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AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

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QUARTERLY REPORT

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MANAGEMENT SCIENCES FOR HEALTH

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SUMMARY OF PROGRESS:

COMPONENT 1. TRAINING.

BHW training was conducted at the centers in Balkh (1602), Behsud (0407), Miram Shah and Peshawar. The Peshawar session 10 graduated 16 BHWs while the other centers are expected to graduate their trainees next quarter. * The second Laboratory Technician Course began with nine trainees while the MCHO course continued with 11 trainees. * Twenty five districts from 18 provinces approved by U.S.A.I.D. for Rural Health Officer (RHO) training have been selected and out of 17 candidates from these districts who reported to the Institute of Public Health (IPH) nine have been selected for the course. The selection process is expected to be completed in July 1991 when the course will begin. * Four Afghan participants were sent to the United States to participate in the Boston University 12 week course on health care in developing countries. * Seven doctors, nine mid-level health workers and 234 BHWs completed their respective continuing education courses and 229 Mujahidin were trained in emergency first aid. * The IPH assessment team technically assessed 470 BHWs while 15 BHWs were assessed by the Wardak center trainers. Two groups consisting of four trainers each visited various provinces inside Afghanistan to consult with local *shuras* (assemblies) and to assess BHWs for RHO training.

COMPONENT 2. HEALTH SERVICES DEVELOPMENT

The Ministry appointed three new Provincial Public Health Directors (PPHD) for the provinces of Paktya, Pakteka and Parwan which brings the number of PPHDs appointed to date to nine. * The Ministry underwent a major reorganization after the removal from office of the former Minister of Public Health and reduced its staff from a peak of 2,300 positions to approximately 700 positions. The Project supports 163 of these positions. The Basic Health Services and Health Services Development departments were merged together to form a single Health Services Department (HSD). * The MSH Health Services Development Department staff prepared materials for the forthcoming senior management workshop for the Afghan counterpart staff to be held next quarter and are also training the two management master trainers appointed by the Institute of Public Health (IPH). * The data entry and analysis routine for the provincial health resources survey was redesigned because of problems associated with the software being used and data entry was begun. * Results of the Wardak community household survey were presented to health committees concerned with planning health services in Afghanistan and preparations were completed for the Takhar survey of 300 households in three districts to begin in July 1991.

COMPONENT 3. HEALTH SERVICES IMPLEMENTATION

Thirty three new Basic Health Posts were established and 465 existing posts were resupplied; eleven new Basic Health Centers, including four MCH centers, were issued and 38 existing centers were resupplied during the quarter. One new Comprehensive Health Centers was established and five existing facilities were resupplied. The large regional hospital at Taloqan (1201), Takhar Province as well as five Primary Health Care hospitals were resupplied. * Joint teams of MSH and MPH or AHSA monitors have completed health resources surveys of 23 provinces and plans were developed to survey five additional provinces next quarter. * From the beginning of the Project until the end of this quarter, the MSH Monitoring Unit had monitored 1940 (out of a total of 2061 established) Basic Health Posts and 182 (out of a total of 212 established) Basic and Comprehensive Health Centers and hospitals. As a result of improved monitoring MSH support was withdrawn from 709 inactive or redundant posts and 51 clinics. * The inefficient bureaucracy in the MPH Health Services Department and its inability to make

the necessary administrative preparations delayed the planned issuance of one Comprehensive Health Center and a PHC hospital to the Ministry.

COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

Despite the constraints inherent in initiating programs for women inside Afghanistan, both the Ministry and the AHSA MCH programs are steadily expanding. Altogether a total of 23 MCH facilities have been established to date including 14 clinics, eight posts and a hospital based MCH program along with 21 comprehensive dai training centers to train Female Health Workers (FHWs). * An important event this quarter was the appointment of a new Director for the Ministry's MCH program. Dr. Shukrullah Wahidi, the former Deputy Director of IPH, is an experienced and committed individual who has already taken significant steps, including reorganizing the MCH Department, to make the MCH program a high priority within the Ministry. * The Project has started the assessment of the dai training program and MCH facilities and the first assessment is being carried out in the Supervisory Council of the North Area (SCNA) MCH program in Takhar Province. Plans are being finalized to assess the HIM (Mohsini) MCH program in Ghazni Province. * The Project also worked with the Combined Continuing Education Program (CCEP) to develop a framework for their course to encourage mid-level workers to address MCH issues.

COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL

The 26 trainees of the MPH fourth session of Immunization Technician (IT) training completed their course and are awaiting deployment inside Afghanistan. The SCNA has also graduated six ITS in Taloqan (1201), Takhar. Four Cold Chain Technicians (CCTs) for Rokha, Panjshare (0207), Kapisa and four CCTs for the planned freeze point at Anar Dara (2105), Farah, were trained in Peshawar. * Reports were received from the MPH immunization teams operating in Bar Konar (1007) and Khas Konar (1006), Konar Province; Ajrestan (2607), Oruzgan Province and Qarabagh (0609), Ghazni Province; and from SCNA immunization teams covering Taloqan (1201), Rustaq (1202), Eshkamesh (1204), Chah Ab (1207), Warsaj (1211) and Kalafgan (1212) all in Takhar Province (See *Anex A & B (for details)*). Immunization activities were carried out in Zendajan (2011) and Ghorlan (2007), Herat Province under SSWA supervision prior to the destruction of the Zendajan freeze point by aerial bombardment on May 4, 1991. * Reports were received giving details of SCNA T.B. program from Taloqan (1201) where 144 BK+ patients were under treatment in January 1991. * MSH in collaboration with WHO repeated the Control of Diarrheal Diseases (CDD) workshop, earlier held in Peshawar, in Quetta and 13 senior Afghan physicians were trained as master trainers who will in turn train other doctors and senior health personnel in their place of work inside Afghanistan.

