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AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

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QUARTERLY REPORT

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MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR

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SUMMARY OF PROGRESS:

COMPONENT 1. TRAINING.

No initial BHW training was held in Afghanistan training centers because of the continuing unsettled political environment. * The MCHO Training Manual after review by WHO, IMC, MCI and MSH is currently under printing at the Institute of Public Health (IPH). * The 20 graduates of the first Rural Health Officer (RHO) course received their certificates in Kabul from the Ministry of Public Health and were assigned to their respective organizations and districts. * Forty seven BHWs returning to Peshawar and Miram Shah for resupply completed their continuing education courses and 113 BHWs were technically assessed by the IPH; the Area Board of Medical Certification certified 23 health workers from the Regional Health Administrations (RHAs). * The MSH Training Advisor and his assistant accompanied by the U.S.A.I.D. Health development officer went on a one day field trip to Miram Shah Training Center and to Khost (0709) in Paktya Province.

COMPONENT 2. HEALTH SERVICES DEVELOPMENT

Master Management Trainers from the IPH and the SCNA conducted two six day workshops for participants in the Combined Midlevel Continuing Education Program (CMCEP) in Peshawar and Quetta with 15 participants at each site. IPH trainers also conducted a five day management workshop for 12 women participants from the OB/GYN hospital and the MOPH. Management training continued at the centers in Wardak, Miram Shah and Behsud and a new program was begun at Herat. The planned training at Balkh and Takhar continued to be suspended because of unsettled political situation in Afghanistan. The Master Trainers for these centers left Peshawar for Taloqan (1201) in the third week of September with a mission to reestablish these training centers, develop a revised workplan for management training and begin training. * Financial support for the three Peshawar based MOPH facilities - the Afghan Trauma Center, the 60 Bed Hospital and the Central Polyclinic - was discontinued as of August 31, 1992.

COMPONENT 3. HEALTH SERVICES IMPLEMENTATION

One hundred and seventy one (168 MOPH, 3 RHA) Basic Health Posts, 20 Basic Health Centers (18 MOPH, 2 RHA), nine Comprehensive Health Centers (MOPH) were approved for resupplies from Peshawar. In addition 103 BHPs (46 MOPH, 57 RHA), two BHCs (MOPH) and two CHCs (MOPH) were resupplied from the SCNA depots in Afghanistan. The SCNA and SSWA resupply operations were delayed because of the late receipt of financial receipts and the security condition on the highways. * From the beginning of the Project until the end of this quarter, the MSH Monitoring Unit had monitored 2155 Basic and MCH Health Posts (out of a total of 2236 BHWs initially supplied) and 262 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 275 established). The majority of MSH supported facilities have been monitored more than once. As a result of the improved monitoring, MSH support was withdrawn from 1028 inactive or redundant posts and 91 clinics. * At the request of the MOPH and with U.S.A.I.D. approval emergency medical supplies were sent to Kabul (0101), Sarobi (0107) and Jalalabad (0801).

COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

Progress made this quarter centered on: i) conducting a follow up Volunteer Health Sisters (VHS) program workshop for 14 participants, 10 of whom were from Afghanistan

where they have started pilot programs in Ghazni, Nangarhar, Logar, Parwan, Paktya, Konar and Ghor provinces through RHA health committees and the MOPH; ii) establishment of six new MCH facilities which bring the number of facilities established to date to 47 out of which 36 are currently active and; iii) printing of 500 copies of the final Dari translation of the *Female Health Worker Manual*. * The Tajabad MCH Teaching Clinic plus the Tajabad community outreach program had over 3,500 contacts during the quarter; with the closure of MCH training facilities in Pakistan the Tajabad facility was closed at the end of September. * The Director of the MOPH MCH Department has been given additional responsibilities as the Director General of the MOPH East Zone and he has moved to Jalalabad. Plans are underway to move the MCH Department to Jalalabad with only a small staff remaining in Peshawar to process MCH facilities and to carry out the pilot VHS program in the Tajabad demonstration site.

COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL

The trainees of the fifth MOPH/PMD immunization course have completed their theoretical training and are currently undergoing practical training; 16 RHA trainees are undergoing training in Behsud Awal (0407) and Jaghatu (0606). Three cold chain technicians for the Almar (1808), Faryab Province Vaccine Storage facility (VSF) completed their training at the MSH warehouse in Peshawar. * Reports were received from the MOPH immunization teams operating in Qarabagh (0609), Maydan Shar (0401) Moqor (0610) Khanabad (1404), Khost wa Freng (1310), Gezab (2608), Nahrein (1307) and Ajrestan (2607) and from the RHA VSFs in Sholgera (1607) and Shindand (2103) (See annexes A, B & C for details). * The Baharak (1107), Badakhshan Province VSF was resupplied twice but the planned establishment of another VSF in Almar (1808), Faryab Province was delayed because of political turmoil in that province. * The data collection for the Ghor Province Household Health Survey has been completed and data is being entered for final analysis.

COMPONENT 6. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

Requisition orders for supplies worth over US \$ 174,000.00 were placed with RONCO to cover presumptive needs for the period January thru March 1993. These include orders amounting to US \$ 154,557.00 for routine medical and laboratory supplies placed on behalf of the MCI, Quetta and IMC, Peshawar under the Combined Procurement System to cover presumptive needs for the period January thru March 1993. * The warehouse issued 49 tons of medical and other supplies and assembled 72.2 tons of medical and other supplies into kits and cartons for future shipments.

