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# **AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT**

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## *QUARTERLY REPORT*

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## **MANAGEMENT SCIENCES FOR HEALTH**

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## **SUMMARY OF PROGRESS:**

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

The Peshawar session 9 BHW training course graduated 46 BHWs while another 14 candidates qualified in the Miram Shah session 5 BHW training course. The Chake Wardak (0404) BHW training began with 12 trainees enrolled and the long awaited Behsud (0406) training center was finally established by the Harakat-e Islami Afghanistan (Mohsini) in the Hazarajat area with 15 candidates enrolled. In the continuing effort to provide rural health services to under-served districts inside Afghanistan, 14 Institute of Public Health (IPH) trainers were sent inside to meet with local *shuras* (assemblies) and with their help 30 trainees were recruited for the BHW training programs. A Maternal and Child Health Officer (MCHO) Training Center was established, staff was assigned to develop the curriculum and teaching materials for training, and 25 training candidates were selected. After further screening and testing 15 candidates will undergo MCHO training. Four doctors, 18 mid-level health workers and 165 BHWs completed continuing education courses and 686 Mujahidin were trained in emergency first aid ("Buddy Care"). The Zendajan (2011), Herat second session BHW training was delayed because of internal administrative and political problems within the counterpart South and Southwest Area (SSWA) Health Committee and is now expected to commence next quarter.

### **COMPONENT 2. HEALTH SERVICES DEVELOPMENT**

The MPH made progress in practical implementation of plans for development of provincial public health services by appointing Provincial Public Health Directors (PPHDs) and their deputies for Kabul, Kunar and Nangarhar which brings these provinces to Phase I (Planning) of the Provincial Health Development Plan. A BHW supervisor was appointed for the Provincial Public Health Office (PPHO) of Ghazni which along with the PPHO in Wardak is in Phase II (Early Implementation). Reports received from these PPHOs indicate that the BHW supervisors are active in assessing and supervising Basic Health Posts in their respective areas. The Public Health Affairs Department (PHDAD), established to provide support for provincial health development, appointed its central core staff which includes eight positions supported by the Project. Data entry of results from 10 out of the 14 provincial health resources surveys completed in FY-90 were completed and plans were finalized for joint MSH/MPH or AHSA surveys of the remaining 15 provinces during FY-91. A comprehensive community/household survey to assess mortality, morbidity, sources of care, and private health expenditures was completed in Wardak Province under the supervision of three Afghan M.D.s utilizing local BHWs as surveyors and 310 households were surveyed from villages in three districts of the province. The supervisors completed the data coding and data entry of the results upon their return to Peshawar using EPI INFO software. MSH staff members participated in planning for a joint MSH/UNICEF/WHO workshop on CDD to be held next quarter.

### **COMPONENT 3. HEALTH SERVICES IMPLEMENTATION**

Seventy five new Basic Health Posts, including two MCH posts, were established and 528 existing posts were resupplied; nine new Basic Health Centers, including three MCH clinics, were issued and 36 existing centers were resupplied during the quarter. A PHC hospital was issued for the Hazarajat and six Basic Health Centers (3 MPH, 3 AHSA) headed by M.D.s were upgraded to Comprehensive Health Centers with provisions of in-patient care (three beds) and laboratory facilities. From the inception of the computerization of the monitoring reports in FY-89 until the end of this quarter, the MSH Monitoring Unit had monitored 1780 (out of a total of 2015 established) Basic Health Posts and 139 (out

of a total of 194 established) Basic and Comprehensive Health Centers and hospitals. As was the case in the previous quarter, the shortfall between the planned and actually issued, facilities reflect the Afghan counterpart organizations' failure to adhere strictly to the agreed technical criteria. By requesting new facilities for well-served areas and ignoring under-served districts, a number of their requests could not be implemented.

#### **COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION**

For the MPH this quarter the emphasis was on strengthening and expanding the MCH Department's administrative and technical capacity by taking concrete steps towards establishing the MCH Teaching Clinic, the Women's Program Office, and establishing two dai training centers. For the Area Health Services Administrations (AHSAs) the emphasis was on expanding the implementation of MCH services inside Afghanistan through establishment of three new MCH clinics, two new MCH posts and five new dai training centers. Both the MPH and AHSAs staff members attended workshops and training programs at MSH. Report received from Parwan Province indicates that the LEPCO Female Health Worker (dai) training center established with MSH collaboration graduated its first class of six female workers. The MPH's inability to identify qualified female staff for MCH facilities inside Afghanistan is a major impediment to the MCH programs. Despite requests from at least four clinics to begin their family planning programs provision of providing contraceptives was delayed because of the non-availability of reliable contraceptive pills in the local market. This situation is being remedied by temporarily importing contraceptive pills from the United States.

#### **COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL**

The fourth session of MPH Immunization Technician (IT) training began with 27 trainees; the planned selection of Cold Chain (CT) trainees however did not take place because the AHSAs failed to send their prospective candidates to Peshawar. MPH immunization teams were resupplied in three provinces and immunization campaign results were received from the Qarabagh (0609), Ghazni team. The long delayed Jaghori (0607), Ghazni TB treatment center was finally established in December 1990 and reports indicate that the center is functioning under the direction of an M.D. with a staff of 11 persons. A new freeze point was supplied and established at Sholgera (1607), Balkh Province. The MSH Child Survival and Disease Control Advisor and his deputy spent considerable time coordinating ARI, CDD and EPI activities with UNICEF, WHO and UNHCR and in planning and preparing training materials for a forthcoming joint MSH/UNICEF/WHO workshop on CDD.