COMPONENT 6. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

Two candidates were selected and are being developed by the MSH Health Services Development Department as management trainers for the Institute of Public Health (IPH) Management Development Unit. The planned four week basic administration course scheduled for June 1991 was postponed as the trainees coming from inside Afghanistan failed to reach Peshawar in time. The course is being rescheduled for a later date. * Arrangements were finalized for MSH consultant, Dr. Riaz Khan, to audit 20 pharmaceutical manufacturing facilities for assessing Good Laboratory Practices (GLP) and Good Manufacturing Practices (GMP) during July and August 1991. * Arrangements were also finalized for a Combined Procurement System for drugs to meet the needs of MSH, MCI and IMC and the first order was placed for the Quetta based MCI. * Requisition orders for supplies worth over US \$ 384,000.00 were placed with RONCO to cover MSH presumptive needs for the next quarter. * The warehouse issued 48.40 metric tons of supplies for inside Afghanistan and assembled 61.21 metric tons of supplies into kits.

COMPONENT 1. TRAINING.

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH WORKER TRAINING

<u>SITE</u>	<u>SESSION</u>	<u># OF TRAINEES</u>	<u>GRADUATION DATE</u>	<u># GRADUATED</u>
Balkh (1602)	2	15	08/25/91	(expected)
Behsud (0407)	2	15	07/28/91	(expected)
Miram Shah	6	15	08/07/91	(expected)
Peshawar	10	18	05/02/91	16

b. LABORATORY TECHNICIAN TRAINING

The second Laboratory Technician Course held at the Institute of Public Health (IPH) began on May 11, 1991 with nine trainees enrolled.

c. RHO & MCHO TRAINING

Out of 13 trainees selected for the first MCHO training course two candidates dropped out for personal reasons and the remaining 11 are continuing the course. Mrs. Razia Naim a senior mid-level trainer has been appointed as MCHO trainer by MSH Training Department. Mrs. Mahmooda Nasrin, an experienced mid-level health worker trainer, has been hired as a short term consultant to the MPH for MCHO training. She is helping the MCHO trainers to develop the course materials and is also overseeing the MCHO training program.

Twenty five districts in 18 provinces approved by the U.S.A.I.D. for RHO training have been selected. The candidates and the local *shuras* (assemblies) in these these districts have been informed that the BHW candidates should report to the IPH in Peshawar for the selection process for RHO training. Seventeen potential candidates have already reported to the IPH out of which nine were selected for the first RHO training course. The selection process is expected to be completed by July 18, 1991 which is also the beginning date of the training. .

Four Afghan participants, two each from the Ministry and AHSAs, departed for the United States to participate in the 12 week Boston University Summer Certificate Course on Health Care in Developing Countries.

Approximately 64 health workers from the AHSAs were certified by the medical certification committee working under the supervision of the MSH Training Department.

d. EMERGENCY FIRST AID TRAINING

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

APRIL	MAY	JUNE	TOTAL
75	81	73	229

e. CONTINUING EDUCATION TRAINING

BHWs

BHWs returning for resupply are routinely referred to the training centers to attend a 12 day refresher training course. The output for this quarter is:

	APRIL	MAY	JUNE	TOTAL
Peshawar	65	80	59	204
Wardak			15	15
Miram Shah	15			15

TOTAL	80	80	74	234

DOCTORS AND MID-LEVEL HEALTH WORKERS

Seven doctors and nine mid-level health workers completed their three week individualized medical/surgical training this quarter.

f. TEACHING CLINICS

Average number of patient treated by camp clinics.

<u>CLINIC</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL</u>
PABI	275	40	0	315

The Pabi BHW training facility was closed in June 1991. Henceforth all initial BHW training will take place in centers inside Afghanistan.

g. FIELD ASSESSMENTS

The IPH assessment team, using the questionnaire for assessing BHWs developed earlier, technically assessed 470 BHWs who had returned to Peshawar for resupply.

Dr. Mubarak Shah and Dr. Masud of MSH along with Dr. Adam Shahab and Dr. Saifurrahman from the MPH, journeyed twice inside Afghanistan to study the feasibility of shifting a training camp to Shah Joy (2504), Zabul Province.

Four IPH trainers visited Bamyan, Nangarhar, Logar and Konar provinces to assess BHWs for the RHO training program and to consult with the local *shuras*. Another group of four trainers visited Ghazni, Wardak, Kabul and Logar for consulting with *shuras* on selection of trainees for the second session of BHW training in Wardak centre.

Fifteen BHWs were assessed by the trainers of Wardak BHW training center during this quarter.

2. Unanticipated Activities.

(None)

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

(None)

4. Work Plan for Next Quarter.

- a. Begin first session of RHO training program.
- b. Begin BHW training session two in Chake Wardak (0404), Wardak Province.
- c. Transfer a BHW training camp from Peshawar to Shah Joy (2504), Zabul Province.
- d. Continue BHW technical assessments inside Afghanistan and in Peshawar.
- e. Continue BHW continuing education training programs in Peshawar and Miram Shah.
- f. Work with MCH Department to establish a model MCH Post/ Community Development Training site in Peshawar.
- g. Continue MCHO training in Peshawar.
- h. Print the revised BHW Manual and the Medical Dosage Calculation Manual in Dari.

COMPONENT 2. HEALTH SERVICES DEVELOPMENT

1. Completed Project Activities and their Verification Status

a. **PROVINCIAL AND AREA HEALTH SERVICES DEVELOPMENT**

The Ministry appointed three new Provincial Public Health Directors (PPHDs) for Paktya, Pakteka and Parwan provinces during this quarter. This brings the number of PPHDs already appointed to nine. Of these two have established Provincial Public Health Offices (PPHOs) and four were inside Afghanistan conducting an overview of the province to determine the best location for the PPHO within their province. Mr. Sabir Latifi of MSH accompanied a Ministry team to Nangarhar Province to select a site for the Nangarhar PPHO. With the consent of the local *shuras* (assemblies) a site was chosen at Ghani Khail, Shinwar District (0802) and the PPHO is expected to begin functioning next quarter.

