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AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

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QUARTERLY REPORT

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William D. Oldham, M.D.
Team Leader

Prepared by
Yusuf I. Ghaznavi
Senior Program Specialist

MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR

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SUMMARY OF PROGRESS:

COMPONENT 1. TRAINING.

Based on the recommendations of the fact finding missions, the Institute of Public Health (IPH) established a training center in Kandahar City housed in the former nursing school premises. The MSH Training Department Afghan staff on several occasions travelled to the training centers in Jalalabad, Khost and Kandahar to provide technical assistance to the counterparts and were closely involved in the planning, monitoring and supervision of the various training activities in these centers. * Fourteen candidates began BHW initial training at the IPH Jalalabad training facility and are expected to graduate in May. The IPH has completed selection of candidates for the second MCH Officer course to be held in Jalalabad and has hired a local female trainer. * The Rural Health Officer (RHO) manual was revised; eight of the twenty graduated RHOs participated in a seminar on the role of the RHOs in the development of health services in Afghanistan. * Thirty seven trainees attended management training in Jalalabad and Kandahar training centers. * IPH trainers participated in a seminar on BHW Continuing Education Program (CEP) methodology and strategy in Jalalabad. Based on recommended strategy, the curriculum was revised. Eight BHWs underwent CEP training at Khost. * The Regional Board of Medical Certification certified eight health workers from the Regional Health Administrations (RHAs).

COMPONENT 2. HEALTH SERVICES IMPLEMENTATION

Two hundred and ninety nine Basic Health Posts (176 MOPH, 123 RHA), 44 Basic Health Centers (15 MOPH, 29 RHA) and 14 Comprehensive Health Centers (6 MOPH, 8 RHA) were resupplied during the quarter. In addition four Primary Health Care hospitals (1 MOPH, 3 RHA) and nine Administrative Centers (all RHA) were also resupplied. Some RHA resupply operations, however, were delayed. The Supervisory Council of the North Area (SCNA) could not complete its resupply operation because of fighting in Kabul, lack of motor fuel and lack of security on the highways. Because of normal heavy snowfall during this time of the year, the Health Committee of Central Afghanistan (HCCA) could not shift supplies from its Kakrak (Ghazni) depot to its Behsud (Wardad) depot. The fighting in Kandahar and the refusal of Pakistani authorities for several weeks to issue permits for transporting supplies from Quetta to the border, delayed the South and Southwest Area (SSWA) resupplies. The SSWA supplies have now been shifted to border depots and are scheduled to be transferred to SSWA depots in Badghis, Ghor, Farah and Herat provinces. * From the beginning of the Project until the end of this quarter, the MSH Monitoring Unit had monitored 2174 Basic and MCH Health Posts (out of a total of 2258 BHWs initially supplied) and 274 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 290 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 1091 inactive or redundant posts and 111 clinics and hospitals.

COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

Progress made this quarter centered on: i) conducting a follow up workshop on the progress of the Volunteer Health Sister (VHS) Program attended by 22 VHS participants to

assess VHS trainer / supervisor knowledge and skills on four teaching modules taught earlier; to introduce three new modules on safe motherhood, common cold and pneumonia, and injury prevention and first aid and; to develop management systems in VHS pilot program; ii) the recruitment and training of an additional eight VHS at the Tajabad training site; iii) technical assessment of the Naz-o Ana, a 20 bed Obs / Gyn private hospital in Kabul by Dr. Hasibullah of MSH. The Project will support this facility with emergency MCH supplies for a limited period of time; and iv) establishment of an additional MCH facility which brings the total number of MCH facilities established to date to 63 out of which 44 are currently active. * The VHS program is still facing the threat of being disassembled because over half of the VHS sites are either included in the clinic redundancy list or are affected by the U.S.A.I.D. ban on sending assistance to certain districts. Unless justifications are approved or the VHS trainers / supervisors are reassigned to other clinics, the VHS pilot program will be left with only six training sites.

COMPONENT 4. CHILD SURVIVAL AND DISEASE CONTROL

Refresher training is routinely conducted for the MOPH vaccinators upon their return to Peshawar for resupply and for the RHA immunization and cold chain technicians in the EPI posts and clinics attached to Vaccine Storage Facilities (VSFs). * Reports were received from the MOPH immunization teams operating in Bar Konar (1007), Kajaki (2306), Kalafgan (1212), Moqur (0610), Herat VSF (2001), Qarabagh (0609), Maydan Shar (0401), Balkh VSF (1601), Puli Alam (0506), and Sang Charak (1702). Reports were also received from the SCNA supervised Balkh VSF covering districts in Balkh, Samangan and Jwazjan provinces and the SSWA supervised Herat VSF covering three districts of Herat Province. In general the target population appears to have been reached and the vaccine wastage rates are within the acceptable level established by WHO. Second and third shots show low coverage for some teams, partly because the activity is ongoing and the reports are submitted later. Dropout rates between shots are negative for some of the teams because they are using the vaccines from previous stock (See **annexes A, B & C** for details). * Reports received from the Jaghori (0607) T.B. control program center were analyzed and the slides cross checked by the MSF / ICD. * Data entry from 28 provinces for the Provincial Health Resources Survey has been completed; the Household Survey Analysis however, has been postponed until after the completion of the Project phase out and clinic redundancy reports.