COMPONENT 7. HEALTH CARE FINANCING & HEALTH SYSTEM PLANNING

Continued development of tools to be used for health planning in Afghanistan; information and issues raised by the Working Groups have been integrated with the activities from the W.H.O. Masterplan for the Afghan Health System to: i) set priorities among activities to reactivate the health system; ii) as a background document for health financing policy discussions and; iii) as a basis for developing demonstrations of specific health financing activities. * A survey was undertaken to identify the sources and uses of funds in Afghanistan. Current expenditures are close to the highest ever for Afghanistan, but are facing a substantial cut during 1993. * The Health Care Financing Advisor took a field trip to Quetta to gather information on fees for services activities and met with representatives of MCI, WHO, UNHCR, and SWABAC. Distributed copies of the survey on plans to close or relocate facilities and on collecting fees for services. * Six two hour sessions were held with representatives of the RHAs in training and discussion of budgeting and management control techniques.

COMPONENT 1. TRAINING.

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH WORKER TRAINING

Due to the continuing unsettled conditions in Afghanistan, scheduled initial BHW training could not be carried out at the training sites in Balkh, Takhar or Chake Wardak (0404), Afghanistan. Nineteen BHWs were trained at Behsud (0407) Training Center during this quarter, but the course was cut short (reasons were and continue to be unclear) so these trainees have not been certified as qualified BHWs.

b. MATERNAL & CHILD HEALTH OFFICER (MCHO) TRAINING

The MCHO Training Manual (trainees text), reviewed by WHO, IMC, MCI, MSH with the IPH is currently under printing at the IPH. Trainers Manual is now being revised and will be completed during the first quarter of FY-93.

c. RURAL HEALTH OFFICER (RHO) TRAINING

The first class of 20 RHOs were certified and awarded certificates of completion in Kabul on July 21, 1992 at the Ministry of Public Health. These newly graduated RHOs were assigned to their respective organizations and districts.

d. BOARD OF MEDICAL CERTIFICATION

Twenty three health workers from the Regional Health Administrations (RHAs) were certified by the Area Board of Medical Certification in cooperation with the MSH Training Department.

e. CONTINUING EDUCATION TRAINING & PRIMARY HEALTH CARE SEMINARS

With the establishment of a new government in Afghanistan, IPH discontinued training activities in Peshawar to begin consolidating and preparing for moving all activities to Afghanistan. Therefore BHW refresher training outputs decreased and are presented in the following table:

LOCATION	JULY	AUGUST	SEPTEMBER	TOTAL
Peshawar	21	13	0	34
Miram Shah	0	0	13	13

TOTAL	21	13	13	47

As procedures for re supplying BHWs will be decentralized, it is necessary to change the BHW continuing education strategy to ensure that each BHW will have the opportunity to attend one BHW refresher training program each year. The new strategy will be field tested next quarter.

f. COMBINED MIDDLE LEVEL CONTINUING EDUCATION PROGRAM (CMCEP)

IPH & MSH continues to participate in Core Group meetings and Group activities related to CMCEP Class III.

g. FIELD ASSESSMENTS

A total of 113 BHWs were assessed technically during the quarter.

Reconnaissance trips to all training centers were planned for this quarter. A one day field trip to the Miram Shah Training Center and to Khost (0709), Paktya Province was organized and carried out with Douglas Palmer, USAID/Rep Health Development Officer and the MSH Training & Assistant Training Advisor.

The Deputy Training Advisor was able to assess the situation in Balkh, Takhar and Chake Wardak training centers. A reconnaissance to the Harakat-e Islami (Mohsini) supervised Behsud Training Center was not possible due to ethnic and civil disturbances.

2. Unanticipated Activities.

None

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

Transferring IPH to Kabul was planned but due to political constraints and intensive fighting in Kabul and lack of security on the road between Peshawar and Kabul, it was not possible to transfer the IPH to Kabul.

4. Work Plan for Next Quarter.

- a. Establish an IPH Satellite Office in Jalalabad.
- b. Reactivate the SCNA training programs in Takhar and Balkh.
- c. Field test revised BHW refresher training strategy.
- d. Carry out feasibility study for establishing a training center in South East Province.
- e. Continue revising MCHO Trainers Manual.
- f. Continue participation in CMCEP related activities.
- g. Participate in field Microscopist continuing education program.
- h. Field visit to training centers in Afghanistan.

COMPONENT 2. HEALTH SERVICES DEVELOPMENT

1. Completed Project Activities and their Verification Status

a. PROVINCIAL AND REGIONAL HEALTH SERVICES DEVELOPMENT

RHA

Continued support of 10 Master Management Trainers assigned to Regional Health Administration (RHA) training centers and five assigned to the Ministry's Institute of Public Health (IPH).

b. MANAGEMENT TRAINING

Master Management Trainers from IPH and SCNA conducted two six days management workshops for participants in the Combined MidLevel Continuing Education Program (CMCEP) training course. The workshop were in Peshawar and Quetta. There were 15 participants in each workshop.

