

PD-ARI-043  
87688

# **AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT**

U.S.A.I.D. Cooperative Agreement No. 306-0203-A-00-6014-00

Amendment Nos. 001-018

## **QUARTERLY REPORT**

July 1 - September 30 1993

**William D. Oldham, M.D.**  
**Team Leader**

**Prepared by**  
**Yusuf I. Ghaznavi**  
**Senior Program Specialist**

## **MANAGEMENT SCIENCES FOR HEALTH**

**PESHAWAR**

# TABLE OF CONTENTS

	<u>Page</u>
<b>SUMMARY OF PROGRESS</b>	<b>2</b>
<b>Components:</b>	
<b>1. TRAINING</b>	<b>4</b>
a. Basic Health Worker (BHW) Training	
b. Maternal & Child Health Officer (MCHO) Training	
c. Rural Health Officer (RHO) Training	
d. PHC & Management Training	
e. Continuing Education Training and Primary Health Care Seminars	
f. Combined Midlevel Continuing Education Program	
g. Field Assessments	
h. Board of Medical Certification	
<b>2. HEALTH SERVICES IMPLEMENTATION</b>	<b>6</b>
a. Basic Health Posts	
b. Basic Health Centers (Clinics)	
c. Comprehensive Health Centers	
d. Primary Health Care Hospitals	
e. Area Hospitals	
f. Administrative Centers	
g. Monitoring and Data Collection	
<b>3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION</b>	<b>13</b>
a. MCH Programs: Ministry of Public Health	
b. MCH Programs: Regional Health Administrations	
<b>4. CHILD SURVIVAL AND DISEASE CONTROL</b>	<b>15</b>
a. EPI Training	
b. Immunization Campaigns and Vaccine Storage Facilities	
c. Other Disease Control Activities	
d. Operations Research	
<b>5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES</b>	<b>18</b>
a. Procurement of Medical Supplies and Equipment.	
b. Summary of Warehouse Activities.	
<b>7. FINANCIAL SUMMARY TABLE</b>	<b>20</b>
<b>ANNEXES</b>	

## **SUMMARY OF PROGRESS:**

### **COMPONENT 1. TRAINING.**

As part of the Project phase out plan last initial BHW training was closed in May and no further initial training is planned. \* Currently 13 trainees are undergoing training in the second Maternal & Child Health Officer (MCHO) course at the IPH center in Jalalabad and are expected to complete class training by the end of February 1994. \* Twelve Rural Health Officers (RHOs) participated in an IPH seminar on RHOs role in improving health services which began in Jalalabad in early September. These RHOs are currently on job in various districts of Afghanistan where in addition to supervising the BHWs and assisting the local communities in community health promotion, they are also conducting BHW Continuing Education Program (BHWCEP) training under the supervision of IPH trainers. A total of 169 BHWs received BHWCEP training according to the revised curriculum during the quarter. \* As part of the phase out plan, support for the Khost training center was withdrawn as of September 30, 1993. \* Twenty trainees are currently enrolled in the Combined Midlevel Continuing Education Program (CMCEP) in Jalalabad. \* The BHW technical assessment teams evaluated and assessed 50 BHWs in their assigned work locations. With the planned reduction in the number of medical professionals introduced for certification, the salary support for the staff of the Regional Board of Medical Certification is ended and henceforth IPH will cover the need for medical certification, if required.

### **COMPONENT 2. HEALTH SERVICES IMPLEMENTATION**

One initial BHW supply and 99 resupplies including two MCH resupplies were made from Peshawar. In addition 512 resupplies including resupplies for two MCH posts were shipped to depots in Badghis, Balkh, Farah, Ghor, Herat, Paktya and Takhar for distribution from those points until the completion of the Project. \* Fourteen Basic Health Centers including three MCH centers were resupplied from Peshawar and resupplies for 59 centers including 19 MCH centers were shipped to Afghanistan based depots to be distributed from there. Five Comprehensive Health Centers were resupplied and 13 resupplies were shipped to Afghanistan based depots for distribution from there. \* The Supervisory Council of the North Area (SCNA) regional hospital in Taloqan (1201) was resupplied and resupplies were sent to Afghanistan based depots to be issued to seven Primary Health Care (PHC) hospitals. \* From the beginning of the Project until the end of this quarter, the MSH Monitoring Unit had monitored 2220 Basic and MCH Health Posts (out of a total of 2271 BHWs initially supplied) and 284 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 292 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 1209 inactive or redundant posts and 128 clinics and hospitals.

### **COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION**

Progress made this quarter centered on: i) conducting an MCH RHO training workshop with the cooperation of the MCH department of MOPH; ii) conducting a Survey Training Workshop for 10 participants to teach them the new methodology and principles of survey and to

train the participants to conduct the survey on site; iii) conducting a Volunteer Health Sister (VHS) baseline survey in six VHS sites in Afghanistan and in the Tajabad training site in Peshawar in cooperation with the MCH department of MOPH; iv) revision of nine chapters of the VHS manual; and v) analysis of 36 Green Books of MCH facilities which indicate the following:

- 43.03 % of the patients are women above 14 years.
- \* 23.56 % of the patients are under 5 children.
- \* 15.44 % of the patients are children 6-14 years.
- \* 17.97 % of the patients are men.
- \* 26 % of the women who come to MCH facilities are family planning clients.
- \* Out of 39 active MCH facilities, 33 provide family planning services with 30 using both the pill and condom method, while three facilities use just the pill.