#### **COMPONENT 6. MANAGEMENT SERVICES**

A Management Training Unit was created within the IPH to provide management training to Afghan health workers and job descriptions and specifications were developed for recruiting management trainers. New management training materials were also developed for training programs scheduled for FY-91. Arrangements were completed for MSH London based consultant, Dr. Riaz Khan, to audit 15 pharmaceutical manufacturers on Good Laboratory Practices (GLP) and Good Manufacturing Practices (GMP) next quarter. A Pharmaceutical Facility Profile Questionnaire was created and sent to all prequalified manufacturers to build a database containing basic information on manufacturers. Requisition orders for supplies worth over US \$332,000.00 were placed with RONCO to cover presumptive needs. The warehouse issued 89.92 metric tons of medical supplies and assembled 81.49 tons of medical supplies into kits.

## **COMPONENT 1. TRAINING.**

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

#### **a. BASIC HEALTH WORKER TRAINING**

<u>SITE</u>	<u>SESSION</u>	<u># OF TRAINEES</u>	<u>GRADUATION DATE</u>	<u># GRADUATED</u>
Miram Shah	5	15	12/3/90	14
Peshawar	9	56	11/28/90	46

The Chake Wardak (0404), Wardak, BHW training center established by transferring a training camp from Peshawar has 12 trainees enrolled and is expected to graduate its first class in February 1991.

The long awaited Harakat-e Islami (Mohsini) Behsud (0406), Wardak, BHW training center became operational on November 20, 1990 with 15 trainees enrolled in its first session.

In the continuing effort to provide health services to the under-served districts or districts where few Basic Health Posts exist in relation to population, 14 IPH trainers were sent inside Afghanistan to meet with the local *shuras* (assemblies) in under-served districts and to recruit BHW candidates for training. The trainers in consultation with the *shuras* recruited 18 candidates for the Peshawar session 10 training program.

Similarly seven Institute of Public Health (IPH) trainers were sent to under-served districts of Bamyan, Ghazni, Ghore and Oruzgan provinces and recruited 12 trainees for the first session of Chake Wardak (0404) BHW training.

The IPH Director of Administration and Finance returned to Peshawar after participating in a 12 week course on financing health care in developing countries at Boston University.

#### **b. LABORATORY TECHNICIAN TRAINING**

The first Laboratory Technician training course continues with 9 trainees enrolled.

#### **c. RHO & MCHO TRAINING**

A Maternal and Child Health Officer (MCHO) Training Center has been established and 25 candidates have been selected by the IPH from provinces approved by U.S.A.I.D. for MCHO training. A final list of 15 candidates for MCHO training will be completed by the end of January 1991 after further screening and testing of the selected candidates. Two female doctors and two female mid-level health workers are developing the curriculum and teaching materials for the course.

The criteria for selection of Rural Health Officer (RHO) trainees has been developed but the actual training program is delayed pending appointment of PPHDs in some provinces.

**d. EMERGENCY FIRST AID TRAINING**

Results for the two day first aid ("Buddy Care") course carried out in various Mujahidin camps are as follows:

OCTOBER	NOVEMBER	DECEMBER	TOTAL
163	208	315	686

**e. CONTINUING EDUCATION TRAINING**

***BHWS***

BHWS returning to Peshawar for resupply are routinely referred to the IPH to attend a 12 day refresher training course. The output for this quarter is:

OCTOBER	NOVEMBER	DECEMBER	TOTAL
60	66	39	165

***DOCTORS AND MID-LEVEL HEALTH WORKERS***

Four doctors and 18 mid-level health workers completed their three week individualized medical/surgical training this quarter.

**f. TEACHING CLINICS**

Average number of patient treated by camp clinics.

<u>CLINIC</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>TOTAL</u>
DARA	573	243	0	816
PABI	408	436	405	1249
SHAGAI	142	511	0	653
-----				
TOTAL	1123	1190	405	2718

**g. FIELD ASSESSMENTS**

The trainers of the Miram Shah BHW training program are currently conducting technical assessment of BHWS who have graduated from this center and are currently running Basic Health Posts in Paktika and Paktiya provinces. They will return from Afghanistan after completing technical assessment of at least 20 Basic Health Posts.

The questionnaire for assessing BHWS who return to Peshawar for resupply has been prepared and the assessment staff has been technically trained in using the questionnaire.

2. Unanticipated Activities.

(None)

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

The Zendajan (02011), Herat second session BHW training program was delayed because of internal administrative and political problems within the SSWA Health Committee. The financial management system instituted by the SSWA Health Committee was considered unsatisfactory by MSH and a new system was developed with MSH assistance. It is expected that the second session will now begin in the second quarter of FY-91.

4. Work Plan for Next Quarter.

- a. Select MCHO trainees and begin training.
- b. Select Laboratory Technician trainees for the second session.
- c. Begin BHW training session 10 in Peshawar.
- d. Transfer a BHW training camp from Peshawar to Tirin Kot (2601), Oruzgan Province.
- e. Continue BHW assessments inside Afghanistan and begin technical assessment of BHWs who come to Peshawar for resupply.

