA
1119	KUNDUZ	ALIABAD	1402	JIA	SCNA
1120	TAKHAR	KHWAJAGHAR	1203	JIA	SCNA
1140	KUNDUZ	ARCHI	1405	JIA	SCNA
1145	FARAH	LASH JAWEEN	2111	JIA	SSWA
1149	TAKHAR	CHAL	1206	JIA	SCNA
1152	BADGHIS	JAWAND	1906	JIA	SSWA
1156	KUNDUZ	CHAR DARA	1407	JIA	SCNA
1182	BAGHALAN	TALA WA BARFAK	1305	HIK	MOPH
1221	GHOR	GHORE TAYWARA	2705	JIA	SSWA
1232	TAKHAR	DARQAD	1209	JIA	SCNA
1233	TAKHAR	YANGI QALA	1208	JIA	SCNA
7025	KUNDUZ	KUNDUZ	1401	JIA	SCNA
7036	KUNDUZ	ARCHI	1405	HIH	MOPH
7057	TAKHAR	KHWAJAGHAR	1203	JIA	SCNA
7058	BAGHLAN	BAGHLAN	1301	JIA	SCNA
7059	TAKHAR	CHAH AB	1207	JIA	SCNA
7065	KUNDUZ	KUNDUZ	1401	JIA	SCNA

CLINICS ISSUED FINAL SALARIES.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1018	GHAZNI	QARABAGH	0609	NIFA	MOPH
1023	WARDAK	SAYED ABAD	0408	HIA	MOPH
1025	NANGARHAR	SORK ROD	0814	ANLF	MOPH
1054	LOGAR	BARAKI	0501	HIA	MOPH
1123	GHAZNI	QARABAGH	0609	NIFA	MOPH
1126	ORUZGAN	KAJРАН	2609	NIFA	MOPH
7041	LAGHMAN	DAWLATSHA	0903	HIH	MOPH

c. COMPREHENSIVE HEALTH CENTERS

Five facilities received their final salaries. In addition transportation costs were issued to four facilities to receive their resupplies from inside Afghanistan depots. These centers are under the guidance of a qualified medical doctor (M.D.) with in-patient (three beds) and laboratory facilities.

COMPREHENSIVE HEALTH CENTERS RECEIVING FINAL SALARIES.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1067	LAGHMAN	ALISHING	0905	HIA	MOPH
1209	NANGARHAR	ACHIN	0811	IIA	MOPH
1214	LAGHMAN	DAWLATSHA	0903	HIA	MOPH
1215	NANGARHAR	SHERZAD	0821	HIK	MOPH
1225	NANGARHAR	NAZIYAN	0809	HIK	MOPH

CHCS ISSUED TRANSPORTATION COSTS.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1091	KUNDUZ	KUNDUZ	1401	IIA	MOPH
1117	KUNDUZ	HAZRAT IMAM	1403	JIA	SCNA
1176	BAGHLAN	DAHANAЕ GHORI	1303	JIA	SCNA
1247	TAKHAR	CHAH AB	1207	JIA	SCNA

d & e.

HOSPITALS

The JIA supervised Primary Health Care (PHC) hospital in Moqor (0610), Ghazni Province was resupplied from Peshawar. In addition transportation costs were provided to four PHC hospitals (all RHA), with upto 20 in-patient beds each, to get their resupplies from Afghanistan based depots.

The Nazo-o Ana, OB/GYN hospital in Kabul was issued one MCH clinic kit, while seven Kabul area hospitals were supplied with x-ray machines. In addition 25 refrigerators with transformers were donated to IPH Kabul.

PHC HOSPITALS ISSUED TRANSPORTATION COSTS.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
2005	BAGHLAN	ANDERAB	1309	JIA	SCNA
2006	TAKHAR	ESHKAMESH	1204	JIA	SCNA
2007	BAGHLAN	KHOST WA FRENG	1310	JIA	SCNA
2013	TAKHAR	RUSTAQ	1202	JIA	SCNA

f.