#### **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 PMD immunization teams operating in Baraki (0501), Sarobi (0723), Gardaiz (0701), Qarabagh (0609), Moqur (0610), Deh Chopan (2506), Kajaki (2306), Sarbon Qala (2304), Kalafgan (01212), Nahrin (1307) and Khost wa Fereng (1310). Reports were also received from the following VSFs: Balkh (1601) VSF covering Balkh (1602), Nahre Shahi (1603), Charkent (1605), Dawlat Abad (1606), Chemtal (1611) and Kholm (1503) districts in Balkh and Samangan provinces, Faryab VSF (1801) covering Maymana (1801), Pashtoon Kot (1806), Shirin Tagab (1801) and Qaysawr (1811) in Faryab Province, Rokha VSF covering Nejrab (0206), Jabul Saraj (0306), Alasay (0203), Panjshare (0207), Panjshare Awal (0208), Panjshare Dowom (0209) and Charikar (0301) in Kapisa and Parwan provinces. In general the target population appears to have been reached and the vaccine wastage rates are within the acceptable level established by WHO. 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). Dr. Latif of MSH went on a technical field trip to Badakhshan and Taloqan VSFs and also assisted in the organization of a general EPI refresher course for the vaccinators in Badakhshan. \* Reports received from the Jaghori (0607) and Baharak (1007) T.B. diagnosis and treatment pilot programs were analyzed and the slides were cross checked by the MSF / ICD laboratory and were found to be of very good quality. \* Project phase out related activities included computerizing the general inventory, updating Field Operation database, advising MCH on VHS assessment survey and resuming the Household Survey which has been delayed because of priority given to preparing the clinic redundancy report and the phase out plan.

#### **COMPONENT 5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES**

In line with the Project phase out plan drugs and medical supplies required to complete the needed kits were purchased locally worth approximately U.S.\$ 96,000.00. \* The last shipment of kits worth U.S. \$ 22,895.00 were assembled and issued to IMC Peshawar. \* The warehouse issued 131.3 metric tons of medical and other supplies and assembled 101.9 metric 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**

As part of the Project phase out, the last BHW initial training was closed in May. No further initial training is planned.

#### **b. MATERNAL & CHILD HEALTH OFFICER (MCHO) TRAINING**

Currently 13 trainees are undergoing training in the second MCHO course in Jalalabad after three trainees left the program because of personal and family problems. The class training is expected to end in February 1994.

The MCHO instructor's manual both in Dari and English was reviewed and revised and will be printed next quarter.

#### **c. RURAL HEALTH OFFICER (RHO) TRAINING**

Twelve RHOs participated in an IPH seminar on RHOs role in improving health services in rural Afghanistan which began in early September in IPH Jalalabad. These RHOs are currently assigned to different districts in Afghanistan where, in addition to supervising the BHWs and assisting the local communities in community development and community health promotion, they are also conducting BHW Continuing Education Program (BHWCEP) training under the supervision of IPH trainers.

The RHO manual is in the editing process and will be printed next quarter.

#### **d. PHC & MANAGEMENT TRAINING**

<b>TYPE</b>	<b>LOCATION</b>	<b>JULY</b>	<b>AUG</b>	<b>SEPT</b>	<b>TOTAL # OF PARTICIPANTS</b>
Management	IPH Kabul	0	0	20	20
RHO Seminar	IPH Jalalabad	0	0	12	12
FM Refresher	IPH Jalalabad	0	0	7	7
<b>Total</b>		<b>0</b>	<b>0</b>	<b>39</b>	<b>39</b>

#### **e. CONTINUING EDUCATION TRAINING & PRIMARY HEALTH CARE SEMINARS**

The revised BHWCEP curriculum with emphasis on BHW privatization, community promotion and community participation is now followed by all the centers. Following are the BHWCEP outputs for this quarter:

LOCATION	JULY	AUG	SEPT	TOTAL
Jalalabad (IPH)	20	44	13	77
Khost	64	0	0	64
Balkh	0	10	0	10
Takhar	0	18	0	18
<b>Total</b>	<b>84</b>	<b>72</b>	<b>13</b>	<b>169</b>

As planned, MSH support for the Health Committee of Paktya and Pakteka (HCPP) Khost training center ended on September 30, 1993. Henceforth IPH will cover the PHC based training needs of HCPP.

Field Microscopist refresher training began in Jalalabad on July 25, 1993 with seven trainees enrolled. The Afghan staff of the MSH Training Department travelled to Kabul, Jalalabad and Khost training centers to provide technical assistance to the counterparts.

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

MSH Training Department is continuing its participating in the CMCEP training. The current CMCEP training session in Jalalabad has 20 trainees enrolled who are expected to complete their session in December 1993.

**g. FIELD ASSESSMENTS**

The BHW technical assessment teams evaluated and assessed the following numbers of BHWs in their work assignment locations:

<u>Teams</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>Total</u>
Khost	9	0	0	9
IPH	0	13	0	13
Balkh	0	10	0	10
Takhar	0	18	0	18
<b>Total</b>	<b>9</b>	<b>41</b>	<b>0</b>	<b>50</b>

**h. BOARD OF MEDICAL CERTIFICATION**

As part of the Project phase out plan the number of medical professionals introduced for certification is reduced. Consequently, salary support for the staff of the Regional Board of Medical Certification is ended and IPH has taken over the responsibility to cover the need for medical certification of medical professionals who may be introduced for certification of their qualifications.

