

**Rural Expansion of Afghanistan's Community-Based Healthcare
Project (REACH):
Semi-Annual Report, December 2004 – May 2005**

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RURAL EXPANSION OF AFGHANISTAN'S COMMUNITY-BASED HEALTH CARE (REACH)

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LIST OF ACRONYMS / ABBREVIATIONS

AED	Academy for Education and Development
AHSEP	Afghanistan Health Services Enhancement Program
AKDN	Aga Khan Development Network
AQS	Access to Quality Services
ARI	Acute Respiratory Infection
AWDD	Acute Watery Diarrhea Disease
BCC	Behavior Change Communication
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CBHC	Community Based Health Care
CHC	Comprehensive Health Center
CHS	Community Health Supervisor
CHW	Community Health Worker
CM	Community Mapping
CME	Community Midwifery Education
DOTS	Directly Observed Treatment – Short Course
DT	Development Team
EC	European Commission
EEPR	Emergency Epidemiologic Preparedness Response
EMOC	Emergency Obstetric Care
EOC	Essential Obstetric Care
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FFSDP	Fully Functional Service Delivery Point
FGD	Focus Group Discussion
GCMU	Grants and Contracts Management Unit
GFMU	Global Fund Management Unit
HANDS	Health and Development Services
HMIS	Health Management Information system
HRD	Human Resource Development
ICRC	International Committee of the Red Cross
IDA	International Dispensary Association
IEC	Information, Education, and Communications
IHS	Institute of Health Sciences
IMCI	Integrated Management of Childhood Illness
IPCC	Interpersonal Communication and Counseling
IR	Intermediate Result
JHPIEGO	a not-for-profit international public health organization affiliated with Johns Hopkins University
JHU	John Hopkins University
JICS	Japan International Cooperation System
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitude and Practices
LfL	Learning for Life
LLU	Loma Linda University
PM&E	Planning, Monitoring and Evaluation
MOPH	Ministry of Public Health
MOWA	Ministry of Women Affairs

MRC	Management Resource Center
MSH	Management Sciences for Health
NDB	National Development Budget
NGO	Non-governmental Organization
NSP	National Salary Policy
NTP	National TB Program
OPD	Out-patient Department
PHA	Public Health Advisor
PPHCC	Provincial Public Health Coordination Committees
PPHD	Provincial Public Health Director
PPHO	Provincial Public Health Office
PQI	Performance Quality Improvement
PRR	Priority Reform and Restructuring
PRT	Provincial Reconstruction Team
PSI	Population Services International
PSS	Provincial Support and Strengthening
REACH	Rural Expansion of Afghanistan Community-based Health Care
RFA	Request for Application
RFP	Request for Proposal
SBM	Standard-Based Management
SDF	Sanayee Development Foundation
SM	Strengthening Mechanism
SMU	Safe Motherhood Unit
TAG	Technical Advisory Group of the MOPH
TAI	Technical Assistance, Inc.
TB	Tuberculosis
T&E	Training and Education
TDY	Temporary Duty
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAKH	Wazir Akbar Khan Hospital
WB	World Bank
WHO	World Health Organization
WRA	Women of Reproductive Age

REACH NGO GRANTEES

ADRA	Adventist Development and Relief Agency
AHDS	Afghan Health and Development Services
AKDF	Agha Khan Development Foundation
BDF	Bakhtar Development Foundation
BRAC	Bangladesh Rural Advancement Committee
CAF	Care of Afghan Families
CHA	Coordination of Humanitarian Assistance
CoAR	Coordination of Afghan Relief
Ibn Sina	
IMC	International Medical Corps
IRC	International Rescue Committee
Medair	
Merlin	Medical Emergency Relief International
NAC	Norwegian Afghanistan Committee
NPO/RRAA	Norwegian Project Office/Rural Rehabilitation Association for Afghanistan
SC/UK	Save the Children UK
SC/US	Save the Children US
SDF	Sanayee Development Foundation
STEP	STEP Health and Development Organization
WVI	World Vision International

REACH/LfL NGOs

AHDO	Agricultural and Health Development Organization
JACK	Just for Afghan Capacity and Knowledge

EXECUTIVE SUMMARY

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched in May 2003 by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID) to address the health of women of reproductive age and of children under age five. The REACH strategic objective is to increase the use of basic health services by these two target groups, especially those living in rural and underserved areas.

Four REACH technical units—Access to Quality Services (AQS), Ministry of Public Health (MOPH) Capacity Building, Provincial Support and Strengthening (PSS), and Training and Education (T&E)—implement activities designed to attain the strategic objective through achieving three intermediate results: (1) expanded access to quality Basic Package of Health Services (BPHS); (2) improved capacity of individuals, families, and communities to protect their health; and (3) strengthened health systems at the national and provincial levels.

During this reporting period, a number of activities begun prior to December 2004 were consolidated, resulting in an increased focus on capacity building among the many REACH partners. REACH held training events to work extensively with NGO grantees on financial management and improved reporting. In addition, capacity building initiatives were reinforced by fruitful face-to-face meetings with individual NGO grantees, a newly introduced bi-weekly newsletter, and continued monitoring through service delivery site visits.

Additional grants to NGOs were finalized in support of improved hospital management. REACH also carried out function and space allocation assessments important to improving hospital services at selected provincial hospitals as well as at specialty and general hospitals in Kabul,

In response to extreme winter conditions and related disease outbreaks, REACH ordered and distributed emergency supplies of drugs. In addition, the REACH NGO Development Team—a new “virtual department”—coordinated training for NGO grantees to improve their capacity to manage drug supplies. Quality of care is being addressed through several new and continued activities. Infection prevention courses were offered for hospital staff (doctors, nurses, midwives, laboratory technicians and cleaners) from provincial and Kabul hospitals. REACH conducted Standards Based Management/Performance Quality Improvement baseline assessments in four provincial hospitals and assessed the waste management system at Malalai Hospital in Kabul.

A major project milestone was reached in April with the graduation of 197 midwives from 20 provinces who trained at the Institute of Health Sciences (IHS) in Kabul and Mazar-e-Sharif. Capacity building initiatives continued and expanded to address training for all cadres of health providers—from newly recruited CHWs to doctors, nurses and midwives receiving refresher training. Prior to their posting to government health facilities, newly graduated medical students are now enrolled in a two-month course on public health designed and implemented by REACH.

Major advances in Social Marketing occurred during this reporting period. A total of 1,789,657 health products were sold by PSI through the social marketing program, including Clorin, oral contraceptives, injectable contraceptives, condoms, insecticide-treated bed nets and safe water vessels. Public health education programs in the areas of safe water, malaria and birth spacing were held for a variety of audiences, and the broadcast of health education radio spots continued. Data collection for the second Knowledge Attitude and Practices (KAP) survey was completed.

REACH produced a variety of information, education and communication (IEC)/ behavior change communication (BCC) materials on malaria, diarrheal disease, personal hygiene and birth spacing topics for distribution through all USAID-funded NGOs. The BCC team also provided training for the MOPH IEC Unit, IEC Taskforce, and NGOs on message and media material design as well as formative research methods.

Learning for Life (LfL), an accelerated health-based literacy program targeting women and older girls to increase their competency to enter female health worker training, began classes in Herat and Kabul for 1,361 students. Training of trainers and curriculum development and review for LfL activity continued.

REACH also continued its active role in building the capacity of the MOPH at central and provincial levels. REACH presented its many activities in orientation sessions held for the newly appointed Minister of Public Health and his top level staff.

First phase implementation of the REACH fully functional service delivery point methodology was successfully completed and presented to the MOPH, which is now interested in introducing the method beyond REACH provinces. An increased focus on hospital management included REACH assistance in reinstating the MOPH hospital taskforce, management improvement workshops and performance quality improvement initiatives at Emergency Obstetrics Centers and provincial hospitals.

At the provincial level, REACH support included ongoing participation and support to monthly Provincial Public Health Coordinating Committee (PPHCC) meetings, joint service site monitoring with the PPHCC, finalizing Provincial Public Health Plans and facilitating the quarterly meeting of Provincial Public Health Directors in Kabul. REACH also assisted in the response to winter disease outbreaks in various provinces through its ongoing work with the newly created Sentinel Surveillance System and the Emergency Epidemiologic Preparedness Response team.

A groundbreaking town meeting, hosted by the Governor of Takhar, took place in Taloqan between nearly 100 religious leaders and health NGOs and provincial health officials to discuss NGO activities and seek the support of these community leaders for their work. The MOPH approved the testing and certification process for nurses, midwives, laboratory technicians, vaccinators and pharmacy technicians; more than 1,000 candidates have been tested to date. Assisted by the REACH Community-Based Health Care team, the MOPH has reviewed and revised the CHW job description and developed a new job description for Community Health Supervisors.

Remaining USAID field support funds for the MSH Management and Leadership Program in Afghanistan were programmed to support a study tour in Egypt for provincial health leaders; scholarships for four persons to attend a four-week course in data management and biostatistics in Pakistan; scholarships for 52 national staff of MOPH, REACH and NGOs to attend a one-year diploma course in Business and Administration in Kabul; and to allow several Afghan partners and staff to attend international conferences in the U.S.

As of the end of May 2005, REACH had made significant progress toward project targets, as seen below (dates for these target achievements are noted and vary according to approved workplans and other variables; targets will change pending approval of the work plan for Project Year 3):

Activity	Target (date)	Achievement (% of target)
Total population provided BPHS services directly through REACH-supported facilities	6,500,000 (life of project)	7,136,726 (110%)
Community health workers trained	4,414 (Dec. 2005)	3, 671 (83%)
Midwives trained	327 (Dec. 2005)	187 (57%)
Health workers retrained	3,100 (Dec. 2005)	1, 410 (46%)
Health workers trained (all types of training offered directly by REACH)	11,103 (Dec. 2005)	10, 067 (91 %)
Females enrolled in accelerated literacy program	7,300 (Dec. 2005)	1,364 (19 %)
Pharmaceuticals distributed (\$ value)	\$7.2 million (Dec. 2005)	\$1.5 million (21%)

This report on REACH activities from December 2004 through May 2005 reflects a period of full implementation of all REACH activities. Despite continued security concerns, the major loss of three MSH staff in a tragic air crash, and unusually severe winter weather, the REACH Program expanded its activities and continued ongoing initiatives in support of the MOPH. This report identifies achievements as well as constraints encountered by the technical programs and presents the plans each has for the future as REACH continues to work toward making quality health care accessible to the Afghan people

INTRODUCTION

Background

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched on May 16, 2003, by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID) specifically to address the health of women of reproductive age (WRA) and of children under age five. To fulfill this mandate, REACH enters into grant agreements with numerous local and international non-governmental organizations (NGOs). During the period of this report, REACH worked in partnership with the following external subcontractors to undertake activities and reach the achievements reported: Academy for Educational Development (AED), Health and Development Services (HANDS), JHPIEGO, Technical Assistance Inc. (TAI), and the University of Massachusetts/Amherst.

