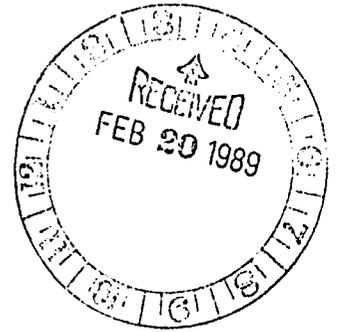


1
-PD-ABJ-499 JSN-90909

MANAGEMENT SCIENCES FOR HEALTH
AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT
P.O.Box 919, Universtiy Town
Peshawar, Pakistan

January 25, 1989



TO: Tom Eighmy, Project Officer

FROM: Bill Oldham, Team Leader *Bill*

SUBJECT: First Quarter Report FY1989

Attached is the First Quarter Report for FY1989 of the Afghanistan Health Sector Support Project carried out under the Cooperative Agreement between the Office of the AID Representative for Afghanistan Affairs and Management Sciences for Health. In this memo, I would like to briefly summarize the activities and accomplishments of the First Quarter.

Implementation of the project proceeded relatively smoothly the first three months of the fiscal year. In Training, the production of Basic Health Workers (BHWs) were kept within the adjusted schedule set for the third year of the project. On November 10, 287 workers of the Fifth Class graduated. This makes a total of 1115 BHWs which have graduated to date. Another 300 students are now being selected for the Sixth Session of the Alliance Health Committee (AHC) training program and 50 students are in two regional training schools.

We had planned on producing 2020 BHWs in the first three years of the program but we are revising the total output downward because of the large recurring costs that the program is generating. We plan to cut back the Seventh AHC Trainingg Session by 33%, to 200 students. The same will be the case with the regional programs.

The training of the Mujahidin in two day courses in "buddy care" first aid got off to a very slow start but is now training the approximate number of individuals in the tanzeem camps that we had originally envisioned. 4,274 were trained this quarter. We hope that we can now keep this level of training up. We plan to add mine awareness to the course, which will perhaps add another day to the course, so may slow down the production somewhat.

As pointed out in Dick Johnson's section, the Training Center is going well and fulfilling its mission very adequately. A Doctor's Refresher Course (3 months) and BHW Trainer's Workshop were carried out in addition to the ongoing activities of the Training Center in materials production, curriculum developemt, etc.

The Field Operations Department continued at a very active pace. 34.7 tons of supplies were transported to the border to be issued to the 287 BHW graduates of the Fifth Session. 60% went right inside to their posts of assignment. 40% have not picked up their supplies, most of whom are awaiting the clearing of the snow clogged passes.

307 BHWs and 13 clinics were resupplied during the quarter. These numbers will rise rapidly in the future because of the increased numbers being sent into the field. There is a total of 89 clinics in the field. 28 clinics were issued this quarter, 24 of which deployed inside and 4 are waiting at the border of the snow to clear.

During the quarter we continued to have conflict with the AHC leadership concerning the siting of clinics and BHWs. They are driven by political considerations and want to place the vast majority of health resources in the six border, Pathan provinces. We hold fast for a more equitable distribution of health facilities. The tone of our relations became somewhat unpleasant and I finally had to write a letter to the High Council that spelled out our position very firmly. After this, tensions were considerably eased but we are still faced with their political problems and have to resist daily the placement of clinics side-by-side.

The regional program is developing rapidly in Commander Massoud's area in the North. The regional referral hospital at Takhar was resupplied, nine new clinics, and 2 ambulances were issued and transported to the northern provinces this quarter.

We resupplied nine clinics in the West in Commander Ismael Khan's region but no new facilities were issued until we receive adequate reports from the Regional Health Officer. Our feed back from monitors and expatriate visitors give us good reports on activities in region, however.

The MSH Monitoring Program has surveyed 15 provinces. Nine more are currently being checked and eight more will be surveyed next quarter. A summary of the information generated by the monitors follows Dr. Laumonier section in the Quarterly Report.