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 Kabul.
- b. Conduct PHC seminars for the health professionals.
- c. Continue BHW CEP training through the regional training centers.
- d. Continue the MCHO second session training in IPH Jalalabad.
- e. Field visit to training centers in Afghanistan.
- f. Implement the phase down/phase out plan for training activities in Afghanistan.
- g. Print the RHO manual and the MCHO Instructors Manual.

## **COMPONENT 2. HEALTH SERVICES IMPLEMENTATION**

1. Completed Project Activities and their Verification Status.

a. **BASIC HEALTH POSTS**

One initial supply and 99 resupplies, including two MCH resupplies, were made from Peshawar during the quarter. In addition 512 BHW resupplies, including resupplies for two MCH posts, were shipped to the depots in Badghis, Balkh, Farah, Ghor, Herat, Paktya and Takhar provinces to resupply posts until the completion of the Project.

b. **BASIC HEALTH CENTERS**

Fourteen centers, including three MCH centers, were resupplied from Peshawar. In addition resupplies for 59 centers, including 19 MCH centers, were shipped to Afghanistan based depots to be distributed from there.

*CLINICS RESUPPLIED FROM PESHAWAR.*

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
1018	GHAZNI	QARABAGH	0609	NIFA	MOPH
1023	WARDAK	SAYED ABAD	0408	HIA	MOPH
1025	NANGARHAR	SORKH ROD	0814	ANLF	MOPH
1054	LOGAR	BARAKI	0501	HIA	MOPH
1059	LOGAR	CHARKH	0503	HIA	MOPH
1060	NANGARHAR	MOHMAND DARA	0807	HIA	MOPH
1064	KONAR	BAR KONAR	1007	NIFA	MOPH
1085	LOGAR	AZRO	0505	ANLF	MOPH
1103	KONAR	NOUR GUL	1012	IIA	MOPH
1104	GHAZNI	QARABAGH	0609	JIA	MOPH
1123	GHAZNI	QARABAGH	0609	NIFA	MOPH
7041	LAGHMAN	DAWLATSHA	0903	HIH	MOPH
7049	NANGARHAR	SORKH ROD	0814	IIA	MOPH
7067	WARDAK	CHAKE WARDAK	0404	HIA	MOPH

*CLINICS FOR WHICH RESUPPLIES WERE SHIPPED TO AFGHANISTAN BASED DEPOTS.*

<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
1011	HERAT	GHORYAN	2007	JIA	MOPH
1033	GHOR	SHAHRAH	2702	JIA	SSWA
1049	TAKHAR	KALAFGAN	1212	JIA	SCNA
1052	KUNDUZ	KUNDUZ	1401	JIA	SCNA
1070	PAKTYA	KHOST	0709	IIA	MOPH
1090	BAGHLAN	BURKA	1308	HIA	MOPH
1094	BADAKHSHAN	SHAHRE BOZURG	1103	JIA	SCNA
1101	BALKH	NAHRE SHAHI	1601	JIA	SCNA
1116	BADAKHSHAN	FAIZABAD	1101	JIA	SCNA
1118	KUNDUZ	CHAR DARA	1407	JIA	SCNA
1119	KUNDUZ	ALIABAD	1402	JIA	SCNA
1120	TAKHAR	KHWAJAGHAR	1203	JIA	SCNA
1125	HERAT	GHORYAN	2007	JIA	SSWA
1140	KUNDUZ	ARCHI	1405	JIA	SCNA
1145	FARAH	LASH JAWEEN	2111	JIA	SSWA
1149	TAKHAR	CHAL	1206	JIA	SCNA
1152	BADGHIS	JAWAND	1906	JIA	SSWA
1156	KUNDUZ	CHAR DARA	1407	JIA	SCNA
1157	BADAKHSHAN	KERANOMONJAN	1103	JIA	SCNA
1158	SAMANGAN	SAMANGAN	1501	JIA	SCNA
1159	BALKH	DAWLATABAD	1606	JIA	SCNA
1163	BALKH	KESHENDE	1608	JIA	SCNA
1182	BAGHALAN	TALA WA BARFAK	1305	HIK	MOPH

CLINICS FOR WHICH RESUPPLIES WERE SHIPPED TO AFGHANISTAN BASED DEPOTS (Contd.)