COMPONENT 5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

Requisition orders for supplies worth US \$ 19,791.00 were placed with RONCO to cover presumptive needs for the period July thru September 1993. * All excess supplies in the MCI and IMC warehouses were transported to the MSH warehouse and subsequently absorbed in the MSH inventory. * Kits worth \$ 19,842.00 were issued to MCI Quetta in January 1993. Kits requested by IMC were made ready in early January but IMC did not collect these as scheduled because they had sufficient stock on hand to meet their quarterly needs. * Because of the delay in receiving orders from IMC and MCI, the general supplies order normally scheduled for March 1993 could not be raised on time and is rescheduled for April 1993. * The warehouse issued 48.8 tons of medical and other supplies and assembled 37.8 tons of medical and other supplies into kits and cartons for future shipments.

COMPONENT 1. TRAINING.

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH WORKER TRAINING

Fourteen candidates are undergoing BHW initial training at the Institute of Public Health (IPH) Jalalabad training facility. The session began on January 21 and is expected to graduate on May 15, 1993.

b. MATERNAL & CHILD HEALTH OFFICER (MCHO) TRAINING

The MCHO trainers completed the revision of the MCHO Instructors Manual. Trainees have been recruited for the second MCHO course to be conducted at the IPH in Jalalabad. One female trainer resident of Jalalabad has been employed by the IPH and she is currently participating in the MCHO training program.

c. RURAL HEALTH OFFICER (RHO) TRAINING

All chapters of the RHO manual has been revised. Eleven of the 20 graduated RHOs participated in a seminar (March 1 - 5, 1993) on the role of the RHOs in the development of health services in Afghanistan.

d. PHC & MANAGEMENT TRAINING

TYPE	LOCATION	JAN	FEB	MAR	TOTAL # OF PARTICIPANTS
Management	Jalalabad	12	0	15	27
Management	Kandahar	0	0	10	10

Total		12	0	25	37

e. CONTINUING EDUCATION TRAINING & PRIMARY HEALTH CARE SEMINARS

The IPH trainers involved in BHW Continuing Education Program (CEP) participated in a seminar on BHW CEP teaching methodology and strategy held at the IPH Jalalabad from January 11 to 13, 1993.

Based on recommended strategy, the BHW CEP curriculum was revised.

Eight BHWs underwent CEP training at the Khost training center in March 1993.

f. **COMBINED MIDLEVEL CONTINUING EDUCATION PROGRAM (CMCEP)**

The CMCEP third session began on March 15, 1993 with 20 trainees enrolled. The IPH trainers are participating in CMCEP training with International Medical Corps (IMC) trainers in Jalalabad. The MSH staff members are continuing their participation in core group meetings.

g. **FIELD ASSESSMENTS**

Based on the recommendations of the fact finding missions, IPH leadership established a training center in Kandahar housed in the former nursing school premises. The first team of IPH trainers reached Kandahar city in January 1993. The Afghan staff members of the MSH Training Department on several occasions travelled to the training centers in Jalalabad, Kandahar and Khost training centers to provide technical assistance to the counterparts and were closely involved in the planning, monitoring and supervision of the various training activities in these centers.

h. **BOARD OF MEDICAL CERTIFICATION**

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

2. Unanticipated Activities.

None.

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

None.

4. Work Plan for Next Quarter.

- a. Conduct RHO seminar in IPH Jalalabad.
- b. Close BHW initial training in IPH Jalalabad.
- c. Conduct PHC seminars for the health professional of Eastern Zone in Jalalabad.
- d. Continue BHW CEP training through the regional training centers.
- e. Begin MCHO second session training in IPH Jalalabad.
- f. Continue participation in CMCEP related activities.
- g. Field visit to training centers in Afghanistan.
- h. Develop phase down/phase out plan for training activities in Afghanistan.

COMPONENT 2. HEALTH SERVICES IMPLEMENTATION

1. Completed Project Activities and their Verification Status.

a. BASIC HEALTH POSTS*

Two hundred and ninety nine posts (176 MOPH, 123 RHA) were resupplied during the quarter.

b. BASIC HEALTH CENTERS*

Forty four existing centers (15 MOPH, 29 RHA) were approved for resupply.

