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FINAL NARRATIVE REPORT
TO THE AFGHAN FIELD OFFICE
MEDICAL PVO CO-FINANCING PROGRAM

International Rescue Committee⁶⁰
Cooperative Agreement # 306-0201-A-9826-00

Reporting Period: July 13, 1989 - April 30, 1994

FINAL NARRATIVE REPORT

MEDICAL PVO CO-FINANCING PROGRAM

I. INTRODUCTION

IRC's USAID-funded Medical Co-Financing Program began in 1989 with a budget of \$1,135,000 to provide funds to NGOs implementing health projects for Afghan refugees and war affected persons. Since that time the cumulative budget rose to \$3,718,000. Historically, IRC provided funds for both Pakistan and Afghanistan-based projects in support of curative services, training for mid-level health workers, and rehabilitation programs for the disabled.

On January 1, 1993, IRC and USAID signed a new cooperative agreement for the Medical PVO Co-Financing Program. The terms of the new agreement represented a shift away from the old strategy of supporting medical services to refugees in Pakistan and clinical training for health workers. Under the new agreement, IRC/USAID provided support to public health projects in urban areas of Afghanistan. Priority was given to Afghan NGOs and to the following types of projects:

- 1) primary and preventive health projects that improve and protect the health of women and children;
- 2) public health projects such as sanitation and health education/training that serve Afghan communities, particularly those affected by refugees or repatriations.

Notably, all of the subgrantees which were awarded funds after the amended 1993 agreement were Afghan NGOs working in Afghanistan. This reflected a new strategy to support only cross-border activities and to work more closely with Afghan organizations instead of their international counterparts. At the same time, IRC staff began working with 18 NGOs to develop proposals for projects in the areas of maternal and child health, sanitation and drinking water.

In May 1993, USAID decided to suspend all funding for new subgrant activities due to an internal shift in USAID policy. USAID agreed to allow the three existing subgrantees to complete their activities according to the original implementation schedule. This development caused some difficulties for IRC since several NGO concept papers had already been approved by USAID and these NGOs had invested a considerable amount of time in developing project proposals. IRC was subsequently able to secure funding for two of the proposals (Coordination for Afghan Relief and Coordination of Humanitarian Assistance) from another donor.

Per USAID's request, IRC submitted a phase-out plan for the Medical PVO Co-Financing Program on August 5, 1993. The plan was approved by USAID on January 6, 1994, and the IRC/USAID cooperative agreement terminated, according to schedule on April 30, 1994.

Table 1

SUMMARY OF SUBGRANTS AWARDED BETWEEN 1989-94				
Name of Agency	Project Location	Project Type	Project Duration	Total Amount of Award
Afghan Obstetrics & Gynecology Hospital (AOGH)	Peshawar, Pakistan	Obstetric, gynecological and pediatric inpatient and outpatient services	06/01/89-02/28/93	\$ 425,876
Medical Refresher Course for Afghans (MRCA)	Hayatabad, Pakistan	Specialized advanced medical courses for mid-level health workers	01/07/89-06/30/92	\$213,716
Medical Training for Afghans (MTA)	Hayatabad, Pakistan	One year training for mid-level health workers	01/07/89-09/30/92	\$286,474
German Afghanistan Committee (GAC)	Chak-e Wardak, Afghanistan	Hospital clinical services for men, women and children	01/07/89-6/30/1992	\$1,340,471
Psychiatric Center for Afghanistan	Peshawar, Pakistan	Psychiatric and medical outpatient assistance	01/07/89-30/06/92	\$55,000
Afghan Women's Resource Center (AWRC)	Peshawar, Pakistan	Training illiterate Afghan women in literacy, knitting and health	01/11/91-30/01/91	\$100,000
Coordination of Medical Committees (CMC)	Wardak, Ghazni, Parwan, Afghanistan	Health system planning and implementation	01/07/90-31/12-91	\$39,222
Handicap International (HI)	Quetta, Pakistan	Training technicians in construction of prosthetic devices	09/01/90-02/08/93	\$389,518
Sandy Gall's Afgh. Appeal	Hayatabad, Peshawar	Physiotherapy, prosthetic rehabilitation workshops	01/03/91-30/06/91	\$41,000
Aide Medicale International for Afghanistan (AMI)	Baraki Barak and Charikh districts, Afghanistan	Health survey/training of local male and female health workers	07/15/89-02/28/93	\$7,269
Islamic Aid Health Center (IAHC)	Spendai, Ghazni Afghanistan	Construction and fitting of prosthetic devices	01/01/93-12/31/93	\$14,449
Afghan Amputee Bicyclists for Recreation and Rehabilitation (AABRAR)	Jalalabad, Ningarhar Afghanistan	Rehabilitative cycle training and education for amputees	03/05/93-06/05/93	\$16,033
Mujahid Emergency Medical Center (MMC)	Jalalabad, Ningarhar Afghanistan	Maternal and child clinical services and home visiting	03/15/93-01/31/94	\$23,952