<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
1198	FARYAB	DARZAB	1812	JIA	SCNA
1199	FARYAB	KOHISTAN	1807	JIA	SCNA
1201	BADAKHSHANKESHAM		1112	JIA	SCNA
1212	SAMANGAN	SAMANGAN	1501	HIK	MOPH
1213	BADAKHSHANRAGH		1102	JIA	SCNA
1220	SAMANGAN	SAMANGAN	1501	WAHDAT	HCCA
1221	GHOR	GHORE TAYWARA	2705	JIA	SSWA
1223	BALKH	CHAR BOLAK	1610	JIA	SCNA
1232	TAKHAR	DARQAD	1209	JIA	SCNA
1233	TAKHAR	YANGI QALA	1208	JIA	SCNA
1234	BALKH	CHARKANT	1605	HIM	HCCA
1238	FARYAB	PASHTOONKOT	1806	JIA	SCNA
1240	FARYAB	KOHISTAN	1807	JIA	SCNA
7024	BADAKHSHANJURM		1106	JIA	SCNA
7025	KUNDUZ	KUNDUZ	1401	JIA	SCNA
7027	TAKHAR	TALOQAN	1201	JIA	SCNA
7033	FARYAB	MAYMANA	1801	JIA	SCNA
7034	FARYAB	DARZAB	1812	JIA	SCNA
7036	KUNDUZ	ARCHI	1405	HIH	MOPH
7044	PAKTYA	KHOST	0709	HIK	HCPP
7053	BADAKHSHANESHKASHEM		1109	JIA	SCNA
7054	BADAKHSHANFAIZABAD		1101	JIA	SCNA
7055	BALKH	BALKH	1602	JIA	SCNA
7056	BADAKHSHANBAHARAK		1107	JIA	SCNA
7057	TAKHAR	KHWAJAGHAR	1203	JIA	SCNA
7058	BAGHLAN	BAGHLAN	1301	JIA	SCNA
7059	TAKHAR	CHAH AB	1207	JIA	SCNA
7061	BALKH	SHORTEPA	1609	JIA	SCNA
7062	BALKH	DEHDADI	1604	JIA	SCNA
7063	SAMANGAN	KHULM	1503	JIA	SCNA
7065	KUNDUZ	KUNDUZ	1401	JIA	SCNA
7066	BADAKHSHANJURM		1106	JIA	SCNA

**c. COMPREHENSIVE HEALTH CENTERS**

Five facilities were resupplied from Peshawar. In addition resupplies were shipped to Afghanistan based depots to resupply 13 existing facilities. These centers are under the guidance of a qualified medical doctor (M.D.) with in-patient (three beds) and laboratory facilities.

COMPREHENSIVE HEALTH CENTERS SUPPLIED 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
1209	NANGARHAR	ACHIN	0811	IIA	MOPH
1214	LAGHMAN	DAWLATSHA	0903	HIA	MOPH
1215	NANGARHAR	SHERZAD	0821	HIK	MOPH
1225	NANGARHAR	NAZIYAN	0809	HIK	MOPH

CHCS FOR WHICH RESUPPLIES WERE SHIPPED TO AFGHANISTAN BASED DEPOTS.

<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
1091	KUNDUZ	KUNDUZ	1401	IIA	MOPH
1117	KUNDUZ	HAZRAT IMAM	1403	JIA	SCNA
1153	PAKTYA	SAYED KARAM	0701	IIA	MOPH
1176	BAGHLAN	DAHANA E GHORI	1303	JIA	SCNA
1192	BADAKHSHAN	FAIZABAD	1101	JIA	MOPH
1211	BADAKHSHAN	JURM	1106	JIA	SCNA
1231	BADAKHSHAN	SHEGHANAN	1111	JIA	SCNA
1245	FARYAB	BELCHERAGH	1809	JIA	SCNA
1247	TAKHAR	CHAH AB	1207	JIA	SCNA
1248	PAKTEKA	MATA KHEL	X732	HIK	HCPP
1249	PAKTEKA	URGOUN	X702	HIK	HCPP
1250	PAKTYA	JADRAN	0724	HIK	HCPP

d & e.

HOSPITALS

The SCNA supervised regional hospital in Taloqan (1201) was resupplied. Resupplies were shipped to Afghanistan based depots to be issued to seven Primary Health Care (PHC) hospitals (all RHA) with upto 20 in-patient beds each.

PHC HOSPITALS RESUPPLIED.

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
2003	BALKH	CHAR BOLAK	1610	JIA	SCNA

PHC HOSPITALS RESUPPLIED (Contd.)

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>DIST.CODE</u>	<u>TANZIM*</u>	<u>ORGANIZATION**</u>
2005	BAGHLAN	ANDERAB	1309	JIA	SCNA
2006	TAKHAR	ESHKAMESH	1204	JIA	SCNA
2007	BAGHLAN	KHOST WA FRENG	1310	JIA	SCNA
2013	TAKHAR	RUSTAQ	1202	JIA	SCNA
2014	BADAKHSHAN	BAHARAK	1107	JIA	SCNA
2017	BALKH	BALKH	1602	JIA	SCNA

---

f. ADMINISTRATIVE CENTERS

No resupply activity this quarter.

- \* 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
- IIA = Ittihad-e Islami-e Afghanistan (Sayyaf)
- JIA = Jamiat-e Islami-e Afghanistan (Rabbani)
- NIFA = National Islamic Front of Afghanistan (Gillani)
- WAHDAT = Central Afghanistan based predominantly Shia party

- \*\* HCCA = Health Committee of Central Afghanistan composed of the predominantly Shia WAHDAT and HIM (Mohsini) parties
- HCPP = Health Committee of Paktya and Pakteka
- MOPH = Ministry of Public Health
- SCNA = Supervisory Council of the North Area
- SSWA = South and Southwest Area

g. MONITORING AND DATA COLLECTION

From the beginning of the Project until the end of the Fourth Quarter of FY-93, MSH Monitoring Unit had monitored 2220 Basic Health Posts including MCH posts (out of a total of 2271 posts initially supplied) and 284 Basic, MCH and Comprehensive Health Centers and hospitals (out of a total of 292 established). The majority of MSH supported facilities have been monitored more than once. As a result of the expanded and improved monitoring surveys, MSH support was withdrawn from 1209 inactive or redundant BHWs and 128 clinics and hospitals. Monitoring reports received indicate the following results:

### BASIC HEALTH POSTS

<b>RHA</b> (553 posts surveyed)	<b>MOPH</b> (1667 posts surveyed)	
259 (47%)	467 (28%)	were "active" *
30 (5%)	65 (4%)	were "inactive"
66 (12%)	101 (6%)	were "undetermined"
193 (35%)	1016 (61%)	were "cancelled"
5 (1%)	18 (1%)	were killed

The above figures do not include 8 Basic Health Posts (5 RHA, 3 MOPH) which have not been monitored as yet. In addition 43 trained BHWs (11 RHA, 32 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

<b>RHA</b> (154 facilities surveyed)	<b>MOPH</b> (130 facilities surveyed)	
70 (45%)	36 (28%)	were "active" *
12 (8%)	5 (4%)	were "inactive"
29 (19%)	4 (3%)	were "undetermined"
43 (28%)	85 (65%)	were "cancelled"

The above figures do not include 8 Basic and MCH Health Centers (7 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

For the first time in more than a year, the improved security situation on the highways (especially the Jalalabad - Kabul highway) permitted the transport of all the quarterly planned resupplies on time. The SCNA depots in Balkh and Taloqan, the SSWA depots and the HCPP depot in Khost were resupplied.

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

With program activities nearing the end of the Project, the financial management requirements are more demanding and at times beyond the capabilities of the RHAs to meet the documentation requirements in time. Delay in receiving financial receipts from the RHAs at the end of the Third Quarter of FY-93 resulted in delay in issuing personnel salaries and freight costs. This in turn did not provide enough time for the RHAs to issue salaries to all personnel and provide financial receipts to MSH on time last quarter.

4. Work Plan for Next Quarter.

- a. Process final salary payments, supplies and freight charges for the MOPH supervised health facilities.
- b. Review RHA receipts, prepare final payments, freight charges and continue to dispatch remaining supplies to inside Afghanistan depots according to Procurement and Management Services' requirements.
- c. Monitor MCH facilities and EPI teams in 10 provinces of Central and Northern Afghanistan targeted for eventual U.S.A.I.D. follow on project.
- d. Continue packing of Field Operations archives not being used.
- e. Continue gradual reduction of Monitoring Unit staff.

### **COMPONENT 3. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION**

#### **1. Completed Project Activities and their Verification Status.**

Progress made this quarter centered on:

- i. The MSH MCH department with the cooperation of the MCH department of MOPH conducted an MCH RHO training workshop from July 5 - 15, 1993 for three MCH RHOs. The main purposes of the workshop were:
  - \* To provide information about Afghanistan health system and Primary Health Care to MCH RHOs.
  - \* To provide information about Voluntary Health Sister (VHS) and Female Health Worker (FHW) training program to RHOs.
  - \* To improve the ability of supervision and assessment of the MCH RHOs.
- ii. Dr. Diana Silimperi and Mrs. Linda Tawfik of MSH conducted a Survey Training Workshop for 10 participants July 18 - 20, 1993. The main purposes of the workshop were:
  - \* To teach the new methodology and principles of survey to participants.
  - \* To clarify the job description of the survey team members.
  - \* To train the participants to conduct the survey in their sites.
- iii. The MSH MCH department with the cooperation of the MCH department of MOPH conducted a VHS baseline survey in six VHS sites in Afghanistan - Sorkh Rod (0814), Mohmand Dara (0807), Khost (0709), Baraki Barak (0501), Qarabaghi (0601), and Taloqan (1201) - and in the Tajabad training site in Peshawar. The main purposes of the survey were:
  - \* To assess the progress of the VHS program.
  - \* To assess the knowledge and skills of the VHS trainers and VHSs.
  - \* To evaluate the impact of the program on the people's health status through looking into the changes in the people's health habits and practices.
- iv. Revision of nine chapters of the VHS manual by Mrs. Tawfik.
- v. Analysis of 36 Green Books of MCH facilities. This analysis indicated the following results:
  - \* 43.03 % of the patients are women above 14 years.
  - \* 23.56 % of the patients are under 5 children.
  - \* 15.44 % of the patients are children 6-14 years.
  - \* 17.97 % of the patients are men.
  - \* 26 % of the women who come to MCH facilities are family planning clients.
  - \* Out of 39 active MCH facilities, 33 provide family planning services. Out of the 33 facilities providing family planning services, 30 use two methods of family planning (pill and condom), while three facilities use just the pill method.

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

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

- i. Taking part in conducting MCH RHO training workshop with the cooperation of MSH MCH department.
- ii. Conducting the VHS baseline survey in Sorkh Rod, Mohmand Dara and Khost.
- iii. Taking part in analyzing MCH facilities Green Books.

The Ministry's output for improving the health of women and children this quarter are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
Volunteer Health Sisters Trained	84	131
Female Health Workers (Dais) Trained	0	190
Dai Kits Distributed*	6,744	46,939
MCH Facilities Established	0	27
MCH Facilities Resupplied	5	24
Number of Facilities with Contraceptives	0	11

- \* 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 Centers.