CLINICS RESUPPLIED.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1010	HERAT	GOZARAH	2003	JIA	MOPH
1023	WARDAK	SAYED ABAD	0408	HIA	MOPH
1025	NANGARHAR	SORKH ROD	0814	ANLF	MOPH
1052	KUNDUZ	KUNDUZ	1401	JIA	SCNA
1054	LOGAR	BARAKI	0501	HIA	MOPH
1060	NANGARHAR	MOHMAND DARA	0807	HIA	MOPH
1063	GHAZNI	MOQOR	0610	HIA	MOPH
1064	KONAR	BAR KONAR	1007	NIFA	MOPH
1070	PAKTYA	KHOST	0709	IIA	MOPH
1080	KONAR	PECHE	1013	ANLF	MOPH
1083	NANGARHAR	HESARAK	0816	NIFA	MOPH
1085	LOGAR	AZRO	0505	ANLF	MOPH
1099	BAMYAN	BAMYAN	2801	JIA	SCNA
1101	BALKH	NAHRE SHAHI	1601	JIA	SCNA
1102	BALKH	NAHRE SHAHI	1601	JIA	SCNA
1107	NANGARHAR	SHINWAR	0802	IIA	MOPH
1112	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
1114	GHAZNI	MALESTAN	0608	HIM	HCCA
1125	HERAT	GHORYAN	2007	JIA	SSWA
1134	WARDAK	JALREZ	0402	HIM	HCCA
1135	GHAZNI	JAGHORI	0607	HIM	HCCA
1145	FARAH	LASH JAWEEN	2111	JIA	SSWA
1150	KANDAHAR	PANJWAI	2413	IIA	MOPH
1152	BADGHIS	JAWAND	1906	JIA	SSWA
1155	KANDAHAR	KHAKHRAIZ	2407	ANLF	MOPH
1158	SAMANGAN	SAMANGAN	1501	JIA	SCNA
1159	BALKH	DAWLATABAD	1601	JIA	SCNA
1160	PARWAN	SURKH PARSA	0308	HIM	HCCA
1163	BALKH	KESHENDE	1608	JIA	SCNA
1165	BAMYAN	KAHMARD	2803	HIM	HCCA
1173	HERAT	GULRAN	2005	JIA	SSWA

CLINICS RESUPPLIED (CONT'D).

<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
1196	GHAZNI	MALESTAN	0608	NASR	HCCA
1198	FARYAB	DARZAB	1812	JIA	SCNA
1199	FARYAB	KOHISTAN	1807	JIA	SCNA
1206	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
1218	NANGARHAR	DEH BALA	0810	HIK	MOPH
1220	SAMANGAN	SAMANGAN	1501	NASR	HCCA
1223	BALKH	CHAR BOLAK	1610	JIA	SCNA
1234	BALKH	CHARKANT	1605	HIM	HCCA
1240	FARYAB	KOHISTAN	1807	JIA	SCNA
1243	ORUZGAN	DAI KUNDI	2604	NASR	HCAA
1246	BAMYAN	WARAS	2807	HIM	HCCA

c. COMPREHENSIVE HEALTH CENTERS

Fourteen existing facilities (6 MOPH 8 RHA) were resupplied. 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.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
1013	SAMANGAN	SAMANGAN	1501	JIA	SCNA
1067	LAGHMAN	ALISHING	0905	HIA	MOPH
1136	GHAZNI	JAGHORI	0607	HIM	HCCA
1144	GHAZNI	JAGHORI	0607	HIM	HCCA
1153	PAKTYA	SAYED KARAM	0727	IIA	MOPH
1176	BAGHLAN	DAHANA E GHORI	1303	JIA	SCNA
1181	WARDAK	MARKAZE BEHSUD	0406	HIM	HCCA
1187	GHAZNI	GHAZNI	0601	HIM	HCCA
1191	GHAZNI	MALESTAN	0608	NASR	HCCA
1201	GHAZNI	QARABAGH	0609	HIM	HCCA
1209	NANGARHAR	ACHIN	0811	IIA	MOPH
1214	LAGHMAN	DAWLATSHA	0903	HIA	MOPH
1215	NANGARHAR	SHERZAD	0821	HIK	MOPH
1225	NANGARHAR	NAZIYAN	0809	HIK	MOPH

d & e.

HOSPITALS

Four Primary Health Care (PHC) hospitals (1 MOPH, 3 RHA) with upto 20 in-patient beds each were resupplied during the quarter.

PHC HOSPITALS RESUPPLIED.

<u>FACIT #</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
2010	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
2012	GHAZNI	MOQOR	0610	JIA	MOPH
2015	PARWAN	SURKH PARSA	0308	HIM	HCCA
2016	GHAZNI	JAGHATU	0606	HIM	HCCA

f.

ADMINISTRATIVE CENTERS

Nine centers were resupplied.

ADMINISTRATIVE CENTERS RESUPPLIED.

