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REPORT OF

AID/W HEALTH/FAMILY PLANNING TEAM

November 4-10, 1974

Kabul, Afghanistan

November 10, 1974

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Purpose of Visit

The agreed purpose of the Team visit was to conduct an overall review of the Government of Afghanistan's (GOA) health/family planning sector with a view towards assessing, and as appropriate suggesting modifications to the USAID's FY 75/76 proposals for (1) expanding Afghanistan's Basic Health Centers program, (2) expanding the Afghan Family Guidance Association (AFGA) Clinic efforts, and (3) designing low-cost health delivery systems. The Team would also consider other areas/activities/programs which might make a significant contribution towards expanding health/family planning services.

In the conduct of the review, it was agreed that careful consideration would be given to:

(1) Confirming GOA willingness, intentions and financial/manpower capability to sustain any proposed activities in the future to assure the long-run viability of the proposed health delivery systems;

(2) Identifying the most feasible strategy for proceeding by (a) exploring ways/means to expand health/family planning coverage to the maximum extent possible and (b) outlining various alternatives/options;

(3) Determining the relative priority of the various alternatives/options; and

(4) Defining a course of action for the Mission to proceed with required project documentation, in order to meet GOA and AID/W planning deadlines for FY 75 and 76.

The Team visited Kabul from November 4 through 10, 1974. Discussions were held with the Minister of Public Health and his senior staff; the AFGA; other concerned donors including WHO, UNICEF, and UNFPA; USAID; and with Ambassador Eliot. A number of site visits and field inspections were made to examine existing facilities. The Team also reviewed the carefully prepared program and supporting documentation provided by the USAID. (See attachment)

The Team made the following general observations:

General Observations

The clearly stated intention of the Republic of Afghanistan, as expressed by Minister of Public Health Dr. Nazar Mohammed Sekandar, supporting staff within the Ministry, and international donors contacted by the Team, is to seek means to reach a majority of the population with integrated low cost health services in the shortest possible time and designed in such a way as to be economically supportable. This stated intention represents a shift from previous government priorities towards an emphasis on the development of innovative methods of reaching a majority of the people.

It was clearly recognized by all of the officials and individuals contacted by the Team that serious problems remain unresolved: The need

to continue to strengthen GOA planning capabilities and its coordinated health services delivery system operating from the center to the periphery; the need for assuring a higher priority for allocation of Government resources to the health sector; and the need to assure that adequate manpower and logistical support are made available to sustain the expanded effort in health.

A large number of organizations, bilateral and multilateral, and several private organizations, are currently involved in or planning to assist the GOA in the health and family planning sector. Among these are (in addition to the United States) the USSR, West Germany, France, India, the People's Republic of China, and the U.N. system including the UNDP, WFP, UNICEF, WHO and UNFPA. From the contacts made by the Team it appeared that efforts to date by these donors have been directed more to the central and intermediate levels rather than to the development of delivery systems which reach the periphery (village level). As the GOA moves further into the extension of low cost health services, careful consideration must be given by the GOA to effectively coordinating these several external resources.

USAID/Afghanistan's current involvement within the health/family planning sector is designed to (1) improve the health/family planning management capacities in the Ministry of Public Health (MOPH); (2) establish a

demographic information base to facilitate planning; (3) train auxiliary nurse midwives for Afghanistan's rural basic health centers; and (4) provide limited participant training opportunities and commodity support for the MOPH and AFGA, all of which have helped to provide a sound base for the further extension of services.

The USAID has proposed, for initiation in FY 75 and 76, activities which would help support (1) an expanded Basic Health Center Program and (2) an expanded AFGA effort; and also to help design meaningful low-cost nutrition and health services.

Discussion

One of the greatest problems yet to be faced by developing countries over the coming decade is the identification and implementation of methods of delivery of low cost, basic health, nutrition and family planning services appropriate to particular country conditions and ultimately at a level sustainable within the constraints of available national resources. Afghanistan is endeavoring to meet this challenge. The Government has identified a several-tiered health care delivery system it believes will be able over time to satisfy the objective of providing basic services to a majority of the people. It is actively engaged in constructing needed infrastructure, providing training to meet the expanding manpower requirements, particularly in the paramedical field, and addressing the problems of improving administrative

mechanisms necessary to support an expanded health services delivery system. Although delivery methodologies and supporting service systems are currently being developed to permit the completion of the system's expansion to the woleswali (District) level, the GOA has only begun to systematically examine the complex range of issues and policy alternatives that will need to be addressed to permit the extension of services to the village level.