During May and June 1991 the Ministry underwent a major reorganization after the removal from office of the Minister of Public Health and the appointment of Dr. Najibullah Mojadedi as the Acting Minister of Public Health. Dr. Syed Mohammad Amin Fatimie, the Director General of the Institute of Public Health assumed a second position as the Acting Deputy Minister of Health. The Ministry has reportedly reduced its personnel from 2,300 positions to around 700 positions with 163 of these positions receiving salary support through MSH. As a result of the reorganization the Health Services Development Department (HSDD) and the Basic Health Service Department (BHSD) were merged and renamed the Health Services Department (HSD). At the end of the quarter the staff of the two old departments were still being consolidated and specific duties and responsibilities were being identified. At present 36 positions in the new department are receiving salary support through the Project.

In the aftermath of the Khost campaign the HSD had a mobile emergency team headed by two M.D. doctors along with auxiliary health personnel operating in the Khost (0709) area.

Due to the departure from post of the Management and Health Services Development Advisor in November 1990 no management training workshops were conducted during the quarter. Because of the evacuation his replacement did not arrive at post until May 27, 1991. A workshop on primary health care and management is planned for the second half of July. This workshop was developed by the IPH with the assistance of MSH staff.

The on going English language course for staff members of area liaison offices and MPH was continued and 12 staff members completed the course.

The Management and Health Services Development Advisor and his Deputy started the development of learning material for training senior managers in management and workplan development. Emphasis in this material is on management skills, planning, finance and substantiality. The first workshop will be in August 1991 for senior managers from the Area Health Services Administrations (AHSAs).

The IPH appointed two master trainers for management during the quarter. The Management and Health Services Development Advisor and his Deputy are training the trainers on the planning, organization and conduct of management training workshops through a series of weekly training sessions. The master trainers are also assisting the advisors with the development of management learning materials and will assist with the conduct of the Senior Managers Workshop in July. It is expected that they will play an increasingly important role in management training.

The weekly Area Health Development meetings initiated in 1990 continued during the quarter. Major topics discussed this quarter were medical subcommittee certification, transport cost of medical supplies and change over to Pakistani rupees for paying transport costs of medical supplies.

b. OPERATIONS RESEARCH

Three operations research activities continued this quarter: provincial health resources surveys, plans for community/household health survey in Kandahar and Takhar provinces and Greenbook processing.

Software problems made it necessary to redesign the data entry and analysis routine for the provincial surveys. The redesigning which was done by MSH MIS specialist Randy Wilson during his short term consultancy in Peshawar is completed and data entry is in progress. A report describing survey results is being prepared by MSH consultant Dr. Youssef Tawfik which will include information from all the provinces surveyed on type of facilities, type of services offered, number of staff, sources of support and volume of patient referral.

Results of the Wardak community/household health survey were summarized in a report "Demographic & Health Household Survey in Afghanistan, Wardak Province, March 1991" and distributed to organizations and health committees concerned with planning health services in Afghanistan. In addition MSH hosted a presentation of the survey results in Peshawar attended by representatives of donor organizations, MPH and area health committees. The Takhar survey is planned for July 1991. The Kandahar survey, postponed several times because of floods and fighting in the area, is now rescheduled for the Autumn.

During his consultancy, MSH MIS specialist Randy Wilson, completed, installed, and tested the Field Operations clinic routine which is now being used for data entry, editing and processing of clinic data. A similar routine is being finalized for BHW and is expected to be installed in September 1991.

2. Unanticipated Activities

(None)

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

It was necessary to postpone the Senior Managers Workshop that was originally scheduled the first two weeks in June because the Health Services Development Advisor did not arrive at post until the last week of May. The workshop has been rescheduled for the first two weeks of August.

4. Work Plan for Next Quarter

- a. Continue work with MPH and area health committees to develop health services inside Afghanistan.
- b. Continue to train master trainers at the IPH and assist them with establishing an on going management training program.
- c. Complete the development of learning materials for training senior managers.
- d. Develop learning materials for basic administration for training administrative personnel inside Afghanistan.
- e. Develop learning materials for training MPH and area health committee personnel on sustainability.

COMPONENT 3. HEALTH SERVICES IMPLEMENTATION

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH POSTS

Thirty three new Basic Health Posts (17 Area Health Services Administrations, 16 MPH) were established and 465 existing posts (126 AHSA, 339 MPH) were resupplied during the quarter.

b. BASIC HEALTH CENTERS

Eleven new Basic Health Centers (clinics), including four new MCH clinics, were established and 38 existing centers, including two MCH centers, were resupplied during the quarter.

NEW CLINICS

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1193	FARYAB	ALMAR	1808	JIA	SCNA
1194	FARYAB	QAYSAWR	1811	JIA	SCNA
1195	ORUZGAN	DAI KUNDI	2604	JIA	SSWA
1196	GHAZNI	MALESTAN	0608	NASR	HCCA
1197	GHAZNI	NAWOR	0605	NASR	HCCA
1198	FARYAB	DARZAB	1812	JIA	SCNA
1199	FARYAB	KUHISTAN	1807	JIA	SCNA
7018**	FARYAB	PASHTOON	KOT1806	JIA	SCNA
7020**	PARWAN	JABUL SARAJ	0306	JIA	MPH
7021**	BAMYAN	SHIBAR	2802	SMA***	MPH
7022**	GHAZNI	JAGHATU	0606	HIM***	HCCA

* HCCA= Health Committee of Central Afghanistan composed of the predominantly Shia NASR and HIM (Mohsini) parties
 MPH = Ministry of Public Health
 SCNA= Supervisory Council of the North Area
 SSWA= South and Southwest Area

** MCH Facilities

*** HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party
 SMA = Sazman Mostazafin-e Afghanistan, central Afghanistan based predominantly Shia party