Management Development has proved the most frustrating of all our activities. Anibal Mejia has been able to accomplish a remarkable amount of development in the face of considerable disinterest by the leadership of the AHC. A equitable salary system was implemented during the quarter, despite all kinds of attempts on part of the High Council to introduce higher wage scales than we are able to meet.

The High Council has requested that two vice presidents be approved to manage the AHC on a day by day basis. These will be appointed on

a six-monthly basis and will take the place of the plan they had previously developed to have four permanent technocrats heading four division of the AHC. It is half of the apple to have the two VPs but better than the system now have, so we will approve it.

The management information system is still being developed and is fully reported upon by Mejia in his section.

The Warehouse Service has a continually increasing load to manage but so far is handling it well. We have held back in ordering needed supplies until our future financial picture became clearer. This quarter, we ordered \$2 million of absolutely required supplies to meet training production and resupply. We have now a clearer idea of what our financial future is and have started ordering the supplies to assure a six month lead time.

The Preventive Medicine Department of the AHC is finally getting its act together and the immunization program is beginning to move. The second training session of immunization technicians will be underway at the start of the next quarter and four teams actively carrying out the pilot program. Cooperation with UNICEF has been good and expansion of the program inside Afghanistan will take place this spring and summer.

QUARTERLY REPORT

FIRST QUARTER FY 1989

1 OCTOBER TO 31 DECEMBER 1988

I. TRAINING - Richard Johnson, BSN, MPH - Training Advisor

A. BASIC HEALTH WORKER TRAINING

The closing seminary for the fifth Basic Health Worker training class (three month course) was held on 10 November 1989 at the AHC Training Center. Out of the 294 trainees who took the final examination, a total of 287 trainees passed. Examination Results by Tanzeem are shown at the end of this section.

AHC invited applications for enrollment in the sixth Basic Health Worker training class and pretests were held in Peshawar (20 Dec. 88) and Quetta (25 Dec. 88). 871 applicants appeared for the examination in Peshawar and 248 applicants in Quetta.

As the BHW training camps, except for Sayaf Camp, have been in use for over one and one half years, a joint AHC/MSH team was formed to survey equipment replacement needs in each camp. Based on the recommendations of the Survey Team, selected items were replaced.

B. BUDDY CARE (TWO DAY FIRST AID TRAINING COURSE)

Results for this two day course carried out in the Tanzeem Mujahideen camps are as follows:

<u>Tanzeem</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>Total</u>
ANLF	368	248	174	790
Ettehad	xxx	277	420	697
Harakat	338	348	502	1,188
Jamiat	400	301	387	1,088
NIFA	<u>188</u>	<u>127</u>	<u>196</u>	<u>511</u>
TOTALS	1,294	1,301	1,679	4,274

C. REGIONAL TRAINING

A BHW Training Center was established under the administrative jurisdiction of Commander Haqani in Miram Shah. The first class of 25 trainees started on 4 November 1988. A follow-up visit was carried out by the MSH Training Assistance in early December 1988. A number of technical and administrative problems were noted and discussed with Commander Haqani's representatives on 18 December 1988.

With regard to the Takhar Regional Training Center, Dr. Wasiq, the representative of Dr. Sahar, submitted financial documents to account for some of the funds advanced by MSH for Regional Training Center.

D. TRAINING CENTER

1. BHW Trainers Workshop

Following the completion of the fifth BHW training class, a BHW Trainers Workshop was held from 26 November to 7 December 1988. The purpose of the Workshop was to further refine/simplify the BHW curriculum materials, develop course content for BHW refresher training, improve teaching skills and techniques and to standardize BHW Training Camp management procedures. In addition to Training Center staff, 12 BHW doctor trainers and 16 BHW nurse trainers attended the Workshop.