## **COMPONENT 2. HEALTH SERVICES DEVELOPMENT**

1. Completed Project Activities and their Verification Status

a. **PROVINCIAL AND AREA HEALTH SERVICES DEVELOPMENT**

*MPH*

The MPH made progress in practical implementation of plans for development of provincial public health services by appointing three additional Provincial Public Health Directors (PPHDs) and deputy PPHDs, a BHW supervisor, and the central core staff for the Public Health Development Affairs Department (PHDAD) to further support provincial health development.

With the appointment of PPHDs and their deputies for Kabul, Kunar and Nangarhar, these three provinces moved to Phase I of Provincial Health Development (Planning). As reported last quarter, two provinces, Ghazni and Wardak are in Phase II (Early implementation) with established Provincial Public Health Offices (PPHOs) PPHDs and their deputies and other administrative staff. The BHW supervisor for Wardak who had earlier received extensive orientation from IPH on BHW refresher training and MCH was also given an orientation on basic management and administration by Mr. Sabir Latifi of MSH. Monitoring reports indicate that as the first operational BHW supervisor inside Afghanistan, he has been active in assessing Basic Health Posts and that his job performance is satisfactory.

A deputy PPHD and a BHW supervisor were appointed for Ghazni and the administrative staff attended a three day short workshop on basic administration in Peshawar. Reports received from the Ghazni PPHO indicate that the office is active and the PPHD along with the BHW Supervisor recently visited the districts of Jaghori (0607), Moqor (0610) and Qarabagh (0609). Work has begun on renovating the PPHO main office building in Moqor Center (0610).

The PHDAD established last quarter to provide support for provincial health development has appointed its central core staff out of which eight staff positions are receiving salary support through the Project. The Ministry has been able to staff PHDAD by reorganizing staff positions and by upgrading several peon and watchman positions out of the 163 Project supported positions and making these slots available to PHDAD.

#### AHSA

The weekly Area Health Development meetings initiated in early 1990 continued through the quarter. Major topics discussed this quarter were the medical subcommittee certifications, and planning for the forthcoming CDD, basic administration, and financing health services workshops. An English language course for staff members of area liaison offices and MPH was initiated and a basic administration workshop was held during the quarter, both under Mr. Sabir Latifi's supervision. Both these activities are on going and will be continued next quarter.

Both the UNICEF and the WHO have begun to deal directly with the three area offices in Peshawar. MSH staff members participated in planning for a joint MSH/UNICEF/WHO workshop on CDD to train two persons from each area to serve as master trainers and to establish ORT corners inside Afghanistan. This workshop is scheduled for next quarter.

#### b. OPERATIONS RESEARCH

The operations research activities undertaken during the quarter included the data entry of provincial health resources surveys, the initiation of the community/household health survey in Wardak Province and the on going Greenbook processing.

The status of the 14 surveys initiated in FY-90 through the efforts of the MSH Monitoring Unit and in cooperation with AHSA and MOPH staff, is as follows:

<u>Province</u>	<u>Sponsor</u>	<u>Status</u>
1. Badakhshan	SCNA-MSH	Results ready for entry
2. Balkh	MSH	Results ready for entry
3. Bamyān	HAZA-MSH	Data entry completed
4. Farah	SSWA-MSH	Data entry completed
5. Ghazni	MOPH-MSH	Data entry completed
6. Ghor	MSH	Data entry completed
7. Herat	SSWA-MSH	Results ready for entry
8. Laghman	MSH	Data entry completed (not all facilities)
9. Kapisa	MSH	Data entry completed

Provincial Health Resources Surveys (Cont'd).

<u>Province</u>	<u>Sponsor</u>	<u>Status</u>
10. Kunduz	MOPH-MSH	Data entry completed
11. Parwan	MSH	Data entry completed
12. Takhar	SCNA-MSH	Data entry completed
13. Wardak	MOPH-MSH	Data entry completed
14. Zabul	MSH	Results ready for entry (not all facilities)

The community/household surveys to assess mortality, morbidity, sources of care, and private health expenditures which was earlier field tested in Kunar Province using the survey strategy of recruiting and training local BHWs as surveyors, was undertaken in Wardak Province. Three Afghan M.D.s, Dr. Omer Bahaand, Dr. Padshah Saleh and Dr. Wahidullah as field supervisors spent five weeks in Wardak Province training BHWs and supervising surveys of 310 households from the villages in the districts of Chake Wardak (0404), Jaghatu (0409) and Sayed Abad (0408). Data coding and data entry of survey results were completed upon their return to Peshawar using EPI INFO software. Experience gained in Wardak surveys is being utilized in preparing survey instruments and survey training for the next surveys to begin next quarter in Kandahar Province.

2. Unanticipated Activities

(None)

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

Political and organizational constraints slows the Ministry's provincial health services development. A case in point is the MPH's plans to open a PPHO for Badakhshan Province and to establish a Primary Health Care (PHC) hospital either at Baharak (1107) or Jurm (1106) to serve as the focus for this province's health supervision and supply activities. A PPHD was appointed by the Ministry but the Ministry's unwillingness or inability to work out its relationship with the Supervisory Council of the North Area (SCNA), which is dominant in the area, has delayed the realization of these plans. Similarly, the Wardak PPHO suffered when both the PPHD and his deputy left MPH employment with the former PPHD moving to Islamabad.