¹The total amount of \$3,718,000, awarded to the projects between 1986-1994, does not include IRC administration costs (\$394,528), additional activities (\$352,491) and evaluation costs (\$40,000).

II. ACTIVITIES OF SUBGRANTEES

By January 31, 1994, all IRC/USAID subgrants were closed. Although IRC/USAID support for AMIA, HI, AOGH, IAHC, and AABRAR has ended, each of these NGOs continue to provide services with financial assistance from other donors.

A. Mujahid Emergency Medical Center (MMC)

The MMC is an Afghan NGO originally founded in 1989 to provide emergency first-aid and surgical services to wounded Mujahideen in the Jalalabad area of Ningarhar province and the suburbs surrounding Kabul. MMC eventually established a multi-purpose clinic in Jalalabad which included an MCH component staffed by two female doctors and four female health workers. In March 1993, MMC received a grant from IRC/USAID to launch a home visiting/health education program for women. Twice a week female staff visit women in the home to pass on basic health messages such as hygiene and nutrition and also attempt to persuade families to utilize the services available at the MMC clinic.

The area adjacent to Jalalabad City known as "Qasaba" was selected as the target area for home visiting. Approximately 2,000 families are living in this area. The population in this area tends to live in extended family groupings. Generally, two to five families reside in one compound. During a "typical" home visit the MMC team meets with eight to 15 family members at a time.

The initial community response to the visits has been positive. While MMC has not encountered any resistance, visiting was temporarily suspended in late October following the assassination of Commander Shamali. Teams typically conduct home visits two days a week. Female and pediatric patients continue to receive clinical services in the OPD four days a week. Two OPD sessions per week have been set aside to provide follow-up services to patients referred during home visits. Crowded conditions and the lack of space at the MMC clinic remain a serious problem.

B. Islamic Aid Health Center (IAHC)

IAHC's subgrant ended on December 31, 1993. IAHC is an Afghan NGO founded in 1981. In September 1990, IAHC formed a partnership with Handicap International to establish a prostheses rehabilitation project for amputees with funds from IRC/USAID. The long-term goal of this project was to establish independent rehabilitation units in Afghanistan that could produce and fit amputees with prosthetic devices. IRC/USAID funds were provided directly to HI who in turn provided funds to its implementing partner IAHC. HI provided technical training in the manufacture and fitting of prosthetic devices at the HI training center in Quetta. IAHC, as one of the HI implementing partners in Afghanistan, introduced the technicians for training, constructed the rehabilitation unit in Spendai, Ghazni and oversaw the supply of the rehabilitation unit with tools and equipment. When the original grant expired in August 31,

1992, IAHC applied directly to IRC for funds to continue the operation of the rehabilitation unit in Spendai, Ghazni. On January 1, 1993, IAHC was awarded a twelve month grant to continue manufacturing prosthetic devices and provide consultation services to disabled patients at their rehabilitation unit in Spendai.

C. Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR)

AABRAR was awarded a four month grant, which ended July 7, 1993. AABRAR is a relatively new Afghan NGO founded in August 1992 to provide services to the disabled. Using funds from private sources, AABRAR established a rehabilitation center in Jalalabad, Ningarhar. The program provides rehabilitative cycle training to unilateral lower limb amputees as well as physical therapy services to disabled men, women, and children. The center is staffed by 25 Afghans (half of whom are disabled). Physical therapy sessions are offered on an outpatient basis six days per week by a male and female physical therapist. Each month, 20 amputees are selected to attend a 30 day training course in rehabilitative cycling. The purpose of the training is to increase the mobility of amputees so they can begin leading more independent, productive lives. Providing the disabled with a reliable, economical mode of transportation enables them to pursue a wider range of job opportunities and carry out routine survival activities like shopping in the bazaar. During the training, participants are housed at the AABRAR center and also receive literacy, numeracy, and personal first aid instruction. Upon graduation, each participant is awarded a bicycle.

D. Handicap International (HI)

HI's grant expired on February 28, 1993. This date marked the end of two and a half years of funding from IRC/USAID. The purpose of the project was to establish four prosthetic rehabilitation centers in Afghanistan and to train a corps of technicians to staff these centers. During the project, HI trained 24 technicians in the manufacture of crutches, above-knee (AK) and below-knee (BK) prostheses. Four supervisors received training in the administrative management of an orthopaedic workshop. Working together with the implementing partners, Mercy Corps International (MCI) and the Islamic Aid Health Center (IAHC), three prosthetic centers were successfully established and continue to serve disabled patients. The centers are located in Nakhouni village, Punjwai district, Kandahar province; Dara village, Baghran district, Helmand province; and Spendai village, Ghazni district, Ghazni province. HI continues to provide technical support and training to the workshops with funding from other sources.

E. Afghan Obstetric and Gynecology Hospital (AOGH)

IRC/USAID funding for the AOGH ended on February 28, 1993. This date marked the end of nearly three years of support to the hospital. Since 1984, the AOGH had been providing a range of services including immunizations, pediatric care, surgical and diagnostic facilities, pre/postnatal care, and health education to refugee women and children in Peshawar. The 24-

bed Peshawar-based hospital provided services to an average of 2,000 outpatients and 500 inpatients per month. IRC/USAID support for the hospital began in 1989.

In July, 1992 the AOGH made the decision to phase out the Peshawar hospital and relocate to Ningarhar Province in Afghanistan. With support from the Norwegian Church Aid/Refugee Council the new Afghanistan-based OPD clinic opened in January, 1993. In February 1993, the Peshawar-based AOGH closed its doors.

Over the course of the four year period that AOGH received funding from IRC/USAID, IRC completed two audits and conducted a partial audit of AOGH's financial records. The two completed audits were conducted in March 1991, and March 1992, respectively. The final close-out audit was begun in March 1993 (one week after the AOGH grant closed). For various reasons, due in part to AOGH's unwillingness to provide access to requested documents, this audit remains pending.

After seven months of failed attempts to communicate with AOGH staff and obtain access to financial documents that would enable IRC to complete the close-out audit, IRC decided to hire an external auditing firm to complete the audit. In November 1993, IRC wrote to AOGH requesting their cooperation in arranging an external audit through the services of M/s A.F. Ferguson & Company. AOGH sent a written reply stating that they would not be willing to comply with the request and felt it was inappropriate to conduct an audit. IRC had no option but to close the grant with financial issues pending. Subsequently IRC met with AOGH's largest donor NRC/NCA to inform them about the situation. Following this meeting, the AOGH director contacted IRC and has agreed to cooperate with the IRC external audit. At the time of this writing, the AOGH agreed to cooperate with the IRC audits and provided the requested documents. The special review is still in progress and is expected to be finished by the end of May 1994.