Management trainers from IPH conducted a five day management workshop for 12 women health workers. Participants were from the OB/GYN hospital and MOPH.

Because of the unsettled political situation in Afghanistan training at Balkh, and Takhar continued to be suspended during the quarter. The Master Management Trainers for these training centers remained in Peshawar until mid September. They departed Peshawar for Taloqan the third week of September. Their mission is to assist with reestablishing the training center at those locations, develop a revised workplan for management training at Taloqan and Balkh and commence management training.

Management training in Herat was started during the quarter. Two workshops for a total of 30 BHWs were conducted. Financial support for these workshops (and salary for the management trainers) is provide by the health committee using funds previously advanced by MSH for training of BHWs that was not used for BHW training.

Management training continued at Wardak, Miramshah and Behsud. Reports on curriculum, number and type of persons trained were not available at the end of the quarter. It is expected that reports will require up to two months to reach our office in Peshawar.

Completed translation of 25 management training modules to Pashto Modules are being word processed. Modules are to be used to train Pashto speakers at Miramshah and Behsud.

c. HOSPITAL AND CLINIC OPERATION

Financial support for the operation of the Afghan Trauma Center, the 60 Bed Hospital and the Central Polyclinic was discontinued as of August 31. Afghan Trauma Center and

Central Polyclinic was closed by the MOPH. Sixty Bed Hospital continued to operate under the auspices of Jamiat-e Islami Party and had a full patient load through September.

Utilization for January - August was:

	ATC	60 Bed	Polyclinic	Total
In Patient Days of Care	14,157	10,213	N/A	24,370
Outpatient/Emergency Cases	11,752	13,676	62,541	87,969
Surgical Procedures	1,118*	N/A	3,617**	4,735*
X-ray Examinations	2,592	2,685	N/A	5,277
Laboratory Examinations	8,329	82,14	11,094	27,637
Prescriptions Filled	5,758	13,270	65,051	84,079

* Major and minor procedures

** Minor procedures

2. Unanticipated Activities.

None

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

Training of health workers by IPH and regional training centers is suspended. This has made it difficult to continue management training. However, management training is continuing on a limited basis. The solution is to reestablish training for health workers and operate all training centers at near capacity.

4. Work Plan for Next Quarter.

- a. Follow up on management workshops conducted by Master Management Trainers inside Afghanistan
- b. Support IPH management training, two CMCEP workshops are planned for November.

COMPONENT 3. HEALTH SERVICES IMPLEMENTATION

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH POSTS*

One hundred and sixty eight MOPH and three Basic Health Posts under the supervision of the Regional Health Administrations (RHAs) were resupplied from Peshawar. In addition 103 facilities (46 MOPH, 57 RHA) were resupplied from inside Afghanistan depots.

b. BASIC HEALTH CENTERS*

Twenty existing centers (18 MOPH, 2 RHA) were approved for resupply from Peshawar during the quarter. In addition two centers (all MOPH) were resupplied from the inside Afghanistan depots.

CLINICS APPROVED FOR RESUPPLY FROM PESHAWAR

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1023	WARDAK	SAYED ABAD	0408	HIA	MOPH
1054	LOGAR	BARAKI	0501	HIA	MOPH
1060	NANGARHAR	MOHMAND DARA	0807	HIA	MOPH
1064	KONAR	BAR KONAR	1007	NIFA	MOPH
1070	PAKTYA	KHOST	0709	IIA	MOPH
1079	NANGARHAR	SHERZAD	0821	NIFA	MOPH
1080	KONAR	PECHE	1013	ANLF	MOPH
1083	NANGARHAR	HESARAK	0816	NIFA	MOPH
1085	LOGAR	AZRO	0505	ANLF	MOPH
1097	KONARA	NARANG	1011	JIA	MOPH
1107	NANGARHAR	SHINWAR	0802	IIA	MOPH
1127	KAPISA	NEJRAB	0206	ANLF	MOPH
1139	PARWAN	SHEKH ALI	0309	IIA	MOPH
1148	KABUL	ISTALEF	0113	HIA	MOPH
1150	KANDAHAR	PANJWAI	2413	IIA	MOPH
1154	PARWAN	SHENWARI	0303	IIA	MOPH
1200	HELMAND	NAHRE SARAJ	2303	HIM	HCCA
1218	NANGARHAR	DEH BALA	0810	HIK	MOPH
1220	SAMANGAN	SAMANGAN	1501	NASR	HCCA
1237	KAPISA	TAGAB	0202	ANLF	MOPH

CLINICS RESUPPLIED FROM AFGHANISTAN BASED DEPOTS

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1090	BAGHLAN	BURKA	1308	HIA	MOPH
1182	BAGHLAN	TALA WA BARFAK	1305	HIK	MOPH

c. COMPREHENSIVE HEALTH CENTERS

Nine existing facilities (all MOPH) were approved for resupply from Peshawar. In addition two MOPH CHCs were resupplied through SCNA depots in Afghanistan. These centers are under the guidance of a qualified medical doctor (M.D.) with in-patient (three beds) and laboratory facilities.