ADMINISTRATIVE CENTERS

Four RHA liaison offices (one each of the health committee of HCPP, HIM, SCNA, and Hizb-e Wahdat) were established in Kabul. Ten administrative centers received their resupplies.

ADMINISTRATIVE CENTERS RESUPPLIED.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
8001	HERAT	HERAT	2001	JIA	SSWA
8003	GHAZNI	GHAZNI	0601	HIM	HCCA
8004	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
8009	BADGHIS	QALA NAU	1901	JIA	SSWA
8010	BADAKHSHAN	FAIZABAD	1101	JIA	SCNA
8012	FARAH	SHINDAND	2103	JIA	SSWA
8022	PAKTEKA	URGOUN	X702	HIK	HCCP
8023	GHOR	GHORE TAYWARA	2705	JIA	SSWA
8024	PAKTYA	KHOST	0709	HIK	HCCP
8025	KABUL	KABUL	0101	JIA	SCNA

- * ANLF = Afghan National Liberation Front (Mojadidi)
 - HIA = Harakat-e Inqilab-e Islami-e Afghanistan (Mohammadi)
 - HIH = Hizb-e Islami (Hekmatyar)
 - HIK = Hizb-e Islami (Khalis)
 - HIM = Harakat-e Islami-e Afghanistan (Mohsini), central Afghanistan based predominantly Shia party
 - IIA = Ittihad-e Islami-e Afghanistan (Sayyaf)
 - JIA = Jamiat-e Islami-e Afghanistan (Rabbani)
 - NIFA = National Islamic Front of Afghanistan (Gillani)
 - WAHDAT = Central Afghanistan based predominantly Shia party
-
- ** HCCA = Health Committee of Central Afghanistan composed of the predominantly Shia WAHDAT and HIM (Mohsini) parties
 - HCPP = Health Committee of Paktya and Pakteka
 - MOPH = Ministry of Public Health
 - SCNA = Supervisory Council of the North Area
 - SSWA = South and Southwest Area

9. MONITORING AND DATA COLLECTION

From the beginning of the Project until the end of the First Quarter of FY-94, MSH Monitoring Unit had monitored 2263 BHWs including MCH posts (out of a total of 2271 BHWs initially supplied) and 291 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 292 established). The majority of MSH supported facilities have been monitored more than once. As a result of the expanded and improved monitoring surveys, MSH support was withdrawn from 1223 inactive or redundant BHWs and 135 clinics and hospitals. Monitoring reports received indicate the following results:

BASIC HEALTH POSTS

RHA (473 posts surveyed)*	MOPH (1747 posts surveyed)*	
234 (49%)	482 (28%)	were "active" **
31 (7%)	59 (3%)	were "inactive"
56 (12%)	112 (6%)	were "undetermined"
147 (31%)	1076 (62%)	were "cancelled"
5 (1%)	18 (1%)	were killed

The above figures do not include 8 Basic Health Posts (3 RHA, 5 MOPH) which have not been monitored as yet. In addition 43 trained BHWs (15 RHA, 28 MOPH) who do not have their own Basic Health Posts and are working in Basic Health Centers are also excluded.

BASIC AND COMPREHENSIVE HEALTH CENTERS AND HOSPITALS

RHA (160 facilities surveyed)*	MOPH (131 facilities surveyed)*	
77 (48%)	38 (29%)*	were "active" **
7 (4%)	4 (3%)	were "inactive"
27 (17%)	3 (2%)	were "undetermined"
49 (31%)	86 (66%)	were "cancelled"

The above figures do not include one RHA facility which has not been monitored as yet.

- * There is considerable variation in the statistics compared with statistics reported last quarter. Last quarter, with the change in the data retrieval system, the depot issuing the supplies controlled the data listing. Therefore, if an RHA controlled depot supplied MOPH facilities all those facilities were transferred to the RHA. This created an anomaly as statistically all facilities cancelled when MOPH supervised these facilities were also transferred to the RHA column showing MOPH cancelled facilities as RHA cancellations. This greatly increased the number of RHA cancellations. This anomaly has been corrected in this quarter's statistics.