**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	7	33
Female Health Workers (Dais) Trained	0	267
MCH Facilities Established	0	36
MCH Facilities Resupplied	21	41
Number of Facilities with Contraceptives	0	22

**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. Shazia, Technical Coordinator resigned on July 22, 1993.

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

The following MCH facilities were monitored twice and found inactive and were therefore cancelled.

Clinic No 7021, Clinic No 7025, Post No 7042, and Post No 7051.

4. Workplan for Next Quarter.

- a. Complete final draft of VHS manual in English and Dari.
- b. Analyze results of the VHS baseline survey.
- c. Assess dai training program at MCH facilities.
- d. Assess MCHOs of 1992 class.
- e. Establish 13 new MCH facilities with U.S.A.I.D. approval.
- f. Promote family planning services by supplying contraceptives as requested by BHCs and CHCs.

## **COMPONENT 4. 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.

*RHA*

Refresher training is given to all immunization and cold chain technicians in EPI posts and clinics attached to Vaccine Storage Facilities (VSFs). Standard EPI supervision checklists have been discussed with EPI incharge of each area health committee.

b. **IMMUNIZATION CAMPAIGNS AND VACCINE STORAGE FACILITIES**

*PMD*

Reports were received from the following PMD teams:

Baraki (0501), Sarobi (0723), Gardaiz (0701), Qarabagh (0609), Moqur (0610), Deh Chopan (2506), Kajaki (2306), Sarbon Qala (2304), Kalafgan (01212), Nahrin (1307) and Khost wa Fereng (1310).

(See Annex A for details).

The following teams have been resupplied for the next six months:

Baraki (0501), Sarobi (0723), Khoshi (0502), Gardaiz (0701), Kajaki (2306), Qarabagh (0609) and Moqur (0610).

*RHA*

**SCNA** ---- Reports were received from Balkh (1601) VSF covering the following districts: Balkh (1602), Nahre Shahi (1603), Charkent (1605), Dawlat Abad (1606), Chemtal (1611) and Kholm (1503) districts in Balkh and Samangan provinces.

Reports were received from Faryab VSF (1801) covering the following districts: Maymana (1801), Pashtoon Kot (1806), Shirin Tagab (1801) and Qaysawr (1811) in Faryab Province.

Reports were received from Rokha VSF covering the following districts: Nejrab (0206), Jabul Saraj (0306), Alasay (0203), Panjsher (0207), Panjshare Awal (0208), Panjshare Dowom (0209) and Charikar (0301) in Kapisa and Parwan provinces.

(See **Annex B** for details).

**SSWA** ---- Reports have not been received as yet.

**HIM** ---- Reports received from Kakrak VSF (0606), cover the following districts: Jaghori (0607), Malistan (0608), and Jaghato (0606) in Ghazni Province.

(See **Annex C** for details).

Dr. Najibullah made a supervisory visit to the areas covered by HIM, using the standard EPI checklist. At the same time he performed a 75 household coverage survey in two sites in Wardak and Ghazni provinces.

**WAHDAT** ---- Dr. Wahedullah completed a 75 household coverage survey in 11 villages in Ghazni, Wardak and Bamyan provinces. Most of these villages had been covered by AVICEN.

**HCPP** ---- Mohammad Jamil EPI advisor of HCPP completed his second coverage survey in Paktya Province. The results were analyzed and communicated to UNICEF. He has gone back to the field for additional information.

#### **General Evaluation of EPI Activities:**

In general the target population appears to have been reached to an acceptable degree. 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 "catching up" with third and second shots of previous reports.

Dr. Latif made a technical field trip to Badakhshan and Taloqan VSFs in the month of August and September 1993. He assisted in the organization of a general EPI refresher course for the vaccinators in Badakhshan.

## **EPI COORDINATION**

EPI Task force meetings have not been resumed as yet. Regular contacts with UNICEF on urgent issues have continued.

### **c. OTHER DISEASE CONTROL ACTIVITIES**

#### **Tuberculosis**

Reports received from the Jaghori (0607) T.B. diagnosis and treatment pilot program were analyzed. Slides were cross checked by MSF/ICD laboratory and were found to be of very good quality. Activities from January 1993 until September 1993 are summarized as follows:

No. Patients referred to lab for sputum examination:	202
No. of slides examined	606
No. of new BK+ found	18
No. of BK+ that turned BK- under treatment	59
No. of patients under treatment January 1, 1993	21
No. of patients who began treatment	36
No. of patients who died	0
No. of patients who dropped out	0
No. of patients who completed treatment	10
No. of patients under treatment September 30, 1993	47

Reports received from the Baharak (1007) T.B. diagnosis and treatment pilot program were analyzed. Slides were cross checked by MSF/ICD laboratory and were found to be of very good quality. Activities from March until July 1993 are summarized as follows:

No. Patients referred to lab for sputum examination:	81
No. of slides examined	243
No. of new BK+ found	12
No. of BK+ that turned BK- under treatment	0
No. of patients under treatment March 10, 1993	47
No. of patients who began treatment	12
No. of patients who died	0
No. of patients who dropped out	0
No. of patients who completed treatment	0
No. of patients under treatment July 10, 1993	59

### **d. OPERATIONS RESEARCH**

#### **Phase Out Related Activities:**

- computerizing general inventory
- updating F.O. clinic monitoring system database routine.
- Advice on VHS assessment survey
- Household Survey analysis resumed.