4. Work Plan for Next Quarter

- a. Continue work with MPH to develop provincial health services.
- b. Provide technical assistance to MPH in planning for its five year health work plan for Afghanistan.
- c. Finalize plans and prepare teaching materials for the FY-91 basic administration and other workshops and staff development workshops for the AHSAs and MPH.
- d. With Field Operations plan and field joint teams of MSH and AHSAs/MPH monitors to complete provincial health resources surveys of the remaining 15 provinces out of Afghanistan's 29 provinces.
- e. Analyze the Wardak community/household survey and initiate the second survey in Kandahar Province.

### **COMPONENT 3. HEALTH SERVICES IMPLEMENTATION**

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

##### **a. BASIC HEALTH POSTS**

Seventy five new Basic Health Posts, including two MCH posts, were established during the quarter and five hundred and twenty eight existing posts were resupplied.

##### **b. BASIC HEALTH CENTERS**

Nine new Basic Health Centers (clinics) including three MCH Centers were established and thirty six existing centers including one MCH Center were resupplied.

#### **NEW CLINICS**

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1173	HERAT	GULRAN (02005)	JAMIAT	SSWA
1180	GHAZNI	NAWOR (00605)	HIM	HIM
1183	ORUZGAN	KAJLAN (02609)	HIM	HIM
1184	LAGHMAN	NOORISTAN (00906)	JAMIAT	SCNA
1188	KANDAHAR	SHAH WALI KOT (02415)	JAMIAT	MPH
1189	FARAH	QALAE KOH (02108)	JAMIAT	MPH
7005**	HERAT	ZENDAJAN (02011)	JAMIAT	SSWA
7012**	GHAZNI	KHWAJA OMRI (00604)	HIM	HIM
7013**	FARAH	ANAR DARA (02105)	JAMIAT	SSWA

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\* HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party  
MPH = Ministry of Public Health  
SCNA = Supervisory Council of the North Area  
SSWA = South and Southwest Area

\*\* MCH Clinics

#### **CLINICS RESUPPLIED**

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1001	KABUL	BAGRAMI (00102)	ANLF	MPH
1010	HERAT	GOZARAH (02003)	JAMIAT	MPH
1022	LOGAR	PULI ALAM (00506)	HARAKAT	MPH
1023	WARDAK	SAYED ABAD (00408)	HARAKAT	MPH
1025	NANGARHAR	HESARAK (00816)	ANLF	MPH
1026	HERAT	OBEY (02008)	JAMIAT	SSWA

**CLINICS RESUPPLIED (Cont'd)**

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1033	GHOR	SHAHRAH (02702)	JAMIAT	SSWA
1042	KANDAHAR	PANJWAI (02413)	ANLF	MPH
1045	LOGAR	MOHAMMAD aGHA (00504)	HARAKAT	MPH
1060	NANGARHAR	MOHMAND DARA (00807)	HARAKAT	MPH
1077	KANDAHAR	ARGHANDAB (02412)	JAMIAT	MPH
1079	NANGARHAR	KHOGIANI (00819)	NIFA	MPH
1080	KONAR	PECHE (01013)	ANLF	MPH
1083	NANGARHAR	HESARAK (00816)	NIFA	MPH
1085	LOGAR	AZRO (00505)	ANLF	MPH
1091	KUNDUZ	KUNDUZ (01401)	IIA	MPH
1097	KONAR	NARANG (01011)	JAMIAT	MPH
1103	KONAR	CHAWKI (01011)	IIA	MPH
1104	GHAZNI	QARABAGH (00609)	JAMIAT	MPH
1107	NANGARHAR	SHINWAR (00802)	IIA	MPH
1111	WARDAK	MAYDAN SHAR (00401)	JAMIAT	SCNA
1112	WARDAK	MARKAZE BEHSUD (00406)	HIM	HIM
1114	GHAZNI	MALESTAN (00608)	HIM	HIM
1122	GHAZNI	JAGHORI (00607)	HIM	HIM
1123	GHAZNI	QARABAGH (00609)	NIFA	MPH
1131	KUNDUZ	ARCHI (01405)	HARAKAT	MPH
1139	PARWAN	SURKH PARSA (00308)	IIA	MPH
1145	FARAH	LASH JAWEEN (02111)	JAMIAT	SSWA
1150	KANDAHAR	PANJWAI (02413)	IIA	MPH
1155	KANDAHAR	KHAKRAIZ (02407)	ANLF	MPH
1160	PARWAN	SURKH PARSA (00308)	HIM	HIM
1162	KUNDUZ	CHAR DARA (01407)	HIM	HIM
1165	BAMYAN	SAIGHAN (02804)	HIM	HIM
1177	WARDAK	DAY MIRDAD (00405)	HIM	HIM
1179	JAWZJAN	SANG CHARAK (01702)	HIM	HIM
7002**	LOGAR	PULI ALAM (00506)	HARAKAT	MPH

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 \* HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party  
 MPH = Ministry of Public Health  
 SCNA= Supervisory Council of the North Area  
 SSWA= South and Southwest Area

\*\* MCH Clinic

**c. COMPREHENSIVE HEALTH CENTERS**

Six new Comprehensive Health centers were established and four existing facilities were resupplied. These centers will be under the guidance of a qualified medical doctor (M.D.) with in-patient (three beds) and laboratory facilities.