****DEFINITIONS:**

Active - BHW or clinic personnel was observed in duty station by the monitors who took pictures, got the health worker's signature, and obtained reports from the local commanders and people of the area served.

Inactive - BHW or clinic personnel were not present at the time of the monitors' visit and the reports from local commanders and the people of the area were not positive. In case of a BHW, the Health Services Department of the MOPH is informed and a second chance is given, if requested by the MOPH. If found absent on the second visit of the monitors, the facility is cancelled. In a limited number of clinic cases where the status reports are not clear, the clinic is temporarily given this classification pending verification by a special monitoring team.

Undetermined - The monitoring report did not provide enough information to make a determination. Quite often the medical worker is not seen at his usual place of work because he has either gone with a group of Mujahidin or has gone to the next province.

2. Unanticipated Activities.

At the time of processing the final payments for all MOPH medical staff one very unanticipated and unexpected activity was to re-staff the local staff of the Health Services Implementation Department. On October 18, 1963, the local staff, with the exception of the Computer Supervisor who was on vacation, gave a deadline of October 20 to MSH to raise their salaries or they will leave MSH employment. Despite several meetings with the department supervisor and with the MSH Team Leader, they persisted in their demand and left MSH with the exception of a Senior Administrator and the Computer Supervisor. Within one week the department was re-staffed with administrative staff transferred from the Monitoring Unit (three positions) and by hiring of a computer clerk and a filing clerk (a former MSH employee who had been terminated earlier as part of the Project staff reduction) on contract basis. With this new set up the final MOPH payment processing was completed on time. The processing of the daily requests from counterparts was however delayed by a month,

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.

As in the previous quarter, the Government of Pakistan authorities have been very irregular in issuing route permits for cross border shipment of supplies. This has resulted in unforeseeable delays in our planned schedule for sending medical supplies and the equipment for the RHA liaison offices to Kabul. From December 9, 1993 until the end of the quarter, we were unable to get any permits from the Home Secretary of the Government of NWFP or the Chief Commissioner for Afghan Refugees in Islamabad who seemingly now is the new authority for issuing permits. To date this issue has not as yet been cleared by GOP.

According to U.S.A.I.D. directions all items with a value of U.S.\$1,000 or over have been taken away from the supplies being sent inside particularly the generators for the RHA liaison offices and the x-ray machines allocated to health facilities.

4. Work Plan for Next Quarter.

- a. Close the border supplies depots and send the remaining supplies to the intended recipients: supplies from Chaman depot to SSWA, Khost depot to HCPP and from the Landikhyber depot to IPH.
- b. Terminate 29 staff positions in monitoring and seven positions in Field Operations.
- c. Obtain route permits and send remaining medical supplies from the Warehouse as "bonus kits" to health facilities or as "emergency supplies", as needed.
- d. Complete preparations for shipment of MSH Field Operations archives to Boston.
- e. Write the End of Tour Report.

COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

1. Completed Project Activities and their Verification Status.

Progress made this quarter centered on:

- i. The MSH MCH department with the cooperation of the MCH department of MOPH carried out a technical assessment of 11 MCH facilities. To conduct the assessment Dr. Dawood from MOPH MCH department went to Balkh Province, Dr. Shah Agha from MOPH MCH department travelled to Kabul, Kapisa and Parwan provinces while Dr. Hasibullah of MSH went to Takhar Province. The main purposes of the assessment were:
 - * To study the possibility of conducting MCH Inservice Training Program in Afghanistan for the staff of MCH facilities who have not received such training so far.
 - * To evaluate various activities of the MCH facilities such as provision of preventive and curative health services, nutrition, family planning, immunization, health education and FHW training programs.
 - * To seek the advice and suggestions of the providers of MCH services to further improve these services and to know the problems/constraints they are confronting in performing their duties.
- ii. Assessment of 13 MCH facilities in Eastern, Northern and Central zone by three MCH RHOs. The main purposes of the assessment were:
 - * To evaluate different activities of the MCH facilities such as provision of preventive and curative health services, nutrition, family planning, immunization, health education, FHW and VHS training programs.
 - * To collect data such as average numbers of patients seen daily in clinic, number of family planning clients, percentage of patients, mortality, morbidity, etc.
 - * To seek the advice and suggestions of the providers of MCH services to further improve these services and to know the problems/constraints they are confronting in performing their duties.
- iii. The MSH MCH department translated 241 VHS survey interview sheets from Dari into English.
- iv. Preparation of three chapters of VHS manual by Mrs. Linda Tawfik.
- v. Translation of four chapters of VHS manual from English into Dari.
- vi. Support of the Naz-o Ana Obs/Gyn hospital and the Abu Ali Sinna MCH clinic in Kabul through a six months MCH supply.

a. MCH PROGRAMS: MINISTRY OF PUBLIC HEALTH

The MOPH MCH staff's achievements this quarter could be summarized as:

1. Sending Dr. Dawood to Balkh and Dr. Shah Agha to Kabul, Parwan and Kapisa provinces for carrying out technical assessment of MCH facilities located there.
- ii. Taking part in translation of VHS manual from English to Dari.
- ii. Running VHS training program in Tajabad camp.

The Ministry's outputs for improving the health of women and children this quarter are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Volunteer Health Sisters Trained	0	131
Female Health Workers (Dais) Trained	0	190
Dai Kits Distributed*	3,672	50,611
MCH Facilities Established	0	27
MCH Facilities Resupplied	1	25
Number of Facilities with Contraceptives	0	11

- * The number of dai kits distributed is the total number of kits distributed from the warehouse for all MOPH and RHA MCH facilities and through all Basic Health Centers.

b. MCH PROGRAMS: REGIONAL HEALTH ADMINISTRATIONS

The RHAs' outputs for improving the health of women and children are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Volunteer Health Sisters Trained	0	37
Female Health Workers (Dais) Trained	0	267
MCH Facilities Established	0	36
MCH Facilities Resupplied	21	41
Number of Facilities with Contraceptives	0	22

Definitions:

- * MCH Clinic is defined as a clinic that provides pre and post natal care, tetanus toxoid, nutrition/health education program, and comprehensive dai training. At least one female mid-level worker or female doctor must be on the clinic staff.
- ** MCH Post is defined as a female mid-level or nurse who functions independently, but who is administratively attached to a facility. In addition to providing general health services for women and children she can serve as a dai trainer.

2. Unanticipated Activities.

None.

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.

The following MCH facilities were monitored twice and found inactive and were therefore cancelled.

Clinic No. 7057
Clinic No. 7061
Post No. 7052

Clinic No. 7058
Clinic No. 7064

4. Workplan for Next Quarter.

- a. Analysis of the VHS survey.
- b. Complete final draft of VHS manual in English and Dari.
- c. Revise MCH Inservice Training curriculum and translate four chapters from English into Dari.
- d. Prepare a copy of all manuals, curriculums, assessments, surveys and other necessary documents for sending to Boston.

COMPONENT 4. CHILD SURVIVAL AND DISEASE CONTROL

1. Completed Project Activities and their Verification Status

a. **EPI TRAINING**

MOPH

Refresher training is being conducted routinely for all vaccinators returning to Peshawar for resupplies.

RHA

Refresher training is given to all immunization and cold chain technicians in EPI posts and clinics attached to Vaccine Storage Facilities (VSFs). Standard EPI supervision checklists have been discussed with EPI incharge of each area health committee.

b. IMMUNIZATION CAMPAIGNS AND VACCINE STORAGE FACILITIES

PMD

Reports were received from the following PMD teams:

Bar Konar (1007), Gezab (2608), Ajrestan (2607), Mehterlam (0901), Maruf (2416), Bati Kot (0804), Gardaiz (0701), Baraki (0501), Sarobl (0107), Moqur (0610), Khanabad (1404), Nahrein (1307), and Kahmard (2803) .