COMPREHENSIVE HEALTH CENTERS RESUPPLIED FROM PESHAWAR

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1067	LAGHMAN	ALISHING	0905	HIA	MOPH
1153	PAKTYA	SAYED KARAM	0727	IIA	MOPH
1192	BADAKHSHAN	FAIZABAD	1101	JIA	MOPH
1208	BALKH	CHEMTAL	1611	NIFA	MOPH
1209	NANGARHAR	ACHIN	0811	IIA	MOPH
1214	LAGHMAN	DAWLATSHA	0903	HIA	MOPH
1215	NANGARHAR	SHERZAD	0821	HIK	MOPH
1216	NANGARHAR	CHAPARHAR	0806	HIK	MOPH
1225	NANGARHAR	NAZIYAN	0809	HIK	MOPH

COMPREHENSIVE HEALTH CENTERS RESUPPLIED THROUGH SCNA DEPOTS

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1129	JAWZJAN	QARQIN	1710	JIA	MOPH
1174	KAPISA	NEJRAB	0206	ANLF	MOPH

d & e. HOSPITALS

No activity this quarter.

f. ADMINISTRATIVE CENTERS

No activity this quarter.

* MCH facilities are excluded. For MCH facilities See Component 4. Maternal and Child Health and Health Promotion.

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

g. MONITORING AND DATA COLLECTION

From the beginning of the Project until the end of the Fourth Quarter of FY-92, MSH Monitoring Unit had monitored 2155 Basic Health Posts including MCH posts (out of a total of 2236 BHWs initially supplied) and 262 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 275 established). The majority of MSH supported facilities have been monitored more than once. Most of the facilities not monitored as yet are new facilities established recently. As a result of the expanded and improved monitoring surveys, MSH support was withdrawn from 1028 inactive or redundant BHWs and 91 clinics. Monitoring reports received indicate the following results:

BASIC HEALTH POSTS

RHA (386 posts surveyed)	MOPH (1769 posts surveyed)	
205 (53%)	547 (31%)	were "active" *
27 (7%)	86 (5%)	were "inactive"
54 (14%)	190 (11%)	were "undetermined"
98 (25%)	930 (53%)	were "cancelled"
2 BHWs	16 BHWs	were killed

The above figures do not include 58 Basic Health Posts (47 RHA, 11 MOPH) which have not been monitored as yet. In addition 23 trained BHWs (12 RHA, 11 MOPH) who do not have their own Basic Health Posts and are working in Basic Health Centers are also excluded.

BASIC AND COMPREHENSIVE HEALTH CENTERS AND HOSPITALS

RHA (134 facilities surveyed)	MOPH (128 facilities surveyed)	
86 (64%)	39 (30%)	were "active" *
8 (6%)	8 (6%)	were "inactive"
20 (15%)	10 (8%)	were "undetermined"
20 (15%)	71 (55%)	were "cancelled"

The above figures do not include 13 Basic and MCH Health Centers and Comprehensive Health Centers (10 RHA, 3 MOPH) 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 Health Services Department of the MOPH is informed and a second chance is given, if requested by the MOPH. If found absent on the second visit of the monitors, the facility is cancelled. In a limited number of clinic cases where the status reports are not clear, the clinic is temporarily given this classification pending verification by a special monitoring team.

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

2. Unanticipated Activities.

None.

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

- * No "new" BHWs fielded (for out puts See Component 1. Training).
No "new" BHC, CHC or PHC hospital established because of U.S.A.I.D. ban.
- * The major part of the SCNA financial receipts were received from SCNA three months late. Consequently, the resupply operation was postponed to next quarter. At the time of writing this report there is concern about the security situation on the Torkham / Kabul highway through which supplies will be transported onward to Taloqan (1201).
- * SSWA resupplies are still in the Quetta depot. Planned caravans, including the U.N.'s, have not been able to leave Quetta because of the security situation on the Spin Boldak (2402) - Herat (2001) highway.
- * Monitoring reports this quarter do not indicate movement of personnel or MSH health facilities from rural areas to cities. This may be related to the fact that urban facilities are not receiving any support from the Government. In fact, health workers in the cities are not receiving any salaries for the time being.
- * There has been significant reduction in the number of BHWs coming for resupply compared with the Summer of 1991. This may be because of several factors including
 - a). In addition to the 50% reduction in BHW salaries, the cost of travel to Peshawar for supplies and salaries have also gone up recently. Of the currently supported 1152 BHWs, approximately 500 will need to come to Peshawar for resupply. Beginning next quarter 2 depots under HIM supervision will resupply all the BHWs in the Hazarajat area.
 - b). Uncertain security on highways.
 - c). Lack of credibility of the program due to i) the ban during the winter of 1991 and; ii) rumors that the AHSS Project will end by the close of 1992.

4. Work Plan for Next Quarter.

- a. No new health facilities are planned for next quarter to replace facilities lost to attrition because of financial constraints and cut in program.
- b. Routine resupply operations for the facilities under the following health committees:
 - i. SCNA
 - ii. SSWA
 - iii. HIM
 - iv. HCPP
- c. Emergency medical supplies after approval by the U.S.A.I.D.

COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

1. Completed Project Activities and their Verification Status.

Progress made this quarter centered on:

- i. Conducting a follow up Volunteer Health Sister (VHS) program workshop in August for 14 participants, 10 of whom were from Afghanistan. These participants had started pilot programs in Ghazni, Nangarhar, Logar, Parwan, Paktya, Konar, and Ghor through the health committees of SCNA, HCPP, HCCA (HIM), NASR, and the MOPH based on the skills learned during the first VHS workshop in April, 1992. Dr. Diana Silimperi, MSH consultant, returned to Peshawar to conduct the August workshop. Participants reported they had recruited a total of 29 Volunteer Health Sisters to start training. In the Tajabad community demonstration site (Pakistan), 14 Volunteer Health Sisters were recruited and trained. A second group of 16 VHSs is currently being trained in Tajabad.
- ii. Establishment of six new facilities. The MCH program has established a total of 47 facilities to date, 36 of which are currently active. All six new facilities this quarter were staffed by graduates of the MCH Officer course; to date nine out of the 10 MCHO graduates have been fielded.
- iii. Printing of 500 copies of the final Dari translation of the *Female Health Worker Manual*.

The Ministry's Director of Maternal and Child Health has been appointed representative of the MOPH East Zone in addition to his responsibilities as MCH Director. Dr. Wahidi has moved to Jalalabad and plans are underway to move the MCH Department to that area. Only a small staff will remain in Peshawar to process MCH facilities and to carry out the pilot Volunteer Health Sister program in the Tajabad demonstration site.

a. MCH PROGRAMS: MINISTRY OF PUBLIC HEALTH

The Tajabad MCH Teaching Clinic plus the Tajabad community outreach program had over 3,500 patient contacts this quarter. Due to the closure of the MCHO course and MCH in-service training activities in Pakistan, the teaching clinic was closed at the end of September.

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

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*	1	10
MCH Posts**	5	14
MCH Clinics/Posts Resupplied	2	9
Female Health Worker (Dai)		
Training Centers	6	20
Inservice Participants	1	64
BHWs Trained to Teach Dais	0	1,702
Dai Kits Distributed	2,784	23,443

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Contraceptives Supplied:		
Pills (courses)	2,800	6,925
Condoms (packets)	18,000	52,000

New MPH MCH Facilities:

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM***</u>
7045 (Post)	Konar	Asadabad (1001)(JIA
7046 (Post)	Kabul	Shakar Dara (0109)	JIA
7047 (Post)	Kabul	Istalef (0113)	JIA
7048 (Post)	Konar	Khas Konar (1006)	HIH
7049 (Clinic)	Nangarhar	Sorkh Rod (0814)	IIA
7051 (Post)	Logar	Charkh (0503)	ANLF

b. MCH PROGRAMS: REGIONAL HEALTH ADMINISTRATIONS

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

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*		12
MCH Posts**		6
MCH Clinics/Posts Resupplied	1	11
Female Health Worker (Dai)		
Training Centers	N.A.	13
Contraceptives Supplied:		
Pills (courses)	800	4,125
Condoms (packets)	4000	34,000

Definitions:

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

- *** ANLF = Afghan National Liberation Front (Mojadidi)
JIA = Jamiat-e Islami Afghanistan (Rabbani)
HIH = Hezb-e Islami Afghanistan (Hekmatyar)
IIA = Itihad-e Islami Afghanistan (Sayyaf)

2. Unanticipated Activities.

None

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

The continued political instability has made it difficult to plan the program with any degree of certainty. However, to maintain good communication with the counterparts inside Afghanistan, plans have been made with the MOPH to have regular meetings with the MCH Director who will come bi-weekly to Peshawar.

4. Workplan for Next Quarter.

- a. Continue development of Volunteer Health Sister Program:
 - i. Continue pilot VHS training program in Afghanistan and In Tajabad demonstration site.
 - ii. Revise VHS modules.
 - iii. Conduct assessments of VHS program.
 - iv. Begin development of VHS manual for integration into MCH Officer curriculum
- b. Develop assessment proforma for dai training program.
- c. Preparation of MCH Facility Management chapter/booklet for MCHO curriculum.
- d. Establish seven new MCH facilities.
- e. Resupply MCH facilities of Regional Health Administrations.
- f. Analyze information on the existence of vaccination at MCH facilities and coordinate with PMD on improving facility-based immunization.
- g. Plan and conduct workshop in Afghanistan to introduce VHS concept for a second group of Volunteer Health Sisters.

COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL

1. Completed Project Activities and their Verification Status

a. EPI TRAINING

MOPH

The 24 trainees of the fifth session of PMD/MOPH have completed their theoretical training and are currently doing their practical training sessions.

RHA

SCNA --- Three cold chain technicians for the Almar (1808), Faryab Province Vaccine Storage Facility (VSF) completed their training in Peshawar under the supervision of the MSH cold chain manager Engineer Enayatullah.

HCCA --- Eight trainees are undergoing the vaccinator training course in Kajab Behsud Awal (0407) and eight trainees are under training in Kakrak, Jaghatu (0606).

SSWA --- Reports have been received from M. Arif, the immunization trainer in Herat (2001) that he has started training in Herat VSF. He blames the recent political changes in Afghanistan for the delay in beginning the program. Mr. Arif is also responsible for training at the Farah VSF.

b. IMMUNIZATION CAMPAIGNS AND VACCINE STORAGE FACILITIES

MOPH

Teams operating in Bar Konar (1007), Khas Konar (1006) were supplied through Bajawar border and Qarabagh (0609), Moqor (0610), Maydan Shar (0401), were supplied through Khildand border crossing point.