The REACH Program's strategic objective is to increase the use of basic health services by two target groups – women and children. With the assistance of the Program's support services, four REACH technical programs address the following intermediate results (IR) through five activity components, as follows:

IR 1 Expanded access to quality Basic Package of Health Services (BPHS)

- Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach
- Improving the capacity of health providers to provide services in rural areas and health facilities
- Developing a social marketing program for contraceptives and other health products¹

IR 2 Improved capacity of individuals, families, and communities to protect their health

- Implementing behavior change communication (BCC) to promote healthful practices through public health education programs, including interpersonal communication and counseling (IPCC) by community health workers and community midwives, and through multi-media communication campaigns

IR 3 Strengthened health systems at the national and provincial levels

- Improving the capacity of the Ministry of Public Health (MOPH) to plan and manage, allocate resources, increase human capacity, strengthen the health information system, monitor and evaluate the BPHS program, make management and policy decisions based on data, and manage the essential drug supply system at national and provincial levels

Key Activities of the REACH Program

The REACH Program awards performance-based grants to Afghan and international NGOs for expansion of the health service infrastructure and delivery of the BPHS in underserved provinces and districts. REACH also supplies grantees with technical assistance and provides drugs and other in-kind supplies.

¹ This component has been handed over to Population Services International (PSI) for direct implementation. See p. 20 for a report of their activities during this reporting period.

REACH works in partnership with the MOPH at central and provincial levels to build the Ministry's capacity to develop policy and to fulfill both its primary role (developing policies and strategies, and overseeing service delivery) and its secondary role (delivering services directly). REACH also works with the MOPH to strengthen its overall systems and skills in areas such as resource development, health information, drug management, financial management and planning, human resource development, grants program management, and health sector leadership.

REACH emphasizes community-based health care through training and equipping community health workers, community midwives, and other service providers to deliver basic services and information as part of an integrated system with community ownership. Empowering women through health-related literacy is also a key element in the REACH Program, as is behavior change communication to promote better health practices.

Structure of this Report

This report reviews REACH activities under the three intermediate results (IRs) and by activity component for the six-month period December 2004 through May 2005, providing the following:

- The key achievements under each activity component
- Major constraints in implementation of activities
- Next steps and ways to facilitate the progress of the technical program

REVIEW OF PROGRESS FOR THE December 2004 – May 2005 PERIOD

IR 1: Expanded access to quality health care services based on the BPHS in health facilities and through community outreach in rural areas

Component 1: Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach

Achievements

Basic Package of Health Services (BPHS) grants

- On December 8, the USAID-funded Angoriyan Basic Health Center in Kandahar was opened after a successful partnership between the Provincial Reconstruction Team (PRT) and the implementing partner, AHDS. The PRT's financial support for the reconstruction of this facility followed successful discussions and joint planning with the NGO and REACH.
- REACH held two one-day workshops on progress reports, deliverables and output indicators for a total of 40 representatives of BPHS NGOs.
- During the reporting period, REACH monitoring teams visited 213 health facilities and 753 Community Health Workers (CHW) to observe BPHS implementation. The visits were made to BPHS NGO grantees BRAC, IMC, BDF, Ibn Sina, STEP, SC-US, MERLIN, NAC and CAF, variously located in Herat, Kandahar and Badakhshan, Kabul, Ghazni, Paktia, Baghlan, Jawzjan, Takhar, Faryab and Bamyan provinces.
- After termination of a services agreement with RCA in Ghazni province, REACH effectively turned over service delivery and management of the former RCA clinics to BDF and SDF, two USAID-funded NGOs currently working in the province.
- REACH Finance Staff conducted an assessment of financial systems and a review of financial documentation for BRAC, BDF and STEP. Assessment and review of BRAC and BDF extended to the field office and facility level. Financial audit reviews were conducted with Merlin, NAC, SDF and SC-UK.
- REACH finalized negotiations with ADRA, a REACH BPHS grantee NGO in Bamyan, to incorporate into their full grant two health facilities previously supported by Medecins Sans Frontier, thus extending the affected communities' access to health services to March 2006.
- In April, nine Face-to-Face meetings were held to comprehensively review programmatic and financial progress with five REACH BPHS NGOs (AKHS Badakhshan, NPO Herat, CHA Herat, CHA Faryab and SDF Ghazni,) and with three Community Midwifery grantees (IRC Paktiya, AKHS Badakhshan, AKHS Bamyan, and AKHS Kabul). Likewise, in May, REACH held Face-to-Face meetings with CoAR; SC-US; SC-UK; IMC, ADRA and CAF Kabul; IMC Bamyan; CAF Baghlan and Takhar; WVI Herat and Ghor and WVI Midwifery Education. Following these meetings, the NGOs organized action plans to improve performance.
- A grant was signed with the Sandy Gall Afghanistan Appeal/Kabul Orthopedic Organization on an Unsolicited Grant Proposal for orthopedic and prosthetic services for the physically disabled. Physiotherapy will be provided for 2,880 patients, 1,200

orthopedic devices will be manufactured for the disabled, and 12,000 people will be educated on related health issues.

- A workshop was held from January 31-February 2 on Use of Information for Grant Management for staff of the MOPH Grants and Contracts Management Unit (GCMU), USAID and REACH; topics included sources and verification of information in measuring grant progress and targeting appropriate interventions/corrections.
- Nine international and 41 Afghan staff from 20 NGOs (11 international and 9 Afghan) participated in the second REACH financial compliance workshop, held at Ibn Sina Hospital from February 28-March 3. Topics included invoicing, financial management requirements, program income reporting, audits, drug management, procurement, inventory, and USAID rules and regulations.
- Modifications were made to the BPHS grant in Ghazni (BDF) to formally include the provincial hospital, the Tuberculosis (TB) center and four facilities handed over to BDF from RCA. The modifications will continue these facilities' activities until March 2006.
- In an effort to strengthen communication with its implementing partners, REACH began producing a bi-weekly NGO Newsletter to convey key REACH technical and contractual issues to all NGOs receiving USAID support through REACH. Twelve issues of the newsletter were produced and distributed during this reporting period.
- During the review period, a number of grant modifications were signed with Basic BPHS grantees. The modifications were made to reduce grant ceilings, add vehicles and other equipment needed to enhance outreach activities and to upgrade the Sharan provincial hospital. As necessary, grant advances were also adjusted to limit cash-on-hand to three months' operating costs.

Supporting Provincial and other Hospitals

- On January 3, USAID, REACH and representatives of both the central and provincial levels of the Ministry of Public Health (MOPH) selected BDF to support the Provincial Hospital in Ghazni province. With the addition of this hospital, USAID is now supporting provincial hospital management and care in four provinces (Paktia, Paktika, Khost and Ghazni).
- BDF, a REACH provincial hospital grantee, assumed operation of Ghazni Provincial Hospital on February 1, 2005, upon the formal handover of resources by its former operator, the International Committee of the Red Cross (ICRC).
- On February 2, 2005, REACH issued the RFP/MSH-REACH 05-001 Design of Modular Hospitals to three short-listed firms. Following analysis of the proposals, the selection panel decided upon a firm; final negotiations are currently between the selected firm and MSH Boston.
- REACH prepared function and space allocation programs, including cost estimates, for the Panjsheer 50-bed Provincial Hospital, the Nooristan 60-bed Provincial Hospital, and the Diakundi 100-bed Provincial Hospital.
- REACH prepared project justifications and cost estimates for three hospitals in Kabul City: a 50-bed Obstetrics Hospital in Khushal Khan District, a 50-bed Obstetrics Hospital in Wazir Abad District and a 150-bed General Hospital in District Eight. The purpose of this activity was to support MOPH in submitting justification and cost for these projects to the Ministry of Finance. The MOPH had been approached by other donors and organizations who were considering helping with these hospital needs but required estimates on costs and justification.
- REACH prepared a function and space allocation program and sketch for the Ataturk Out Patient Department (OPD) clinic, which will have the capacity to receive 25,000 patients per year.

- REACH prepared a detailed function and space allocation program for the Karte Now 160-bed General Hospital and a preliminary space allocation program for the Ayub Khan Mena 400-bed Hospital in Kabul City.
- A pre-award letter of agreement was signed between MSH and Loma Linda University for initial funds to support the management of Wazir Akhbar Khan Hospital, Kabul. Technical assistance was provided to team members from LLU who arrived for initial start up activities.

Provision of Essential Drugs and Commodities to BPHS Grantees

- After finalizing an agreement with WHO, the REACH Program distributed tuberculosis drugs to eight of its BPHS implementing NGO partners, including: AKDN, SCUS, World Vision, CAF, BRAC, IbnSina, BDF and IMC. Priority was given to assessment and supply of Round 1&2 NGO sites which have been functional for a longer period.
- Efforts are ongoing to ensure that the NGOs are prepared to properly diagnose and treat TB patients. This includes refresher training of providers in TB diagnosis and treatment, development of a team approach to expanding DOTS, and TB medicine stock management and reporting. With assistance from the US Army, a training program for laboratory technicians to improve TB smear quality was developed during this time period to be implemented later this year.
- Forty-nine metric tons of essential medicines, primarily antibiotics and ORS, arrived via airfreight. These drugs were distributed to assist REACH NGOs in responding effectively to disease outbreaks and winter emergency situations.
- By the end of this reporting period, 120 metric tons of essential medications ordered from International Dispensary Association (IDA) as part of a \$2.7 million order had arrived in Karachi and were awaiting customs clearance.
- A four day TOT on Managing Drug Supply was conducted for 37 pharmacists from 20 NGO grantees.
- REACH conducted pharmaceutical assessments of Medair, STEP, IMC, BRAC and IbnSina and identified weaknesses and strengths. Assessment findings were used to provide on-the-job training.
- In order to improve the pharmaceutical management system, the Drug Management Unit revised and unified the pharmaceutical formats to be used by all REACH grantees.
- REACH technical staff jointly analyzed information made available by HMIS and REACH drug stock management, identifying three high risk NGOs for further assessment and support.

Clinic Construction Coordination

- REACH continues to assist the MOPH in matching new construction sites with a service provider, equipment and other inputs required for operational clinics; a total of 218 sites have been selected for the construction of health facilities.
- REACH continues to participate in the overview of site assessment in 33 provinces to identify health facilities which need refurbishment. Updated information indicates that approximately 100 health facilities (hospitals, CHCs and BHCs) will be refurbished by USAID in 2005.
- Japan International Cooperation System (JICS) and REACH updated the list of facilities receiving equipment contributions from JICS to reflect USAID construction cancellations.

Constraints

- Security in the provinces continued to cause problems for grantees implementing the BPHS. Attacks and threats of attack created an unpredictable working environment and made grantee spending difficult to project.
- Inputs expected from other donors/partners were not delivered in a timely fashion, forcing REACH to fill unexpected gaps and creating implementation challenges. When UNICEF did not provide necessary EPI equipment or vaccines as required, USAID agreed to fund the purchase of EPI equipment and outreach vehicles. Provision of vaccines by UNICEF is still delayed. A change in the commitment from World Bank to provide medical equipment to USAID-constructed clinics necessitated extensive efforts by the MOPH and REACH to coordinate the donation of 100 kits of equipment from JICS and the direct funding by REACH of equipment for the remaining clinics. Additionally, the unanticipated withdrawal of NGOs and donors (i.e., ICRC, MDM and SCA) has left some clinics without funding, and the MOPH has turned to USAID to fund those gaps. Although UNICEF issued an RFP for support to the Emergency Obstetric Care (EMOC) units of Takhar and Badakhshan, no awards were made, thereby leaving the EMOC units of these two hospitals without the required funding. Because these two EMOC units are clinical training sites for Community Midwifery Education students, the lack of support has impacted the opportunity for students to fully practice new skills.
- Clinical training sites for midwives in Takhar and Badakhshan lacked resources/patients, thus hampering our grantees' training efforts.
- The MOPH was delayed in approving the Essential Package of Hospital Services (EPHS), which slowed REACH-grantee implementation of hospital services.
- Having identified several deficiencies in our grantees' pharmaceutical management systems, REACH is working to improve these systems through monitoring, feedback and training.