E. Aide Medicale Internationale Afghanistan (AMIA)

AMIA was awarded a six month grant from July 15, 1992 to January 15, 1993 to conduct public health development activities in Baraki Barak and Charkh districts of Logar Province. AMIA has been working in Logar Province since 1989. The long term goal of this organization is to work with the MOPH and local authorities to establish a provincial health care system based on the WHO "Masterplan for Rehabilitation and Reconstruction". The short-term grant provided by IRC was intended to assist AMIA in laying the groundwork for on-going training and public health development activities. The major objectives of the project were to: 1) determine the baseline of existing health resources in the area by conducting a survey of clinics and evaluating the skills of health care workers, 2) improve the quality of services in Baraki Barak and Charkh by training 25 health workers in public health and outreach strategies, 3) improve the quality of available health services for women in Baraki by identifying, evaluating, and retraining 8 *dais* previously trained by AMIA and other organizations, 4) increase access to health care for women and reduce maternal and infant mortality by identifying and training community women as *dais*, and 5) strengthen the sustainability of the health care system for women in Baraki

Barak by identifying and training a local female with health experience as a female trainer who will supervise the work of *dais*.

During 1992, AMIA sent two physicians (one female expatriate and one male Afghan) to the project site. The female physician was assigned for a three month period to promote women's health activities. The male physician remained on-site throughout the duration of the project and had primary responsibility for the clinic survey, evaluation of health worker skills, and follow-up training. All of the field activities were completed by mid-November. The last month of the grant period was used to compile survey results and prepare the final reports.

Activities completed in the area of women's health include the following: eight community women from the village of Pande, who had previously received training as *dais*, were stationed in the field. Following an evaluation of their skills, a six-week refresher course was conducted for the group. Nine women from the neighboring village of Kalai Mamai were also selected to participate in this training. Of the 17 women who received training, 15 successfully completed the course and were given *dai* kits. One educated woman who had previously received training from MSH to become a health trainer was also assigned to the fields. Following an evaluation of her skills, a recommendation was made that she should receive refresher training in complicated deliveries. The AMIA physician began providing these services in response to community requests). One Afghan woman was identified as a potential supervisor/trainer for *dais* and female community workers. Unfortunately, family obligations prevented this woman from participating in the project. Future training is contingent on AMIA's ability to locate another female physician for a short-term assignment.

Activities completed in the area of public health development include a survey of 21 health facilities in Baraki Barak and Charkh. The health facilities are supported by MSH, SCA, and IMC and include 16 clinics, two MCH clinics and three BHW posts. At each clinic, information was collected on: 1) the type and condition of existing equipment, 2) geographic parameters of the catchment area, 3) number of staff actively working, 4) data on pathologies diagnosed, 5) demographic characteristics of patients. An evaluation of the clinical skills of 107 workers was completed. Information was collected using survey questionnaires and through direct observation. Based on this evaluation, a community health education course was organized. Two six-week training sessions were conducted for a total of 20 male health workers in Baraki Barak.

Although IRC funding for the project has ended, AMIA will continue its activities in Baraki Barak and Charkh. The clinic survey provides an invaluable source of up-to-date, detailed information about area health resources and common community health problems. AMIA plans to share this information with MSH, SCA, IMC and MOPH health officials. It is hoped that this information will be used to plan for the future rehabilitation and strengthening of the health care system in Baraki Barak and Charkh.

G. Medical Refresher Course for Afghans (MRCA)

MRCA's medical training program began in 1986. The program was designed to upgrade the technical skills of health professionals in various medical specialties including: surgery, x-ray, anaesthesia, dressing care, and dentistry. Students are selected from the pool of mid-level health workers already employed by NGOs implementing health activities in Afghanistan. Training takes place via practical and theoretical sessions in MRCA's 40 bed hospital for Afghan refugees at the Integrated Training Complex (ITC), in Hayatabad. Sessions typically last two to ten weeks. Students receive intensive instruction on an individualized basis or in small groups of two to five trainees.