The following MOPH teams have presented their immunization reports:

Qarabagh (0609), Maydan Shar (0401), Moqor (0610), Khanabad (1404), Khost wa Freng (1310), Gezab (2608), Nahrein (1307) and Ajrestan (2607).

(See **Annex A** for results).

Wastage rates are within the acceptable maximum wastage levels established by the WHO, except for Tetanus Toxoid (TT). TT wastage was primarily because to inoculate a few women who presented themselves for vaccination, the vaccinators had to open a 20 dose vial. The unused doses resulted in wastage.

Coverage of planned target population in Qarabagh (0609) is higher because the vaccinators received a small amount of vaccine from other donors as well.

RHA

HCCA --- Reports were received from the VSFs in Kajab, Behsud Awal (0407) Wardak Province and Kakrak, Jaghatu (0606) Ghazni Province and are being analyzed.

SCNA --- Reports were received from the following VSFs functioning under the SCNA supervision (See Annex B for results):

Sholgera (1607) VSF for the period July 23 - September 22, 1992 covering EPI activities in Balkh (1602) Nahre Shahi (1603), Dowlatabad (1606), Sholgera (1607) and Chemtal (1611).

The Establishment of a planned VSF for Almar (1808), Faryab Province was delayed because of turmoil in Faryab Province. Three trained cold chain technicians are already present on the site in the province.

The VSF in Baharak (1107), Badakhshan Province has been supplied twice. The last supply operation was accompanied by our cold chain assistant, Engineer Abdul Ghafoor for technical evaluation of the setup.

The Panjsher/Rokha(0207) VSF was supplied through Torkham border.

SSWA --- Reports were received from the Shindand (2103), Farah Province VSF covering EPI activities in Shindand District (See Annex C for results). This facility was resupplied through the Chaman border crossing point.

All the VSFs were equipped with either one or two pickups based upon their coverage area and storage capacities.

c. OTHER DISEASE CONTROL ACTIVITIES

Workshops

A CDD workshop was held for 15 physicians from the MOPH and the SCNA SSWA, HCCP and HCCA health committees.

d. OPERATIONS RESEARCH

Dr. Omar and Dr. Saleh of MSH completed the data gathering of the third Household Survey in Ghor Province. The results are being entered for final analysis.

Except for Konar, all the other targeted provinces have been surveyed for the Provincial Health Resources Survey. Data is being entered for final analysis.

A database routine has been developed to produce lists of all facilities within a certain distance of a given facility, based on known longitudes and latitudes. This report can serve as starting point to look at 'redundancy' in health facilities.

2. Unanticipated Activities.

None

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

None

4. Work Plan for Next Quarter.

- a. Resupply of the remaining teams of the MOPH.
- b. Resupply of the qualifying VSFs.
- c. Supply of TB medicines for Badakhshan.
- d. Requisitioning EPI supplies to meet 1993 presumptive needs.
- e. Review the immunization and cold chain manuals.
- f. Arrange refresher training for the RHA trainers.

COMPONENT 6. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

1. Completed Project Activities and their Verification Status.

a. **PROCUREMENT OF MEDICAL SUPPLIES AND EQUIPMENT**

GNR-0915

Represents a purchase requisition order for routine medical supplies amounting to US\$ 19,907, to cover MSH presumptive needs for the period January thru March 1993.

Purchases Under Combined Procurement

QTA-0915,

Represents a purchase requisition order placed on behalf of MCI Quetta for routine medical supplies and laboratory items amounting to US\$ 86,660, to cover presumptive needs for the period January thru March 1993.

IMC-0915,

Represents a purchase requisition order placed on behalf of IMC Peshawar for routine medical supplies amounting to US\$ 67,897, to cover presumptive needs for period January thru March 1993.

In all, approximately US\$ 174,464 worth of drugs and medical supplies were ordered through Ronco during this quarter, on behalf of MSH, IMC and MCI.

Clearing Vaccines under VAC-0112 from UNICEF

Processed documents and cleared BCG, Measles, DPT, Polio Sabin, DPTP, and Tetanus Toxoid Vaccines through customs at Islamabad Airport, on a prior release basis, on six different occasions. After clearance, vaccines were transported to MSH Warehouse in Peshawar in cold boxes.

b. SUMMARY OF WAREHOUSE ACTIVITIES

Assembly:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
July	1834	2019	24.6	4,008,635
August	1841	2384	29.9	5,363,435
September	256	1379	17.7	2,923,123

Total	3931	5782	72.2	12,295,193

Issues:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
July	2034	2204	27.2	4,038,950
August	352	718	9.1	1,802,627
September	861	1008	12.7	1,973,857

Total	3247	3930	49.0	7,815,434

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

2. Unanticipated Activities.

None.

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

None.

4. Work Plan for Next Quarter.

- a. Prepare a bulk medical supplies requisition to cover MSH presumptive needs for period April thru June 1993, and monitor progress of pipe line orders.
- b. Prepare purchase requisitions for equipment and any special purchases for MSH.
- c. Forecast requirements of kits to be shipped in bulk, to drug depots inside Afghanistan.
- d. Assess current conditions prevailing in drug depots inside Afghanistan, and assist in strengthening these, to cope with the new distribution system.
- e. Procure key medical supplies on behalf of MCI Quetta and IMC Peshawar under the Combined Procurement System for the period April thru June 1993, and monitor progress of pipe line orders.
- f. Organize clearing and transportation of vaccine shipments ordered from UNICEF/ Copenhagen for use of the MSH immunization program in Afghanistan.
- g. Participate in the meeting for rationalization and standardization of MSH, MCI & IMC kits, and make changes to procurement information systems in response to decisions reached.