(See Annex A for details).

The following teams have been resupplied:

Bar Konar (1007), Sarbon Qala (2304), Kajaki (2306), Qarabagh (0609), Moqur (0610) Deh Chopan (2506)

RHA

SCNA ---- Reports were received from Balkh (1602) VSF covering the following districts:

Balkh(1202), Nahre Shahi (1603), Dawlatabad (1606), Sholgera (1607), Keshende (1608), Char Bolak (1610), Sang Charak (1702) and Samangan (1501).

Reports were received from Taloqan VSF (1201) covering the following districts: Taloqan (1201), Rustaq (1201), Khwajaghar (1203), Yangi Qala (1208), Farkhar (1210), Warsaj (1211), Aliabad (1402), Hazarat Imam(1403) and Khanabad (1404).

Reports received from the Rokha VSF (0207) cover the following districts:

Alasay (0203), Nejrab (0206), Panjshare (0207), Panjshare Awal (0208), Panjshare Dowom (0209), Charikar (0301) and Jabul Saraj (0306).

(See Annex B for details).

The following VSFs have been resupplied for the next six months:

Panjshare VSF (0207), Faryab VSF (1801), Kajab VSF (0406), Kakrak VSF .

SSWA ---- Reports not received as yet.

HIM ---- Reports received from Kajab VSF in Markaze Behsud (0406), cover the following districts:

Behsud Awal (0407), Jalrez (0402), Bamyan (2801), Waras (2807) and Kahmard (2803) districts in Wardak and Bamyan provinces.

(See Annex C for details).

HCPP ---- Mohammad Jamil, EPI advisor of HCPP, performed his second coverage survey in Paktya province. The results were analyzed and communicated to UNICEF. He once again went to the field for additional information and returned back with full amendment.

General Evaluation of EPI Activities:

In general the target population appears to have been reached to an acceptable degree. Third shots show low coverage for some teams, partly because the activity is ongoing and full reports are not submitted yet. Wastage rates are within the acceptable level established by WHO. Drop out between shots are negative in some of the teams because they are "catching up" with third and second shots of previous reports.

EPI Coordination:

Meetings were held on regular basis with UNICEF/APO regarding the measles campaign in Kabul as well as follow up on the reorganization of vaccine supply lines. Recently UNICEF/APO was also contacted to discuss the future of EPI once the AHSSP support ends.

An EPI task force meeting was held in Mazar-i-Sharif December 8 - 16, 1993, focusing on vaccine distribution systems for north Afghanistan.

c. OTHER DISEASE CONTROL ACTIVITIES

Tuberculosis

The following T.B pilot programs were resupplied for the last time: Taloqan (1201), Jaghori (0607), Baharak (1107), and Balkh (1601).

d. OPERATIONS RESEARCH

Analysis of the Household Survey has been resumed.

Inventory taking of EPI equipment and computer equipment continues.

2. Unanticipated Activities.

None

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.

The temporary (?) GOP ban on issuing permits for cross border shipments has delayed final deliveries to several teams and VSFs. These would be supplied in January 1994 provided the GOP resumes issuing route permits for border crossing.

Household Survey analysis has been delayed because of priority given to phase out activities.

4. Work Plan for Next Quarter.
 - a. Resupply of the remaining teams of MOPH.
 - b. Resupply of the remaining VSFs.
 - c. Double check inventory record for final report.
 - d. Coordinate future EPI with UNICEF/APO.
 - e. Analyze the results of EPI coverage surveys in Paktya .
 - f. Finalize Household Survey analysis.
 - g. End of Tour Report.