2. Doctor Refresher Training

The first doctor refresher training course (3 months duration) was completed and a Closing Seminar held on 13 November 1988. A total of nine doctors were enrolled and completed the course. Dr. Douglas Lindsey was invited as a short term consultant to evaluate the course from 6 to 17 November 1988. Dr. Lindsey's Report "Evaluation of the Refresher Training Course for Afghan Doctors" was submitted to the Office of the AID Representative under separate cover. One of the highlights was a lecture presented by Dr. Lindsey on "Injuries Inflicted by Mines" to a group of doctors invited by AHC Training Center, the CMC Medical Subcommittee and IMC trainees.

3. Staff Appointments and Transfers

In October the following staff were appointed: Mr. Mohammad Ashraf, Editor, Mr. Mohammand Wesal, Audio-visual Technician and Mr. Mohammad Arif Dari-Pushto Typist.

Mr. Mohammad Basir Bilal, BHW Manager was transferred and Engineer Najibullah Safi was appointed in his place in December.

E. HEALTH EDUCATION/MATERNAL & CHILD HEALTH

Two short term consultants, Anne Macey and Linda Tawfik worked in collaboration to prepare recommendations for implementing services for women and children inside Afghanistan. Anne Macey focused on social/cultural aspects of involving women in the health development process, while Linda Tawfik developed operational recommendations. These two reports have been submitted to the Office of the AID Representative under separate cover.

OTHER ACTIVITIES

ICORT III

Drs. Basir, Director Preventive Medicine Department and Dr. Faitmie, Director Training Center attended the International Conference on Oral Rehydration Therapy (December 14 - 16, 1988) in Washington, D. C.

F. OTHER ACTIVITIES CONTINUED

1. CMC MEETINGS

Participated in weekly CMC medical subcommittee meetings which focused on developing suggested skill levels for Basic Health Workers, medical technicians and advanced medical technicians.

2. Training Assistant

In order to provide some technical and administrative support for the Regional Training Programs, it was evident that additional staff would be required. A new MSH/FSN position was approved for this activity and an FSN classification was fixed by USAID/P.

G. WORKPLAN FOR NEXT QUARTER - JANUARY, FEBRUARY & MARCH 1989

1. Initiate BHW Training Class 6
2. Start BHW Refresher Training
3. Begin the second doctors refresher training course
4. Develop and implement plan to assess technical ability of BHWs by MSH staff as well as AHC Training Department staff inside Afghanistan.
5. Recruit and appoint MSH/FSN Training Assistance to work on Regional Training.
6. Provide technical and administrative support for AHC Training.

.7'

BASIC HEALTH WORKER TRAINING CLASS 6
RESULTS OF FINAL EXAMINATION

TANZEEM	TOTAL NO. ENROLLED	TOTAL NO. EXAMINED	FAILED <40%	RETESTED 40 TO 49.9%	RETESTED NO.	TOTAL PASSED
ANLF	60	58	0	2	2-PASSED	58
ETTEHAD	58	58	1	1	1-PASSED	57
HARAKAT	60	60	3	2	2-Failed	55
JAMIAT	60	60	0	5	5-Passed	60
NIFA	58	58	1	0	0	57
TOTAL	296	294	5	10	9	287

II. FIELD OPERATIONS - Laurence Laumonier, MD - Field Operations Advisor

EXPANSION OF HEALTH SERVICES INSIDE AFGHANISTAN:

A. BASIC HEALTH WORKERS (BHW):

1. Deployment of the 5th Seseession BHW Graduates:

In late November, following the graduation of the BHWs of the 5th Session on the 20th, 287 graduates issued their initial salary and medical supplies and equipment. The Fifth Session included 103 BHWs from the southern and western provinces and were tested and selected in Quetta. 194 BHWs from the eastern and northern provinces were tested and selected in Peshawar.

