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IMPLEMENTATION OF  
BASIC PACKAGE OF HEALTH SERVICES  
IN GHAZNI PROVINCE

(Nawur, Ajiristan, Jaghatu  
and Bahrami Shaheed Districts)

**END OF PROJECT REPORT**  
(October 2003 - April 2006)

Grant ID: BP 01-03

BAKHTAR DEVELOPMENT FOUNDATION (BDF)  
(IMPLEMENTING AGENCY)

May 09, 2006

## **EXECUTIVE SUMMARY:**

### **HIGHLIGHTS OF THE BDF'S SIGNIFICANT ACHIEVEMENTS**

- All the planned HPs and HFs are established and maintained fully functional throughout the length of project.
- 100% Comprehensive Health Centers equipped with functional DOTs centers.
- The DPT3 immunization coverage significantly increased from 12% to 80% in Nawur and Ajeristan districts
- CAAC survey successfully completed in all covered districts and the targets adjusted accordingly.
- Community mapping implemented at 100% of Health Posts.
- Placing the Ghazni Provincial Hospital to get the first rank among all Provincial Hospitals of the country by successful implementation of Standard Based Management (SBM) and Performance Quality Improvement (PQI) standards.
- FFSDP standards applied extensively at all health facility level having successful results. Achieving the standards of FFSDP, one of the BDF supported health facilities; Kakrak BHC was selected as Model Health Facilities all over the Ghazni province.
- Hospital Community Board, PQI Team, Hospital Management Board and other committees and sub committees have been established and strengthened.
- 100% health facilities staffed with Medical Doctors; and 7/13 Health facilities properly/completely staffed.
- 100 % of health facilities standardized based on the Management Drug Supply criterias.
- Baseline and End of project Household survey successfully performed and completed.
- Evaluation of the CHW activities and CBHC program done in the covered districts.
- Community was extensively involved in planning, implementation and evaluation of the project through mobilizing their resources, giving sense of ownership and building their capacities.
- Incredible community contributions for the continued implementation and expansion received as follow:
  - Establishing comparable number of male and female Community Health Committees and directing their efforts according to their action plan
  - Training more than 600 community leaders in Community Leadership.
  - Five buildings were provided by community without any compensation in Khwaja Omari, Nawur and Ajeristan districts(Tormai, Burjigai, Garmab, Langarkhil, and Jerghai HFs) through adequate and effective community mobilization
  - Construction of a health facility building in a basic way was done by community (in Jaghashew) and construction for two HFs in Burjigai and Garmab is in progress
- Effective and close coordination maintained with Provincial Health Office by providing secretariat support to PHCC and all its related sub committees of HMIS, Avian Flu, Emergency taskforce and others.
- Effective and close coordination maintained with stakeholders in the province. The in kind-contribution of Provincial Rehabilitation Team was attracted for renovating Nawur CHC and Barakat BHC.
- The referral system has been established, maintained and improved extensively for the complicated cases to Kabul Hospitals.
- The telemedicine links with the Jamhurat and Ibn sina Hospitals of Kabul are established and utilized for complicated surgical cases.
- The guidelines for the surgical procedures were developed and put in place.
- Ghazni Provincial Hospital was connected with other hospitals by providing internet facility.
- The hospital renovation plan was successfully implemented. (The painting of the entire hospital, renovation of the kitchen and plumbing system, incinerator and etc)

- Established benchmarking and networking among the region four hospitals through conducting the SBM workshops in GPH

### **CONCLUSION:**

Offering a wide range of the Health Services provided through REACH program in partnership with Bakhtar Development Foundation (BDF) has been accessible for the first time to the people and has had significant positive impact on the health of population. BDF overcame to staff health facilities with female staff and offer MCH services for the first time through its supported health facilities. The health infrastructure which had completely been destroyed due to 23-year conflict was re-habilitated in accordance to the present needs of the population in the light of the policy of Ministry of Public Health.

### **LESSONS LEARNT:**

1. Through this three-year working, BDF further realized the significant role of the communities in the efficacy and efficiency of the program interventions; we confirmed this fact that if the problems are in the community then their solution is also there. By involving communities, BDF found out that the services provided to them will not only be utilized at a maximum extent but will also facilitate putting a sustainable health system in place.
2. In addition, by involving women in project activities, access of women and children; the highest vulnerable group of the society was remarkably enhanced to basic health services, and the designed interventions could have a significant positive impact on the health of this vulnerable group. Involving women through Local Health Committees was an opportunity to give them awareness and promote their knowledge on healthy behaviors but also on their rights in the society.
3. Working in rural areas, BDF found out that the high number of mortality and morbidity is not chiefly due to the lack of well equipped health facilities but there are certain other factors affecting the health of population at certain other levels. A greater portion of these factors are within the community at household level. Therefore, BDF kept focusing its interventions accordingly which had remarkable positive results.
4. Promoting the capacities of employees and LHC members was another major point noticed throughout the implementation of the project. By offering refresher trainings to health workers on a regular basis their professional skills were highly promoted and definitely enhanced the quality of services and ultimately facilitated appropriate services delivery.

### **RECOMMENDATIONS FOR FURTHER IMPROVEMENT**

For further improvement, we recommend the following points:

- Training courses on management and exposure visits for management staff of implementing agency could be organized by donor agency.
- Bulk purchasing of some unavailable equipment in Afghanistan could be arranged by donor agency. It will not only give ease to the implementing agency, but will also decrease the cost and ensure the quality of the mentioned items.
- A coordination mechanism could be established at Ministry of Public Health and Ministry of Rural Rehabilitation level for integrating the National Solidarity Program with our Community Health Development Program.
- Sub-contracting refresher training activities in this grant had created a few problems in regards to coordinating them. Therefore, for further improvement, these activities could be directly included in the grant activities.

**ANNEXES:**

1. [HMIS Summary Report](#)
2. [Recommended Indicators](#)
3. [Service utilization in the project](#)
4. [Final Progress Data Sheet](#)