COMPONENT 5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

1. Completed Project Activities and their Verification Status.

a. PROCUREMENT OF MEDICAL SUPPLIES AND EQUIPMENT

Local Purchases

In line with the phase out plan, requirements of drugs and medical supplies were purchased locally, amounting to approximately US\$7,675 during this quarter.

b. SUMMARY OF WAREHOUSE ACTIVITIES

Assembly:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
October	1136	1126	15.0	1,374,140
November	162	1434	20.1	1,992,945
December	393	2053	28.7	2,524,924

Total	1691	4613	63.8	5,892,009

Issues:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
October	509	691	9.3	1,902,558
November	3483	3207	42.4	4,820,825
December	73	645	8.7	1,335,994

Total	4065	4543	60.4	8,059,407

* All kits, with the exception of the dai kit, consist of more than one carton. The number of cartons vary with the kit. A BHW initial supply kit, for example, is composed of eight cartons plus, where applicable, the dai kit carton.

2. Unanticipated Activities

None.

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.

None.

4. Work Plan for Next Quarter

- a. Assemble, warehouse and issue all normal kit needs of Field Operations, bonus kits, and excess items in bulk.
- b. Identify items which are likely to be left over at MSH warehouse after assembling above needs, and arrange for their disposal.
- c. Transfer all items currently in MSH warehouse whose value is above \$ 1,000, and any left over items to the U.S.A.I.D. warehouse in Peshawar.
- d. After reviewing excess stocks, determine what items and quantities should be donated to IMC Peshawar.
- e. Lay off all warehouse personnel, and close down the warehouse.
- f. Reconcile computer files with warehouse stock records.
- g. Purchase locally, any additional packing materials.
- h. Prepare Final Report on Procurement and Warehousing activities.

ACTUAL EXPENDITURES BY QUARTER OCTOBER 01,1992 TO DECEMBER 31,1993

	DEC 31 1992 ACTUALS	MARCH 31 1993 ACTUALS	JUNE 30 1993 ACTUALS	SEP 30 1993 ACTUALS	DEC 31 1993 ESTIMATES	DEC 31 1993 ACTUALS	VARIANCE	JAN-APR, 94 BUDGET PER WORK PLAN
TECHNICAL ASSISTANCE	\$178,507	\$484,006	\$348,569	\$247,079	\$368,698	\$368,698	\$0	\$1,257,926
LOGISTICS	\$73,163	\$35,546	\$44,927	\$51,576	\$62,458	\$52,319	(\$10,139)	\$105,403
PROGRAM								
Training	\$45,128	\$32,115	\$20,442	\$27,223	\$45,035	\$44,534	(\$501)	\$3,170
Fielded BHWs	\$165,177	\$42,359	\$41,255	\$133,466	\$113,983	\$117,225	\$3,242	\$26,330
Clinics/Health Centers	\$130,306	\$110,422	\$49,324	\$82,824	\$67,944	\$70,906	\$2,962	\$7,734
Small Hospitals	\$56,451	\$19,036	\$21,529	\$37,648	\$66,340	\$67,236	\$896	\$2,749
Area Hospital	\$16,230	\$18,384	\$823	\$7,996	\$15,075	\$15,351	\$276	\$286
Program Administration	\$32,920	\$35,981	\$26,070	\$17,073	\$61,827	\$45,556	(\$16,271)	\$37,290
Warehouse	\$61,212	\$3,321	\$70,895	\$37,987	\$26,386	\$26,120	(\$266)	\$58,381
Training Center	\$22,934	\$35,652	\$6,372	(\$3,146)	\$14,727	\$22,628	\$7,901	\$16,643
Preventive Medicines	\$114,071	\$75,284	\$82,824	\$126,297	\$137,712	\$159,469	(\$28,243)	\$22,763
MCH/Health Promotion	\$43,349	\$24,348	\$17,316	\$24,725	\$15,572	\$16,194	\$622	\$9,312
Monitoring	\$87,587	\$56,072	\$46,283	\$51,860	\$34,931	\$40,842	\$5,911	\$24,064
Health Services Development	\$23,435	\$36,995	\$26,148	\$29,793			\$0	
Emergency Medical Relief Support Contingencies		\$4,305	\$5,796	\$9,079	\$5,152	\$5,183	\$31	
Mercy Corps International(MCI)	\$31,024	\$33,529	\$607					
International Medical Corps(IMC)	\$24,157	\$6						
Afghan Trauma Center	\$2,053	\$158						
60 Bed Hospital	\$123							
Polyclinic								
Health Care Financing								
Sub-total :	\$856,157	\$529,467	\$415,689	\$582,830	\$654,684	\$631,244	(\$23,440)	\$208,922
Grand Total :	\$1,107,827	\$1,049,019	\$809,185	\$881,485	\$1,085,840	\$1,052,261	(\$33,579)	\$1,572,251