<u>FACIT #</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST. CODE</u>	<u>TANZIM**</u>	<u>ORGANIZATION***</u>
8001	HERAT	ENJEEL	2002	JIA	SSWA
8003	GHAZNI	JAGHATU	0606	HIM	HCCA
8004	WARDAK	BEHSUDE AWAL	0407	HIM	HCCA
8009	BADGHIS	QADES	1905	JIA	SSWA
8012	FARAH	SHINDAND	2103	JIA	SSWA
8021	PAKTYA	KHOST	0709	HIK	HCPP
8022	PAKTEKA	ORGOUN	X709	HIK	HCPP
8023	GHORE	GHORE TAYWARA	2705	JIA	SSWA
8024	PAKTYA	KHOST	0709	HIK	HCPP

* MCH facilities are excluded. For MCH facilities See Component 3. Maternal and Child Health and Health Promotion.

** ANLF = Afghan National Liberation Front (Mojadidi)

HIA = Harakat-e Inqilab-e Islami-e Afghanistan (Mohammadi)

HIK = Hizb-e Islami (Khalis)

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

BASIC AND COMPREHENSIVE HEALTH CENTERS AND HOSPITALS

RHA (143 facilities surveyed)	MOPH (131 facilities surveyed)	
73 (51%)	42 (32%)	were "active" *
15 (10%)	5 (4%)	were "inactive"
21 (15%)	7 (5%)	were "undetermined"
34 (24%)	77 (59%)	were "cancelled"

The above figures do not include 16 Basic and MCH Health Centers and Comprehensive Health Centers (15 RHA, 1 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.

As reported last quarter several resupply operations for the RHAs were delayed. The following factors however did not allow completion of the operations this quarter as well:

- i. Because of Fighting in Kabul, shortage of petrol, and lack of security on the roads, the SCNA health committee could not complete the resupply operation. Only one plane load of supplies could be airlifted after the end of fighting in Kabul. Information received from three depots of the SCNA however indicate that the SCNA managed to maintain the delivery system for BHWs and clinics through sharing kits available in various facilities. To transport supplies still remaining in Peshawar, contact may be made with ARIANA Airlines next quarter to find a regular and reliable method for transporting supplies to northern Afghanistan if the present difficulties persist.
- ii. Because of the normal heavy snowfall during this part of winter, the shifting of supplies from Kakrak (Ghazni) depot of HCCA to Behsud (Wardak) depot of HCCA could not be undertaken. This activity is now planned for Third Quarter of FY-93. It is also planned to send a technical assessment team to the Administrative Center and depot in Kakrak to closely evaluate the performance of the administration and the delivery system.
- iii. Because of fighting in Kandahar and the refusal for several weeks of the Pakistani authorities to issue permits for transporting supplies from Quetta to the Afghanistan border, the shifting of supplies from Quetta to SSWA depots in Farah, Herat, Badghis and Ghor provinces was delayed. During the last week of the quarter, the supplies were shifted to border depot and will be transported to SSWA depots accompanied by the Logistic Officers of the SSWA and MSH monitors.

As requested by the U.S.A.I.D. Health Officer justifications for clinics listed as redundant were to be completed by the end of the quarter. However, after discussion with U.S.A.I.D. Health Officer, the deadline was extended to next quarter because of inaccuracies in the WHO database.

Sustainability:

The ongoing weekly meetings with the RHAs and the Health Services Department of the MOPH are focussing on this issue. From monitoring reports it appears that an increasing number of clinics are charging fees for services, especially in central Afghanistan. The RHAs confirm that they have intimated to the responsables of some of their clinics to charge "fees-for-service" after discussions with the local authorities. The Director of the MOPH/HSD requested the assistance of the MSH Monitoring Unit to issue a letter to each responsible of MOPH clinic asking them to implement a fees for service system. This request was approved and letters were provided to the monitors. A few days later however, the Resident Representative of the Ministry in Peshawar wrote to MSH requesting that these letters not be sent because "considering the fact that an average patient these days is not in a sound financial position, even to be able to pay a small fee, the Ministry decided not to charge any such fees". However, several clinics are charging fees for services provided with the mutual approval of the local authorities and the medical personnel.

4. Work Plan for Next Quarter.

- a. Provide justification for clinics on the redundancy list.
- b. Revise July 1993 - April 1994 workplan.
- c. Revise FY-94 budget.
- d. Begin sending supplies to HCCA depots.
- e. Send SCNA 1992 remaining resupplies.
- f. Process salaries for all RHA facilities after receiving previous financial receipts.
- g. Continue routine resupply of MOPH facilities.
- h. Continue monitoring activities focusing on sustainability information.
- i. Initially supply 13 BHWs to be graduated by IPH in May.

COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION

1. Completed Project Activities and their Verification Status.

Progress made this quarter centered on:

- i. Follow up on the progress of the Volunteer Health Sister (VHS) Program. The MSH MCH Department in association with the MOPH MCH Department conducted a follow up VHS workshop in February for 22 VHS participants 12 of whom were from the seven provinces of Logar, Ghazni, Paktya, Kunar, Nangarhar, Wardak and Takhar. The main purposes of the workshop were:
 - * To assess VHS trainers/supervisors knowledge and skills on the four teaching modules taught during the previous workshops.
 - * To introduce three new teaching modules (safe motherhood, common cold and pneumonia, injury prevention and first aid).
 - * To develop management systems in VHS pilot program.
- ii. In the Tajabad community demonstration site (Pakistan) 36 VHSs have been recruited and trained. A group of eight VHS are currently undergoing training in Tajabad.
- iii. The MSH MCH Department sent Dr. Hasibullah to Kabul in order to visit and technically assess the Naz-o Ana 20 bed Obs/Gyn private hospital facility previously supported by the Afghan Relief Foundation (ARF). The Afghanistan Health Sector Support Project (AHSSP) is going to support this hospital with emergency MCH supplies on a temporary basis.
- iv. Establishment of an additional MCH facility. The MCH program has established a total of 63 MCH facilities to date, 44 of which are currently active.

a. **MCH PROGRAMS: MINISTRY OF PUBLIC HEALTH**

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

- * Taking an active part in VHS workshop, preparing three new teaching modules and conducting the related sessions during this workshop.
- * Completing the first draft of the nine chapters of the VHS manual in Dari.
- * Sending Dr. Dawood and Mr. Haider to western Afghanistan to Kandahar, Helmand, Farah and Herat provinces to contact the female doctors who have been recently repatriated from Iran or have fled from Kabul. They will motivate and encourage the female doctors to establish MCH facilities.
- * Recruiting nine MCHO course candidates from three Eastern provinces of Afghanistan so far. Efforts are underway to increase the number of candidates by April 20, the end date for recruitment and selection process.

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

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Volunteer Health Sisters Trained	*	71
Female Health Worker (Dais) Trained	*	116
Dai Kits Distributed**	3,044	35,453
Inservice Participants		64
MCH Facilities Established	1	27
MCH Facilities Resupplied	4	18
Number of Facilities with Contraceptives	1	10

* Reports on number of VHS & Female Health Workers trained are received periodically rather than on a quarterly basis. For this reason only the totals reported to date are given.

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

New MPH MCH Facilities:

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM***</u>
7067	Wardak	Chake Wardak (0404)	HIA

HIA = Harakat-e Inqilab-e Islami-e Afghanistan (Mohammadi)

b. MCH PROGRAMS: REGIONAL HEALTH ADMINISTRATIONS

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

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Volunteer Health Sisters Trained	*	12
Female Health Workers (Dais) Trained	*	86
MCH Facilities Established	0	35
MCH Facilities Resupplied	0	20
Number of Facilities with Contraceptives	0	26

- * Reports on number of Female Health Workers trained are received periodically rather than on a quarterly basis. For this reason only the totals reported to date are given. Because of travel constraints during the cold winter season, there were only few proposals for new MCH facilities.

Definitions:

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

2. Unanticipated Activities.

Dr. Nooria Siddiqi who was expected to assume the responsibility for managing and developing the MCH program after Mrs. Linda Twafik's departure for the United States, unexpectedly left her job on February 27 and emigrated abroad which negatively affected the MCH Department. To keep the MCH programs up and moving, Dr. Hasibullah was appointed as the Deputy MCH Advisor. He will receive support and advice on the technical management and development of the program through regular communication with Linda Tawfik by telephone and fax.

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

Eight out of 14 VHS sites located in BHCs inside Afghanistan were either listed as redundant or are situated in districts which come under the U.S.A.I.D. ban on assistance. Three clinics have already been cancelled. Justification has been advanced to keep the other clinics working to maintain the VHS pilot program. Unless these justifications are approved or the VHS trainers/supervisors are reassigned to other clinics, the VHS pilot program will be left only six sites.

A new proposal for an MCH clinic in Lal-wa-Sarjangan (2706), Ghor Province, was disapproved as this area is not included in U.S.A.I.D. approved strategy.

An MCH clinic located in Hayatabad (Pakistan), previously supported by ARF was proposed to be supported by the AHSSP. Dr. Shazia of MSH assessed the clinic and submitted the assessment report to U.S.A.I.D. The request was disapproved.

4. Workplan for Next Quarter.

To strengthen the MCH program inside Afghanistan. MCH Regional Health Officers will be assigned in three zones (Northern, Central and Eastern).

- a. Continue development of VHS program:
 - i. Carry out a VHS assessment in VHS pilot sites.
 - ii. Begin translation of the VHS manual chapters completed to date.
 - iii. Finalize Dari and English versions of VHS curriculum (seven modules).
 - iv. Teach three new teaching modules to trained VHS in Tajabad.
 - v. Promote one VHS to VHS supervisor in Tajabad demonstration site.
 - vi. Continue regular supervision/monitoring and resupply of the trained VHS inside Afghanistan as well as in Tajabad demonstration site (Pakistan).
 - vii. Develop questionnaire and select individuals for conducting a baseline survey.
- b. For Dai (Female Health Worker) program:
 - i. Finalize FHW questionnaire checklist and monitoring tool.
 - ii. Assess Dai training program in selected provinces and introduce FHW checklist and monitoring tool.
- c. For MCHO training:
 - i. Approve the selection of MCHO candidates.
 - ii. Finalize the MCHO questionnaires.
 - iii. Assess MCHO program in existing MCHO sites.
- d. Establish seven new MCH facilities.
- e. Resupply RHA MCH facilities.

COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL

1. Completed Project Activities and their Verification Status

a. EPI TRAINING

MOPH

Refresher training is being conducted routinely for all vaccinators returning to Peshawar for resupplies. The PMD is in the process of selecting candidates to be trained as supervisors.

RHA

Refresher training is given to all immunization and cold chain technicians in EPI posts and clinics attached to Vaccine Storage Facilities (VSFs). Supervision issue is being discussed with EPI in-charge of each area health committee. Supervision is part of the daily practice but refresher seminars will be useful. Such seminars are planned for the next quarters, security permitting.

b. IMMUNIZATION CAMPAIGNS AND VACCINE STORAGE FACILITIES

MOPH

Reports were received from the following MOPH teams:

Bar Konar (1007), Kajaki (2306), Kalafgan (1212), Moqur (0610), Herat (2001) VSF, Qarabagh (0609), Maydan Shar (0401), Balkh (1601) VSF, Puli Alam (0506) and Sang Charak (1702).

(See Annex A for details).

Teams operating in Baraki (0501), Khas Konar (1006), Bar Konar (1007), Qarabagh (0609), Moqur (0610), Kalafgan (1212), Kajaki (2306) Dawlatshah (0903), Sarobi (0107), Sarbon Qala (2304) and Dai Chopan (2506) were supplied and fielded. Maydan Shar (0401) and Puli Alam (0506) teams fall under the U.S.A.I.D. mandated ban and were not resupplied.

RHA

SCNA ---- Reports were received from the Balkh VSF covering the following districts: Balkh (1602), Nahre Shahi (1603), Dawlatabad (1606), Sholgera (1607), Keshende (1608), Shortapa (1609), Char Bolak (1610), Chemtal (1611), Kholm (1503) and Mengajek (1712) districts of Balkh, Samangan and Jawzjan provinces.

Drop out rates are high because the present report covers only the first round in several locations.

(See Annex C for details).

SSWA ---- Reports received from the Herat VSF covers the following districts: Zendajan (2011), Enjeel (2002) and Ghoryan (2007).

A delegation of WHO which visited Herat in February met with our cold chain supervisor and appraised his performance and joint efforts with UNICEF.

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

(See Annex B for details).

c. OTHER DISEASE CONTROL ACTIVITIES

Reports received from the Jaghori (0607) T.B. control program center were analyzed and the slides cross checked by MSF/ICD laboratory. During CY-92, 562 patients were examined and only 11 were found BK+. For the same period 23 patients started TB treatment, 12 were transferred form elsewhere to continue their TB treatment and 25 completed their treatment with good result. No patient died or dropped out in spite of the fact that the clinic was moved forcibly out of its previous premises during the fighting between Hizb-e Wahdat and Nahzat.

Partial reports were received from the Mazar-i-Sharif (1601) T.B control program and are being analyzed.

The deputy to the CS/DC Advisor attended the ACBAR meetings on the malaria control program.

d. **OPERATIONS RESEARCH**

Data entry on 28 provinces for the Provincial Health Resources Survey has been completed and customized reports have been prepared for the Health Services Implementation and Maternal and Child Health departments.

Updating facility locations with more accurate information has taken most of the time of the mapping unit. Cross-checking of incomplete or doubtful information is still ongoing. This has also delayed the final review of the redundancy report.

A work group on streamlining data exchange between health implementors was started in January. Presently the Swedish Committee for Afghanistan (SCA) and MSH are finalizing the standard structure and proceedings of data exchange on facilities. Data exchange on health personnel will be tackled next.

Additionally time was spent on:

- active participation in the DAUG (Data on Afghanistan Users Group) under ACBAR umbrella;
- reformatting Project outputs and indicators into the PLM format;
- Project phase out planning.

2. Unanticipated Activities.

None

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

House Hold Survey Analysis has been postponed until after the completion of the phase out plan and redundancy reports.

New clinic to clinic distance report has been delayed. Data gathering from several agencies took more time than expected and more data than expected proved to be inaccurate or incomplete.

4. Work Plan for Next Quarter.

- a. Resupply of the remaining teams of MOPH.
- b. Review of the immunization manual and cold chain manuals.
- c. Resupply of the VSFs.
- d. Training of EPI supervisors and developing supervisory skills.
- e. Taking inventories of the total equipment donated to Afghanistan and the items lying in Peshawar warehouse .
- f. Field visits in coordination with UNICEF to Herat and Mazar-i-Sharif in order to reorganize regional vaccine supply schemes.