*NEW COMPREHENSIVE HEALTH CENTERS*

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1181	WARDAK	MARKAZE BEHSUD (00406)	HIM	HIM
1182	BAGHLAN	TALA WA BARFAK (01305)	HIK	MPH
1185	NANGARHAR	DARAE NOOR (00818)	NIFA	MPH
1186	GHAZNI	JAGHATU (00606)	NASR	NASR
1187	GHAZNI	GHAZNI (00601)	HIM	HIM
1190	PARWAN	CHARIKAR (00301)	JAMIAT	MPH

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- \* HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party
  - MPH = Ministry of Public Health
  - NASR = Sazman-e Nasr Afghanistan, Central Afghanistan based predominantly Shia party

*COMPREHENSIVE HEALTH CENTERS RESUPPLIED*

<u>FACIT#</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION*</u>
1129	JAWZJAN	QARQIN (01710)	JAMIAT	MPH
1136	GHAZNI	JAGHORI (00607)	HIM	HIM
1144	GHAZNI	JAGHORI (00607)	HIM	HIM
1153	PAKTYA	SAROTI (00711)	IIA	MPH

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- \* HIM = Harakat-e Islami Afghanistan (Mohsini group), Central Afghanistan based predominantly Shia party
  - MPH = Ministry of Public Health

**d & e. HOSPITALS**

Medical supplies and salary support was provided to the Harakat-e Islami Afghanistan (Mohsini) to establish a Primary Care Hospital ( up to 20 beds) in Behsude Awal (0407), Wardak Province.

*PROVINCIAL HEALTH RESOURCES SURVEYS*

Data entry of results from 10 out of the 14 provinces surveyed in FY-90 were completed. Results from the remaining four provinces are ready for entry. Plans were developed for joint teams of MSH/MPH or AHSA teams to survey the remaining 15 provinces during FY-91 (see Component 2. Health Services Development, Section b. Operations Research, for survey details)

f.

**MONITORING AND DATA COLLECTION**

From the beginning of the Project until the end of first quarter of FY-91, MSH Monitoring Unit has monitored 1780 (out of a total of 2015 established) Basic Health Posts and 139 (out of a total of 194 established) Basic and Comprehensive Health Centers and hospitals. The majority of MSH supported facilities have been monitored more than once. Most of the facilities not yet monitored are new facilities established recently. As a result of the expanded and improved monitoring surveys, MSH support was withdrawn from 562 inactive or redundant BHWs and 38 clinics. Monitoring reports received indicate the following results:

**BASIC HEALTH POSTS**

832 (47%)  
149 (8%)  
230 (13%)  
562 (32%)  
7 BHWs

**BASIC HEALTH CENTERS & HOSPITALS**

78 (56%) were "active" \*  
5 (4%) were "inactive"  
18 (13%) were "undetermined"  
38 (27%) were "cancelled"  
had been killed

235 Basic Health Posts and 55 Basic Health Centers and hospitals have not been monitored as yet. In addition 21 trained BHWs do not have their own Basic Health Posts but are working in Basic Health Centers.

**\*DEFINITIONS:**

Active - BHW or clinic personnel has been 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 Basic Health Services Directorate of the MPH is informed and a second chance is given, if requested by the MPH. 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 person 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. It is our experience that in most of these cases the commander and local population reports are positive and in the next survey the person is usually found "active".

2. Unanticipated Activities.

(None)

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

As reported last quarter the difference in the number of facilities planned and the number of Basic Health Centers actually established is a function of the counterpart organizations facility requests which do not adhere to the strict technical criteria for establishing new facilities. Despite significant improvements in new facility requests compared with last quarter, we are still receiving request for new facilities in well-served areas ignoring the under-served districts.

Similarly the relatively slow pace of the MPH Provincial Health Development Plan delays the initiation of the joint MSH/MOPH provincial health resources surveys of targeted provinces.

4. Work Plan for Next Quarter.

- a. Initiate joint MSH/MPH or AHSA health resources surveys of remaining 15 provinces of Afghanistan.
- b. Supervise outfitting, staffing and organizing of 30 possible MPH and 70 possible AHSA Basic Health Posts.
- c. Supervise outfitting, staffing and organizing of three MPH Basic Health Centers, one Comprehensive Health Center, two MCH clinics and one MCH post.
- d. Supervise outfitting, staffing and organizing of one AHSA Basic Health Center, one MCH clinic and one PHC hospital.

**COMPONENT 4. MATERNAL AND CHILD HEALTH AND HEALTH PROMOTION**

1. Completed Project Activities and their Verification Status.

For the MPH this quarter the emphasis was on strengthening and expanding the Ministry's MCH Department administrative and technical capacity. For the AHSA's it was a phase of expanding the implementation of MCH services inside Afghanistan.

The Project received feedback from several of the MCH programs which started inside Afghanistan during the first half of 1990, including a report from Parwan Province where MSH has collaborated with LEPCO on establishing a Female Health Worker (dai) training program. Aside from the Ministry and AHSA dai training centers, the LEPCO clinic in Shekh Ai (0309) graduated its first class of six Female Health Workers with another six week class scheduled to start in November, 1990. Two other LEPCO clinics (in Wardak and Ghazni) have also been collaborating, but no feedback has yet been received.