IRC funding for MRCA began in 1989. MRCA's final subgrant expired September 30, 1992. The total amount awarded during this period was U.S.\$ 213,716. Although IRC's support for the project has ended, MRCA plans to continue both training and curative activities and examine the feasibility of moving across the border to Afghanistan.

In 1992, MRCA conducted a total of 102 specialized trainings over nine months. Twenty four specialized courses were offered during this period. The following international organizations sent participants to MRCA trainings: Medical Training for Afghans (MTA), Management Sciences for Health (MSH), Swedish Committee for Afghanistan (SCA), German Afghanistan Committee (GAC), Norwegian Afghanistan Committee (NAC), and SERVE.

H. German Afghanistan Committee (GAC)

GAC was founded in 1984 to provide humanitarian aid and medical relief in Afghanistan. GAC received its first USAID subgrants through the Americares Foundation in 1986. Beginning in 1989, GAC received funding directly through the IRC Medical Grant Program. In 1992, GAC operated a hospital in Chak, Wardak. The hospital provided the following services: OPD, laboratory, x-ray, pharmacy, minor surgery, and dental care.

GAC's grant expired June 3, 1992. The close-out audit of GAC was finalized in the first quarter of 1993. Between 1989 and 1992, GAC received a total of U.S.\$ 1,350,000. Following the final audit, GAC refunded U.S.\$ 9,528.72 to IRC/USAID. GAC's future funding will probably come through the EC and the German government.

I. Psychiatry Center for Afghans (PCA)

PCA was founded in 1986 by an Afghan psychiatrist to provide psychiatric services to Afghan refugees traumatized by the war and to generate information concerning their psychological problems. It is one of two psychiatric facilities for Afghans in Peshawar.

The Founder of PCA fled Pakistan in 1990 after receiving threats on his life. He has returned once since that time for a period of three weeks. He remains the nominal director of the Center

and tried to supervise activities from Germany where he now resides. There is currently no psychologist on staff and patients are seen by physicians.

PCA's grant expired on June 30, 1992. Between 1989 and 1992, PCA has received subgrants totalling U.S.\$ 54,408 from IRC.

J. Coordination of Medical Committees (CMC)

CMC was funded in 1986. Membership was made up of six health organizations which had begun to coordinate their activities and share their information and resources. The group's first effort was to develop a standardized drug list for clinic use inside Afghanistan. In 1987, CMC requested funding from USAID to support the costs of a medical and administrative director responsible for carrying out coordination activities. Through the Medical PVO Co-Financing Program, funds for these costs were provided while other administrative costs were supported by member organization dues.

During its two years of USAID funding, CMC experienced a great deal of institutional confusion due to high staff turnover and trouble coordinating among the member organizations. Some of the promised tasks were not accomplished. However, the need for coordination remained apparent, especially as the number of members grew to 14 health organizations. USAID funding from July 1990 through December 1991 grant period was made contingent upon a Scope of Work with specific outputs required. CMC received USAID grants totalling \$39,222 via the Medical PVO Co-Financing Program.

CMC membership began to drop in early 1991. Some departing members ceased activities, others chose to belong to other organizations and others expressed weariness with sometimes fruitless efforts to coordinate. By September 1991, six organizations remained with CMC. In October, these members decided that CMC was no longer an effective organization and voted to cease operations as of December 31, 1991. Assisted by IRC, CMC developed close-out procedures to return funds to member organizations and IRC, and to donate physical assets to health organizations with activities inside Afghanistan. CMC's database was donated to WHO to assist in its development of a health information system, and most written materials were provided to the ACBAR Resource Information Center (ARIC).