COMPONENT 6. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES

1. Completed Project Activities and their Verification Status.

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

USR-0104

Represents a purchase requisition order for Sign Boards for erection at Basic Health Posts, other health facilities and Administrative Centers in Afghanistan, amounting to \$ 5,867.

PMD-0301

Represents a purchase requisition order for PMD drugs amounting to US\$ 13,924.

In all, approximately US\$ 19,791 worth of drugs, and miscellaneous supplies were ordered through Ronco during this quarter.

STOCKS RETURNED FROM MCI & IMC UNDER THE COMBINED KIT SYSTEM (CKS)

During this quarter, all excess supplies from MCI and IMC warehouses were brought back to the MSH Warehouse. These stocks were subsequently absorbed in the MSH inventory.

KIT ISSUES UNDER CKS

Kits worth \$ 19,842 were issued to MCI Quetta in January 1993. Kits requested by IMC were made ready for issue in early January. However, IMC did not collect these kits as scheduled, as they had sufficient stocks on hand to meet first quarter needs.

b. SUMMARY OF WAREHOUSE ACTIVITIES

Assembly:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
January	2175	1311	13.6	1,980,492
February	329	1353	16.7	1,685,369
March	1236	670	7.5	1,048,461

Total	3740	3334	37.8	4,714,322

Issues:

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
January	2014	1873	23.2	2,233,433
February	581	787	10.1	1,119,401
March	1061	1310	15.5	2,017,432

Total	3656	3970	48.8	5,370,266

* 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.

Due to the late receipt of orders from MCI & IMC, the general supplies order normally scheduled for March 1993, could not be raised on time. This order is expected to be completed in April.

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 presumptive needs under CKS, for period July thru September 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 maintained by MSH inside Afghanistan.
- d. Arrange for the assembly and transportation of ready kits to MCI Quetta, and arrange for shipment of all items that are to be returned from MCI warehouse to MSH warehouse.

April 21, 1993

ACTUAL EXPENDITURE BY QUARTER JANUARY 1, 1992 TO MARCH, 1993

	MARCH 31 1992 ACTUAL	JUNE 31 1992 ACTUALS	SEPT 30 1992 ACTUAL	DEC 31 1992 ACTUALS	MARCH 31 1993 ESTIMATES	MARCH 31 1993 ACTUALS	VARIANCE	JUNE 30 1993 BUDGET
TECHNICAL ASSISTANCE	\$390,088	\$990,112	\$679,764	\$178,507	\$395,500	\$484,006	\$88,506	\$395,500
LOGISTICS	\$63,314	\$63,043	\$56,913	\$73,163	\$75,000	\$35,546	(\$39,454)	\$75,000
PROGRAM								
Training	\$77,950	\$96,277	\$105,965	\$45,128	\$28,050	\$32,115	\$4,065	\$81,266
Fielded BHWs	\$409,493	\$435,556	\$217,969	\$165,177	\$40,560	\$42,359	\$1,699	\$209,838
Clinics	\$293,950	\$297,074	\$159,326	\$130,306	\$71,616	\$110,422	\$38,806	\$139,837
Small Hospitals	\$60,879	\$153,566	\$97,418	\$56,451	\$65,134	\$19,036	(\$46,098)	\$105,684
Area Hospital	\$5,959	\$45,343	\$21,422	\$16,230	\$18,500	\$18,984	\$384	\$16,294
Program Administration	\$86,867	\$82,632	\$44,537	\$32,920	\$25,880	\$35,981	\$10,101	\$48,232
Warehouse	\$44,973	\$124,519	\$82,060	\$61,212	\$5,703	\$3,321	(\$2,382)	\$65,930
Training Center	\$77,676	\$94,135	\$22,007	\$22,934	\$62,842	\$35,652	(\$27,190)	\$32,225
Preventive Medicine	\$428,205	\$636,307	\$79,492	\$114,071	\$82,961	\$75,284	(\$7,677)	\$195,851
Women's Program	\$49,530	\$110,492	\$33,166	\$43,349	\$25,329	\$24,848	(\$481)	\$89,629
Monitoring	\$82,258	\$180,651	\$92,721	\$87,587	\$47,567	\$56,072	\$8,505	\$49,532
Health Services Development	\$69,657	\$99,173	\$41,634	\$23,435	\$34,873	\$36,995	\$2,122	\$29,990
Emergency Medical Relief		\$6,022	\$31,563		\$2,155	\$4,305	\$2,150	
Contingencies								
Mercy Corps International(MCI)	\$96,520	\$38,570	\$95,573	\$31,024	\$34,142	\$33,929	(\$213)	\$85,445
International Medical Corps(IMC)	\$136,900	\$78,547	\$288,433	\$24,157	\$0	\$6	\$6	\$87,372
Afghan Trauma Center	\$51,169	\$59,824	\$68,295	\$2,053	\$156	\$158	\$2	
60 Bed Hospital	\$38,726	\$45,663	\$54,103	\$123				
Polyclinic	\$21,811	\$21,397	\$51,602					
Health Care Financing								
Sub-total	\$2,034,523	\$2,605,808	\$1,587,786	\$856,157	\$545,668	\$529,467	(\$16,201)	\$1,237,125
Grand Total	\$2,487,925	\$3,658,963	\$2,324,463	\$1,107,827	\$1,016,168	\$1,049,019	\$32,851	\$1,707,625