The MSH Advisor was invited and presented a paper on "Health Care for Afghan Women Amid Civil War" at the APHA Conference in New York in early October. The purpose of attending the Conference was to continue to highlight the Afghanistan cause among an influential U.S. lobby.

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

Since the return of the Ministry's MCH Director and the transfer of several MSH positions from the IPH to the MCH Department, the Ministry was able to establish a Women's Program Office for the MCH Department and the IPH. The MCH staff attended a week long Management and Administration Workshop conducted by MSH. The MCH Department has played an active role in developing the MCHO course with the IPH.

After a lengthy nine month delay in site selection and obtaining the approval of the Ministry leadership and Harakat *tanzim* to establish the MCH Teaching Clinic, repairs began on the Cherat based clinic in December 1990. The clinic is expected to begin functioning in January, 1991. Two basic dai training centers were established in Kunduz and Ghazni provinces

Two MCH facilities were resupplied. Despite the difficulties for female staff to travel cross-border, one of the female nurses came from Logar to Peshawar for resupply as well as for clinical and theoretical refresher training. She reported that other clinics in the area were referring obstetrical and gynecological cases to her MCH clinic. A referral network is evolving around the MCH clinic as she can refer high risk cases on to Kabul or Peshawar.

The Ministry's outputs for improving maternal and child health are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*	0	1
Mch Posts**	0	2
MCH Clinics/Posts Resupplied	2	3
Comprehensive Dai Training Centers	0	2
MCH Refresher (Participants)	2	35
BHWs Trained to Teach Dais	225	1,051
Dai Kits Distributed	3,875	11,287
Delivery Packets Distributed	22,500	58,100

**b. MCH PROGRAMS: AREA HEALTH SERVICE ADMINISTRATIONS**

The MSH MCH Department arranged a participant training program for the Director of Preventive Medicine and MCH for the SCNA. Dr. Ghulam Sakhi completed the four week "Management Skills in Child Survival" course in the United States in November 1990.

The outputs for the AHSA MSH facilities are:

	<u>Quarter Outputs</u>	<u>Total To Date</u>
MCH Clinics*	3	5
MCH Posts**	2	4
Dai Training Centers	5	10

*New MCH Facilities:*

<u>FACIT #</u>	<u>PROVINCE</u>	<u>DISTRICT</u>	<u>TANZIM</u>	<u>ORGANIZATION***</u>
7004 MCH Post	Herat	Ghoryan (2007)	JIA	SSWA
7005 MCH Clinic	Herat	Zendajan (2011)	JIA	SSWA
7009 MCH Post	Ghazni	Jaghori (0607)	HIA	HIA
7012 MCH Clinic	Ghazni	Khwaja Omari (0604)	HIA	HIA
7013 MCH Clinic	Farah	Anar Dara (2105)	JIA	SSWA

Definitions:

- \* MCH Clinic is defined as a clinic that provides pre and post natal care, tetanus toxoid, nutrition program, and comprehensive dai training. At least one female nurse or female doctor must be on the clinic staff.
- \*\* MCH Post is defined as a female nurse or female doctor who functions independently, but who is administratively attached to a facility. In addition to providing general health services for women and children she serves as a dai trainer.
- \*\*\* HIA = Harakat-e Islami Afghanistan (Mohsini) predominantly Shia party  
SSWA = South and Southwest Area

2. Unanticipated Activities.

(None.)

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

Whereas the AHSAs have close contact with the qualified health personnel inside Afghanistan, the Ministry's ability to identify female staff for MCH facilities inside Afghanistan has been minimal. The MCH Department's efforts to explain the objectives of the MCH program to Provincial Public Health Officers (PPHOs), has yielded modest results. The Director of the MCH Department is meeting with commanders to promote the program. After the establishment of the Women's Office, several candidates from Peshawar have come forward prepared to return to Afghanistan.

There will not be enough qualified female staff for traditional MCH programs in most areas (areas defined as "Level 4" in the December, 1990 WHO Workshop). The MCH Department can put more emphasis on working with the IPH by expanding and upgrading MCH continuing education for doctors and nurses.

Despite requests from at least four MCH Clinics to start their family planning activities, provision of contraceptives was delayed due to the unavailability of Marvelon contraceptive - the only 28 pill course produced in Pakistan. The MSH Procurement Department's quality control mechanisms revealed that the Marvelon expiration date had been altered on the outside of sample packages, so that the contents were ready to expire although the packages were labelled with extended dates. Since the pharmaceutical company will not be producing a new lot for several months, the Project is temporarily importing another 28 pill brand (LoSemenal) from the United States.

4. Workplan for Next Quarter.

- a. Open MCH Training Clinic.
- b. Establish three Dai Training Centers.
- c. Establish three new MCH facilities (clinics or posts).
- d. Establish three clinic based family planning programs.
- e. Coordinate with IPH on MCHO course.