Next Steps

- REACH will continue with the day-to-day management of 59 grants to 23 organizations for BPHS, midwife training, community midwife training and unsolicited initiatives.
- REACH will provide ongoing technical support to all grantee NGOs to improve and expand coverage of family planning and immunization services in their catchment areas.
- REACH will disburse more than \$8 million in pharmaceuticals to its grantees.
- As REACH enters its final year, the grants management staff will focus on closing out all grants in accordance with USAID regulations. The close-out will include the handover of management and fiscal oversight responsibility to the MOPH for 4 hospitals, 320 health facilities and 4500 CHWs.

Component 2: Improving the capacity of health providers to provide services in the rural areas and in health facilities

Achievements

CHW Training

- REACH conducted a Training of Trainers (TOT) course (February 20-24) in Kabul for 24 Community Health Worker (CHW) trainers from Kabul and Ghazni provinces.
- Seventy-one CHW trainers of REACH grantees received refresher training courses in Herat, Ghazni, Kandahar, Kabul and Paktika provinces.

- CHW master trainers conducted a Post-training Field Assessment in Khost (IMC) and Paktia (Ibn Sina). As part of the Post-training Field Assessment, the master trainers provided technical assistance to IMC and Ibn Sina CHW trainers.
- To ensure that all REACH grantees meet their training targets for community health workers, community mapping, and community Shura (health committee) members, REACH held a two-day workshop attended by 47 NGO CHW training managers and trainers to prepare implementation plans for their training programs during the remainder of the project.

Community Mapping Initiative

- In December 2004, REACH held consecutive TOT Workshops in Kandahar and Paktia provinces for the Community Mapping Tool, a methodology allowing illiterate or semi-literate CHWs to monitor health behaviors in their communities. Thirty one participants attended these workshops.
- Eighty-nine CHW trainers/supervisors, vaccinators and unit program managers participated in TOT workshops on Community Mapping in Kabul, Mazar-e-Sharif, Jawzjan, Faryab and Baghlan provinces.
- Community Leadership TOT workshops were held for a total of 186 NGO CHW trainers/supervisors and health facility staff in Kabul, Herat, Faryab, Ghazni, Ghor, Baghlan and Kandahar provinces.

Midwifery Grants

- REACH finalized modifications to the Midwifery Program at the Institute of Health Sciences (IHS) Kabul (AKDN).
- REACH finalized grants for Community Midwifery Programs in Bamyan and Badakhshan provinces (AKDN) and in Paktia province (IRC).
- REACH sent an RFP to five pre-selected firms for the design of regional and provincial midwifery school training centers and dormitories.
- REACH Program staff visited Midwifery Education Programs in Herat, Khost and Mazar-e-Sharif to conduct baseline assessments of currently existing educational standards as well as to provide technical assistance to the clinical and educational aspects of the training programs.
- The Badakhshan Community Midwifery Education (CME) program opened February 3 with a class of twenty students.
- An Effective Teaching Skills course was conducted in Mazar-e-Sharif for 24 midwifery instructors from the Mazar/IHS and several other community midwife campuses.
- In partnership with the IHS, AKDN and the MOPH, REACH celebrated an historic event: the graduation of 138 midwives, who come from 20 different provinces in Afghanistan, from the Kabul IHS Midwifery Training Program. Sixty-five of these newly graduated midwives have since been employed. Another 59 midwives graduated from Mazar-e-Sharif IHS in the month of April.
- REACH staff and consultants made technical support visits to Bamyan and Paktia Community Midwife Programs.
- Forty IHS and community midwifery training program staff participated in the second REACH workshop on accreditation of midwifery education, held at the IHS, Kabul. The workshop agenda included discussion of the future of midwifery education accreditation, review of the use of the Midwifery Education Assessment and Monitoring Standard Tool, and a review of progress in a training program assisting students to achieve clinical competencies.

- A family planning course was held in Kabul for 13 clinical faculty from four IHS Midwifery Programs to update the knowledge and standardize the skills of participants in delivery of family planning services according to national clinical standards.
- Following review of three applications for RFP 05-002 (Regional Training and Provincial Midwifery School Designs for Bamyan and Badakhshan) and deliberations and interviews involving two of the three applicants, the Abad Design Firm was selected to implement the project. Negotiations with the firm have begun.

Infection Prevention Program

- A REACH Infection Prevention Experts Course was conducted for representatives of nine hospitals in Afghanistan. Forty-six doctors, nurses, midwives and lab technicians learned how to apply infection prevention practices throughout their hospitals.
- A three-day Infection Prevention workshop was held for a total of 40 staff from the four provincial hospitals where REACH is implementing comprehensive hospital management programs.
- REACH conducted baseline assessments of Infection Prevention Practices at Kandahar, Bamyan, Mazar and Jalalabad Hospitals. The assessments are part of the National Infection Prevention Program, which is using the Standards-based Management (SBM) approach for Performance and Quality Improvement (PQI).
- Twenty-one staff members of hospitals participating in the Infection Prevention Program (9 from the provinces and 12 from Kabul) participated in an Infection Prevention course from April 13 to 18.
- A ten-day Effective Teaching Skills workshop was held for 30 participants from infection prevention program sites as well as from several midwifery campuses.
- A total of 92 cleaners received infection prevention training conducted in Malalai Maternity Hospital, Kabul, and the Regional Hospital, Herat. The training specifically targeted hospital cleaning activities to enable cleaning staff to achieve (SBM/PQI) standards.
- With the support of a German biomedical engineering consultant, the REACH infection prevention program installed a previously donated, but as yet unused, washing machine at Malalai Hospital and seven hospital laundry personnel were trained in its use. This will double the hospital's capacity to provide clean linen to the patient areas.

Improving the Quality of Care in Maternity Centers

- An assessment report was prepared for the MOPH on Malalai Hospital's waste system; three alternatives for proper treatment were proposed.
- On February 20, REACH, PRTs, MOPH, UNICEF, and Hope Worldwide assessed the facilities at Malalai Hospital and identified issues with both sewage and water systems.
- Twenty-two Essential Obstetric Care (EOC) trainers were refreshed on clinical training skills. The annual EOC training work plan for 2005 was developed.
- An EOC course held at Malalai Hospital for 16 doctors and midwives from Jalalabad, Mazar-e-Sharif, Bamyan, Kabul, Jawzjan, Gardez and Badakhshan provinces required participants to demonstrate competency in essential obstetric skills basic in addressing both maternal and newborn survival.
- An EOC course was held in Jalalabad to update the knowledge and standardize the skills of 16 participants in key safe motherhood practices according to national clinical standards.

Health Workers Refresher Training

- USAID-supported NGOs implementing REACH Program Refresher Training completed four courses in Integrated Management of Childhood Illness (IMCI) on January 6.
- From January 8-13, sixty trainers received clinical training in newborn care, family planning and infectious disease, enabling them to provide refresher training to practicing doctors, nurses and midwives across the 13 USAID priority provinces.
- During this reporting period, doctors, nurses and midwives completed 1,248 refresher training modules in IMCI, Family Planning, Infectious Diseases, Newborn Care and Antenatal/Postnatal Care.
- The REACH Refresher Training Unit agreed to coordinate and developed a curriculum for an emergency 3-4 week introductory public health and clinical standards course in Afghanistan for 200 medical school graduates who will be posted to governmental health facilities.

Constraints

- High turn over among NGO CHW training staff
- Difficulties in organizing attendance at the refresher training courses so that the courses are kept full without causing long-term absences of clinic staff from the facilities where they work.

Next Steps

CHW Training, Community Mapping and Community Leadership

- Teacher training of the NGO training staff has been completed during this period, but staff turnover requires occasional additional teacher training courses.
- Over the rest of the project, the REACH staff's main task will be field follow-up visits to provide on-the-job support to and supervision of the NGO trainers.
- To assist the NGO training managers in the completion of their training programs, a workshop on Performance Improvement in Training Management will be held in early July.
- The main challenge for the REACH field training staff during the next six months will be the training of approximately 250 NGO Community Health Supervisors

Safe Motherhood

- Technical support to the midwifery training schools will include preparation for teaching the family planning and child health components of the curricula and the consolidation of teaching skills and standards.
- A goal is to work with the Human Resources Directorate of the Ministry of Public Health and the Institute of Health Sciences for the adoption of Educational Standards for the midwifery schools as the basis of an accreditation process for all midwifery schools in Afghanistan.
- In support of the Quality Improvement and Infection Prevention programs, training and equipment have been supplied to the following hospitals: Malalai, Rabia Balkhi, and Khair Khana in Kabul and Bamiyan, Jalalabad University Teaching, Herat and Mazar-e Sharif

Refresher Training

- The next six months will see the completion of the refresher training in the four main clinical modules.

- A two-week teacher training workshop will be held at the end of July to train the trainers of the four implementing NGOs in the final two modules: Community Health in Afghanistan and, in a combined course, Disability and Mental Health.
- REACH will contract with a NGO to manage a training program for the laboratory staff of REACH grantee health facilities.

Component 3: Develop a social marketing program²

Achievements

- Total social marketed products sold between December 2004 – May 2005 were as follows:

Name of Product	No. of Products Sold
Clorin	207,180 bottles
No. 1 condoms	1,116,511
OK Oral Contraceptives	224,456 cycles
OK Injectable Contraceptives	110,253 cycles
Safenite Nets	78,218
Safe nite Net tabs	45,850
Safe water vessels	7,189

Training

- Trained 752 pharmacists and pharmacy personnel in Mazar and Herat in birth spacing and communication with clients.
- Trained 120 Mullahs in Takhar province in safe water systems (SWS) and the use of Clorin.
- Trained 180 Shura members in Takhar and Kunduz provinces in malaria prevention and SWS.
- In collaboration with BDF, trained 124 CHW in Mazar province on SWS and malaria prevention.
- Trained 114 hotel staff and vegetable sellers in Kabul in the use of SWS.
- Trained 13 midwives in Herat in reproductive health issues.

Research and Communication

- Completed data collection and data entry for a Knowledge, Attitudes and Practices (KAP) survey. The researchers collected data from 3,500 households in seven provinces.
- Conducted Focus Group Discussions (FGD) to test the acceptability of materials produced for Safenite bednets and retreatment kits.
- Conducted FGDs to test the acceptability of Clorin radio spots.
- Provided assistance to Johns Hopkins University (JHU) on a study to measure the relative efficiency of different interventions to reduce diarrheal disease. PSI is currently providing health education and distributing 20-liter water storage vessels and bottles of Clorin to approximately 2,200 households surveyed by JHU.
- Produced five radio spots for Safenite and Clorin
- Produced print materials, including three posters and a leaflet for Safenite
- Placed 18 billboards in six locations for Clorin and Safenite

² This component has been handed over to Population Services International (PSI) for direct implementation through a cooperative agreement with USAID.