COMPONENT 7. HEALTH CARE FINANCING AND HEALTH SYSTEM PLANNING

1. Completed Project Activities and their Verification Status.

- a. Continued development of tools to be used for health planning inside Afghanistan. Information from the Working Groups will be used in an Afghan health plan. These issues have been integrated with the activities from the W.H.O. May 1991 Masterplan for the Afghan Health System that support primary care and community involvement in health development:
 - i. to set priorities among activities to reactivate the Afghan health system;
 - ii. as a background document for health financing policy discussions;
 - iii. as a basis for developing demonstrations of specific health financing activities.

The work on the project implementation model for an Afghan health plan has categorized the steps necessary to implement a revitalization plan for an Afghan health system into 79 categories and over three hundred task areas. Each of these will have the activities that must be undertaken in each area identified, 'the skill

or department responsible,' and the amount of time needed. Dependencies among the tasks will be identified and all the activities will be placed on a Gantt chart using Project management software. There is substantial flexibility in this approach as all dependencies specify dates for successive tasks. By inserting the start date for the Primary Task, all other dates are calculated.

- b. Continued to develop appropriate community involvement in health development materials as a component of health care financing / health system planning.
- c. A survey was undertaken to identify the sources and uses of funds in Afghanistan to the extent that they can be identified. Current expenditures are close to the highest ever for Afghanistan, but are facing a substantial cut during 1993.
- d. Took a field trip to Quetta to gather information on fees for services activities from the agencies there. Met with representatives of MCI, WHO, UNHCR, and SWABAC. Distributed copies of the survey on plans to close or relocate facilities and on collecting fees for services.
- e. Spent six two hour sessions with representatives of the Regional Health Administrations in training and discussion of budgeting and management control techniques.

2. Unanticipated Activities.

None

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

Any planning done now will be speculative until there are permanent appointments made to counterpart positions, and funding is assured.

4. Work Plan for Next Quarter.

All of the tasks below have been started during the past nine months, or are being started during the quarter beginning October 1, 1992. The work to be done between now and December 31, 1992 is the preparation of the models for these tools. Another task for the last quarter is to try to identify some way to have this work continued during the next years. Some of the work could be done by UNORSA or WHO during 1993 or whenever the implementation of these planning tools becomes possible.

- a. Monitor evolution of the health system in order to revise Mission, Goals, and Objectives written early in FY-92. The result will be revised mission goals and objectives to be used as guidance for resource allocation in program planning and implementation; and as orientation for all persons involved in health plan implementation.

- b. Prepare and revise task lists for health system planning and consolidation, as dictated by circumstances, resources available and completion of tasks. Task lists are a basis for organization and delegation of tasks; and as a baseline for management objectives and accountability.
- c. Scheduling of tasks that need to be done to revitalize the health system, with identification of dependencies and priorities among tasks; and with identification of all resources, personnel supplies and equipment needed for the tasks. This can be used to produce implementation plans using project scheduling software. It will also produce the capability to do monitoring of progress against a baseline of task completion dates and resource estimates.
- d. A data base architecture to enable the integration of data for health planning information developed by reviewing current and developing data sources, recommending standardization and updating links among them. This will facilitate the capability to exchange and update health data used in Afghanistan to assure that all agencies, governmental and volunteer, have easy access to current and accurate information.
- e. Spreadsheet model for selecting resource allocation strategies and allocating health system resources that enables comparison of projected, and eventually actual, expenditures. And eventually, not this year, the results of the impact of health programs. This tool can be used for rational allocation of limited resources that identifies the program effects of different resource allocation strategies and could eventually be modified to assess or predict the impact of programs on the health status of the population.
- f. Preparation of appropriate materials for community involvement in the economic and management aspects of local health system development based on the model of Facts for Life. This will be preparation of Economic Facts for Life, a set of basic facts intended to become beliefs about how the health system must be managed to conserve personal and community health resources.