**COMPONENT 5. CHILD SURVIVAL AND DISEASE CONTROL**

1. Completed Project Activities and their Verification Status

a. **EPI TRAINING**

MPH

The fourth session of Immunization Technician (IT) training began with 27 trainees enrolled.

b. **IMMUNIZATION CAMPAIGNS**

MPH

Three MPH immunization teams were resupplied during the quarter. These are:

Jawzjan: Sang Charak (1702)  
 Konar: Bar Konar (1007)  
 Khas Konar (1006)

The Qarabagh (0609), Ghazni immunization team returned from their area after exhausting their vaccines. Results of their activities (July 17 -December 9, 1990) covering villages in Qarabagh District are as follows:

Age Group	BCG	DTP1	DTP2	DTP3	MEASLE	TT1	TT2	TT3
0 -11 Mths	1860	316	33		988			
12-23 Mths	373	533	197	75	1338			
2 - 4 Yrs	297	942	1644	1068	1890			
5 -14 Yrs						2088	1082	492
15-45 Yrs						806	814	143
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Total	2530	1791	1874	1143	4216	2894	1896	635

## AHSA

Partial reports were received from the Behsud (0406), Wardak team and these reports are currently being evaluated and will be reported in the FY-91 second quarter report.

### c. OTHER DISEASE CONTROL ACTIVITIES

The long delayed Jaghori (0607), Ghazni TB treatment facility was established in December 1990. The delays in establishing this center were primarily related to ethnic frictions between the Hazara and Pashtun populations in the area. Medical supplies were sent to Jaghori and according to information received the center is functioning under the direction of an M.D. with a staff of 11 persons.

The MSH Child Survival and Disease Control Advisor and his staff spent considerable amount of time coordinating ARI, CDD and EPI activities with the UNICEF, WHO and UNHCR and planning joint workshops on CDD. Dr. Latif of MSH attended a short training course on CDD jointly sponsored by UNICEF and UNHCR in December 1990. As part of the planned workshops on CDD, ARI and EPI Dr. Latif translated into Dari a manual on treatment of diarrhoea for physicians and senior health workers and another manual on training modules for diarrhoea management.

Dr. Ghulam Sakhi of SCNA returned to Peshawar after attending a four week child survival course at Boston university.

### d. VACCINE STORAGE AND FREEZE POINTS

A new freeze point was supplied and established at Sholgera (1607), Balkh. Reports were received from the Behsud (0406), Wardak freeze point.

#### 2. Unanticipated Activities.

(None).

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

The planned selection of candidates for cold chain managers and technicians training did not take place because the AHSA's failed to send the prospective candidates to Peshawar. This activity is now expected to take place next quarter.

#### 4. Work Plan for Next Quarter.

- a. Continue MPH IT training.
- b. Begin IT training for AHSA's.
- c. Resupply remaining teams and freeze points.
- d. Select AHSA candidates for CT training and begin training.
- e. Prepare materials for planned EPI,ARI and CDD workshops in collaboration with UNICEF and WHO.

## **COMPONENT 6. MANAGEMENT SERVICES**

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

#### **a. MANAGEMENT TRAINING AND TECHNICAL SUPPORT ACTIVITIES**

Because of the pressing need to provide management training to Afghan health workers such as doctors, mid-level workers and BHWS, on a continuous basis, a Management Training Unit was created within the Institute of Public Health (IPH) to fulfill this task. Since such a Management Unit would need to be developed and supported on a continuous basis, IPH seemed to be the most appropriate place for locating such a training unit. Dr. Fatimie, the Director General of IPH fully supports this decision. Accordingly, job descriptions and specifications have been developed for Management Trainers, and recruitment of suitable persons is expected to be undertaken in January 1991.

New management training materials were also developed during this quarter for use in the management training programs scheduled for 1991.

#### *GLP and GMP Audits*

Arrangements were made for MSH London based consultant, Dr. Riaz Khan, to audit 15 pharmaceutical manufacturers during January 1991 for assessing Good Laboratory Practices (GLP) and Good Manufacturing Practices (GMP). A Pharmaceutical Facility Profile Questionnaire was sent to all the existing prequalified manufacturers in an effort to build a database containing basic information on manufacturing units. So far 15 manufacturers have responded. This information is expected to be very useful in conducting future GMP and GLP audits.

#### **b. PROCUREMENT OF MEDICAL SUPPLIES AND EQUIPMENT**

##### *GNR-1220*

Represents purchase requisition order for routine medical supplies amounting to US\$ 65,693, to cover presumptive needs for the period April thru June 1991.

##### *LAB-1007*

Represents purchase requisition order for 12 Initial and six Resupply Laboratory Kits amounting to US\$ 63,301, to cover six months presumptive needs.

##### *SPH-1010*

Represents a special purchase requisition order for surgical supplies for the Taloqan Hospital, amounting to US\$ 114,473.

##### *SPH-1031*

Represents purchase requisition order for Blood Bags and Anti-Gen, amounting to US\$ 11,019, requested by the Health Committee of Jamiat-e Islami of Afghanistan.

**PMD-1004**

Represents purchase requisition order for TB drugs amounting to US\$ 8,870, needed by the Preventive Medicine Department.

In addition, following orders were placed for equipment needed by the Project.

- 3 Photocopy Machines
- 12 Air Conditioners
- 13 Motorcycles
- 15 Typewriters
- 1 Generator
- Computer hardware and software.
- Training Equipment

In all, approximately US\$ 333,022 worth of medical and non-medical supplies and equipment needed by the Project was ordered through Ronco during this quarter.

