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AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

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QUARTERLY REPORT

January 1 - March 31, 1989.

MANAGEMENT SCIENCES FOR HEALTH

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SUMMARY OF PROGRESS

COMPONENT 1. Training.

In the second quarter of FY 1989, twelve week training courses began at centers in Peshawar, Miram Shah, (Pakistan), and Takhar (Afghanistan) for 349 trainees. 5961 Mujahidin were trained in Emergency First Aid while 99 Basic Health Workers completed the BHW Refresher Training Course. A revised strategy based upon a tutorial system for each trainee focusing on developing skills according to need was devised for doctors and nurses participating in the refresher course to be held next quarter. Certain administrative and technical problems negatively impacting at Miram Shah such as the absence of a Resident Manager and lack of access to a clinical facility were removed with the appointment of a full time Resident Manager and the establishment of a health post for field practice in Paktya Province.

COMPONENT 2. Medical Facilities Inside Afghanistan.

Nine new clinics, including 3 area development clinics, were added to reach a total of 102 clinics inside Afghanistan. Sixteen clinics and 308 basic health posts were resupplied. This is nearly double the usual number of quarterly resupplies. Expansion of the monitoring program has yielded survey reports on nearly 70% of the basic health posts and 50% of the clinics.

COMPONENT 3. Immunization and Preventive Medicine.

Most activities centered on fielding three immunization teams for second round vaccinations and the recruitment of 110 candidates for pre testing and selection of 33 prospective Immunization Technicians for a training course held in Peshawar from February 1 to May 30 which yielded 26 trainees. When they complete their course these technicians will be deployed in Afghan provinces yet to be determined. Some delays experienced due to the inaccessibility of AHC officials attending the Shura

COMPONENT 4. AHC, Afghan Ministry of Public Health.

The long Shura held from February to March in Rawalpindi disrupts administrative processes at the Alliance Health Committee yet offers, in principle, the promise of an Interim Government which would provide the unitary, integrative organization hoped for so long. Resulting delays experienced in the Organizational Development Plan implementation.

COMPONENT 5. Procurement and Supply Logistics.

Early in the period the Good Manufacturing Practices Consultant reaudited ten drug manufacturers, three others abstained from the process. As a result six new manufacturers were accepted as possible suppliers. Three previously surveyed manufacturers showed positive responses to suggestions and were accepted. With a still expanding program it is advisable to continue to identify reliable sources for all products, since demand still exceeds stocks from currently approved sources. Two manufacturers should be reenlisted, after flood damage repairs are completed. Transition from one procurement organization (AMEG) to another (RONCO) requires a great deal of time in order to prevent supply disruptions. Emergency supplies destined to intensive action areas such as Jalalabad place a strain on existing stock distribution plans. About 43 metric tons of supplies were issued while another 186 tons were readied for early next quarter.

COMPONENT 1. Training.

1. Completed Project Activities and their Verification Status.

a(*).

MALE BHW TRAINING

<u>SITE</u>	<u>SESSION</u>	<u># OF TRAINEES</u>	<u>START DATE</u>	<u>FINISH DATE</u>	<u>VERIFIED</u>
Miram Shah	1	25	1/10/89	4/4/89	Yes
Takhar	2	25	1/20/89	4/14/89	
Peshawar	6	299	1/21/89	4/26/89	Yes

c.

BHW REFRESHER

99 BHW's completed the 12 day BHW Refresher Training Program at the Peshawar Training Center.

e.

EMERGENCY FIRST AID TRAINING

Results for the two day (Buddy Care) course carried out in the Mujahidin camps are as follows:

<u>TANZEEM</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>TOTAL</u>
ANLF	310	349	378	1,029
ETTEHAD	470	532	556	1,558
HARAKAT	488	417	NA*	905
JAMIAT	512	535	438	1,485
NIFA	480	NA*	496	984
TOTAL	2,260	1,833	1,868	5,961

NA*= Not Available

i.

TEACHING CLINICS

Five Teaching Clinics function in each of the Training Camps.

AVERAGE # OF PATIENTS TREATED BY CLINICS

<u>CLINIC</u>	<u>JANUARY '89</u>	<u>FEBRUARY '89</u>	<u>MARCH '89</u>	<u>TOTAL</u>
HARAKAT	1715	1435	1505	4655
JAMIAT	367	308	322	997
ANLF	367	307	323	997
NIFA	490	410	430	1330
ETTEHAD	1470	1230	1290	3990

2. Unanticipated Activities
(None Encountered.)

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

An experienced trainer Dr. Mumtaz was recruited to provide technical and administrative backstopping for regional training centers. Dr. Mumtaz will join MSH/P on May 15, 1989 upon the completion of his contractual obligation to his present employer.

d. and e. PHYSICIAN AND NURSE REFRESHER COURSES

Training Center and AHC Officials requested tutorial curriculum revision and proposed alternative course starting dates subject to clinic and hospital resupply schedules next quarter.