ANNEX A

SUMMARY OF MOPH IMMUNIZATION RESULTS

Bar Konar (1007) Team

Coverage of Planned Target Population:

BCG	149%
Measles	106%
DPTP1	157%
DPTP2	81%
DPTP3	24%
TT1	126%
TT2	81%
TT3	74%

Wastage Rate:

BCG	28%
Measles	25%
DPTP	25%
TT	34%

Drop Out Rate:

Over all	30%
DPTP1-2	42%
DPTP1-3	51%
TT (1-2)	36%
TT (2-3)	9%

Kajaki (2306) Team

Coverage of Planned Target Population:

BCG	182%
Measles	137%
DPTP1	66%
DPTP2	130%
DPTP3	180%
TT1	62%
TT2	196%
TT3	164%

Wastage Rate:

BCG	25%
Measles	14%
DPTP	22%
TT	12%

Drop Out Rate:

Over all	24%
DPTP1-2	(-96)%
DPTP1-3	(-171)%
TT1-2	(-216)%
TT2-3	17%

Kalafgan (1212) Team

Coverage of Planned Target Population:

BCG	122%
Measles	104%
DPTP1	84%
DPTP2	184%
DPTP3	14%
TT1	101%
TT2	142%
TT3	21%

Wastage Rate:.

BCG	35%
Measles	22%
DPTP	21%
TT	21%

Drop Out Rate:

Over all	21%
DPTP1-2	87%
DPTP1-3	(-62)%
TT1-2	-40%
TT2-3	85%

Moqur (0610) Team

Coverage of target population:

BCG	160%
Measles	129%
DPTP1	99%
DPTP2	207%
TT1	77%
TT2	136%

Wastage Rate:

BCG	35%
Measles	20%
DPTP	24%
TT	20%

Drop Out Rate:

Over all	19%
DPTP1-2	(-1%)

Qarabagh (0609) Team

Coverage of Planned Target Population:

BCG	96%
Measles	103%
DPTP1	117%
DPTP2	75%
DPTP3	63%
TT1	68%
TT2	66%
TT3	21%

Wastage Rate:

BCG	33%
Measles	21%
DPTP	21%
TT	24%

Drop Out Rate:

Over all	-0%
DPTP1-2	37%
DPTP1-3	46%
TT1-2	0.02%
TT2-3	68%

Maydan Shar (0401) Team

Coverage of Planned Target Population:

BCG	169%
Measeles	120%
DPTP1	114%
DPTP2	86%
DPTP3	166%
TT1	192%
TT2	85%

Wastage Rate:

BCG	30%
Measles	25%
DPTP	18%
TT	31%

Drop Out Rate:

Over all	(29%)
DPTP1-2	25%
DPTP1-3	(-45%)
TT1-2	56%

Puli Alam (0506) Team

Coverage of Planned Target Population:

BCG	143%
DPTP1	100%
DPTP2	88%
DPTP3	80%
Measles	104%
TT1	201%
TT2	118%

Wastage Rate:

BCG	34%
Measles	11%
DPTP	30%
TT	31%

Drop Out Rate:

Over all	28%
TT1-2	42%
DPTP1-2	14%
DPTP1-3	14%

Sang Charak (1702) Team

Coverage of Planned Target Population:

BCG	110%
Measles	68%
DPTP1	114%
DPTP2	113%
TT1	113%
TT2	115%

Wastage Rate:

BCG	29%
Measles	23%%
DPTP	21%
TT	26%

Drop Out Rate:

Over all	26%
DPTP1-2	0%
TT1-2	0%



ANNEX B

SUMMARY OF SSWA IMMUNIZATION RESULTS

Herat (2001) VSF

Coverage of Planned Target Population

BCG	106%
Measles	67%
DPTP1	100%
DPTP2	90%
DPTP3	72%

Wastage Rate:

BCG	35%
Measles	25%
DPTP	18%
TT	52%

Drop Out Rate:

Over all	23%
DPTP1-2	12%
DPTP1-3	25%
TT1-2	35%

ANNEX C

SUMMARY OF SCNA IMMUNIZATION RESULTS

Balkh (1601) VSF

Coverage of Planned Target Population:

BCG	62%
Measles	50%
DPTP1	63%
DPTP2	21%
DPTP3	6%

Wastage Rate:

BCG	60%
Measles	32%
DPTP	5%
TT	30%

Drop Out Rate:

DPTP1-2	68%
DPTP1-3	88%
Over all	11%
TT1-2	78%
TT2-3	61%

The above report is incomplete because the activity is ongoing and the VSF has not exhausted all its vaccines.

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