**c. SUMMARY OF WAREHOUSE ACTIVITIES**

*Assembly:*

<u>MONTH</u>	<u>KITS</u>	<u>CARTONS</u>	<u>WEIGHT(TONS)</u>	<u>VALUE (PAK.RS)</u>
October	1248	1751	26.43	4,683,892
November	2219	1755	24.23	3,971,577
December	2170	2130	30.83	5,178,660
Total	5,637	5636	81.49	13,834,129

*Issues:*

<u>MONTH</u>	<u>KITS</u>	<u>CARTONS</u>	<u>WEIGHT(TONS)</u>	<u>VALUE (PAK.RS)</u>
October	1672	1789	25.11	4,431,070
November	1662	1671	23.87	3,737,435
December	2717	2860	40.94	6,335,257
Total	6051	6320	89.92	14,503,762

**2. Unanticipated Activities.**

Further delays in constructing the Generator House and non availability of cables delayed the commissioning of the new generator set at the MSH warehouse.

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

Although a few candidates were interviewed for the purpose of curriculum development and training of Management Trainers at IPH, it has not been possible to identify a suitable short term Management Training Consultant for this purpose on local hire. Therefore, the search for such a person is being continued on a priority basis.

4. Work Plan for Next Quarter.

- a. Prepare a bulk medical supplies requisition to cover presumptive needs for the period July thru September 1991, and monitor progress of pipe line orders.
- b. Prepare purchase requisitions for equipment and any special purchases required by the Project.
- c. Organize GMP and GLP audits to be undertaken by Dr. Riaz Khan during January/February 1991.
- d. Recruit a short term Management Training Consultant on local hire, recruit 2 Management Trainers, and assist in setting up a Management Training Unit within IPH to provide management training to Afghan health workers.
- e. Liaise with IMC and MCI for setting up a pooled procurement system for medical supplies and develop suitable systems and procedures for this purpose.
- f. Introduce improved packaging procedures at MSH warehouse.
- g. Complete installation and commission the new generator set at MSH warehouse.

FINANCIAL SUMMARY TABLE

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ACTUAL EXPENDITURE BY QUARTER OCTOBER 1, 1990 TO DECEMBER 31, 1990

	DECEMBER 1989 ACTUAL	MARCH 31 1990 ACTUAL	JUNE 30 1990 ACTUAL	SEPTEMBER 30 1990 ACTUAL	DECEMBER 31 1990 ESTIMATE	DECEMBER 31 1990 ACTUAL	VARIANCE	MARCH 31 1991 BUDGET
TECHNICAL ASSISTANCE	\$408,637	\$536,353	\$739,392	\$340,573	\$373,611	\$494,317	(\$120,706)	\$650,000
LOGISTICS	\$44,352	\$110,560	\$48,934	\$105,139	\$50,000	\$42,087	\$7,913	\$84,850
PROGRAM								
Training	\$125,730	\$94,504	\$104,066	\$105,507	\$51,638	\$106,009	(\$54,371)	\$89,174
Fielded BHWs	\$279,486	\$261,262	\$848,637	\$778,031	\$555,086	\$260,498	\$294,588	\$253,516
Clinics	\$150,274	\$362,872	\$535,283	\$113,473	\$412,745	\$277,003	\$135,742	\$342,399
Small Hospitals	\$10,179	\$130,353	\$306,399	\$20,830	\$58,815	\$28,335	\$30,480	\$116,171
Area Hospital	\$18,945	\$22,359	\$92,704	\$85,306	\$24,728	\$28,249	(\$3,521)	\$20,931
Program Administration	\$54,838	\$101,319	\$53,210	\$45,898	\$73,903	\$76,250	(\$2,347)	\$95,600
Warehouse	\$31,007	\$24,525	\$126,579	\$89,256	\$150,957	\$64,455	\$86,502	\$23,140
Training Center	\$42,800	\$33,945	\$59,216	\$31,570	\$97,141	\$72,958	\$24,183	\$32,031
Preventive Medicine	\$84,162	\$266,470	\$300,040	\$151,329	\$283,984	\$140,982	\$143,002	\$251,437
Women's Program	\$11,260	\$21,916	\$31,809	\$8,491	\$75,652	\$64,034	\$11,618	\$20,690
Monitoring	\$53,045	\$58,617	\$65,489	\$45,017	\$117,560	\$87,029	\$30,531	\$55,311
Health Services Development			\$1,010	\$47,799	\$18,986	\$17,455	\$1,531	
Contingencies								
Sub-total	\$861,726	\$1,378,143	\$2,524,442	\$1,522,508	\$1,921,195	\$1,223,257	\$697,938	\$1,300,400
Grand Total	\$1,314,715	\$2,025,056	\$3,312,768	\$1,968,220	\$2,344,806	\$1,759,661	\$585,145	\$2,035,250

NOTE: Variance between estimate and actuals of Program include \$ 572,866 Contract To Date adjustment of Boston purchases (BHWs \$ 866, Clinics \$ 191,960 Area Hospitals \$ 4,567 ,Program Adm. \$ 25,000 ,Trng. Center \$ 10,000 ,Preventive Medicine \$ 233,000). These expenses were taken in Financial Summary Table of March but goods not received until this quarter.