- Broadcast 10 radio spots a total of 7,564 times for SWS/Clorin and malaria prevention/Safenite.
- Developed branding and packaging materials for SafeChild zinc tablets.

Sales and Distribution

- Organized a campaign to fight the outbreak of Acute Watery Diarrhea Disease (AWDD). PSI has pledged to distribute 35,000 bottles of Clorin and 30,000 20-liter water storage vessels in six neighborhoods in Kabul that lack access to pure water. PSI is also committed to the provision of vessels and Clorin supplies to 25 schools that serve approximately 40,000 students in the target neighborhood
- Imported 100,000 bednets, 2,100,000 zinc tablets, 420,000 packets of ORS, 110,000 doses of injectable contraceptives, 600,000 cycles of oral contraceptives, and 125,000 net re-treatment tabs. Locally produced 220,000 bottles of Clorin.
- Distributed 886 twenty-liter water vessels and 3,500 bottles of Clorin to 10 schools in Takhar province.

Constraints

- Civil unrest in Jalalabad province prevented the training department from completing activities. The Women's Affairs Office was destroyed by insurgents and documents burned.
- Unrest in Wardak province has hampered efforts to provide assistance to the JHU study on reduction of diarrheal disease.
- The local manufacturer of Clorin bottles and water vessels has not had the capacity to produce quality products in a timely manner.
- Significant delays in condom delivery through the USAID procurement system have resulted in a condom stock out.

Next Steps

- Complete data analysis and final report for KAP survey.
- Complete project close out activities, including assisting local staff to locate employment, correctly disposing of project assets, and terminating contractual obligations.
- Continue sales and distribution activities through August 31.
- Handover activities to new social marketing entity for the follow-on project.

IR2: Improved capacity of individuals, families and communities to protect their health

Component 4: Implementing behavior change communication to promote healthful practices through public health education programs, including interpersonal communication and counseling by community health workers and community midwives and through multi-media communication campaigns.

Achievements

Information, Education and Communication /Behavior Change Communication

- REACH produced Information, Education and Communication (IEC) materials on malaria, control of diarrheal disease, personal hygiene, and birth spacing for BPHS grantees.

- Materials for the first three subjects came in four formats, which REACH printed in the following quantities: 1,800 cloth flip charts, 3,900 flip cards, and 15,000 large and 150,000 small posters. Birth spacing materials were printed in two formats: 5,000 large posters and 1,300 flip cards.
- The REACH Program distributed approximately 250 sets (one per facility) of IEC materials with MOPH approved health messages to all of the USAID-funded NGOs delivering BPHS.
- The REACH Program staff completed the Interpersonal Communication and Counseling (IPCC) curricula for doctors and nurses and incorporated it into REACH and MOPH refresher training.
- From January 25 to 27, REACH conducted a workshop on the Design of IEC Messages for Health for a total of 24 members of the MOPH IEC Task Force and NGO representatives in order to empower IEC professionals in working together and developing appropriate health materials.
- REACH conducted a Workshop on Media Material Design from February 13-17 for members of the MOPH IEC task force and NGO staff. Nineteen health professionals participated in the workshop.
- From February 5 to 10, a total of 18 members of the MOPH IEC Department, members of the MOPH IEC Task Force and other NGO participants received training on Formative Research Methods for developing IEC messages and materials.
- REACH developed prototypes of materials on the Expanded Program on Immunization (EPI), family planning, child nutrition, and TB. Pre-testing of the materials was completed in Kabul province.

Learning for Life

- Learning for Life (LfL) classes began in Kabul and Herat provinces with 1,361 women participating in the accelerated literacy program for grades 1-6.
- Of 28 prequalified NGOs, eight eligible proposals were received for Phase 2 LfL activities in Paktika, Baghlan, Ghazni and Faryab provinces. Four NGOs received subgrants to implement training in these provinces.
- The upcoming Phase 3 LfL provincial awards were publicized; on April 6-7, the LfL Program's Proposal Review Committee reviewed Phase 3 applications for grants to run classes in Jawzjan, Takhar, Badakhshan, Khost, and Bamyan provinces. Selections for these five provinces were made from among 15 qualified proposals.
- Sixty-one female LfL facilitators at sites in Kabul and Herat provinces received training in health topics, teaching methodologies, and how to use newly produced instructional design materials.
- Twenty-one LfL staff attended a two day-workshop on gender issues, organized by IRC.
- The LfL unit finalized the curriculum for all subjects for level one (grades 1 to 3) and level 2 (all milestones) and developed background and teaching materials.
- Instructional design of the Bridging Program for potential community midwifery candidates is underway. Milestones for language, communication and analytic skills, and math have been developed. Activities for the first three units of language and for four units of communication and analytic skills were developed.
- A 10-day orientation was held for 23 LfL program managers from three Phase 2 NGO sub-grantees in Baghlan, Ghazni, Paktika and Paktia provinces. These program managers received orientation in accelerated, active and adult learning; multi-grade teaching; monitoring and evaluation; reporting; and other aspects of project implementation.
- Part three training for NGO sub-grantees from LfL Phases 2 and 3 was held from May 8 to 19 in Kabul. Forty-nine staff from seven provinces (Badakhshan, Takhar, Bamyan,

- Jawzjan, Khost, Ghazni, and Paktia) participated. Topics included Accelerated Learning, Adult Learning, Active Learning, Health, Social Learning, Multi-grade Teaching, Monitoring and Evaluation, Reporting, and Project Implementation Sessions.
- Due to concerns about security and capacity among potential implementing NGOs, LfL classes will not be held in Kandahar province. Following completion of an application and review process, funding for Kandahar was redistributed among four implementing partners: JACK/Takhar, AHDO/Khost, CoAR/Jawzjan, SDF/ Ghazni.
 - LfL grant awards were signed with Future Generations (Bamyan), Afghan Health and Development Organization (Khost), and Coordination of Afghan Relief (Jawzjan).
 - Fourteen LfL staff attended a one-day Beneficiary Protection workshop offered by the IRC Protection Unit in Kabul. The workshop focused on human rights, women's rights and the rights of learners.

Next Steps

IEC/BCC

- Production and distribution of the materials on Expanded Program on Immunization (EPI), family planning, child nutrition, and TB.
- Development, pre-testing, production and distribution of IEC materials on Healthy Pregnancy, Planning for Delivery, Safer Home Delivery, and Postnatal Care
- Introduction of items into the AQS Monitors' checklist to ensure that IEC materials are being distributed to both facilities and health posts and used appropriately.

Learning for Life

- Phase 2 and 3 grantees will begin classes in July, including Foundations Program classes for women at the primary grade levels and Bridging Program classes for women with a Grade 6 education, who will be prepared to apply to the Community Midwifery schools in their provinces.

IR3: Strengthen health systems at national and provincial levels to improve MOPH capacity to plan, manage and allocate resources

Component 5: Improve the management and leadership capacity of the MOPH at all levels

Achievements

Provincial Level

- Meetings were held between USAID, REACH and the PRT Central Command to plan construction of two community midwifery training centers in Bamyan and Badakhshan provinces. The construction effort will complement existing USAID and REACH Program midwifery training activities in these two provinces.
- An EPI Equipment Handover Ceremony was held on December 9 to mark UNICEF's donation of 60 USAID-purchased refrigerators and 120 vaccine carriers to USAID-supported grantees for cold chain use in the 13 REACH provinces.
- In Khost province, REACH staff assisted members of the Provincial Public Health Office (PPHO) in developing plans for effective hospital management. Khost Hospital is one of the four provincial hospitals being supported by USAID through the REACH Program.
- REACH provincial representatives participated in Provincial Public Health Coordination Committee (PPHCC) meetings in all 13 REACH provinces.

- Takhar PPHCC members selected the site for the MERLIN Comprehensive Health Center (CHC).
- PPHCC members in Khost, Paktia, Paktika, Badakhshan, Baghlan, Kandahar and Ghazni provinces received training on Community Based Health Care (CBHC)/Basic Package of Health Services (BPHS). Such training provides provincially-based MOPH staff an opportunity to review MOPH standards and policies.
- PPHCC members made joint monitoring visits to health facilities in Kandahar, Faryab, Kabul, Pakita, Jawzjan, Paktika, Bamyan, Ghazni, Khost and Herat provinces and provided feedback to improve service provision. The joint monitoring checklist has several sections, including Facility assessment, FFSDP standards, Community, and EPI/FP. In addition to looking at areas covered by the FFSDP tool, monitoring covered the availability of an ambulance, means of communication, cost-recovery schemes, the duplication of health facilities in the same catchment area, progress of BPHS implementation, the CBHC program, household survey findings and progress, the availability of IEC material, and EPI/FP services and coverage. Feed-back was provided to the health facility staff and the PHCC members (including the monitored NGO) and the PHCC members discussed actions to be taken. Observations included concerns about duplication of work by health facilities, working hours and presence of the staff as well as the presence of expired drugs at the facility, weak community-based health care approaches, the need for more CHW training, and the need to use the results of BPHS and HMIS reports. The PHAs are now focusing their TA in helping the PHCC to effectively follow-up the feed-back given to the NGOs with actions based on the monitoring results.
- The REACH Program field offices coordinated their activities with all stakeholders, including PPHOs, NGOs, and the PRTs, through the PPHCC in their provinces. A few examples of this successful collaboration include obtaining community support for the construction of a clinic in Darqad district of Takhar province, which helped to include this clinic on the USAID 2005 construction list, and, in Baghlan province, obtaining a financial contribution of US\$12,500 by the PRT to repair the roof of the Baghlan Hospital.
- In Herat province, REACH presented its activities and those of the USAID-funded NGOs working in the province to the PRT and USAID Representative. The meeting resulted in the PRT approving a proposal to help support the provision of fuel to heat the Herat Provincial Hospital.
- To prevent future outbreaks of preventable disease, PPHCCs in Takhar, Bamyan, Ghazni, Faryab, Herat, Paktia, Khost, Paktika and Kandahar provinces prepared emergency response plans for each province. To-date, Faryab and Takhar provinces have been oriented to the plans.
- Provincial health plans for PPHOs in the 13 REACH provinces were finalized and submitted to MOPH for review.
- The Public Health Advisor (PHA) for Ghazni province initiated and facilitated a preliminary meeting between the PRT and grantee NGOs to discuss issues on improved co-ordination, collaboration and support.
- A coordination meeting hosted and led by the governor of Takhar was held on May 29 in Taloqan attended by 94 Mullahs representing all districts of Takhar as well as representatives of local and international NGOs (REACH, Merlin, CAF, CFA, Mission East, Concern, AKDN, AAR Japan) working in the province to ensure better understanding; to share the roles and contribution of the NGOs in the rehabilitation, reconstruction and other development activities in different sectors of Afghanistan; and to ensure support from the local authorities and religious leaders for the NGOs.