CLINICS RESUPPLIED

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1006	TAKHAR	RUSTAQ	1202	JIA	SCNA
1023	WARDAK	SAYED ABAD	0408	HIA	MPH
1046	BAGHLAN	KHOST WA FRENG	1310	JIA	SCNA
1048	BAGHLAN	ANDERAB	1309	JIA	SCNA
1049	TAKHAR	KALAFGAN	1212	JIA	SCNA
1054	LOGAR	BARAKI	0501	HIA	MPH
1055	PARWAN	SHENWARI	0303	JIA	SCNA
1059	LOGAR	CHARKH	0503	HIA	MPH
1064	KONAR	BAR KONAR	1007	NIFA	MPH
1074	TAKHAR	TALOQAN	1201	JIA	SCNA
1080	KONAR	PECHE	1013	ANLF	MPH
1083	NANGARHAR	HESARAK	0816	NIFA	MPH
1085	LOGAR	AZRO	0505	ANLF	MPH
1103	KONAR	CHAWKI	1011	IIA	MPH
1107	NANGARHAR	SHINWAR	0802	IIA	MPH
1116	BADAKHSHAN	KESHAM	1112	JIA	SCNA
1117	KUNDUZ	HAZRAT IMAM	1403	JIA	SCNA
1120	TAKHAR	KHWAJAGHAR	1203	JIA	SCNA
1123	GHAZNI	QARABAGH	0609	NIFA	MPH
1137	KAPISA	KOHBAND	0205	JIA	SCNA
1139	PARWAN	SURKH PARSA	0308	IIA	MPH
1140	KUNDUZ	ARCHI	1405	JIA	SCNA
1143	TAKHAR	RUSTAQ	1202	JIA	SCNA
1148	KABUL	ISTALEF	0113	HIA	MPH
1149	TAKHAR	CHAL	1206	JIA	SCNA
1154	PARWAN	SHENWARI	0303	IIA	MPH
1157	BADAKHSHAN	KERANOMONJAN	1108	JIA	SCNA
1159	BALKH	DOWLATABAD	1606	JIA	SCNA
1167	PARWAN	CHARIKAR	0301	JIA	SCNA
1168	PARWAN	JABUL SARAJ	0306	JIA	SCNA
1169	PARWAN	JABUL SARAJ	0306	JIA	SCNA
1171	PARWAN	SALANG	0307	JIA	SCNA
1172	KAPISA	PANJSHARE	0207	JIA	SCNA
1175	LOGAR	KHOSHI	0502	HIM**	HCCA
1180	GHAZNI	NAWOR	0605	HIM**	HCCA
1183	ORUZGAN	KAJРАН	2609	HIM**	HCCA
7002***	LOGAR	PULI ALAM	0506	HIA	MPH
7012***	GHAZNI	KHWAJA OMR	10604	HIM**	HCCA

* HCCA = Health Committee of Central Afghanistan composed of the predominantly Shia NASR and HIM (Mohsini) parties
 MPH = Ministry of Public Health
 SCNA = Supervisory Council of the North Area

** HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party

*** MCH facilities

c. COMPREHENSIVE HEALTH CENTERS

One new Comprehensive Health Center was established and five existing facilities were resupplied. These centers will be under the guidance of a qualified medical doctor (M.D.) with in-patient (three beds) and laboratory facilities.

NEW COMPREHENSIVE HEALTH CENTERS

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1200	HELMAND	NHRE SARAJ	2303	HIM**	HCCA

* HCCA= Health Committee of Central Afghanistan composed of the predominantly Shia NASR and HIM (Mohsini) parties

** HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party

COMPREHENSIVE HEALTH CENTERS RESUPPLIED

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1153	PAKTYA	SAYED KARAM	0711	IJA	MPH
1170	PARWAN	JABUL SARAJ	0306	JIA	SCNA
1176	BAGHLAN	DAHANA E GHORI	1303	JIA	SCNA
1181	WARDAK	MARKAZE BEHSUD	0406	HIM**	HCCA
1185	NANGARHAR	DARAE NOOR	0818	NIFA	MPH

* HCCA= Health Committee of Central Afghanistan composed of the predominantly Shia NASR and HIM (Mohsini) parties

MFH = Ministry of Public Health

SCNA= Supervisory Council of the North Area

** HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party

d & e. HOSPITALS

The regional hospital at Taloqan, Takhar Province, and five Primary Health Care (PHC) hospitals were resupplied.

HOSPITALS RESUPPLIED

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
2002**	TAKHAR	TALOQAN	1201	JIA	SCNA
2005	BAGHLAN	ANDERAB	1309	JIA	SCNA
2006	TAKHAR	ESHKAMESH	1204	JIA	SCNA
2007	BAGHLAN	KHOST WA FRENG	1310	JIA	SCNA
2008	PARWAN	JARUL SERAJ	0306	JIA	SCNA
2009	KAPISA	PANJSHARE	0207	JIA	SCNA

* SCNA= Supervisory Council of the North Area

** Regional hospital

f. ADMINISTRATIVE CENTERS

To strengthen the administration and delivery of health services inside Afghanistan the Project has assisted in the establishment of 16 administrative centers.

ADMINISTRATIVE CENTERS

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
8001	HERAT	ZENDA JAN	2011	JIA	SSWA
8002	TAKHAR	TALOQAN	1201	JIA	SCNA
8003	GHAZNI	JAGHATU	0606	HIM	HCCA
8004	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
8005	KAPISA	PANJSHARE	0207	JIA	SCNA
8006	BALKH	SHOLGERA	1607	JIA	SCNA
8007	WARDAK	JALREZ	0402	JIA	SCNA
8008	HERAT	ENJEEL	2002	JIA	SSWA
8009	BADGHIS	QADES	1905	JIA	SSWA
8010	BADAKHSHAN	JURM	1106	MPH	MPH
8011	WARDAK	JAGHATU	0409	MPH	MPH
8012	FARAH	ANAR DARA	2105	JIA	SSWA
8013	GHAZNI	MOQOR	0610	MPH	MPH
8014	KONAR	ASSAD ABAD	1001	MPH	MPH
8015	KABUL	ISTALEF	0113	MPH	MPH
8016	NANGARHAR	MOHMAND DARA	0807	MPH	MPH

* HCCA= Health Committee of Central Afghanistan composed of the predominantly Shia NASR and HIM (Mohsini) parties

MPH = Ministry of Public Health

SCNA= Supervisory Council of the North Area

SSWA= South and Southwest Area

9.

MONITORING AND DATA COLLECTION

PROVINCIAL HEALTH RESOURCES SURVEYS

Joint teams of MSH and MPH or AHSA monitors have already completed 23 provincial health resources surveys. Data entry of results obtained from 23 provinces is in progress. Plans are developed for joint teams of MSH and MPH or AHSA teams to survey five additional provinces next quarter (see Component 2. Health Services Development, Section b. Operations Research, for other details).