- 11.686 tons of supplies were sent to the 5 party border depots in AZAMWARSAK.
- 1.726 tons to MIRAMSHAH
- 6.494 tons to TERIMANGAL
- 0.341 tons to BAJAWAR from Peshawar
- 0.862 tons to GANDAB
- 0.270 tons to LANTIKOTAL

- 2.337 tons to BADINI
- 6.922 tons to CHAMAN from Quetta
- 3.775 tons to GIRGIJANGL
- 0.251 tons to ROBAT

TOTAL: 34.668 tons of medical supplies and equipment were issued to the newly graduated BHWs this quarter.

The BHW kits wre sent to Quetta in 3 trucks, 1 from AHC and 2 from tanzeems (MAHAZ and ANLF); the loading and transportation have been monitored by AHC representatives and MSH monitors.

Less than 2 months after the graduation of the BHWs of the 5th Session, the reports of the monitors located at the various border crossing points have been collected and reviewed. Of the 287 BHWs graduated this quarter:

- 172 BHWs (60%) had picked up their kits at the border and proceeded inside.
- 115 BHWs (40%) have not yet picked up their supplies. Many of these are waiting for the passes which are blocked by snow to open.

2. Resupply Operations:

The MSH Field Operations Department and AHC Supply Department approved and supervised 307 Resupply of BHWs during the last 3 months i.e about the double than the last previous Quarter (163). This activity will greatly increase in the future, increasing the workload of the

Departments. A new MSH/FSN position has been approved as an assistant field operations officer and a data-entry clerk from the data processing section has been appointed to work in the Field Operation Department.

B. AHC CLINICS:

1. Development of New Clinics:

From the 40 clinics approved to be issued to AHC (8 per tanzeems) before the end of the fiscal year, 28 clinics have been issued:

- 4 to Ettehad
- 8 to MAHAZ
- 4 to ANLF
- 6 to jamiat
- 6 to Harakat

The provinces where the clinics have been established are as follows:

- 5 in Paktia
- 4 in Kabul
- 3 in Takhar
- 3 in Nangarhar
- 2 in Kandahar
- 2 in Kunar
- 2 in Balkh
- 2 in Baghlan
- 1 in Herat
- 1 in Wardak
- 1 in Laghman
- 1 in Ghazni
- 1 in Kunduz.

Of these 28 clinics, 4 have not yet crossed the border from the reports of our border monitors, apparently because of the snow blocked passes.

3. Resupply of existing AHC clinics :

Thirteen clinics have been resupplied during the last 3 months, after careful review of the monitoring reports from the border and from inside.

C. REGIONAL HEALTH SYSTEMS:

1. North-East Region:

Supplies and equipment for 9 clinics, the supplies and equipment for the regional hospital in Takhar and the initial supplies and resupplies of BHWs have been transported to the North-East Region by Dr Wasiq, representative of Dr Sahar, the Regional Health Officer. A total of 20 tons of medical supplies and 2 ambulances were sent.

Presently, one team of monitors is in the field to inspect all the facilities provided through MSH to this regional system.

At the request of the Health Committee of the Supervisory Council of the North, one health center (small hospital) has been provided to a well trained physician working in Kabul Province.

MSH received satisfactory reports from Dr Sahar concerning the Regional Hospital and the Training Center. He stated that he is anxious to start a MCH program. We are discussing the program with his representative, Dr. Wasiq and have assure Dr.Saha that we are interested in supporting him in this activity.

2. South-Western Provinces:

MSH resupplied the 9 clinics provided Dr. Momand Shah, the Regional Health Officer under the command of Commander Ismael Khan. In the absence of reports from the Regional Health Officer, MSH decided not to commit additional resources until a better reporting system is developed by this regional program. One team of MSH monitors is currently in the field to check on all facilities already provided through MSH.

3. Paktia Province: Commander Haqani.

The Field Operations Department has not yet been involved in this program which is still under the training phase.

III. MONITORING:

Fifteen provinces have been surveyed; completely (when it was the first survey) or partly (when the province had already been surveyed. In these cases, only the new BHWs and those who had not been contacted during the previous survey are visited). The results per province per BHW and per clinic are on the following pages.