2. Unanticipated Activities.

None

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

House Hold Survey analysis has been delayed due to priority given to redundancy report and the phase-out plan. Expected completion date now is the end of First Quarter FY-94.

4. Work Plan for Next Quarter.

- a. Resupply of the remaining teams of MOPH.
- b. Continue review of the cold chain manual.
- c. Resupply of the VSFs.
- d. Double check EPI inventory records for equipment inside Afghanistan
- e. Developing EPI coverage survey (75 house hold survey) skills for EPI Supervisors and EPI advisors.
- f. Reorganize regional vaccine supply schemes.
- g. Supervision trips to various VSF.
- h. Analysis of the EPI coverage surveys in Paktya, Pakteka and Hazarajat.
- g. Finalize inventory.
- h. Finalize Household Survey.

**COMPONENT 5. PROCUREMENT AND SUPPLIES MANAGEMENT SERVICES**

1. Completed Project Activities and their Verification Status.

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

**Local Purchases**

In line with the phase out plan, requirements of drugs and medical supplies were purchased locally, amounting to approximately \$ 96,000 during this quarter.

**KIT ISSUES UNDER CKS**

During this quarter, the last shipment of kits worth \$ 22,895 were assembled and issued to IMC Peshawar.

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	1949	2617	35.0	4,101,769
August	3480	2622	32.8	2,720,902
September	2402	2361	34.1	2,182,968
-----				
Total	7831	7600	101.9	9,005,639

*Issues:*

<u>MONTH</u>	<u>KITS*</u>	<u>CARTONS*</u>	<u>WEIGHT (TONS)</u>	<u>VALUE (PAK.RS)</u>
July	4141	4771	57.0	7,794,260
August	2570	2941	40.0	3,520,163
September	1228	2353	34.3	2,859,218
-----				
Total	7939	10065	131.3	14,173,641

\* 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. Identify medical supplies to meet kit assembly needs on a monthly basis for period October thru December 1993, undertake local procurement, and monitor progress of pipe line orders.
- b. Prepare Purchase Requisitions for any special purchases by MSH.
- c. Identify items which are most likely to be left over at MSH warehouse at close of project, and plan for their disposal.

ACTUAL EXPENDITURES BY QUARTER JULY 01,1992 TO SEPTEMBER 30,1993

	SEPT 30 1992 ACTUAL	DEC 31 1992 ACTUALS	MARCH 31 1993 ACTUALS	JUNE 30 1993 ACTUALS	SEP 30 1993 ESTIMATES	SEP 30 1993 ACTUALS	VARIANCE	DECEMBER 31 1993 BUDGET
TECHNICAL ASSISTANCE	\$679,764	\$178,507	\$484,006	\$348,569	\$316,125	\$247,079	(\$69,046)	\$405,612
LOGISTICS	\$56,913	\$73,163	\$35,546	\$44,927	\$84,183	\$51,576	(\$32,607)	\$58,300
PROGRAM								
Training	\$105,965	\$45,128	\$32,115	\$20,442	\$29,130	\$27,223	(\$1,907)	\$106,090
Fielded BHWs	\$217,969	\$165,177	\$42,359	\$41,255	\$134,706	\$133,466	(\$1,240)	\$220,414
Clinics/Health Centers	\$159,826	\$130,306	\$110,422	\$49,324	\$84,201	\$82,824	(\$1,377)	\$139,899
Small Hospitals	\$97,418	\$56,451	\$19,036	\$21,529	\$41,095	\$37,648	(\$3,447)	\$105,380
Area Hospital	\$21,422	\$16,230	\$18,984	\$828	\$1,873	\$7,996	\$6,123	\$20,722
Program Administration	\$44,537	\$32,920	\$35,981	\$26,070	\$22,400	\$17,078	(\$5,322)	\$164,102
Warehouse	\$82,060	\$61,212	\$3,321	\$70,895	\$35,204	\$37,987	\$2,783	\$87,354
Training Center	\$22,007	\$22,934	\$35,652	\$6,372	(\$2,507)	(\$3,146)	(\$639)	\$60,876
Preventive Medicines	\$79,492	\$114,071	\$75,284	\$82,824	\$150,533	\$126,297	(\$24,236)	\$236,759
MCH/Health Promotion	\$33,166	\$43,349	\$24,848	\$17,316	\$26,169	\$24,725	(\$1,444)	\$86,781
Monitoring	\$92,721	\$87,587	\$56,072	\$46,283	\$46,090	\$51,860	\$5,770	\$39,539
Health Services Development	\$41,534	\$23,435	\$36,595	\$26,148	\$30,204	\$29,793	(\$411)	
Emergency Medical Relief Support	\$31,563		\$4,305	\$5,796	\$6,638	\$9,079	\$2,441	
Contingencies								
Mercy Corps International(NCI)	\$95,573	\$31,024	\$33,929	\$607				
International Medical Corps(IMC)	\$288,433	\$24,157	\$6					
Afghan Trauma Center	\$68,295	\$2,053	\$158					
60 Bed Hospital	\$54,103	\$123						
Polyclinic	\$51,602							
Health Care Financing								
Sub-total :	\$1,587,786	\$856,157	\$529,467	\$415,689	\$605,736	\$582,830	(\$22,906)	\$1,267,916
Grand Total :	\$2,324,463	\$1,107,827	\$1,049,019	\$809,185	\$1,006,044	\$881,485	(\$124,559)	\$1,731,828