From the beginning of the Project until the end of the third quarter of FY-91, MSH Monitoring Unit had monitored 1940 Basic Health Posts (out of a total of 2061 established) and 182 Basic and Comprehensive Health Centers and hospitals (out of a total of 212 established). The majority of MSH supported facilities have been monitored more than once. Most of the facilities not yet monitored are new facilities established recently. As a result of the expanded and improved monitoring surveys, MSH support was withdrawn from 709 inactive or redundant BHWs and 51 clinics. Monitoring reports received indicate the following results:

BASIC HEALTH POSTS

AHSA (105 posts surveyed)	MPH (1835 posts surveyed)	
69 (66%)	743 (40%)	were "active" *
7 (7%)	163 (9%)	were "inactive"
9 (9%)	228 (12%)	were "undetermined"
20 (19%)	689 (38%)	were "cancelled"
	12 BHWs	were killed

The above figures do not include 121 Basic Health Posts (73 AHSA, 48 MPH) which have not been monitored as yet. In addition 20 trained BHWs (11 AHSA, 9 MPH) 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 HOSPITAL

AHSA (78 facilities surveyed)	MPH (104 facilities surveyed)	
58 (74%)	46 (44%)	were "active" *
7 (9%)	1 (1%)	were "inactive"
8 (10%)	11 (11%)	were "undetermined"
5 (6%)	46 (44%)	were "cancelled"

The above figures do not include 30 Basic Health Centers, Comprehensive Health Centers and Primary Health Care hospitals (23 AHSA, 7 MPH) which have not been monitored as yet.

***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 Basic Health Services Department of the MPH is informed and a second chance is given, if requested by the MPH. 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. 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 usually found "active".

2. Unanticipated Activities.

(None).

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

A PHC hospital and a CHC facility approved for the MPH cannot be established primarily because of the slow and inefficient bureaucracy in the Health Services Department of the Ministry which was unable to make the necessary administrative preparations in time. These facilities are now rescheduled to be established next quarter.

The load of work involved in resupplying six hospitals, 22 clinics, two administrative centers and 126 posts in zone 1 and 2 of SCNA delayed the planned issuance of two PHC hospitals. These are rescheduled to be established next quarter.

4. Work Plan for Next Quarter.

- a. Initiate joint MSH/MPH or AHSA health resources surveys of five provinces of Afghanistan.
- b. Supervise outfitting, staffing and organizing of 30 possible MPH and 70 possible AHSA Basic Health Posts (according to the Training Department outputs).
- c. Supervise outfitting, staffing and organizing of six MPH Basic Health Centers, two Comprehensive Health Centers and one PHC hospital.
- d. Supervise outfitting, staffing and organizing of 15 AHSA Basic Health Centers, five Comprehensive Health Centers, and three PHC hospitals.

COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

1. Completed Project Activities and their Verification Status.

Despite the constraints on initiating programs for women inside Afghanistan, the Maternal and Child Health (MCH) program is steadily expanding. The Ministry and Area Health Service Administration (AHSAs) have established a total of 23 MCH facilities to date. Each quarter shows an upward trend in the expansion of services for this target group.

Although the Project has currently received reports on dai training from only a third of its dai training centers, this subset shows that they have trained 90 dais as Female Health Workers (FHWs) to date. If all MCH centers are training dais at this rate, it is estimated that over 200 dais have already been trained.

While outputs are important, it is recognized that the quality of the health services and dai training will determine the extent of the impact. For this reason, the Project has started MCH program assessment in the Supervisory Council of the North Area (SCNA) MCH program in Takhar Province and plans are being finalized for assessing Harakat-e Islami Afghanistan (Mohsini) MCH program in Ghazni Province.

An important event this quarter was the appointment of a new Director of Maternal and Child Health for the AIG's Ministry of Public Health (MPH). Dr. Shukrullah Wahidi, former Deputy Director of the Institute of Public Health (IPH), is an experienced and committed individual who has already taken significant steps to make the MCH program a high priority within the Ministry.

Lastly, it is important for all mid-level health workers working in Basic Health Centers and hospitals inside Afghanistan to have a greater awareness of the scope of the health problems leading to maternal and under five years of age mortality in Afghanistan. The Project therefore worked with the Combined Continuing Education Program (CCEP) to develop a framework for their course to push mid-level workers to address MCH issues.

a. MCH PROGRAMS: MINISTRY OF PUBLIC HEALTH

The new MCH Director, Dr. Wahidi, has reorganized and expanded the MCH Department with support from the Ministry leadership, to put more structure for MCH behind the Ministry's primary health care strategy. Plans were also developed for establishing an MCH Post/Community Development Training site in the Peshawar area.

The female staff of the MCH Department and the IPH made visits to WHO, UNICEF, ACBAR, Swedish Committee, Save the Children Fund/UK, IMC, and the Afghan Ob/Gyn Hospital to promote cooperation on health education issues. This group is working in collaboration with IRC to develop a forum for communication about health education.

The Ministry assigned one of the MCH Deputy Directors to manage the day-to-day operations of the MCHO course, thereby closely linking the MCH Department with the IPH for training purposes.

The Ministry's outputs for improving maternal and child health are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*	2	5
MCH Posts**	1	4
MCH Clinics/Posts Resupplied	2	5
Female Health Worker (Dai) Training Centers	3	8
MCH Refresher (Participants)	10	52
BHWs Trained to Teach Dais	119	1,294
Dai Kits Distributed	308	13,987
Delivery Packets Distributed	9,300	76,700

New MPH MCH Facilities:

<u>FACIT #</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM***</u>
7019 Post	Herat	Engeel (2002)	HIB (MPH)
7020 Clinic	Parwan	Jabal Saraj (0306)	JIA (MPH)
7021 Clinic	Bamiyan	Shibar (2802)	SMA (MPH)

b. MCH PROGRAMS: AREA HEALTH SERVICE ADMINISTRATIONS

The SCNA and HIM (Mohsini) health committees prepared for their first annual resupply of MCH facilities. Requests for contraceptives have increased. Preparations for MCH program assessments were made and one assessment got underway in Takhar Province.