However, here a few notes on the charts:

- "active" column: the BHW or the personel of the clinic has been seen by the monitors who took a picture of them and got their signatures. They also brought back a report from the commander responsible for their support and from the local population. In some cases, they were not seen by the monitors because they had come to Peshawar for resupply. In these cases, our Management Information System (MIS) tracks them and the debriefing with of the individual personal is consulted.

- "not active" column: the medical personel was not seen by the monitors and the report from the commander and from the population is

negative about their work. Before cancelling them, we report them to the Chairman of their Party Health Committee and then give them a second chance if requested to do by the Party Chairman. If they are not present on the next survey, we then cancel them as MSH supported individuals or facilities.

- "unknown" column: in these cases a decision cannot be made whether the facility or BHW is "active" or "not active". The medical personel has not been seen by the monitors because they have gone temporarily with a group of mujahidin on an operation, or they have gone to another village to treat a patient. In most of these cases, the report provided by the commander and the population is positive about their work and they are found "active" on the next survey.

- "cancelled" column: the medical personel or facility has been cancelled after having been absent or not working on second survey, or the BHW has sold his medicines, etc.

Presently, there are 9 other provinces which are under survey and 8 more provinces scheduled to be surveyed for the next quarter.

NUMBER of bhws who have been surveyed, by PROVINCE
by inside monitors
MSH/P.

PROVINCE:	No of Active Bhws	No of not Active Bhw	No of Bhws unknown	No of Bhws Kiled	No of Bhws Canceled	No of Bhws Wounded	Number of BHWS:
Baghlan	4	4	5	0	0	0	13
Balkh	12	7	5	0	0	0	24
Bamiyan	16	2	4	0	0	0	22
Helmand	8	0	3	0	0	0	11
Kabul	22	9	26	0	0	0	57
Kandahar	13	10	4	1	0	0	28
Konar	27	0	6	1	3	0	37
Laghman	0	6	5	0	0	1	12
Logar	39	7	12	0	5	0	63
Nangarhar	1	0	0	0	0	0	1
Paktika	7	3	2	0	0	0	12
Paktya	13	4	9	0	1	0	27
Samangan	3	4	0	0	0	0	7
Takhar	3	8	0	0	0	0	11
Zabol	15	1	0	0	0	0	16
*** Total ***	183	65	81	2	9	1	341

NUMBER of CLINICs which have been surveyed, by PROVINCE
by inside monitors - ~~0270 88~~ - 31 Dec 88 .
MSH/P.

PROVINCE:	No of Clinics Active	No of Clinics Not Act	No of Clinics Unknown	Number of BHWs: CLINICs
Baghlan	0	1	0	1
Helmand	1	0	0	1
Kabul	1	0	0	1
Kandahar	1	0	1	2
Konar	3	0	1	4
Laghman	0	1	0	1
Paktika	1	0	0	1
Paktya	1	0	0	1
Samangan	1	0	0	1
Takhar	0	1	0	1
Zabol	1	0	0	1
*** Total ***	10	3	2	15

IV. MANAGEMENT - Anibal Mejia, MFH - Deputy Team Leader and Senior Management Advisor

A. ORGANIZATIONAL DEVELOPMENT.

The climate: AHC stood off additional organizational development and focused instead on negotiations for a new salary scheme, which was not completed during the quarter. Technical training positions were not included but the AHC promised to negotiate their salaries in the near future. However, the basic reference to a single personnel document that lists all position and the name of the incumbent was instituted.

Developing scenarios for the reconstruction period fails to attract AHC'S attention. The High Council seems more intent on developing employment opportunities for participating parties' members. The AHC proposal of two executive vice presidents for limited terms still suggests intra party distrust and a spoils system.

AHC Benefits Program completed except as noted. Death and Dismemberment Payments currently under discussion.

The Management Training Program for AHC key personnel was put on hold pending AHC readiness, which is subject to rotating leadership. Mr. Babrakzai, who will be the new president January 1, appears receptive.