ACTUAL EXPENDITURE BY QUARTER JULY 1,1991 TO SEPTEMBER 30,1992

	SEPT 30 1991 ACTUAL	DEC 31 1991 ACTUAL	MARCH 31 1992 ACTUALS	JUNE 30 1992 ACTUAL	SEPT 30 1992 ESTIMATES	SEPT 30 1992 ACTUALS	VARIANCE	DEC 31 1992 BUDGET
TECHNICAL ASSISTANCE	\$418,788	\$471,847	\$390,088	\$990,112	\$388,753	\$679,764	\$291,011	
LOGISTICS	\$112,966	\$101,517	\$63,314	\$63,043	\$75,000	*	(\$75,000)	
PROGRAM								
Training	\$59,889	\$95,224	\$77,950	\$96,277	\$51,991	\$105,965	\$53,974	
Fielded BHWs	\$312,790	\$429,411	\$409,493	\$435,556	\$206,970	\$217,969	\$10,999	
Clinics	\$205,361	\$255,338	\$293,950	\$297,074	\$196,071	\$159,826	(\$36,245)	
Small Hospitals	\$156,464	\$100,590	\$60,879	\$153,566	\$70,322	\$97,418	\$27,096	
Area Hospital	\$83,080	\$17,188	\$5,959	\$45,343	\$20,346	\$21,422	\$1,076	
Program Administration	\$81,097	\$66,409	\$86,867	\$82,632	\$48,640	\$44,537	(\$4,103)	
Warehouse	\$129,002	\$68,119	\$44,973	\$124,519	\$64,171	\$82,060	\$17,889	
Training Center	\$62,590	\$50,908	\$77,676	\$94,135	\$33,643	\$22,007	(\$11,636)	
Preventive Medicine	\$151,062	\$138,883	\$428,205	\$636,307	\$91,082	\$79,492	(\$11,590)	
Women's Program	\$73,452	\$70,282	\$49,530	\$110,492	\$27,142	\$33,166	\$6,024	
Monitoring	\$88,618	\$97,947	\$82,258	\$180,651	\$89,602	\$92,721	\$3,119	
Health Services Development	\$56,443	\$47,813	\$69,657	\$99,173	\$44,527	\$41,634	(\$2,893)	
Emergency Medical Relief	\$6,169			\$6,082	\$31,563	\$31,563	\$0	
Contingencies							\$0	
Mercy Corps International(MCI)	\$88,896	\$17,099	\$96,520	\$38,570	\$78,909	\$95,573	\$16,664	
International Medical Corps(IMC)			\$138,900	\$78,547	\$292,746	\$288,433	(\$4,313)	
Afghan Trauma Center			\$51,169	\$59,824	\$55,712	\$68,295	\$12,583	
60 Bed Hospital			\$38,726	\$45,663	\$44,440	\$54,103	\$9,663	
Polyclinic			\$21,811	\$21,397	\$44,464	\$51,602	\$7,138	
Health Care Financing							\$0	
Sub-total	\$1,554,913	\$1,455,211	\$2,034,523	\$2,605,808	\$1,492,341	\$1,587,786	\$95,445	
Grand Total	\$2,086,667	\$2,028,575	\$2,487,925	\$3,658,963	\$1,956,094	\$2,267,550	\$311,456	**

* Report not received from USAID.

** To be determined.

ANNEX A

SUMMARY OF MOPH IMMUNIZATION ACTIVITIES

QARABAGH (0609)

Coverage of Planned Target Population

BCG	240%
MEASLES	137%
DPTP1	97%
DPTP2	99%
DPTP3	108%

Wastage Rate

BCG	27%
MEASLES	14%
DPTP	27%
TT	30%

Drop Out Rate

OVERALL	43%
DPTP1-2	8%
DPTP1-3	11%
TT1-2	5%
TT2-3	12%

MOQOR (0610)

Coverage of Planned Target Population

BCG	141%
MEASLES	111%
DPTP1	250%
DPTP2	68%

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Wastage Rate

BCG	30%
MEASLES	19%
DPTP	20%
TT	42%

Drop Out Rate

OVERALL	21%
DPTP1-2	73%

MAYDAN SHAR (0401)

Coverage of Planned Target Population

BCG	147%
MEASLES	104%
DPTP1	183%
DPTP2	149%

Wastage Rate

BCG	30%
MEASLES	24%
DPTP	13%
TT	24%

Drop Out Rate

OVERALL	29%
DPTP1-2	19%

KHANABAD (1404)

Coverage of Planned Target Population

BCG	135%
MEASLES	99%
DPTP1	159%
DPTP2	105%
DPTP3	37%

Wastage Rate

BCG	33%
MEASLES	26%
DPTP	25%
TT	28%

Drop Out Rate

OVERALL	27%
DPTP1-2	34%
DPTP1-3	77%
TT1-2	56%

NAHREIN (1307)

Coverage of Planned Target Population

BCG	136%
MEASLES	89%
DPTP1	146%
DPTP2	106%
DPTP3	48%

Wastage Rate

BCG	17%
MEASLES	28%
DPTP	17%
TT	43%

Drop Out Rate

OVERALL	19%
DPTP1-2	25%
DPTP1-3	67%
TT1-2	26

Annex A - 3

ANNEX B

SUMMARY OF SCNA IMMUNIZATION ACTIVITIES

SHOLGERA VSF(1607)

Coverage of Planned Target Population

BCG	50%
MEASLES	35%
DTP1	50%
DTP2	14%
DTP3	06%

Wastage Rate

BCG	64%
MEASLES	36%
DTP1	76%
DTP2	71%

Drop Out Rate

OVERALL	23%
DTP1-2	72%
DTP1-3	88%
TT1-2	83%
TT2-3	66%

ANNEX C

SUMMARY OF SSWA IMMUNIZATION ACTIVITIES

SHINDAND (2103) VSF

Coverage of Planned Target Population

BCG	83%
MEASLES	82%
DTP1	103%
DTP2	13%
DTP3	05%

Wastage Rate

BCG	47%
MEASLES	26%
DTP	41%
TT	33%

Drop Out Rate

OVERALL	07%
DTP1-2	88%
DTP1-3	95%
TT1-2	82%

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