CMC's accomplishments include the following: a standardized therapeutic field manual in Dari, Pashto, and English, a standard form for reporting pathology, definitions of health worker levels, standardized equipment and medication supply lists for cross-border health workers, collection and analysis of medical data on over 300,000 patients visits to member PVO clinics inside Afghanistan leading to statistics on disease prevalence, mapping and monitoring of clinics inside Afghanistan, and training of monitors and evaluation of 98 basic and advanced health workers at 42 clinics inside Afghanistan.

K. Afghan Women's Resource Center (AWRC)

In February 1990, USAID provided a one-year grant totalling \$100,000 to AWRC through the Medical PVO Co-Financing Program. This one-time assistance was provided to facilitate the development of a center opened in the fall of 1989 to teach literacy, knitting, and health education to Afghan women.

During its year of Medical PVO Co-Financing Program funding, AWRC graduated 226 women from its Peshawar program, registered 248 women in its employment exchange, assisted 37 women to locate jobs, and initiated a program in Akora Khattak refugee camp.

L. Sandy Gall's Afghanistan Appeal (SGAA)

SGAA was formed in 1986 to provide services for Afghan refugees suffering from physical disabilities. It began training orthopedic technicians and started a physiotherapy technician training program in 1988. Technicians trained through the program work in the Pakistan Red Crescent Society's (PRC) Center for Disabled Refugees in Peshawar and in 12 BHUs in refugee camps. Orthopedic technicians trained by SGAA have been employed in either SGAA's orthopedic workshop or in two independent orthopedic workshops funded by WHO. Beneficiaries include upper and lower limb amputees, the young disabled, victims of fractures and burns, and children suffering from polio, cerebral palsy, tuberculosis, spina bifida, meningitis, orthopedic problems and slow development. Patients total about 150 monthly at the SGAA center in Hayatabad and about 900 patients monthly at the PRC center in Peshawar and in refugee camps.

In 1991, SGAA approached USAID for funding to cover its March to June costs. Through the Medical PVO Co-Financing Program, USAID provided a grant totalling \$41,000 for that period.

M. Medical Training for Afghans (MTA)

Since 1986, MTA has trained small groups of students from under-served areas of Afghanistan to be advanced health workers. Between 1986 and January 1, 1992, 88 "assistant doctors" have graduated from the course. The 16-month training program is implemented by the French organization Aide Medicale Internationale Afghanistan (AMIA) based in Peshawar. Practical and theoretical training sessions take place in the 25 bed MTA hospital for Afghan refugees located at the Integrated Training Center (ITC) complex in Hayatabad. Courses cover a wide range of topics such as ophthalmology, dentistry, pediatrics, and public health. Students gain clinical practice during consultations at the hospital and in refugee camps. Upon completion of their training, graduates are provided with medications and medical supplies to last them several months. The majority return to their home provinces in Afghanistan to work in PVO-supported clinics.

IRC/USAID support for the project began in 1989. MTA's final grant expired September 30,

1992. During this period, MTA received a total of U.S.\$286,474. Although IRC funding for the project has ended, MTA's training program will continue at the ITC site in Hayatabad. Given the current instability in Afghanistan and the uncertainty of future donor support, MTA has not yet decided whether they will relocate to Afghanistan and continue the program once the current class has graduated.

During 1992, MTA continued training of the seventh promotion class and opened a small clinic in the Azrat-e-Belal refugee camp on the outskirts of Peshawar. MTA also provided emergency medical assistance to refugees fleeing severe fighting in Kabul in early September 1992.

III. SUMMARY OF IRC GRANT ADMINISTRATION AND OVERSIGHT ACTIVITIES

A. Project Accomplishments:

See Appendix I, Table 1

IV. SUSTAINABILITY

Although USAID assistance has ended, IRC will continue its NGO donor program in 1994 with financial support from several new donors. IRC's Rural Assistance Program (RAP) recently secured a two year grant from the European Community as well as assistance from UNHCR and Stichting Vluchteling. During 1994, IRC/RAP will provide financial assistance to Afghan NGOs implementing rehabilitation projects in Afghanistan in several project sectors including vocational training, agriculture, rural rehabilitation, public health and formal education.