4. Work Plan for Next Quarter.

- a) Start BHW Training Class 7.
- b) Implement the revised refresher training plan for doctors and nurses.
- c) Recruit and appoint an MSH/FSN Training Assistant to work on BHW assessments inside Afghanistan.
- d) Follow up on the dialogue with Harakat and establish a Regional Training Center for the Hazarajat in Vardak Province.
- e. Review IGA, Ministry of Public Health Program Design for Training.

(* Sections 1.b, g., and h. not reported until activity outputs approved in Work Plan by AID/Rep.

COMPONENT #2 Medical Facilities Inside Afghanistan

1. Completed Project Activities and their Verification Status

a. BASIC HEALTH POSTS

We have received reports on 285 out of 287 BHW graduates of the 5th session who were placed for service inside Afghanistan. According to our border monitors 229 (80%) BHWs have crossed the border and left for their designated stations. 56 (20%) of the BHWs have not crossed the border as yet. In addition 308 BHW health posts were resupplied- nearly double the number of average quarterly resupplies during FY 1988.

b.

CLINICS

Nine New clinics were issued including 3 regional clinics

NEW CLINICS ESTABLISHED

FACILITY #	PROVINCE	DISTRICT	TANZEEM	ORGANIZATION*
1101	Balkh	Mazar-e Sharif	Jamiat	SCN
1102	Balkh	Mazar-e Sharif	Jamiat	SCN
1098	Bamyan	Bamyan	Jamiat	SCN
1099	Bamyan	Bamyan	ANLF	AHC
1104	Ghazni	Qarabagh	Jamiat	AHC
1103	Konar	Chavki	Ettehad	AHC
1067	Laghman	Alisheng	Harakat	AHC
1100	Hangarhar	Goshta	Jamiat	AHC
1105	Takhar	Farkhar	Ettehad	AHC

* AHC= Alliance Health Committee

SCN= Supervisory Council of the North (Dr. Sahar)

16 Clinics were also resupplied during this period.

CLINICS RESUPPLIED

FACILITY #	PROVINCE	DISTRICT	TANZEEM
1063	Ghazni	Moqor	Harakat
1043	Helmand	Kajaki	NIFA
1015	Herat	Ghoryan	NIFA
1001	Kabul	Bagrami	ANLF
1031	Konar	Asmar	ANLF
1056	Konar	Kamdesh	ANLF
1066	Konduz	Konduz	NIFA
1022	Logar	Ful-e Alam	ANLF
1024	Logar	Ful-e Alam	Harakat
1045	Logar	Mohammad Agha	Harakat
1054	Logar	Baraki Barak	Harakat
1025	Hangarhar	Hesarak	ANLF
1060	Hangarhar	Mohmand Dareh	Harakat
1017	Paktika	Katawaz	NIFA
1041	Paktia	Khost	Harakat
1023	Vardak	Sayed Abad	Harakat

c.

SMALL HOSPITALS

One hospital established in the Paghman area of Kabul Province

e.

MONITORING

With the steady expansion of our monitoring program, there exists survey reports on 24 out of Afghanistan's 29 provinces. Monitors' surveys of 772 BHWs (70% of 1107, the total number of BHWs trained so far) indicate the following results:

- 376 (49%) were "active"
- 133 (17%) were "non-active"
- 197 (25%) were "undetermined"
- 63 (8%) were "cancelled"
- 2 had been killed and 1 was wounded in the war.

SUMMARY OF BHW MONITORING TEAMS' REPORTS

Province	BHW Active	BHW Non Active	BHW Undetermined	BHW Killed	BHW Wounded	BHW Cancelled
Baghlan	4	5	5			
Balkh	12	7	5			
Bamyan	16	1	4			
Faryab	14	4	14			6
Ghazni	14	5	18			2
Ghowr	16		4			
Helmand	18	7	9			
Herat	4	2	5			1
Kabul	23	11	25			1
Kandahar	25	25	14	1		4
Kapisa	4	5	3			
Konar	28		5	1		3
Konduz	1	1				
Laghman		6	5		1	
Logar	47	14	16			9
Nangarhar	8	3	10			15
Druzgan	5	2	6			
Paktika	8	3	8			
Paktya	41	9	23			15
Farvan	16	3	1			5
Samangan	3	4				
Takhar	3	8	3			
Vardak	51	7	14			2
Zabol	15	1				
Total	376	133	197	2	1	63

DEFINITIONS:

Active - BHW or clinic personnel has been observed in duty station by the monitors who took pictures, and obtained reports from the local commanders and people of the area served.