ANNEX A

SUMMARY OF PMD IMMUNIZATION RESULTS

Bar Konar (1007) Team

Coverage of Planned Target Population:

BCG	159%
Measles	118%
DTP1	982%
DTP2	97%
DTP3	75%
TT1	104%
TT2	157%
TT3	163%

Wastage Rate:

BCG	30%
Measles	25%
DTP	25%
TT	25%

Drop Out Rate:

Over all	16%
DTP1-2	0%
DTP1-3	5%
TT (1-2)	-50%
TT (2-3)	-4%

Gezab (2608) Team

Coverage of Planned Target Population:

BCG	164%
Measles	133%
DPT1	409%
DPT2	157%
DPT3	-0%
TT1	236%
TT2	54%

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Wastage Rate:

BCG	36.4%
Measles	27%
DPTP	25%
TT	34%

Drop Out Rate:

DPT1-2	57%
TT1-2	77%

Ajrestan (2607) Team**Coverage of Planned Target Population:**

BCG	122%
Measles	80%
DPTP1	126%
DPTP2	83%
DPTP3	34
TT1	179%
TT2	94%
TT3	37%

Wastage Rate:.

BCG	31%
Measles	30%
DPTP	26%
TT	35%

Drop Out Rate:

Over all	33%
DPTP1-2	39%
DPTP1-3	75%
TT1-2	47.5%
TT1-3	37%

Mehterlam (0901) Team**Coverage of Planned Target Population:**

BCG	128%
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Measles	134%
DPT1	174%
DPT2	116%
OPV1	237%
OPV2	158%
TT1	500%
TT2	354%
TT3	24%

Wastage Rate:

BCG	47%
OPV	28%
DPT	27%
Measles	25%
TT	48%

Drop Out Rate:

Over all	-6%
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Maruf (2416) Team

Coverage of Planned Target Population:

BCG	135%
Measles	127%
DPTP1	230%
DPTP2	30%
DPTP3	67
TT1	164%
TT2	7%
TT3	14%

Wastage Rate:

BCG	40%
DPTP	25%
Measles	25%
TT	34%

Drop Out Rate:

Over all	7%
DPTP1-2	86%
TT1-2	96%
DPTP1-3	69%
TT2-3	-111%

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Bati Kot (0804) Team

Coverage of Planned Target Population:

BCG	143%
Measles	134%
DPT1	111%
DPT2	99%
OPV1	137%
OPV2	119%
OPV3	125%

Wastage Rate:

BCG	43%
OPV	29%
DPT	27%
Measles	26%
TT	47%

Drop Out Rate:

Over all	6%
DPT1-2	11%
OPV1-2	13%
TT1-2	20%
DPT1-3	22%
OPV1-3	9%

Gardaiz (0701) Team

Coverage of Planned Target Population:

BCG	132%
Measles	97%
DPT1	241%
DPT2	112%
OPV1	305%
OPV2	145%
TT1	93%
TT2	339%

Wastage Rate:

BCG	46%
DPT	25%
Measles	26%
TT	44%
OPV	29%

Drop Out Rate:

Over all	0%
DPT1-2	53%
TT1-2	31%
OPV1-2	53%

Baraki (0501) Team

Coverage of Planned Target Population:

BCG	145%
Measles	112%
DPTP1	37%
DPTP2	82%
DPTP3	123%
TT1	48%
TT2	140%
TT3	178%

Wastage Rate:

BCG	35%
Measles	22%
DPTP	22%
TT	22%

Drop Out Rate:

Over all	12%
DPTP1-2	-114%
DPTP1-3	-226%
TT1-2	-194%
TT2-3	-27%

Sarobl (0107) Team

Coverage of Planned Target Population:

BCG	144%
Measles	109%
DPT1	138%
DPT2	104%
DPT3	106%
TT1	141%
TT2	116%
TT3	76%

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Wastage Rate:

BCG	40%
Measles	30%
DPT	27%
TT	30%

Drop Out Rate:

Over all	5%
DPT1-2	23%
DPT1-3	21%
TT1-2	18%
TT2-3	35%
OPV1-2	47%
OPV1-3	46%

Moqor (0610) Team

Coverage of Planned Target Population:

BCG	62%
Measles	45%
DPT2	56%
DPT3	65%
TT2	58%
TT3	60%
OPV2	74%
OPV3	54%

Wastage Rate:

BCG	21%
Measles	26%
DPT	24%
TT	25%
OPV	39%

Drop Out Rate:

Over all	29%
TT2-3	4%

Khan Abad (1404) Team

Coverage of Planned Target Population:

BCG	147%
Measles	82%
DPT1	158%
DPT2	128%
DPT3	68%
TT1	166%
TT2	87%
TT3	28%
OPV1	189%
OPV2	128%
OPV3	68%

Wastage Rate:

BCG	30%
Measles	25%
DPTP	25%
TT	25%

Drop Out Rate:

Over All	20%
DPT1-2	19%
DPT1-3	57%
TT1-2	48%
TT2-3	67%

Nahrein (1307) Team

Coverage of Planned Target Population:

BCG	178%
Measles	168%
DPT1	99%
DPT2	114%
DPT3	128%
TT1	4%
TT2	75%
TT3	98%
TT4	109%
OPV1	122%
OPV2	135%
OPV3	63%

Wastage Rate:

BCG	35%
Measles	26%
DPT	33%
TT	28%

Drop Out Rate:

Over All	18%%
DPT1-2	-15%
DPT1-3	45%
TT1-2	170%
TT2-3	-29%
TT3-4	-116%
OPV1-2	-10%
OPV1-3	48%

Kahmard (2803) Team

Wastage Rate:

BCG	35%
Measles	28%
DPTP	29%
TT	35%

Drop Out Rate:

Over All	18%
DPTP1-2	-6%
DPTP1-3	-6%
TT1-2	-12%
TT2-3	-39%

ANNEX B

SUMMARY OF SCNA IMMUNIZATION RESULTS

Balkh (1602) VSF.

Wastage Rate:

Measles	33%
DPTP	43%
TT	56%
OPV	77%
DPT	82%

Panjshare (0207) VSF.

Wastage Rate:

BCG	43%
Measles	36%
DPTP	50%
TT	54%

Drop Out Rate:

DPTP1-2	-16%
DPTP1-3	-66%
Over all	-75%
TT1-2	-23%
TT2-3	-25%
TT3-4	79%
tt4-5	14%
opv1-2	17%
opv1-3	22%
DPT1-2	16%
DPT1-3	59%

ANNEX C

SUMMARY OF HIM IMMUNIZATION RESULTS

Kajab (0207) VSF

Wastage Rate:

BCG	38%
Measles	21%
DPT	33%
TT	28%

Drop Out Rate:

DPT1-2	25%
DPT1-3	35%
Over all	15%
TT1-2	19%
TT2-3	71%
OPV1-2	31%
OPV2-3	41%