V. RECOMMENDATIONS

1. NGO's should continue to assume management of public health facilities until such time as the government can take over responsibility.
2. NGO's operating "private clinics" should charge fees to ensure sustainability and establish referral relationships with government facilities. In this way, they can operate as part of a health system rather than competing with public health facilities. MMC is an example. Although they have not been able to charge fees they have a strong referral relationship with the public hospital in Jalalabad.

3. NGO's can play an important role in public health outreach activities in areas where they have a strong community base. Examples are MMC's home visiting program for women in Jalalabad and CoAR and CHA who are paying the salaries of local staff to be trained as mobile vaccinators by AVICEN.
4. NGO's with experience planning and delivering health care in the refugee camps must begin to conduct training for government health workers. Topics could include vaccination/immunization campaigns, health education and setting up MCH programs.
5. Primary and preventive health services, especially for women and children, should be the priority in the future.

PURPOSE LEVEL INDICATORS²

PURPOSE LEVEL INDICATORS	1986 to 1992	FY 1993	Cumulative to April 1994
1. Afghan Obstetrics and Gynecological Hospital (AOGII)			
a) # Outpatients	41,843	5,948	47,791
b) # In-Patients	10,326	1,442	11,768
c) # Children immunized	11,093	3,698	14,791
d) # Women received TT-immunization	2,939	980	3,919
2. Islamic Aid Health Center (IAHC)			
a) # Technicians trained in manufacture of crutches, above knee and below knee prosthetic devices	--	NA	NA
b) # Supervisors trained in administrative management of orthopaedic workshop	--	NA	NA
c) # Total new patients registered in orthopaedic rehabilitation units	--	142	142
d) # New female patients registered in orthopaedic rehabilitation units	--	9	9
e) # New male patients registered in orthopaedic rehabilitation units	--	NA	NA
f) # Prosthetic devices manufactured	--	NA	NA
g) # Crutches manufactured	--	30	30
3. Mujahid Emergency Medical Center (MMC)			
a) # Women receiving health education at home	--	2,267	2,267
b) # Women receiving clinical services	--	9,100	9,100
c) # Children receiving clinic services	--	10,632	10,632
d) # Vaccinations to women	--	3,863	3,863
e) # Vaccinations to children	--	3,664	3,664
f) # Families receiving health education at home	--	813	813
4. Afghan Amputee Bicyclists for Rehabilitation and Recreation (AABRAR)			
a) # Amputees completed cycle rehab training	--	118	118
b) # Home visits made to patients	--	75	75
c) # Women receiving clinical services	--	161	161
d) # Vaccinations to women	--	84	84
e) # Vaccinations to children	--	155	155
f) # Families receiving health education at home	--	322	322
5. Aide Medicale Internationale Afghanistan (AMIA)			
a) # Dais/female health educators trained	NA	NA	17
b) # Clinics assessed	NA	NA	21
c) # Health workers, whose skills were evaluated	NA	NA	107
d) # Community health workers trained	NA	NA	20
6. Handicap International (HI)			
a) # Technicians trained in manufacture of crutches, above knee and below knee prosthetic devices.	NA	NA	24
b) # Supervisors trained in administrative management of orthopaedic rehabilitation units	NA	NA	4
c) # Total new patients registered in orthopaedic units	NA	NA	611
d) # New female patients registered in orthopaedic rehabilitation units	NA	NA	57
e) # New male patients registered in orthopaedic rehabilitation units	NA	NA	57
f) # Prosthetic devices manufactured	NA	NA	554
g) # Crutches manufactured	NA	NA	90
	NA	NA	465

²The 'Purpose Level Monitoring System' was established by the USAID in 1993. Since seven out of the 13 PVO Co-Financing projects completed before 1993, the table covers those projects that were monitored from 1993 up to 1994.