Provincial Health Planning

- After finishing the second phase of the Provincial Public Health Planning process in Herat and Bamyan provinces, REACH successfully completed roll-out planning methodology for all 13 of the USAID priority provinces and three WHO supported provinces; the methodology will enable these 16 provinces to identify and target local health issues. This experience was evaluated in December and recommendations made to senior MOPH managers for continuation of the process in other provinces and on ways to use these plans at the central level.
- REACH facilitated and provided technical assistance for the second quarterly National Provincial Public Health Director's (PPHD) workshop in Kabul. The 73 people attending included 30 PPHDs and representatives of various MOPH departments, NGOs, and donors. The Minister of Public Health and the Deputy Ministers attended both the opening and the closing sessions and responded to questions raised by the PPHDs.

Fully Functional Service Delivery Point (FFSDP)

- A final assessment in December 2004 of the past six months of Fully Functional Service Delivery Point (FFSDP) activities completed initial implementation of FFSDP methodology. The assessment showed that all FFSDP-implementing facilities had met at least 51 of the 103 standards which indicate quality service delivery. REACH presented the results to the donor community and the MOPH, which will present the FFSDP tool to the Executive Board for nationwide adoption.
- A total of 110 REACH NGO Grantees and PPHO staff received FFSDP training in Herat, Ghazni, Takhar, Kabul, Kandahar and Faryab provinces.
- Baseline evaluation of FFSDP standards at 140 health facilities managed by IMC, STEP, BRAC, CHA, CAF, Merlin, AHDS BDF and SDF was conducted in Takhar, Herat, Kabul, Kandahar, Faryab and Ghazni provinces. Using the evaluation results, REACH worked with all health facility staff of these NGOs to develop work plans for the implementation of corrective actions.
- REACH NGO grantees NPO, CHA and STEP conducted a first-round FFSDP internal assessment in 15 health facilities in Herat and Kabul provinces.

Central Level

Policy, Coordination, and Capacity Building

- On December 5, the REACH Program hosted a Technical Roundtable Discussion on Medical Ethics in Afghanistan. The 20 medical professionals attending discussed professional attitudes and approaches towards patients as well as the impact of cultural and religious values on service delivery.
- REACH assisted several of its primary counterparts at the MOPH, including the Human Resources, Hospitals, Health Policies and HMIS departments, in preparing presentations and summaries of activities for review by the new Minister and his senior staff.
- REACH assisted the MOPH in revising the "Seven Working Principles of the MOPH." The principles were reviewed by the Technical Advisory Group (TAG) and recommended to the MOPH Executive Board for approval.
- REACH provided technical support to the IHS in developing a revised, more functional organizational structure.
- The job description for CHWs, the terms of reference for the MOPH CBHC, and recommendations for CHW sustainability were finalized and forwarded to the MOPH Executive Board.

- The REACH MOPH capacity building team participated in the Flagship Course on Health Financing and Hospital Reform, teaching sessions on health economics, efficiency and equity, and made presentations on REACH hospital work. Learners attending the Flagship Course included a large number of senior MOPH, NGO (including REACH) and donor staff.
- REACH supported and provided technical assistance to MOPH taskforces related to the Rollback Malaria Program, the Global Fund proposal for malaria, the Monitoring and Evaluation taskforce, campaign for hygiene promotion in Kabul and the MOPH Research Committee.
- REACH supported the MOPH TAG in analyzing the national balanced score card presented by the Third Party Evaluation Team (Johns Hopkins University).
- REACH assisted the MOPH in the review and revision of the MOPH National Health Policy 2005-2009 and the National Health Strategy 2005-2007. Reviewed by TAG and approved, these policy and strategy documents have now been circulated to other line ministries and units for review and comment.
- REACH provided in-service training for the MOPH Grants and Contracts Management Unit (GCMU) on topics including the Grants Management Manual; data for decision making; and USAID monitoring, evaluations and audits.
- REACH supported the Sentinel Site Surveillance Task Force in finalizing national guidelines for implementation and management of the Sentinel Surveillance System. The proposal and budget for Afghanistan's Sentinel Surveillance System was finalized and forwarded to key stakeholders within REACH and WHO. It will be presented to senior MOPH staff through the technical coordination meetings for approval and implementation.
- The design for prefab offices to house 12 staff at the central MOPH was completed and a site visit made to the prefab construction factory. Three firms submitted quotations.
- The MOPH National Salary Policy (NSP) Task Force revised the National Salary Policy, which will now be sent to the EPI Task force to provide input on how to provide incentives to the vaccinators.

Basic Package of Health Services (BPHS)

- Twenty-two NGO representatives attended a one-day workshop entitled "Increasing Community Participation for the BPHS in Afghanistan." Workshop participants finalized the roles and responsibilities of the Shura-e-Sehi (community health committee), drafted the Community Health Supervisor job description, and refined the community readiness checklist.
- Modifications to the original design for Basic Health Centers (BHC) were completed; the design now awaits MOPH approval.
- The MOPH Executive Board approved the BPHS revisions, which were thoroughly reviewed during 2004 and approved by the TAG in December 2004.

National Hospital Policy

- With REACH technical support, final revisions to the Essential Package of Hospital Services (EPHS) were completed by the MOPH Hospital Task Force in December and submitted to the Technical Advisory Group for endorsement. The EPHS, a complement to the BPHS, delineates the services, staffing, equipment, supplies and drugs that should be present at the three levels of hospitals--district, provincial and regional—and will serve as the basis for establishing clinical care and service standards.
- The TAG approved the EPHS, which was then submitted to the MOPH Executive Board for final approval.

Hospital Management

- With REACH technical support, the Hospital Management Task Force at the MOPH was reinstated; the Task Force will use outcomes of the Flagship Course related to hospital reform to help determine its priorities for the next six months.
- A Hospital Management Improvement Workshop on community hospital boards, hospital maintenance, and infection prevention was completed for 37 staff (32 men and 5 women) from the four provincial hospitals supported by REACH.
- A Hospital Management Improvement Workshop was held at Ghazni Provincial Hospital, the first mentoring process carried out in Ghazni as part of networking among the four southern provinces.
- A Community Hospital Board was established in Ghazni Province to better link the community with services provided by Ghazni Provincial Hospital and to promote mutual understanding and cooperation in the future.
- A REACH team visited Ghazni hospital on May 2 to observe the learning process on and practical implementation of standards of surgery, anesthesia, and obstetrics/gynecology. The delegation also visited the regional TB center in Ghazni and made recommendations for rational use of this center for TB control in the region.
- REACH supported the MOPH Hospital Management Task Force in brainstorming on the use of US\$10 million allocated by the Ministry of Finance for the hospital sector. The Task Force has initially suggested using the funds to cover the need for hospital services, focusing on Uruzgan, Saripul, Bamyan, Faryab, Baghlan, Kunar, Ghor, Badghis and Badakhshan provincial hospitals. The issue is under discussion in the MOPH and awaiting further review by both the hospital taskforce and the MOPH executive board.
- REACH conducted a baseline assessment of Gardez Hospital on establishment of the community board, the hospital building and facility maintenance, and surgical and anesthesia standards.
- REACH facilitated discussions between the MOPH Hospital Task Force and Loma Linda University on support for the Wazir Akbar Khan Hospital.

Quality Improvement

- The REACH Program conducted the second workshop in the SBM/PQI process to improve clinical services at six EOC Centers involved in midwifery education. Thirty-six representatives of the EOC participated.
- The REACH Program hosted a PQI workshop for 27 staff of provincial hospitals in Ghazni, Paktia, Paktika and Khost provinces. The workshop, held from January 15 to 18, followed initial assessment and work planning exercises that took place at the hospitals over the past months, providing an opportunity to develop a more advanced assessment and set of management skills to be applied to hospital management practices.
- A SBM/PQI workshop was held for hospital teams involved in the implementation of SBM in Infection Prevention. Fifty-two PQI Team members received the training.
- Baseline assessments of Infection Prevention Practices were conducted at Khair Khana and Rabia Balkhi Hospitals in Kabul.
- A presentation on the PQI approach and its application to date in four provincial hospitals was given at the MOPH TAG. The presentation covered PQI baseline assessments, resulting action plans and SBM approaches.
- New PQI standards in surgery, emergency care, and anesthesia were drafted, presented in a workshop on April 24-27 to 40 staff from four Provincial Hospitals in Ghazni, Paktia, Paktika, and Khost, and revised based on their input. Two days of the workshop were spent on advanced obstetrical standards as follow up to a basic EOC course held in November 2004.

- On-the-job training in EOC, operating room management, and out-patient department (OPD) activities related to obstetric services was provided to team members of the four Provincial Hospitals and to some employees of Ghazni Provincial Hospital.

Health Management Information System (HMIS)

- During this reporting period, a total of 147 PPHO and REACH and non-REACH NGO staff received Health Management Information System (HMIS) refresher training. Another 107 PPHO and NGO staff attended basic HMIS training sessions.
- Twenty-one staff of NGOs and PPHO participated in HMIS TOT workshops in Herat and Paktia provinces.
- REACH refined several of the databases developed for the MOPH. The HMIS Database security setting was strengthened and the database used to track grant management activities within REACH was modified and adapted to meet the needs of the MOPH Grants and Contracts Management Unit (GCMU). REACH also used newly available information to update the Clinic Construction and Equipment/Furniture databases.
- The REACH Program continued to work with the 13 USAID priority provinces to roll out the national HMIS by establishing HMIS Committees in Ghazni and Jawzjan provinces while also drafting initial implementation plans for HMIS roll-out in Badakhshan and Bamyan provinces.
- In Kabul and Takhar provinces, REACH staff members joined the MOPH in an assessment of the HMIS practices of health workers based at the community level. Initial results showed that community health workers need further training in the use of HMIS forms as well as use of data for decision making practices.
- MOPH Human Resources and GCMU Databases were completed and installed; the database administrators received the necessary training.
- All REACH and a number of non-REACH NGOs as well as two PPHOs received the updated, more secure version of the HMIS database.
- Four half-day training sessions were conducted for the MOPH HMIS department to explain and review HMIS standard reports and database structure. The department also received training on the update of facility information and facility registration. A schedule for one-to-one training was finalized.

Emergency Health Preparedness

- Following a February 9 emergency MOPH meeting on outbreaks of measles and pneumonia in Ghor, Dei Kundi, Logar, Zabul, Urozgan, and Kabul provinces, REACH fully engaged with the MOPH in responding.
- An MOPH Emergency Epidemiologic Preparedness Response (EEPR) team was established and met several times a week to review outbreaks of pertussis, measles and severe acute respiratory infection (ARI) as well as deaths due to pneumonia during the severe winter and to plan appropriate responses; REACH provided the team with continuous technical assistance in analyzing outbreak information and helping to coordinate responses. The EEPR is now an MOPH department.
- REACH worked with the International Dispensary Association in Amsterdam to arrange an emergency air shipment of antibiotics, ORS and IV fluids to respond to emergency health needs; two air shipments valued at approximately US\$1 million were received for distribution to the MOPH for emergency response. Priority was placed on distributing the medications to NGO grantees working in areas targeted for emergency support by the MOPH.
- REACH supported the EEPR team in developing national guidelines in English and local languages in an effort to control pertussis and measles.

- The EEPR Team officially accepted the concept of a Sentinel Surveillance System, a direct outcome of experience in provincial health planning; REACH assisted in the system's design and implementation and is providing technical assistance to the new EEPR unit in charge.
- In co-ordination with WHO, REACH conducted a two-day emergency and outbreak management control workshop for 18 NGO managers and trainers.