# ANNEX A

## SUMMARY OF MOPH IMMUNIZATION RESULTS

### Baraki (0501)Team

#### Coverage of Planned Target Population:

BCG	258%
Measles	104%
DPTP1	152%
DPTP2	115%
DPTP3	18%
TT1	178%
TT2	174%
TT3	39%

#### Wastage Rate:

BCG	33%
Measles	23%
DPTP	21%
TT	19%

#### Drop Out Rate:

Over all	62%
DPTP1-2	15%
DPTP2-3	88%
TT (1-2)	0%
TT (2-3)	78%

### Sarobi(0107) Team

#### Coverage of Planned Target Population:

BCG	133%
Measles	121%
DPT1	108%
DPT2	116%
DPT3	119%
TT1	172%

**Wastage Rate:**

BCG	45%
Measles	25%
DPT	25%
TT	30%
OPV	23%

**Drop Out Rate:**

Over all	9%
DPT1-2	-16%
DPT1-3	(-19%)
TT1-2	5%
OPV1-2	-4%
OPV1-3	-7%

**Puli Alam (0506) Team**

**Coverage of Planned Target Population:**

BCG	143%
Measles	104%
DPTP1	100%
DPTP2	88%
DPTP3	80%
TT1	20%
TT2	118%

**Wastage Rate:.**

BCG	34%
Measles	16%
DPTP	30%
TT1-2	42%

**Drop Out Rate:**

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

## Gardaiz (0701) Team

### Coverage of Planned Target Population:

BCG	138%
Measles	113%
DPT1	257%
DPT2	85%
OPV1	257%
OPV2	85%
TT1	67%
TT2	22%

### Wastage Rate:

BCG	42%
OPV	28%
DPT	28%
Measles	25%
TT	44%

### Drop Out Rate:

Over all	13%
DPT1-2	31%
OPV1-2	31%
TT1-2	11%

## Kajaki (2306) Team

### Wastage Rate:

BCG	24%
DPTP	19%
Measles	19%
TT	21%

### Drop Out Rate:

Over all	29%
DPTP1-2	0.07%
TT1-2	-12%
DPTP1-3	41%
TT2-3	41%

## **Khost wa Freng (1310)**

### **Coverage of Planned Target Population:**

BCG	149%
Measles	80%
DPT1	22%
DPT2	30%
OPV1	335%
OPV2	14%
OPV3	87%
TT1	164%

### **Wastage Rate:**

BCG	38%
OPV	11%
DPT	26%
Measles	34%
TT	47%

### **Drop Out Rate:**

Over all	29%
DPT1-2	87%
OPV1-2	96%
DPT1-3	54%
OPV1-3	74%

## **Qarabagh (0112) Team**

### **Coverage of Planned Target Population:**

BCG	143%
Measles	143%
DPTP1	150%
DPTP2	165%
DPTP3	161%
TT1	200%
TT2	185%
TT3	106%

**Wastage Rate:**

BCG	40%
DPT	22%
Measles	23%
TT	33%

**Drop Out Rate:**

Over all	26%
DPT1-2	0.1%
TT1-2	0.07%
DPTP1-3	-0.07%
TT2-3	47%

**Moqur (0610) Team****Coverage of Planned Target Population:**

BCG	168%
Measles	120%
DPTP1	186%
DPTP2	186%
DPTP3	128%
TT1	169%
TT2	196%
TT3	156%

**Wastage Rate:**

BCG	30%
Measles	25%
DPTP	25%
TT	25%

**Drop Out Rate:**

Over all	29%
DPTP1-2	0%
DPTP1-3	0.04%
TT1-2	-23%
TT2-3	0.02%

# ANNEX B

## SUMMARY OF SCNA IMMUNIZATION RESULTS

### Balkh VSF (1602).

#### Coverage of Planned Target Population

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

#### Wastage Rate:

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

#### Drop Out Rate:

Over All	11%
DPT1-2	68%
DPT1-3	88%
TT1-2	78%
TT2-3	61%

### Faryab VSF (1801) Team

#### Coverage of Planned Target Population:

BCG	204%
Measles	72%
DPT1	204%
DPT2	13%
OPV1	204
OPV2	13%

#### Wastage Rate:

BCG	49%
Measles	20%
DPT	36%
TT	42%

**Drop out Rate:**

Over all	38%
DPT1-2	94%
OPV1-2	94%
TT1-2	80%
TT2-3	97%

**Panjshare (0207) VSF**

**Wastage Rate:**

BCG	46%
Measles	35%
DPTP	32%
TT	76%

**Drop Out Rate:**

DPTP1-2	6%
DPTP1-3	21%
Over all	23%
TT1-2	-95%
TT2-3	-21%

# ANNEX C

## SUMMARY OF HIM IMMUNIZATION RESULTS

### Kakrak VSF (0207) VSF

#### Coverage of Planned Target Population:

BCG	134%
Measles	84%
DPT1	162%
DPT2	108%
TT1	74%
TT2	97%
TT3	4%
OPV1	163%
OPV2	109%

#### Wastage Rate:

BCG	44%
Measles	35%
DPT	43%
TT	43%

#### Drop Out Rate:

DPT1-2	33%
DPT1-3	100%
TT1-2	-32%
TT2-3	96%
OPV1-2	33%
OPV2-3	100%