Non-Active - BHW or clinic personnel were not present at the time of monitors' visit and the reports from local commander and the people of the area are not positive. The chairman of the tanzeem (party) health committee is informed and a second chance is given if requested by the chairman. If found absent on the second visit of the monitors, the facility is cancelled.

Undetermined - The monitoring report did not provide enough information to make a determination. Quite often the medical person 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 village to treat a patient. It is our experience that in most of these cases the commander and local population reports are positive and in the next survey the person is found "active".

Monitors' surveys of 51 clinics (50% of 102, the total number of clinics established so far) indicate the following results:

35 (69%) were "active"
8 (16%) were "non-active"
8 (16%) were "undetermined".

SUMMARY OF CLINIC MONITORING TEAMS REPORTS

Province	Clinic Active	Clinic Non-Active	Clinic Undetermined
Baghlan		1	
Faryab	3		
Ghazni	3		1
Ghowr	1	1	2
Helmand	1		
Herat	4		
Kabul	1		
Kandahar	3		1
Konar	3		1
Laghman		1	
Logar	1		
Nangarhar	5		
Oruzgan		1	1
Paktika	1		
Paktya	3	2	1
Parvan	2		1
Samangan	1		
Takhar		1	
Vardak	2	1	
Zabol	1		
Total	35	8	8

2. Unanticipated Activities
(None Encountered.)

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

(None.)

4. Work Plan for Next Quarter:

- a. Supervise outfitting of 298 possible new Peshawar trainees.
- b. Supervise outfitting of 50 new possible trainees from Miram Shah and Takhar.
- c. Supervise outfitting, staffing, and organizing of 8 AHC (Ministry) Clinics.
- d. Supervise outfitting, staffing, and organizing of 8 area development Clinics.
- e. Supervise outfitting, staffing, and organizing of 1 area development Hospital.
- f. Supervise and collect monitors' survey reports on ten provinces.

COMPONENT 3. Immunization and Preventive Medicine.

1. Completed Project Activities and their Verification Status.

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a. (*)

WOMEN'S AND CHILDREN'S PROGRAMS

First Round Vaccination, Kapisa Team

Preliminary reports for Kapisa Province's first round vaccinations given in Panjshir from September 1988 to January 1989:

<u>AGE</u>	<u>BCG</u>	<u>DTP1</u>	<u>MEASLES</u>	<u>IT1</u>
<2 YRS.	429	1,494	985	
2-5 YRS.	328	1,303	1,245	
> 5 YRS.	152	664	554	
WOMEN				1,141
<u>TOTAL</u>	<u>909</u>	<u>3,461</u>	<u>2,784</u>	<u>1,141</u>

a.(*)

WOMEN'S AND CHILDREN'S PROGRAMS (Cont'd)

Second Round Vaccination

Teams for Kunar and Logar Provinces were equipped and fielded for second rounds. No results have been reported as yet. The Ghazni team has been equipped and is ready to go.

2. Unanticipated Activities

Ettehad Health Officer withdrew the nominations for immunization trainees creating delays. The Preventive Medicine Department has requested the approval of new procedures to avoid similar situations.

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

Standard lists for TB Protocols, Laboratory and X-Rays are under discussion with other groups, consequently incomplete, and preventing start up for the time being.

4. Work Plan for Next Quarter.

- a. Finalize diagnostic and treatment protocols for Tuberculosis Program.
- b. Finalize plans for second session of Immunization Technicians.
- c. Equip and field 50 Immunization Technicians.
- d. Coordinate with Training and Field Operations Divisions to target basic and other health workers as vaccinators under the supervision of Immunization Technicians.
- e. Investigate possible strategies for regional immunization campaigns.

(*) Sections 3,b and c not reported until activity outputs approved in Work Plan by AID/Rep.

COMPONENT 4. AHC, Afghan Ministry of Public Health.

a. AHC ORGANIZATIONAL DEVELOPMENT

1. Completed Project Activities and their Verification Status.

Management Accounting Course.

Five participants completed a modular 12 session course on field accounting from a management perspective.

Standardized Personnel Classification System.

Agreement was reached on how to classify jobs at the AHC according to pay status, place within the hierarchy, "banding" for technical factoring of academic teaching experience, other academic and experience qualifications, and other personnel criteria utilized by the AHC. Agreement includes utilizing a common reference for administrative purposes.

a. AHC ORGANIZATIONAL DEVELOPMENT (Cont'd)

Employees:

25 Managerial and Administrative, 58 Technical and Training Camps, 34 Clerical, 31 Service and Security .

2. Unanticipated Activities

Chief AHC Accountant resignation without notice leaves no trained staff in administration unit.

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

The installation of the Organizational Development Plan was further held up by the Shura. The momentum gained with the current AHC President relative to integrating the organization to a Management by Objectives format is a set back pending a new administrative regime. Centralizing authority into a single Ministry of Health will be beneficial.