Drug Management

- A one-week training on Management of Drug Supplies was conducted for the Essential Drug Department of the MOPH; nine drug Management officers participated,
- REACH participated in the MOPH development of the National Afghan Formulary and in preparing work plans for various working groups.
- REACH provided technical assistance to pharmacy officers from AHDS, ADRA, CHA, Medair, and WVI to improve their ability to prepare drug requests appropriately based on morbidity and consumption. REACH also provided pharmaceutical assessment feedback to ADRA, IMC and BRAC to foster improvement of drug management practices.
- Lesson plans and training materials were developed for a national course in Rational Drug Use.

Global Fund for AIDS, TB, and Malaria

- REACH continued support to the MOPH on the National TB Program (NTP). Management training was provided to the new NTP and Global Fund Management Unit (GFMU) staff and operational plans were developed to expand Directly Observed Therapy, Short Course (DOTS) coverage in REACH provinces.
- REACH worked with a WHO joint mission to assess future needs for anti-tuberculosis medicines, visited field sites to assess TB program management and helped the new NTP Director and management unit to develop an operational plan to expand DOTS both in REACH provinces and nation-wide.
- Working with partners from the WHO Roll Back Malaria Program, the Global Fund, HealthNet International and others, REACH provided technical assistance and contributed to the development of a National Strategy for Malaria
- REACH supported the MOPH in outlining issues to be covered in the plan for MOPH Capacity Building in the management of HIV/AIDS, TB and Malaria in Afghanistan.
- Along with other partners, REACH developed an MOPH proposal/plan for capacity building and health systems strengthening for submission to the Global Fund for Round V funding in TB, Malaria and HIV. The proposal emphasizes monitoring and evaluation, human resources, procurement and supply management and development of community partnerships.
- REACH assisted GFMU staff and technical consultants in the review and revision of Global Fund Round V proposals in HIV and malaria.
- During the visit to Afghanistan by the Global Fund Geneva staff, REACH participated in the program review and finalized Round IV grant agreements for \$2.5 million in TB.

Human Resources

- REACH supported the MOPH in developing tools and mechanisms for the testing and certification of health workers. The Minister of Public Health approved the Testing and Certification process for nurses, midwives, lab technicians, vaccinators and pharmacy technicians.
- On December 17, 2004, the MOPH—with technical support from REACH— began testing and certification examinations for a total of 1047 candidates (nurses, midwives,

vaccinators, laboratory technicians and pharmacy technicians) in various provinces of Afghanistan.

- An analysis of the MOPH Testing and Certification process shows that of a total of 1047 health workers tested so far, 15% achieved Registered Level, 28 % achieved Assistant Level and 57% failed. Extensive retraining is required. Twenty percent of the candidates were female, of which only 5% achieved Registered Level and 23 % Assistant Level.

Health Financing

- REACH and the Health Financing and Sustainability Task Force staff reviewed designs for concurrent study of the effects of introducing community health financing schemes at four Basic Health Center (BHC) and Comprehensive Health Center (CHC) sites. The pilot studies were approved by the TAG and will be implemented by MOPH in June 2005.
- With REACH support during the approval process, the MOPH TAG approved protocols for three health financing pilots developed by the Health Financing and Sustainability Task Force: free services (control group), user fees, and a community health fund. Johns Hopkins will carry out the pilot studies in all 11 World Bank- supported provinces and in the MOPH Strengthening Mechanism provinces.
- REACH assisted the MOPH in further developing the National Development Budget (NDB) in relationship to the Public Investment Program; Project Documents; and the costs associated with facility construction, human resource capacity development, BPHS and EPHS. The total budget request for US\$ 281.98 million is to be allocated in five sub-programs: Basic Package of Health Services, Essential Package of Hospital Services, Special Health Programs, Capacity Building of Human Resources, and Administrative Reform and Management.

Management Resource Center (MRC)

- Over the report period, the MOPH Management Resource Center (MRC) received 254 visitors and distributed 561 documents to local and international organizations.

MSH Management and Leadership Program

The MSH Management and Leadership Program funded a number of capacity building opportunities for Afghan national staff of the MOPH, REACH, and REACH NGO grantees:

- Eight MOPH Provincial Public Health Directors and seven REACH Provincial Health Advisors attended a Leadership Development Program study tour in Egypt from May 11 to May 24, 2005. The fifteen participants met with Egyptian Ministry of Health and Population officials involved with reproductive health and family planning, maternal and child health, and information and education; visited rural health units in villages and urban health centers in Aswan and Komombo districts; and received leadership development training.
- M&L scholarships were awarded to two MOPH and two REACH technical staff to attend a four-week course in data management and biostatistics at Agha Khan University in Pakistan
- A total of 52 Afghan national staff from the MOPH (20 men and one woman), REACH (16 men and 2 women) and REACH NGO grantees (9 men and 4 women) received scholarships to attend a one-year diploma course in Business and Administration at the KARDAN Institute in Kabul.
- M&L funded attendance at the 32nd Annual Global Health Council Conference May 30 to June 2 in Washington, D.C., by Dr. Faizullah Kakar, Deputy Minister of Public Health for Policy and Planning and Preventive and Promotive Care, and Dr. Mirwais

Ameri, REACH Performance Quality Officer, who presented a paper on “Standards Based Management and the Improvement of Maternal Health in Afghanistan.” Pushtoon Afzar, former REACH Safe Motherhood Midwifery Training Manager, attended the 50th Annual Conference of the American College of Nurse Midwives, where she received the Bonnie Westenberg Pedersen International Midwife Award for 2005.

Constraints

- The change of Minister and Deputy Ministers in the MOPH in December necessitated reorganization of the MOPH organogram and the appointment of key people, substantially slowing policy development and institution of technical standards. However, by April reorganization had been largely completed and policy approval and guideline development and implementation are now back on track.
- Periodic epidemics disrupted many planned technical activities. When the winter emergency in February-March 2004 and an outbreak of acute watery diarrhea in May, which continues, necessarily diverted MOPH attention to respond to these emergencies, REACH used these opportunities to continue capacity building efforts in developing the EEPR and the Sentinel Surveillance System. MOPH capacity building activities, including IEC and Refresher Training, have greatly contributed to keeping mortality from acute watery diarrhea to less than 1%, whereas in other countries, initial case fatality rates have been 10-20%.
- Lack of coordination between the central and provincial MOPH prevented the General Directorate for Provincial Health Liaison Office from fulfilling its role in developing good communication and linkages between the central and the provincial health offices
- No feed-back was received from the MOPH departments which received the draft provincial health plans for approval
- Very little response and feed back was given to the PPHCC meeting minutes
- Provincial Public Health Office (PPHO) staff awaiting for the Priority Reform & Restructuring (PRR) process demonstrated a lack of motivation
- Replacement of trained staff followed the PRR process
- Security concerns influence travel to health facilities in remote places for the implementation of FFSDP and for joint monitoring and supportive supervisory visits.
- Expansion of BPHS to under-served areas requires multi organizational efforts. Delay in the provision of furniture, equipment and operating budget will affect the expansion of BPHS services in Afghanistan.
- Despite MOPH and REACH success in the field of EPHS development and implementation, the hospital sector requires more financial, operational and human resource support. We predict limitation in allocation of resources for EPHS implementation nationwide. Based on estimates from the \$10 million in NDB funding allocated by the Ministry of Finance to the MOPH, the funding gap for the current year to cover all hospitals in Afghanistan is estimated to be \$ 47 million. However, this amount may go down over time since it includes urgent renovations as well as improvements in operations and quality of care initiatives to implement EPHS.
- The low level of knowledge among BPHS/EPHS service providers will affect the quality of BPHS and EPHS implementation. Human resources development will remain a major challenge in Afghanistan for many years.

Next Steps

- Continued support and assistance to develop capacity and strengthen the management and leadership capabilities of the PPHOs in the provision of health services

- Orientation of the MOPH senior leadership to the basic concepts of Decentralization Mapping methodology to help guide them in considering, preparing and selecting the appropriate path and direction for decentralization
- Assessment of central and provincial MOPH perceptions of their current roles and responsibilities
- Expansion of FFSDP in REACH provinces through conducting baseline and second external evaluations in 221 Health facilities operated by REACH-supported R 1 and R 2 NGOs
- Following the acceptance by the MOPH TAG of adopting the FFSDP at the national level, hold discussions with WB, EC and the MOPH to plan and develop strategic approaches for phased expansion of FFSDP in non-REACH provinces
- MOPH and its partners need to review the implementation of the revised BPHS and the contractual requirements for BPHS implementation by NGOs.
- The revised BPHS will be printed in three languages and made available to all MOPH partners and NGOs.
- The approved EPHS will be printed and copies in three languages made available to MOPH and NGOS and donors involved in support and implementation of EPHS.
- The standards based management tools and guidelines will be translated into local languages and the manuals made available to MOPH for further use in other hospitals.
- MOPH will be supported in the timely collection of information for decision making; the HMIS Taskforce in Kabul will be supported in determining the best use of the analyzed information for decision making at all levels.
- The national operation plan for TB control will be developed.
- The human resources section of MOPH will continue the testing and certification of health workers.
- The Institute of Health Sciences (IHS) will be supported in the implementation of the PRR process.
- The Human Resources Development (HRD) Unit of MOPH will be supported in further enhancement of HRD issues at national level.

REACH Cross-Cutting Activities

Achievements

NGO Development Initiative

- The NGO Development Team (DT) and the REACH Community-Based Health Care (CBHC) Team are jointly conducting a needs assessment to improve EPI and family planning indicators. The assessment results will be used to develop a work plan to support the partners in strengthening EPI and FP access, coverage and utilization.
- The NGO DT led the effort to identify causes of pharmaceutical stock-outs and develop interventions and training programs to reduce them; the NGO DT also helped the new Drug Management Unit to train staff and assume responsibility for implementation of this activity.
- During this time period, the NGO DT coordinated two NGO Roundtables and developed specific action plans to follow-up on the results.
- A small group of “high risk” NGOs who may not fulfill their performance objectives has been identified; NGO DT efforts will continue to focus on helping these specific NGOs improve performance.