MSH strategy for continued organizational development: Informal discussions indicate an AHC insistence on the two proposed executive vice presidents and some dissatisfaction with the processing speed of daily transactions. They believe two executive VPs will solve the problem. We will agree to their proposed reorganization and use it as the basis for writing additional operational manuals and giving new management training courses.

B. THE MANAGEMENT INFORMATION SYSTEM

The Greenbook Project: The first drafts of Greenbook Analysis Report and the Preliminary Report on Drug Utilization were completed. (Submitted under different cover.) These reports analyze 4116 patient visits, a 7 percent sample of cases treated in 10 provinces from mid 1987 to early 1988. (See memos by consultant Jono Quick in Annex)

AHC Personnel Development Project: Development of Personnel Management databases led to the discovery of remuneration factors

(e.g. for distinguished service) utilized by the AHC which were not agreed upon by MSH/P. The resulting negotiations delayed organizational development activities.

Monitoring Information Project: Reforms summarizing transactions inside Afghanistan should/will be incorporated in May 1988 to the format required by USAID/REP'S office. A study has been underway during the present quarter.

MSH/P Personnel Databases: The relational database program for all MSH/P employees was completed. With the addition of Monitoring Personnel to the FSN Schedule all personnel records will be subject to computer access and common reporting methods. A lady Personnel Records Clerk has been hired to maintain these files.

Warehouse Computerization Project: No further action has been taken beyond preliminary plans. Also pending is the replacement of a computer operator for the warehouse who quit and further development of formulary databases.

C. BUDGET AND BUDGETING

Budgeting for FY 89 calculations were done under various assumptions in order to answer a number of questions relative to the AAM. These calculations required considerable time and effort since they are the basis for further budgets.

Similarly preparing assumptions for FY89-92 Work Plan was time consuming considering the new program goals outlines in the AAM.

THE WAREHOUSE SERVICE

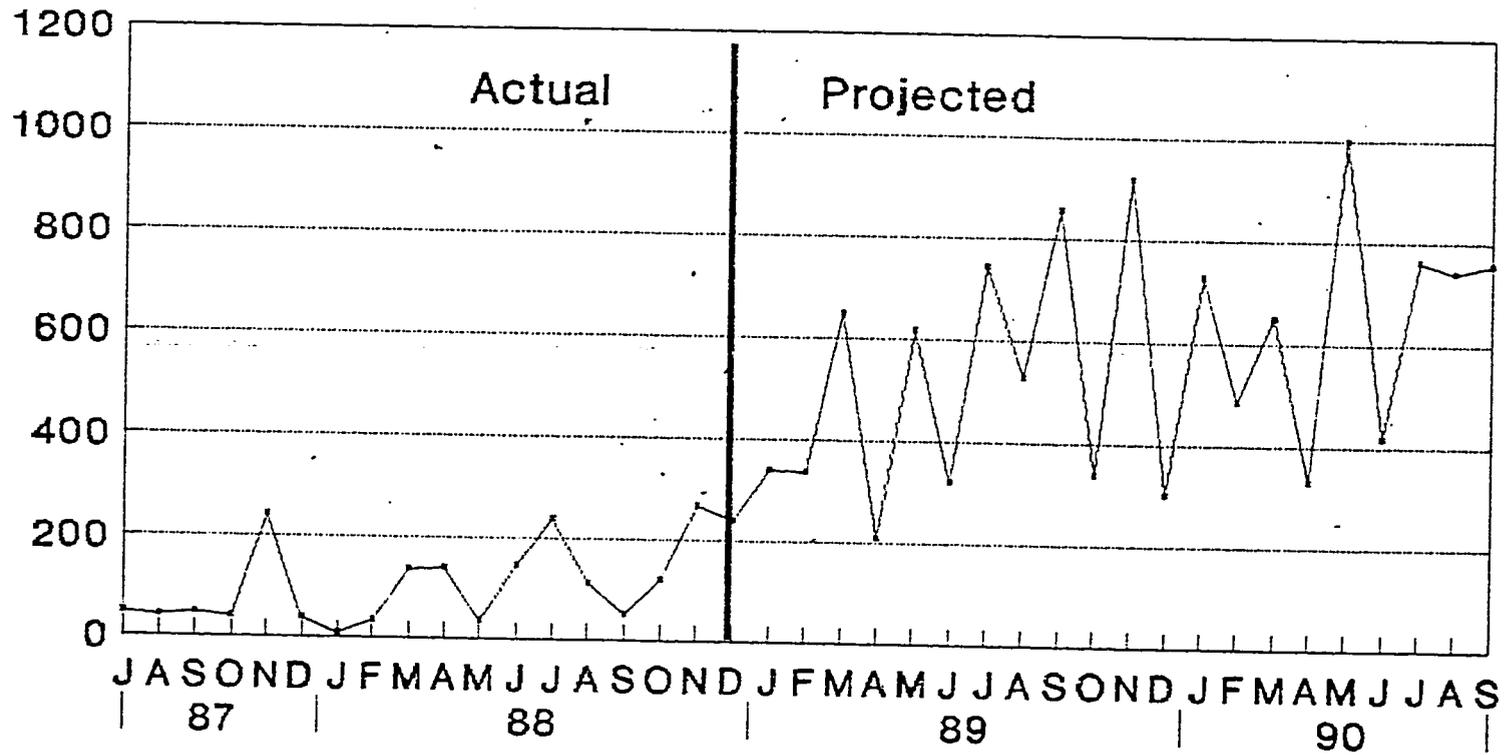
The Assembly Line and "Clean Room" Projects were completed leaving fine tuning and finish work for the next quarter. By automating the assembly line the warehouse should be able to increase production by 10 percent without additional hiring of assembly line operatives. Bringing antiseptic techniques to repackaging operations should improve operational standards up to industry accepted norms.