The AHSA's outputs for improving maternal and child health are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*	2	9
MCH Posts**	0	4
MCH Clinics/Posts Resupplied	1	2
Female Health Worker (Dai) Training Centers	2	13

New AHSA MCH Facilities:

<u>FACIT #</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM***</u>
7018 MCH Clinic	Faryab	Pashtoon Kot (1806)	JIA (SCNA)
7022 MCH Clinic	Ghazni	Jaghatu (0606)	HIA (HIA)

Definitions:

- * MCH Clinic is defined as a clinic that provides pre and post natal care, tetanus toxoid, nutrition program, and comprehensive dai training. At least one female nurse or female doctor must be on the clinic staff.

** MCH Post is defined as a female nurse or female doctor who functions independently, but who is administratively attached to a facility. In addition to providing general health services for women and children she serves as a dai trainer.

HIB = Hizbollah, western Afghanistan based predominantly Shia party

HIM = Harakat-e Islami Afghanistan (Mohsini), central Afghanistan based predominantly Shia party

SMA = Sazman Mostazafin-e Afghanistan, central Afghanistan based predominantly Shia party

2. Unanticipated Activities.

(None).

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

Monitor reports from Herat Province indicate that the SSWA MCH program is not functioning in that province. Discussions are underway on how to improve overall health system management in this area.

4. Workplan for Next Quarter.

- a. Establish four new dai training centers.
- b. Establish four new MCH facilities.
- c. Complete MCH program assessments in western Ghazni Province and Takhar Province.
- d. Assist in further development of MCHO course in collaboration with the IPH.
- e. Start MCH model MCH Post/Community Development Training site in Peshawar in collaboration with the IPH.

COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL

1. Completed Project Activities and their Verification Status

a. **EPI TRAINING**

MPH

The 26 trainees of the MPH fourth session of Immunization Technician (IT) training completed their theoretical and practical sessions on June 30, 1991. The Ministry is making preparations for their deployment inside Afghanistan.

AHSA

The Supervisory Council of the North Area (SCNA) completed training of six ITs in Taloqan (1201), Takhar. Three other vaccinators trained by AVICEN and the Saudi Red Crescent have also joined the SCNA immunization staff. Four Cold Chain Technicians (CCTs) for Rokha, Panjshare (0207) were trained in Peshawar and are awaiting the arrival of cold chain equipment to move inside Afghanistan.

Two Health Committee of Central Afghanistan (HCCA) immunization trainers were trained in Peshawar and are expected to begin training vaccinators in Kajab, Behsude Awal (0407), Wardak and Kakrak, Jaghatu (0606), Ghazni. Training is expected to begin in September 1991. One vaccinator working in Behsud Awal (0407) was trained as a CCT to work in the freeze point.

Four CCTs were trained for the planned freeze point at Anar Dara (2105), Farah Province. Complete implementation of freeze point awaits clarification of the security status of the area.

b. IMMUNIZATION CAMPAIGNS

MPH

Reports were received from the immunization teams in Bar Konar (1007) and Khas Konar (1006), Konar Province, Ajrestan (2607), Ourzgan Province and Qarabagh (0609), Ghazni Province. (See Annex A for details). The Khas Konar team has shifted its activities to Chawki (1011), Konar Province because of fighting in Khas Konar.

AHSA

An activity report was received from the SCNA covering immunization activities until April 1991 in the districts of Taloqan (1201), Rustaq (1202), Eshkamesh (1204), Chah Ab (1207), Warsaj (1211) and Kalafgan (1212), Takhar Province (See Annex B for details). A complete activity report is expected in July 1991.

Immunization activities were carried out under SSWA supervision in Zendajan (2011) and Ghorian (2007) districts of Herat Province prior to the destruction of the vaccine store by aerial bombardment.

c. OTHER DISEASE CONTROL ACTIVITIES

Reports were received from the SCNA T.B. program covering the period November 1990 through January 1991.

Total number of patient referred to the T.B clinic	953
Number of patient given laboratory test	616
Number of the patient found BK(+)	144
Total number of the patient under treatment	144

Of the 144 patients who started treatment, 103 have become BK(-).

CDD workshop in Quetta:

MSH in collaboration with WHO repeated the Control of Diarrheal Diseases (CDD) workshop, conducted last quarter in Peshawar, in Quetta in April for Afghan doctors working inside Afghanistan. The teaching materials used in the workshop were prepared by Dr. Latif of MSH and Dr. Qayum of WHO. Thirteen doctors from various organizations including the MPH were trained as master trainers who in turn will train other doctors and senior health personnel in their place of work inside Afghanistan.

Coordination meetings on vaccine storage, immunization training and EPI data collection and management were attended on regular basis by MSH staff. Several meetings were held with UNICEF. Mr. Lan the new Programme Coordinator of the APO expressed his hope for closer cooperation with MSH

d. VACCINE STORAGE AND FREEZE POINTS

Vaccine cold stores are active in Taloqan (1201) and Sholgera (1607) under SCNA supervision. The freeze point in Tezak under HCCA supervision was shifted to Kajab, Behsude Awal (0407), Wardak Province and resupplied with 50,000 doses of vaccines for the next six months. Another resupply is planned for October before the onset of winter.

The SSWA freeze point in Zendajan (2011), Herat Province was reportedly totally destroyed through aerial bombardment on May 4, 1991. Reports indicate however that 90% of the vaccines had already been exhausted before the destruction of the freeze point facility.

2. Unanticipated Activities.

(None).

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

Severe weather conditions during Spring delayed resupply of vaccinators active in the northern provinces of Afghanistan.

4. Work Plan for Next Quarter.

- a. Field five new immunization teams.
- b. Resupply all teams arriving for resupply.
- c. Establish two new freeze points.
- d. Resupply Taloqan freeze point.
- e. Deploy the two HCCA trainers trained in Peshawar to train vaccinator in the Hazarajat.