Community Based Health Care (CBHC)

- In December, REACH staff assisted the MOPH in organizing a Consensus Building Workshop on the Community Health Worker (CHW) job description and training curriculum; as a result, the CHW job description, standards of training and utilization, and compensation have been defined.
- The TAG reaffirmed Community Based Health Care (CBHC) as the core element of the Afghan health system. Revisions were made to CHW job descriptions as well as to terms of reference for the CBHC Task Force.
- On February 14, REACH, BDF, AHDS and STEP staff participated in a CBHC workshop that developed implementation strategies and activities for the REACH CBHC Department. The workshop focused on using HMIS and community mapping to monitor CBHC progress; ensuring quality services through active supervision of CHWs by health facilities and local shuras; and mobilizing community involvement.
- Following the CBHC workshop, the CBHC Department produced an action plan to improve the integration and impact of activities of various REACH programs in this field. This action plan has three main goals:
 1. Improved monitoring of indicators of CBHC
 2. Improved quality of CBHC activities
 3. Improved organization and functioning of community health committees.
- The MOPH CBHC Task Force met May 4 to revise the Community Health Supervisor (CHS) job description; the final draft was sent to the MOPH Technical Advisory Group for endorsement. All BPHS grantees were provided the new CHS job description and requested to implement the strategy to support CHWs as soon as possible.
- Meeting May 11, the MOPH CBHC and representatives from REACH, MOPH and NGOs endorsed the implementation of community Integrated Management of Childhood Illness (IMCI) in rural areas through CHWs. (Such implementation had already been included in the CHW job description and curriculum.)
- In order to ensure implementation of CBHC activities, 47 NGO members participated in a two-day workshop to develop plans for completion of all CHW, community mapping and community leadership courses by the end of the project. Participants also shared experience on CHW supervision, were updated on the role of new community health supervisors, determined ways to upgrade traditional birth attendants to CHWs and were instructed in the distribution and use of IEC material.
- REACH CBHC members have worked with PSI to develop a strategy on IEC/BCC activities for the social marketing products.
- REACH CHBC members developed the Community Health Supervisor (CHS) job description and presented it to the MOPH CBHC Task Force for review and finalization. Having had numerous discussions related to CHS training, the REACH CBHC developed a training agenda.
- CBHC training modules were finalized for refresher training courses being attended by PPHCC members and health workers.
- During the report period, the REACH CBHC Department has helped NGOs develop community-based work plans to improve contraceptive prevalence and EPI coverage; follow-up and mentoring will be provided in the field.

Gender

- REACH worked with MOWA to build the capacity of REACH grantees on gender awareness issues.
- The REACH Gender Team participated in the weekly meetings of the Group for the Empowerment of Women Health Professionals at the MOPH.

- REACH Gender Team staff participated and contributed to a consensus building workshop on the job description and training curriculum for CHWs as related to gender mainstreaming at the CHW level.
- The REACH Gender Officer participated in a Gender and Development Workshop conducted by UNDP, MOWA and AWN (Afghan Women's Network) on December 20-23.
- The REACH Gender Team conducted a TOT workshop supported by the REACH CHW unit as well as BDF and IRC trainers to upgrade the gender group trainers' teaching methods and enable quality training to MSH staff and REACH grantees.
- During this reporting period, the REACH Gender Team conducted Gender Awareness Workshops for 64 PPHCC members of Bamyan, Herat and Paktia provinces, 12 PSI managers and 33 master trainers from LfL NGO subcontractors. The Gender Team also provided refresher training for 19 REACH Grant Monitors.
- The National Gender Officer participated in a workshop entitled "Analyzing the Basis of Women's Human Rights."
- The REACH Gender Unit visited the Foladi CHC (IMC) and also interviewed a female CHW in Bamyan to learn about on-going BPHS activities.
- REACH gender staff contributed to the module on gender for the health worker refresher training curriculum.
- Gender team staff provided gender-oriented comments to FFSDP and LfL programs.
- REACH prepared a one-page briefer for USAID on the achievements of REACH initiatives to support women.
- REACH gender staff participated in a Ministry of Women Affairs workshop to finalize Reproductive Health guidelines.
- A session on gender was provided at a CBHC work planning workshop for NGOs.
- REACH gender staff exchanged information and shared gender materials with the USAID-RAMP Gender Specialist and UNFPA Regional representatives.
- The REACH gender team began working with the Health Section of the MOWA to revise a brochure on Reproductive Health and Rights
- REACH assisted in finalizing the constitution of the Association for the Empowerment of Afghan Women Health Professionals

Constraints

REACH CBHC

- Poor quality and consistency of CHW training, especially for non-literate CHWs
- Inadequate CHW supervision and linkage of health posts with health facilities
- An inadequate number of CHWs to cover all of the target population
- Lack of a mechanism for CHW compensation, although the dropout rate is, nevertheless, just under 2%.
- Inadequate and irregular supply and supervision of CHWs due to geographical and environmental factors
- Lack of security
- Poor knowledge of health facility staff on CBHC and BPHS
- Poor community mobilization and participation
- Conservative communities preventing female CHWs from moving freely, being trained or providing services.

Gender

- Due to the security situation, especially pertaining to women, the planned provincial gender awareness training workshop in Takhar province was postponed.

Next Steps

REACH CBHC

- Develop a comprehensive training package for Community Health Supervisors (CHS), ensure that existing training opportunities include CHS training and ensure the presence of a trained and competent CHS at each BPHS facility
- Finalize CHW training materials and ensure that the curriculum is consistently implemented by all REACH grantees
- Obtain approval of important CBHC policies by the MOPH TAG pending endorsement.
- Develop and finalize the TOR for the CBHC Coordinator in the MOPH and assist in his/her orientation to REACH-supported CBHC activities and initiatives.
- Ensure the training of an adequate number of CHWs and an increase in the proportion of female CHWs
- Ensure the training of all CHWs in Community Mapping implementation and the use of the data for decision-making
- Improve CHW use of IEC/BCC materials
- Use CBHC activities to improve coverage of FP
- Train an adequate number of community members in Community Mobilization and Leadership

Gender

- Complete the remaining provincial gender awareness training workshops
- In collaboration with the MOPH and Health Department of the Ministry of Women Affairs (MOWA), finalize a brochure on Reproductive Health and Rights
- Continue integrating gender into REACH program components.

Planning, Monitoring and Evaluation

Achievements

- In January 2005, REACH held a National HMIS Early Implementation Evaluation Workshop at the MOPH at which 30 members of the HMIS Task Force reviewed the results of the national HMIS Evaluation and summarized major findings.
- Twenty-seven staff members of REACH Round 1 NGOs as well as of two BPHS NGOs were assisted in conducting a Mid-Term Monitoring Household Survey in high priority portions of their catchment areas.
- Three BPHS grantees were assisted in conducting the Baseline Household Survey.
- Responding to changes requested by the GCMU director, REACH revised and installed the grants management database at the GCMU in the MOPH.
- The final REACH work plan (May 2005-September 2006) was drafted and sent to USAID for review.
- On May 11, the REACH Planning, Monitoring and Evaluation (PM&E) unit conducted a one-day workshop for Rounds 1 and 2 grantee NGOs on analysis of the Midterm Monitoring Household Survey. An MOPH representative and 28 NGO-grantee Technical Officers participated. With one exception, all Round 1 and 2 NGOs completed and submitted their mid-term survey results.

- REACH coordinated preparation of the USAID Portfolio Review, held on May 19.
- REACH submitted twelve bi-weekly, six monthly and one semi-annual report.
- REACH continued to provide information internally on HMIS (including maps) and project outputs to USAID and MOPH.
- As part of Face-to-Face discussions between REACH and BPHS NGOs, progress in key areas of EPI, family planning and safe motherhood services was analyzed and feedback given to the NGO implementing partners

Constraints

- Delayed PRR and the instability of NGO and MOPH personnel: the unavailability of a stable human resource pool due to significantly delayed PRR, particularly at the provincial level, makes REACH capacity building investments in the area of HMIS very inefficient. In addition to the problem with the Ministry, the rate of turnover among NGO staff is also very high, adversely affecting rollout of national HMIS.
- Equipment: The central MOPH's very limited access to the internet, lack of electricity and lack of reliable communication hampers the handover of systems to the Ministry.
- Limitations on activities at provincial levels: the limitation of provincial travel and activities due to volatile security situations hampers the function of REACH front-line staff.

Next Steps

- Increase dissemination of REACH target achievements and success stories to appropriate audiences
- Streamline/operationalize the T&E and FFSDP components of the REACH Management Information System.
- Use results from the HMIS evaluation to fine tune all components of the HMIS and help MOPH to disseminate and roll out the new system.
- Handover the HMIS database to selected PPHOs in REACH provinces and use these handovers as models for the national handover of HMIS.
- Continue to work with other REACH programs, PPHOs, PHCCs, and NGOs to promote the use of data at provincial, NGO and facility levels with a particular focus on immunization and family planning activities
- Expand use of GIS for monitoring and evaluation purposes
- Strengthen the linkage between CHWs and health facilities, and promote CBHC through the HMIS system via CHW reporting mechanisms
- Continue to contribute to the development of the Hospital HMIS
- Continue to identify and address issues concerning the quality of HMIS data with REACH NGOs
- Complete the mid-term household survey by the limited number of BPHS NGOs working in geographically difficult areas.
- Continue to support REACH NGOs in the regular reporting of deliverables
- Prepare for End-of-Project household surveys by NGO grantees
- Prepare for project close out by inventorying REACH deliverables and ensuring their timely submission

Annex 1

The following TDYs began during this six-month period:

Name	Scope of Work	Dates in Country
Subir Shukla	To train the highest level of curriculum and program design staff as well as other important stakeholders	Dec 9-15
Pia Chesnais	To assist the grants management team in ongoing management of grant awards and training of staff	Jan 2-19, 2005
William Newbrander	To further develop REACH strategies in the areas of health reform, health financing and hospital management	Jan 2-April
Chris Welch	To provide coverage for the REACH Operations Program Manager during a medical leave of absence	Jan 5-26
Deborah Van Dyke	To support implementation of the first round of in-service training courses and to assess entry and exit competencies of different cadres	Jan 5- June 5
Mark Nevin	To introduce new security and data integrity routines into the HMIS and Grants modules and to install Grants and HRD Modules at the MOPH.	Jan 5-Feb 2
Paul Ickx	To continue ongoing activities in database development and use with the MOPH and REACH	Jan 5-Feb 9
Edgar Necochea	To conduct performance improvement activities for three separate teams implementing SBM/PQI activities	Jan 9-Feb 3
Scott McKeown	To strengthen the REACH and GCMU use of data from the HMIS, field monitoring reports and NGO quarterly reports	Jan 9-Feb 5
David Evans	To provide guidance on key LfL managerial and office infrastructure issues, clarify emerging relationships with the LfL implementing partner, and advise on the further development of curricula, especially grades 7 through 9	Jan 11-23
Carmen Urdaneta	To assist the REACH Team in finalizing the REACH Communications Plan and in reviewing/revising the designs and updating the content of related communications products	Jan 17 2005 Lost in air crash on February 3 2005. Rest in peace
Amy Niebling	To assist the REACH Team in finalizing the Communications plan, develop and assist in implementation of web strategy, and develop a communications system for the ongoing dissemination of REACH successes.	Jan 17 2005 Lost in air crash on February 3 2005. Rest in peace