PRODUCTION

	OCT	NOV	DEC	TOTAL
ISSUED:				
Clinic/ Kits.	120	268	364	752
Cartons	1101	2031	2965	6097
Tons	19.7	33	51.2	103.9
ASSEMBLED AND IN STORAGE:				
Clinic/ Kits.	158	228	344	730
Cartons	1265	1870	2180	5315
Tons	21.5	29	35.1	85.6

WAREHOUSE OUTPUTS

Afghan Health Sector Support Project



— Kits per Month

Jul'87-Nov'88 Act.; Dec'88-Sep'90 Est.

VI. PROCUREMENT - Paul Ickx, MD - Procurement and Preventive Medicine Adv.

A. Control of Good Manufacturing Practices and Good Laboratory Practices of M.S.H.-suppliers.

Mr. Riaz Khan has been contacted to audit or re-audit 12 manufacturers regarding GMP and GLP starting mid January.

A. Staff.

Mr. Najam Lone left the project to take up a position with G.O.P. Mr. Mohammad Ashraf has taken over the position of Medical Supply Procurement Officer. His probationary period will finish mid January and until now he is performing to our expectations.

The person responsible for data-entering has been transferred to Field Operations. A new data-entry person will take his place.

B., Inventory quality control procedures of drugs and equipment

The Warehouse Pharmacist takes care of this subject on routine basis and contacts Mr. Ashraf or Dr. Ickx when necessary.

C. Flow stream between AMEG and MSH.

Continued as before.

D. Bulk procurement.

In the third quarter of 1988 we were ordering six months ahead. Uncertainty about the available budget has brought the lead time back to the absolute minimum of six weeks.

Two orders have been put in, covering minimal requirements till 1 April 1989.

Bulk order for 100,000 ampules of Pentazocine should cover our needs till the fourth quarter.

An outline for a menu-driven procurement managing system has been conceived and has partly been written out. Mr. K. Eckroad and Dr. J. Quick made valuable contributions to the outline.

E. Standard Medical Supply Lists.

During the seminar with the BHW trainers, a session was held to discuss the use of drugs in Teaching Clinics. Trainers agreed that drugs used should be those used by BHW's inside Afghanistan.