It is clear that both in the short term and probably for some time to come the Government of Afghanistan will require some degree of continued external assistance from several donors. The Team believes that the modest support which AID has provided over the past several years has been used effectively, and has helped set the stage for the Government's proposed expanded effort. It has been estimated that extension of health services to the Basic Health Center level, by itself, would directly benefit only some 30% of Afghanistan's largely rural population. On the basis of the Team's familiarity with other developing country experience, and despite the severe economic and manpower constraints, the Team believes it is technically and economically feasible to reach a population majority by extension of services to the village level, and that the Government's proposed program is a reasoned and viable first step - perhaps the only logical first step - in that direction. Starting from the mutually agreed objective of providing basic services to a

majority of the people, and assuming the necessary incremental increases in the allocation of Government resources to the health sector that will have to occur if meaningful levels of services are provided, no system other than one stressing the linkages between current limited government services and a much larger network incorporating auxiliary health workers, volunteers, and private sector resources is likely to be economically viable in Afghanistan within the next decade. The Team believes that the program which the GOA has outlined for this "first step", with perhaps some minor modifications suggested below, offers significant potential not only towards meeting the Government's expressed desire to provide services to a population majority, but also in creating employment, involving both men and women in the rural areas more directly in the development process, and providing over time a range of benefits which will substantially improve quality of life in the rural areas.

Recommendations

Against the above background, the Team examined in detail the several project activities either ongoing or under discussion with the Government of Afghanistan. The Team's view is that in the aggregate these programs address directly and appropriately the perceived needs of Afghanistan's population planning and health sector, but that given the linkages which exist, the effort would be strengthened by the preparation of a more comprehensive strategy statement leading to the integration of the several discrete activities

into one unified program. Moreover, the Team recognizes that there are important resource linkages both within Afghanistan's health sector more broadly defined and between sectors (i.e. Agriculture and Education and Malaria programs incorporate systems for reaching large segments of the rural population). The Team understand that some of these linkages will be examined in the Government's forthcoming Country Health Program-
ming exercise which is to be conducted with the assistance of the WHO.

Beyond these general observations, the Team has the following recommendations:

General

That the USAID continue discussions with the Government of Afghanistan with a view towards assisting the Government with the rapid development of mutually acceptable project activities, not waiting for complete definition of the methodologies which remain to be developed before extending basic health services beyond the woleswali level to the periphery;

That the USAID work closely with the Government of Afghanistan to seek ways of accelerating the process of identifying and testing alternate methods of delivering services to village populations;

That the USAID encourage the Government of Afghanistan to actively involve other donor agencies (UNICEF, WHO, UNFPA, etc.) in the development and implementation of project activities which support the GOA effort to expand services rapidly to the woleswali level; and

That the USAID continue to work closely with the Government of Afghanistan in developing cost data for the expanding delivery systems, as appropriate, to help ensure that adequate budgetary provision is made for the additional one-time and recurring costs that will be incurred as the health system is expanded.

Specific

That the USAID continue Basic Health Center project development discussions with the Government of Afghanistan along the lines of the project description contained in the FY 1976 FBS, looking to as rapid an expansion to complete coverage at the woleswali level as is technologically feasible. The USAID should be assured that Centers are adequately staffed with trained personnel and adequately supplied with the necessary medical equipment and supplies, and provision is made for a reliable expendable commodity supply and delivery system. The Team has some concern over assumption of costs that are basically recurring (i.e. hardship differential payments) as opposed to non-recurring (i.e. a percentage of basic costs of construction and equipping of centers), and this issue may need more careful examination;

That the USAID proceed with its discussions with the GOA and AFGA, generally along the lines of the USAID's draft project paper dated November 5, 1974, looking towards an expansion of clinics to the Provincial level and the improvement of training facilities as rapidly as is technologically

feasible within manpower and supply constraints. The USAID should keep in mind AFGA's need for some degree of assurance of sustained support which would permit effective internal planning, and it should consider whether cost and recruitment/placement efficiencies might not be obtained by decentralizing training facilities to the provincial or regional level.

That the USAID and the Government of Afghanistan might consider the desirability of an expansion of the scope of the ongoing management improvement sub-project to incorporate a nutrition demonstration/delivery testing element (described below), and also an accelerated and sustained effort to identify and test alternate methodologies for delivery of basic services to the periphery. Such alternatives should not be limited to use of pharmacies, dokhans and village health workers, but also might consider upgrading the skills of existing local people such as itinerant pharmacists and barbers, village dais and traditional or folk healers, and in an information-conveying sense, village headmen and other local authority figures. The Team's impression is that this sub-project has been particularly effective in responding to the Government's expressed needs, and may well have the potential for expansion to incorporate nutrition, outreach methodology, or other elements yet to be identified as the Government defines more clearly how to extend basic services to the population majority.