4. Work Plan for Next Quarter

- a. Prepare management orientation for the next President and/or Minister.
- b. Prepare transition from common personnel reference to job descriptions, job Analysis, departmental and organizational objectives, and eventually to Organizational function manuals.
- c. Develop strategies for central plans and area development implementation.
- d. Impress the new administrative order with the need to approach technical positions on the basis of skills, and seek to develop working objectives for the organization and its units.

COMPONENT 5. Procurement and Supply Logistics.

1. Completed Project Activities and their Verification Status.

a. PURCHASES OF MEDICAL SUPPLIES AND EQUIPMENT

R 0319

Represents bulk procurement for routine supplies for US\$ 1,318,663.52 to cover presumptive needs to September, 1989.

KIT Program

Drug Management Supply short term consultant took on procurement monitoring needs in light of the project's practice of issuing supplies on a kit basis, which makes it difficult to estimate current and future needs for supplies on either a morbidity or experience criteria. Necessary calculations are now possible through the KIT Computer Program.

b.

WAREHOUSE

Issues:

	No. Kits/Clinics	Cartons	Tons
January	138	1080	17.27
February	115	800	13.27
March	106	754	12.11
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Total	359	2634	42.62

Assembly:

January	408	2631	39.30
February	672	2742	38.64
March	1422	7517	108.21
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Total	2502	12890	186.15

Employees:

4 Managerial and Supervisory, 5 Clerical, 33 Porters, Service, and Security.

2. Unanticipated Activities
(None Encountered.)

3. Uncompleted or Unsuccessful Activities, Constraints Identified and Solutions Proposed.
(None.)

4. Work Plan for Next Quarter

- a. Complete KIT program and prepare to link it with inventory control system.
- b. Field test all features of KIT program.
- c. Complete standard lists for laboratory, dental equipment, radiology, and other applicable specialties.
- d. Develop new purchase order strategy.

6. QUARTERLY FINANCIAL PROGRESS SUMMARY (*)

Covering Period: 01/01/89 to 03/31/89

	Jan-Mar 1989 (Actual)	Difference	Reported on 3/15 to AID
I. TECHNICAL ASSIST.	\$522,894(a)	(\$322,894)(d)	\$200,000
II. LOGISTICS	\$40,306(b)	(\$10,306)(e)	\$30,000
III. PROGRAM:			
<u>Component 1</u>			
Training center	\$17,682	\$372	\$18,054
Training	\$127,763	(\$33,173)	\$94,590
Emergency Med training	\$0	\$0	\$0
Health educators	\$0	\$0	\$0
Subtotal	\$145,445	(\$32,801)	\$112,644
<u>Component 2</u>			
Fielded BHW	\$712,434	(\$69,571)	\$642,863
Clinics	\$386,880	(\$38,916)	\$347,964
Small hospitals	\$46,830	(\$5,814)	\$41,016
Area hospitals	\$20,461	(\$465)	\$19,996
Monitoring	\$67,427	(\$1,290)	\$66,137
Subtotal	\$1,234,032	(\$116,056)	\$1,117,976
<u>Component 3</u>			
Vaccination Program	\$17,518	\$648	\$18,166
Women's program	\$0	\$0	\$0
Subtotal	\$17,518	\$648	\$18,166
<u>Component 4</u>			
Program administration	\$39,512	\$4,607	\$44,119
Subtotal	\$39,512	\$4,607	\$44,119
<u>Component 5</u>			
Warehouse	\$36,177	(\$1,638)	\$34,539
Subtotal	\$36,177	(\$1,638)	\$34,539
Contingencies	\$0	\$0	\$0
Total	\$1,472,684(c)	(\$145,240)(f)	\$1,327,444
I, II, and III.	\$2,035,884	(\$478,440)	\$1,557,444

(*) Planned figures are not available because work plan is under consideration by AID/REP.

Financial Notes:

- (a) From Boston, unlikely to change and should be treated as final.
- (b) The difference between MACS of April 11, 1989 and January 19, 1989.
- (c) Program expenditure incurred in Pakistan, does not include Boston's activities (not expected to be material).
- (d) Deliberately held back for the purpose of bringing into line the Boston figure with AID/W figure which is on the high side but cannot be altered. The difference was mainly caused by AID and MSH errors unlikely to recur. Through this adjustment the AID/W figure will come to match Boston's figures, a true state of affairs. The total expenditure through March 31 for TA per Boston is \$2,664,654 and per AID/W is \$2,452,130, a difference of \$212,524 to be adjusted in the next quarter.
- (e) The difference between what had happened and what we thought would happen in logistics.
- (f) Again a deliberate holding back to offset earlier errors. With this adjustment of \$145,240 the total expenditure through March 31 is \$9,255,684 per MSH books. In contrast the AID/W figure is \$9,363,272, a difference of \$107,588 to be adjusted in the coming quarter.