F. Cost monitoring

An attempt for running comparative cost analyses in a computer routine has failed due to a power surge, scrambling all concerned data files.

VII Preventive Medicine Department (PMD).

A. Immunization-technician training.

The selection of immunization technician trainees has been delayed due to :

- disagreement over the number of trainees to be taken between PMD and High Council (High Council proposing 10 trainees per party and PMD insisting on 5)
- disagreement over the selection procedures, which had been proven effective in the first training course (High Council wanting to appoint trainees of their own selection and PMD insisting on written pretest to evaluate education level and individual interview to evaluate motivation to work in the program)
- Pakistan elections slowing down the communication channels between High Council and PMD (absence of staff)

Pretests and written course material are ready.

Contact has been made with AVICEN for limited technical back up regarding practical refrigerator repair course and practical vaccination sessions in refugee camps.

B. Immunization inside Afghanistan.

By mid December three of the four teams had send back some or all immunization technicians for preliminary reports and resupply.

No major difficulties have been encountered by the three groups. Wastage rates are as expected, which, together with reports on vaccine monitor cards signifies :

- overall good control of cold chain
- good manipulation of vials and injection material.

Pictures taken during vaccination sessions provide following information :

- well organized and, taking into account the conditions, clean working environment
- one injection - one syringe principle is respected

used injection material is destroyed and burned.

From written immunization reports we get following results of the campaign :

Ghazni province, Qarabagh district, 61 "villages" covered, in 3 months, by 3 vaccinators, campaign interrupted for resupply.

Age	BCG	DTP1	Measles	TT1
<2yr	251	651	432	
2-5yr	285	1465	1365	
>5	25	296	263	
women				96
Total	561	2412	2060	96

Logar province, Baraki Barak district, 38 "villages" covered, 6 vaccinators worked, reports cover 2 months, campaign continues.

Age	BCG	DTP1	Measles	TT1
<2yr	441	1135	788	
2-5yr	61	1449	734	
>5yr		1086	249	
women				2034
Total	502	3670	1771	2034

Kunar province, Asmar district, 29 "villages" covered, 6 vaccinators worked, report covers 2,5 months, campaign continues.

Age	BCG	DTP1	Measles	TT1
<2yr	253	633	565	
2-5yr	354	839	778	
>5yr	3	3	1	
women				1911
Total	610	1475	1344	1911
TOTAL	1673	7557	5175	4041

DTP1 = first injection with combined diphtheria-pertussis-tetanus-polio-myelitis vaccine

TT1 = first injection of tetanus toxoid

Vaccinators have been rebriefed to respect age groups of target population : focus on <2 year old children for childhood vaccines and all females for tetanus toxoid.

Positive is the relative big number of women vaccinated against tetanus.

All register material has been used excellently, and lists of all villages covered are kept by PMD.

C. Coordination with other agencies.

Dr. Jamil and Mr. Safi attended a meeting on 10 November 1988, exchanging experiences between different organizations vaccinating in Logar.

UNICEF has been asked to assist the program with :

- vaccines
- cold chain material for campaign and central store in Peshawar
- iron tablets

A RCW42 refrigerator has been lend to the Norwegian Committee for Afghanistan for their campaign in Ghazni.

VIII Procurement and PMD Activities next quarter.

- A. Complete list of items available from accepted suppliers.
- B. Continue the writing out of menu-driven procurement management system.
- C. Complete standard lists for laboratory, dental equipment, radiology, etc.
- D. Finalize diagnostic and treatment protocols for TB.
- E. Equip and field immunization-technicians for the second round of the first campaign in three regions.
- F. Train 25 immunization-technicians.
- G. Coordinate with Training and Field Operations to involve fielded BHW's of target area's in the immunization process as vaccinators, supervised by immunization technicians.
- H. Re-enter data necessary for computerized cost analysis of each item from July '88 onwards.