COMPONENT 6. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

1. Completed Project Activities and their Verification Status.

a. MANAGEMENT TRAINING AND TECHNICAL SUPPORT ACTIVITIES

Two persons were selected out of a total of eight candidates to be developed as management trainers for the IPH Management Development Unit. The selected candidates are being trained by the MSH Health Services Development Department.

b. GLP and GMP Audits

Arrangements were completed for MSH London based consultant, Dr. Riaz Khan, to audit about 20 pharmaceutical manufacturing facilities for assessing Good Laboratory Practices (GLP) and Good Manufacturing Practices (GMP) during July and August 1991.

b. PROCUREMENT OF MEDICAL SUPPLIES AND EQUIPMENT

c. Combined Procurement

Arrangements were finalized for a Combined Procurement System for drugs involving MSH, MCI and IMC. The first drug order under this new program was placed through Ronco in June 1991.

GNR-0620

Represents purchase requisition order for routine medical supplies amounting to US\$ 328,384 to cover presumptive needs for the period October thru December 1991.

PMD0618

Represents purchase requisition order for TB drugs amounting to US\$ 44,698 for the Preventive Medicine Department.

In addition, orders were placed for the following equipment amounting to US\$ 23,381.

- 2 Photocopiers
- 15 Air Conditioners
- 3 Refrigerators
- 6 Typewriters
- 1 Water Pump

Purchases Under Combined Procurement.

QTA-0620

Represents a drug purchase requisition order amounting to US\$ 106,001, placed on behalf of MCI based in Quetta.

In all, approximately US\$ 384,024 worth of supplies and equipment were ordered for MSH through Ronco during this quarter.

c. SUMMARY OF WAREHOUSE ACTIVITIES

Assembly:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
April	1809	1270	16.50	2,598,164
May	1815	1521	22.30	3,209,446
June	167	1353	22.42	2,817,556
Total	3791	4144	61.21	8,625,176

Issues:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
April	972	1142	16.25	2,399,603
May	1684	1547	22.60	3,263,430
June	393	571	9.55	1,062,996
Total	3049	3260	48.40	6,726,029

* 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. The dai kit because of its small size and light weight is usually included in another kits' cartons.

2. Unanticipated Activities.

Arrangements were made to conduct a four week basic administration course in June for Afghan field workers. However, the course had to be postponed due to problems experienced by participants from Afghanistan to reach Peshawar in time.

Burning of the WAPDA transformer, failure of the voltage regulator of the 100KVA MSH warehouse generator, and distributor's delay in repairing the generator, resulted in the loss of power to the warehouse for several days. This led to high temperatures in the warehouse creating an adverse impact on drugs.

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

(None).

4. Work Plan for Next Quarter.

- a. Prepare a bulk medical supplies requisition to cover MSH presumptive needs for the period January thru March 1992, and monitor progress of pipe line orders.
- b. Prepare a bulk drug requisition order to cover presumptive needs of MCI and IMC, for the period January thru March 1992 under the Combined Procurement System, and monitor progress of pipe line orders.
- c. Prepare purchase requisitions for equipment and any special purchases required by MSH.
- d. Arrange for Dr. Riaz Khan to conduct GMP and GLP audits during July/August 1991.
- e. Develop, organize and conduct a four week training program on Supplies Management in August for those attached to drug depots and involved in logistics operations in Afghanistan.
- f. Assist in conducting management training programs scheduled for this quarter.

FINANCIAL SUMMARY TABLE

ACTUAL EXPENDITURE BY QUARTER JUNE 1, 1990 TO JUNE 30, 1991

	JUNE 30 1990 ACTUAL	SEPTEMBER 30 1990 ACTUAL	DECEMBER 31 1990 ACTUAL	MARCH 31 1991 ACTUAL	JUNE 30 1991 ESTIMATE	JUNE 30 1991 ACTUAL	VARIANCE	SEPTEMBER 30 1991 BUDGET
TECHNICAL ASSISTANCE	\$739,392	\$340,573	\$494,317	\$365,285	\$521,319	\$392,314	(\$129,505)	\$650,460
LOGISTICS	\$48,934	\$105,139	\$42,987	\$41,484		\$91,785	\$91,785	\$84,850
PROGRAM								
Training	\$104,066	\$105,507	\$106,009	\$89,803	\$87,162	\$78,396	(\$8,766)	\$99,556
Fielded BHVs	\$848,637	\$778,031	\$260,498	\$238,784	\$632,150	\$573,159	(\$58,991)	\$734,136
Clinics	\$535,283	\$113,473	\$277,003	\$132,483	\$688,412	\$452,568	(\$235,844)	\$107,034
Small Hospitals	\$306,399	\$20,830	\$28,335	\$28,871	\$123,028	\$139,510	\$16,482	\$19,692
Area Hospital	\$92,704	\$85,306	\$28,249	(\$26,680)	\$123,428	\$111,951	(\$11,477)	\$80,493
Program Administration	\$53,210	\$45,898	\$76,250	\$97,760	\$42,405	\$46,391	\$3,986	\$43,309
Warehouse	\$126,579	\$89,256	\$64,455	\$58,023	\$44,834	\$47,101	\$2,267	\$84,219
Training Center	\$59,216	\$31,570	\$72,958	\$38,817	\$31,960	\$35,481	\$3,521	\$29,789
Preventive Medicine	\$300,040	\$151,329	\$140,982	\$56,101	\$271,994	\$317,990	\$45,996	\$142,791
Women's Program	\$31,809	\$8,491	\$64,034	\$57,870	\$106,039	\$149,119	\$43,080	\$8,011
Monitoring	\$65,489	\$45,017	\$87,329	\$101,692	\$81,688	\$79,939	(\$1,749)	\$42,478
Health Services Development	\$1,010	\$47,799	\$17,455	\$28,579	\$27,198	\$59,524	\$32,326	\$45,103
Emergency Medical Relief Support						\$26,103	\$26,103	
Contingencies								
Sub-total	\$2,524,442	\$1,522,508	\$1,223,257	\$902,103	\$2,260,298	\$2,117,231	(\$143,067)	\$1,436,611
Grand Total	\$3,312,768	\$1,968,220	\$1,759,661	\$1,308,872	\$2,782,117	\$2,601,330	(\$180,787)	\$2,171,921

- 1- * We did not have the logistics figure at the time of preparation of June 15 Estimated Quarterly Report.
 2- The variances of the previous quarter are not included in the June 30 Estimate Column.