Pedro Suarez	To assist the NTP to rapidly scale-up TB case detection and treatment capacity in order to expand DOTS	Jan19- March 3
Barbara Crook	To serve as a short term Information, Education, Communication/ behavior change advisor to the REACH Program and the Ministry of Health	Jan 30-Feb19
Luke Tatnell	To review financial management procedures and compliance of selected high-risk grantees	Feb 1-27
Liz Rodgers	To provide immediate, short-term reporting and communications support to the REACH Program.	Feb 13-March 12
Heather Bull	To work with the IHS midwifery program in Mazar-e Sharif to improve midwifery education	Feb 20 -March 19
Sharen Blake	To provide technical support to the midwifery programs in Kabul and Herat provinces.	Feb 22- March 20
Melissa McCormick	To work with the Safe Motherhood Unit to update existing midwifery education materials	Feb 22-April 3
Walter Saba	To provide technical and programmatic support to the Safe Motherhood Unit of the REACH program.	Feb 27-March 24
Laurence Laumonier-Ickx	To support the roll-out and scaling up of FFSDP implementation in REACH-supported provinces	March 2-25
Karen Hays	To provide technical support to the midwifery programs in Jalalabad and Takhar provinces	March 17-June 12
Pia Chesnais	To assist the grants management team in the ongoing management of grant awards and training of staff	March 20-April 14
Malini Ghose	To oversee the development of a Bridging Curriculum for women who wish to enroll in REACH community midwifery training programs in the provinces	March 21-April 20
Subir Shukla	To assist the LfL staff with the main tasks of the LfL program	March 21-April 20
Jacqueline Williams	To provide technical support to the midwifery programs in Kabul and Jawzjan	April 3-28
Jerry Daly	To start up Loma Linda University management activities at Wazir Akbar Khan Hospital and meet with senior MOPH, USAID and REACH officials	April 10- 24
Mary Gibson	To provide technical support to the midwifery programs in Kabul and Badakhshan	April 14-May 10
Qudratullah Mojadidi	To assist with the implementation of the PQI process for clinical standards improvement	April 15-May 15
Mohammad Rahim Pashtoonyar	To work with REACH and JHPIEGO staff to develop clinical standards in anaesthesia, general surgery, and emergency care	April 16-May 31
Barbara Kinzie	To prepare a site as a model Family Planning Clinic to be used for a family planning course	April 20-May 10

Roy V. Jutzzy	To teach CME courses in Cardiology and Dentistry in collaboration with the Human Resource and Education Departments at the MOPH	April 22-May 8
Tom Jutzzy	To assess the feasibility of a dental clinic at Wazir Akbar Khan Hospital OPD	April 24-May 1
Swaraj Rajbhandari	With a JHPIEGO consultant, to co-conduct the Family Planning Standardization course	April 28-May 17
Linda Tietjen	To assist the Safe Motherhood unit in the infection prevention program	April 28-May 22
Della Dash	To provide quality control for the implementation of the refresher training program, particularly the second phase of courses	May 1-July 10
Panna Erasmus	To serve as course Chair for the medical student public health and clinical standards courses	May 1-September 1
Don Nicolay	To get acquainted with WAKH (Mr. Nicolay is a key Loma Linda University administrator hired to work at WAKH.)	May 4-11
Chandra Baier	To get acquainted with WAKH (Ms. Baier is a key Loma Linda University administrator hired to work at WAKH.)	May 4-11
Steven Hanna	To get acquainted with WAKH (Mr. Hanna is a key Loma Linda University administrator hired to work at WAKH.)	May 4-11
Charlie Baier	To get acquainted with WAKH (Mr. Baier is a key Loma Linda University administrator hired to work at WAKH.)	May 4-11
Kent Hansen	To get acquainted with WAKH (Mr. Hansen is a key Loma Linda University administrator hired to work at WAKH.)	May 4-11
Paul Ickx	To continue ongoing activities with the MOPH and REACH in HMIS/MIS database development and use	May 5-31
Steven Solter	To help develop REACH/MOPH plans to rapidly expand contraceptive prevalence through PPHCCs	May 7-28
Mark Nevin	To build an additional routine reports module in the HMIS database and to debug and troubleshoot HMIS and MIS databases	May 8-31
Sallie Craig Huber	To enhance the M&E function for the REACH T&E program, assisting in the REACH portfolio review and planning for project close out as well as in the preparation and presentation of REACH M&E findings to stakeholders and collaboration with the DHS team.	May 11-June 2

Annex 2

Documents available on request:

Trip reports

- Trip reports for TDYs completed in December 04 by William Newbrander, Luke Tatnell, Steve Morgan, Pia Chesnais, Sharen Blake, Linda Tietjen, Laurence Laumonier-Ickx, Abu Saeed, Steve Sapirie and Quadrat Mojadidi
- Trip reports for TDYs completed in January 05 by Marisabel Gouverneur, Subir Shukla and Mark Nevin.
- Trip reports for TDYs completed in February by Chris Welch, David R. Evans, Debora Bossemeyer, Edgar Necochea, Paul Ickx, Pia Chesnais, Mark Nevin, Barbara Crook and Scott Mckeown
- Trip reports for TDYs completed in March by Luke Tatnell and William Newbrander.
- Trip reports for TDYs completed in April by Deborah Van Dyke, Sharen Blake, Walter Saba, Pedro Suarez and Liz Rodgers.
- Trip reports for TDYs completed in May by Heather Bull, Pia Chesnais, Laurence Laumonier Ickx, Jacqueline Williams, Melissa McCormick, Abu Sayeed, Dr. Q. Mojadidi, Subir Shukla and Robert Russell.

Other technical documents

- Provincial Management Needs Assessments for Baghlan and Khost provinces
- FFSDP Training Report (November 23-27, 2004)
- Community Mapping TOT workshop report for AHDS Kandahar (December 19-23, 2004)
- Community Mapping TOT workshop report for IMC, Khost & Paktika, and for IbnSina, Paktia (December 26-30, 2004)
- Community Mapping TOT workshop report for STEP, Medair, IbnSina and IMC (January 1-5, 2005)
- Gender Quarterly Report (November 2004-January 2005)
- Workshop Report, Safe Motherhood Unit (23-24 November 2004)
- Workshop Report on the Use of Information for Grant Management (January 31-February 2, 2005)
- FFSDP training for facilitators (Ghazni province, March 2005)
- FFSDP training for facilitators (Herat province, March 2005)
- Community Leadership TOT workshop report (March 26-27, 2005)
- Workshop report (Developing a training work plan for Community-based activities, April 10-11,

Annex 3

Selected REACH Outputs (May 2005)

Indicator	Outputs	Notes
Districts served by REACH NGOs delivering BPHS	110 plus 6 sectors of Kabul City	BPHS=Basic Package of Health Services
Provinces served by REACH NGOs delivering BPHS	14	Baghlan, Badakshan, Bamyan, Faryab, Ghazni, Ghor, Herat, Jawzjan, Kabul, Kandahar, Khost, Paktia, Paktika, Takhar
Overall population of areas provided BPHS services directly through REACH supported facilities (i.e., districts in which REACH NGOs are operating)	7.1 million	Based on Central Statistics Office estimates, we assume that 23% of the population would be women of reproductive age and 16% would be children under 5.
Women of reproductive Age	1.6 million	
Children under 5	1.1 million	
Number of active and registered Health Facilities run by REACH NGOs	294	
Basic Health Center (BHC)	162	
Comprehensive Health Center (CHC)	116	
District (first referral) Hospital	12	
Provincial Hospital	4	
Percent of REACH BPHS facilities that have at least one female health worker	74 %	March 05
Number of Community Health Workers trained and active in communities	3,211	This figure and the one reported in bi-weekly reports differ because the latter is a projected figure. The figure here reflects actual performance, although there is always a three-month lag in receipt of figures because NGOs report progress on a quarterly basis.
Number of female community Health Workers	1,696 (53% of total CHWs)	
Number of Community and Hospital Midwifery Education Program, Graduates	246	This figure includes 49 midwives who graduated prior to December 04 and received technical support through USAID
Pharmaceuticals and Commodities Distributed-US dollar value	\$ 1,502,787	This figure includes pharmaceuticals purchased by REACH and USAID-procured family planning commodities distributed under the REACH Program, but it does not include sales figures from PSI.
Number of IEC material distributed to health facilities and health posts	103,165	As of end of May 05
Posters	98,652	
Flip Cards	2,862	
Cloth Flip Charts	1,651	
Number of women enrolled in accelerated literacy program	1,364	
Number of BPHS health facilities where standards-based quality improvement support is being provided using the FFSDP tool	173	Through baseline assessments by REACH, quality gaps have been identified and plans for corrective actions developed.

Number of provincial/regional hospitals where standards-based quality improvement support is being provided using the PQI tool	4	
Number of Provinces where Provincial Health Planning was completed and is being implemented	16	
Percentage of REACH Facilities providing HMIS reports	92 %	March 05.
Number of MOPH policies, strategies and guidelines REACH has helped develop	63	
Number of MOPH and NGOs staff directly trained by REACH	4,336	The figure represents those health professionals, clinicians and managers who receive training directly from REACH.

Annex 4

Summary service volume statistics from health facilities supported by USAID BPHS grants

This data was extracted from REACH HMIS database (June 29 2005)

Category	Indicator	October 04	November 04	December 04	January 05	February 05	March 05
Coverage of the report	Total # of Facilities Submitted ¹	183 (91%)	190 (95%)	203 (101%) ²	228 (101%) ²	245 (107%) ²	252 (92%)
	Provincial and District Hospitals	12	12	12	14	16	16
	CHC	79	80	84	98	107	105
	BHC	92	98	107	116	122	131
	Total # of Facilities Active and Registered under REACH	201	201	201	226 ³	229 ³	275 ³
General statistics	Total Patients/clients visited	161,853 ⁴	153,397	180,843	190,079	195,305	251,220
	Total under 5 Patients visited ⁵	44,696	43,364	48,319	50,112	56,860	70,011
	Total over 5 Female Patients visited	68,201	63,565	74,521	77,385	76,996	103,511
	Total Referrals served ⁶	847	857	1,290	1,646	2,061	3,375
	Total visits by Health Posts ⁷	15,694	19,718	23,665	36,387	40,630	48,329
Morbidity	Total Morbidity Cases visited ⁸	173,784	160,359	195,590	191,433	197,946	256,253
Family Planning	Total Family Planning services provided by Health Facilities	3,950	4,305	4,932	5,456	5,654	7,157
	Total Family Planning services provided by Health Posts ⁷	3,969	4,624	5,049	5,779	7,588	7,703
Safe Motherhood	Total Ante-Natal Care Visits	8,821	8,771	11,268	10,721	10,848	13,258
	Total Post-Natal Care Visits	2,334	2,155	3,359	2,604	2,453	3,278
	Total Deliveries ⁹	796	930	895	960	901	1,239
EPI	Children <2 yr fully immunized against Diphteria, Pertussis, and Tetanus	18,378	10,975	13,234	12,306	14,946	15,507
Human Resource	Percentage of BPHS facilities with at least one Female Health Worker	69% ^{10 & 11}			74% ^{10 & 11}		

Note 1: This includes facilities from which HMIS MIAR (Monthly Integrated Activity Report) information is available for a specific month.

Note 2: This percentage exceeds 100 as some NGOs retrospectively entered data for facilities that were registered later on.

Note 3: From now on, REACH will report Round 3 facilities in addition to Round 1 and 2; therefore, the denominator has been revised for the months of January, February and March to include newly activated Round 3 facilities.

Note 4: Three facilities supported by AKDF modified the service statistics for the month of October, which reduced over all number of service statistics. We are investigating the case with AKDF.

Note 5: Excludes re-attendance visits.

Note 6: Patients Referred into a health facility from a Health Post or another facility

Note 7: This information is extracted from Monthly Activity Report of Health Posts

Note 8: This may exceed total patients/clients as a patient can present with multiple morbidity conditions.

Note 9: Includes both Normal and Assisted Deliveries carried out at the facility.

Note 10: Proportion of BPHS Facilities with at least one female health worker among those that have submitted Facility Status Report to REACH.

Note 11: Due to addition of Round 3 facilities (and an increase in the denominator) these percentages have dropped.