That the USAID and the GOA continue with the Demographic/KAP sub-project as planned, completing the remaining basic demographic work.

There may well be a short-term requirement for more detailed analysis of the present data which could be considered for separate USAID assistance following completion of the present contract team's activities.

That given the pressing need for assuring adequate provision of trained manpower for Afghanistan's expanding health service systems, the USAID and the GOA continue the Auxiliary Nurse Midwife sub-project as planned. As in the case of AFGA, the USAID and GOA may wish to consider the appropriateness of establishing regional training facilities.

Other Health Areas

The following comments on Malaria and Nutrition are made because issues were raised by the MOPH, in the case of Malaria, and by the USAID, in the case of Nutrition, subsequent to the arrival of the Team in Kabul.

Malaria

An additional area in the Afghan Health Program which the Team did not address in detail, but which the Minister of Public Health did raise both as an area of concern and as an area in which he would welcome USAID involvement, is malaria -- particularly the need for commodity support.

Linkages clearly exist between malaria and other health services, in view of the large population covered by the malaria program (perhaps 9 million). The Team's initial impression is that additional examination

of these linkages, as well as perhaps an in-depth evaluation of the status of the GOA malaria program itself, would be appropriate in order to assess three issues:

- (1) the degree to which the large malaria network may serve as a system to deliver other health services, and
- (2) the degree to which malaria per se constitutes a health problem for the rural majority,
- (3) the relative priority accorded this program by GOA.

Nutrition

The Team gained the impression from the Minister of Health, his senior ministry staff and field staff during its visit to Parwan/Kapisa that the Government already accepts the principle that child nutrition is an essential element of its proposed national health program to combat an extremely high child mortality rate (estimated to be as high as 50% of all children below the age of five years). More specifically, the field visit confirmed that the Ministry of Public Health is already providing, in a limited way, the essential component of the current AID nutrition proposal through the Basic Health Center program, i. e. Vitamin A, weaning food (WFP sources) and advice on use of local Afghan foods, personal hygiene, sanitation, and family planning. Less direct (only curative) services are being provided on iodine supplementation although

the problem of goitre is recognized. In principle, the Government is convinced of the importance of nutrition.

The Ministry of Public Health is also aware that its efforts are inadequate and therefore AID assistance in this area would be supportive of existing GOA goals and strategy.

The Ministry of Public Health is now proceeding on the basis that the experiment in Parwan and Kapisa Provinces should demonstrate alternative choices for reaching the population majority with MCH services (including nutrition) through village health agents and others as the AID draft nutrition proposal suggests. If the benefits of nutrition programming are to be replicated nationally through a village health agent system, the Team considers it important that experimentation be carried out within the context of current Ministry of Public Health efforts to achieve the same results.

The appropriate assistance strategy (as opposed to technical strategy of food fortification and weaning food preparation) is to avoid multiple vertical systems of health services delivery which compete for scarce manpower and financial resources. Accordingly, AID should encourage inclusion of weaning food and other nutrition emphasis within the existing MOPH delivery system rather than beginning, at this time, with nutrition experimentation which is distinct from the emerging GOA health system. The Team believes that intervention in the Parwan/Kapisa

project area offers ample opportunity for joint participation by USAID nutrition/health/family planning support staff.

On technical grounds, there is justification for better vehicles for introducing key nutritional components. The Team endorses Mission initiatives in seeking ways to fortify tea or locally available Afghan foods with Vitamin A and iodine. The development of prepared weaning foods appears to be an important direction to support and would probably expedite acceptance of the principle of early introduction of food supplementation during the first year of life. The Mission should be aware, however, that the economic constraints affecting provision of rural service may leave no other practical options for the rural majority than to prepare local Afghan foods within reach of the household rather than the use of introduced prepared weaning foods. There is ample evidence from nutrition experimentation in Africa and other parts of the world to know that such a village based educational program is feasible and acceptable.

The Team suggests that the Mission consider re-drafting Nutritional proposal along these lines with a view to ensuring better coordination and replicability within the context of the current national health program.

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Attachment to Report of AID/W Health/Family Planning Team
Visit, Kabul, Afghanistan, November 4-10, 1974.

List of Team Members

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U.S. Government

Ambassador Theodore L. Eliot, Jr.

Mr. R. T. Curran, Deputy Chief of Mission

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Mr. Frederick H. Sligh, Deputy Director, USAID/Afghanistan

- Miss Grace Langley, Chief, Population Division, USAID/Afghanistan.
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Others

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- Mr. Sven Hoelgaard, UNICEF
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