ANNEX A-1

MPH Immunization Teams Report

Group	District				SUPPLY#	From	Till		
KON2	01011 CHAWKI				3	01/12/91	01/31/91		
Month	0-11	BCG	Measles	DPTP 1	DPTP 2	DPTP 3			
		325	179	295	33	3			
Month	12-23	1,130	954	1,173	264	47			
Year	2 - 4	528	366	514	269	146			
Year	5 - 14	12	12	10	32	31	TT 1	TT 2	TT 3
							842	89	17
Year	15 - 45						1,185	163	75
TOTAL		1,995	1,511	1,992	598	227	2,027	252	92

Group	District				SUPPLY#	From	Till		
KON1	01007 BAR KONAR				18	01/21/91	01/31/91		
Month	0-11	BCG	Measles	DPTP 1	DPTP 2	DPTP 3			
		606	154	539	1	3			
Month	12-23	567	470	432	15	6			
Year	2 - 4	1,432	1,141	1,323	167	197			
Year	5 - 14	0	0	0	0	0	TT 1	TT 2	TT 3
							1,181	110	33
Year	15 - 45						2,495	114	59
TOTAL		2,605	1,765	2,294	183	206	3,676	224	92

ANNEX A-2

MPH Immunization Teams Report

Group	District				SUPPLY#	From	Till			
GHAZI	00609 QARABAGH				18	07/01/90	07/31/90			
		BCG	Measles	DPTP 1	DPTP 2	DPTP 3				
Month 0-11		1,860	988	316	3	0				
Month 12-23		373	1,338	533	197	75				
Year 2 - 4		297	1,890	942	1,644	1,068				
Year 5 - 14		0	0	0	0	0	TT 1	TT 2	TT 3	
							2,088	1,082		492
Year 15 - 45							806	544		143
TOTAL		2,530	4,216	1,791	1,844	1,143	2,894	1,626		635

Group	District				SUPPLY#	From	Till			
ORUZI	02609 AJRESTAN				5	11/01/90	11/30/90			
		BCG	Measles	DPTP 1	DPTP 2	DPTP 3				
Month 0-11		277	185	240	167	0				
Month 12-23		194	172	169	421	0				
Year 2 - 4		496	441	481	1,592	0				
Year 5 - 14		0	0	0	0	0	TT 1	TT 2	TT 3	
							196	1,007		0
Year 15 - 45							388	1,035		0
TOTAL		967	798	890	2,180	0	584	2,042		0

ANNEX B -1
AHSA IMMUNIZATION Teams Reports

Group	District				SUPPLY#	From	Till		
TLQ	01201 TALOQAN				1	01/01/91	04/30/91		
		BCG	Measles	DPTP1	DPTP2	DPTP3			
Month 0-11		564	131	544	47	0			
Month 12-23		689	622	749	86	0			
Year 2 - 4		1,206	1,001	1,338	176	0			
Year 5 - 14		0	0	0	0	0	TT1	TT2	TT3
							696	84	0
Year 15 - 45							1,711	196	0
TOTAL		2,459	1,754	2,631	309	0	2,407	280	0

Group	District				SUPPLY#	From	Till		
TLQ	01207 CHAHAB				1	01/01/91	04/30/91		
		BCG	Measles	DPTP1	DPTP2	DPTP3			
Month 0-11		68	12	52	0	0			
Month 12-23		75	77	76	0	0			
Year 2 - 4		134	95	136	0	0			
Year 5 - 14		0	0	0	0	0	TT1	TT2	TT3
							90	0	0
Year 15 - 45							206	0	0
TOTAL		277	184	264	0	0	296	0	0

ANNEX B- 2

AHSA Immunization Teams Reports

Group	District	SUPPLY#				From	Till		
TLQ	01202 RUSTAQ	1				01/01/91	04/30/91		
		BCG	Measles	DPTP1	DPTP2	DPTP3			
Month 0-11		759	182	863	36	0			
Month 12-23		969	1,153	1,200	58	0			
Year 2 - 4		1,738	1,232	2,085	200	0			
Year 5 - 14		0	0	0	0	0	TT1 1,020	TT2 2	TT3 0
Year 15 - 45							2,443	16	0
TOTAL		3,466	2,567	4,148	294	0	3,463	18	0

Group	District	SUPPLY#				From	Till		
TLQ	01204 ESHKAMESH	1				01/01/91	04/30/91		
		BCG	Measles	DPTP1	DPTP2	DPTP3			
Month 0-11		66	8	54	0	0			
Month 12-23		75	71	75	0	0			
Year 2 - 4		139	72	139	0	0			
Year 5 - 14		0	0	0	0	0	TT1 47	TT2 0	TT3 0
Year 15 - 45							124	0	0
TOTAL		280	151	268	0	0	171	0	0

ANNEX B-3

ANNEX B-3
AISA Immunization Teams Reports

Group TLQ	District 01212 KALAFGAN					SUPPLY# 1	From 01/01/91	Till 04/30/91		
Month 0-11	BCG 1,026	Measles 166	DPTP1 925	DPTP2 0	DPTP3 0					
Month 12-23	1,338	1,054	1,351	17	0					
Year 2 - 4	2,464	1,270	2,511	34	0					
Year 5 - 14	0	0	0	0	0	TT1 1,023	TT2 24	TT3 0		
Year 15 - 45						2,350	70	0		
TOTAL	4,828	2,490	4,787	51	0	3,373	94	0		

Group TLQ	District 01211 WARSAJ					SUPPLY# 1	From 01/01/91	Till 04/30/91		
Month 0-11	BCG 139	Measles 21	DPTP1 126	DPTP2 0	DPTP3 0					
Month 12-23	176	140	176	0	0					
Year 2 - 4	329	243	323	4	0					
Year 5 - 14	0	0	0	0	0	TT1 184	TT2 0	TT3 0		
Year 15 - 45						429	0	0		
TOTAL	644	404	631	4	0	613	0	0		

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