



USAID | **AFGHANISTAN**
FROM THE AMERICAN PEOPLE

IMPLEMENTATION OF BASIC PACKAGE
OF HEALTH SERVICES

IN BAGHLAN PROVINCE

(Baghlan-e-Qadim, Baghlan-e-Jadid
and Pulekhumry districts)

END OF PROJECT REPORT

(February 2004- April 2006)

GRANT ID: BP 02-03

BAKHTAR DEVELOPMENT FOUNDATION

May, 2006

Executive summary

BDF is a development organization that was founded in 2001 by Afghans who felt a moral duty to ensure that development efforts carried out in Afghanistan were implemented effectively. Currently BDF implements BPHS in 3 provinces Baghlan, Balkh and Ghazni, consisting of 13 districts. These projects provide services to a total population of 900000 Afghans through a total of 1 Provincial hospital, 1 district hospital, 17 CHCs, 29 BHC and 880 HPs.

BDF's program expanded in February 2004 to cover the implementation of BPHS for Baghlan and Balkh. Our Baghlan project is funded by USAID/REACH and is symbol of forward movement for Afghanistan where more than 60 per cent of CHWs are female and with BDF mobilization, pioneered formation of first female local health committee (LHC). Initially starting with 8 HFs, based on recommendations of PPHCC and approval of the donor BDF took over 2 other HFs during the course of the project. Based on our outstanding performance Baghlan Province received the highest score among 13 provinces according to FFSDP study¹.

Throughout the program BDF had significant achievements in improving the lives of thousands of people living in Baghlan province. More than 338000 patients received treatment at the health facilities, 25% of these being children under 5y old. Above 95000 patients received treatments at the health post level. Immunization coverage (especially TT2+ and DPT3) was optimal. Even though having lots of cultural barriers to the implementation of successful FP, BDF managed to provide FP services through health facilities as well as through the HPs.

All of BDF success comes through our team and our approach. The bases of the BDF approach are 3 fold: 1) that thoroughly integrated community involvement is the only path to sustainability and success, 2) that the efficient use of resources translates into better quality services provided to beneficiaries and, 3) that health indicators should be the primary guide for all management efforts.

¹ SOURCE: When the all 9 criteria were averaged, Baghlan Province received a score of 18, which was the highest score given.

Project Achievements

CBHC and Service Delivery:

1. Initiation of female LHCs is one of the significant achievements of BDF. Through out the project a total of 114 LHCs were established (including 16 female LHCs)
2. 100% of health posts established (180HP established including 360 CHWs (189 female/171 male))
3. 100% of HFs established and staffed with medical doctors. More than 70% of the established HFs are staffed according to BPHS requirements.
4. Drug Management Supply system introduced and adopted to all HFs
5. Cost recovery system was established for all HFs in the catchment area.
6. MCH and vaccination services are being provided free of charge
7. 100% of CHCs are equipped with functional DOTs centers.
8. Total cost recovery for the duration of the project was 28363\$
9. High level of community contribution (22073\$) in terms of donation land, provision of compound for the clinics
 - o 6 HFs buildings were provided by the communities
 - o 3 HF buildings were renovated by the communities
 - o 1 HF building was renovated and additional rooms for lab and MCH were constructed by the community
10. Patient highest satisfaction rates evaluated through exit interviews.
11. Refresher training was conducted to 62 clinical staff
12. Improved delivery care services through conducting EOC training and constructing delivery rooms in all BHCs and CHCs by support of community, which aimed to reduce Mothers Mortality Rate
13. Improvement of neonatal and infant care services by BDF health facilities through conducting refresher trainings for involved staff
14. Increased vaccination coverage through assigning mobile teams to the remotest areas, establishment of defaulter tracing system and increasing outreach services

HMIS reports

1. Regular submission of HMIS reports (MIAR, MAAR, FSR,) on monthly and quarterly bases.
2. Performances of HMIS data quality check at field and sub office level.
3. Proper usage of HMIS data at facility and sub office level.
4. 338264 patients treated at the HFs
5. 95135 (1/4 of the HFs) patients received treatment by health posts
6. 25% (83447) of total patients constituted under 5 patients
7. 160741 of treated patients were female over 5 years old
8. A proper referral system was established for each HF. Total Referral in cases served was 8191
9. Total family planning visits received at health facilities was 7338
10. Total family planning services provided by Health Post was 25874
11. Total Ante –Natal Care visits received at HFs was 23154
12. Total Post- natal Care visits received at HFs was 5023 (58%)² – *the set target for the project was 60%*
13. Total Deliveries attended by skilled staff at the HFs was 590 (19%)³- *the set target was 20%*
14. 10876 children < 1 yr fully immunized against (DPT3)

EOP HHS/Program Evaluation

1. Successful Implementation of HHS (baseline, midterm and EOP) which show significant improvement after intervention.
2. CHW Evaluation conducted in program districts

FFSDP

1. FFSDP standards were applied to all established HFs in the catchment area. This resulted in obtained the highest score on the national level in the 2nd and the 3rd evaluations by REACH.

Other

² The percentages were calculated based on the last year achievement.

³ The percentage was calculated based on the last year achievement

1. Excellent working relationship with local government and other health stakeholders was developed. BDF provided technical secretariat support to PPHCC in Baghlan.
2. Active participation of BDF supported HFs during NID campaigns

Conclusion

Lessons learned

- 1- Hiring female staff to the remote areas was one of the challenges. With the support of community we identified literate females to be trained by MoPH as auxiliary midwives. This was a successful approach to address the problem. Later on these auxiliary midwife got training of Essential Obstetric Care in Ghazni Provincial Hospital and now they are successfully performing the midwifery activities at their locations
- 2- During the 25 years of war the infrastructure of our country has been damaged there was no any governmental compound for 6 of HFs which were supposed to be run by BDF. BDF draw form its experience with community and encouraged the community to provide compounds for the clinics in Jari Khoshk, Hasantal, Mangalan, Larkhwabe and Abqool.
- 3- Baghlan is endemic area for Malaria. BDF decreased the malaria cases to a very low level through giving general awareness, conducting HE sessions and distribution of bed nets.
- 4- Three years ago outbreak of choleraiform illness was a big health problem during the hot season in Baghlan. BDF HFs focused on involving the community in terms of giving general awareness through the mosques, in social marketing days trough TV and newspapers. As a result there was no outbreak of choleraiform illness in the catchment areas of BDF HFs in Baghlan during the last two years.
- 5- We learned that the support of community is crucial for sustainability of health program and provision of quality and efficient health services.

Recommendations for further improvements

- Integration of disability and mental health issues is crucial to the improvement of community health
- Coordination with Institute of Health Since and MoPH to fill the remaining female staff gap in existing HFs and the other new HFs which recently has been taken over from CAF and SCA during the next five years
- The LHCs role should be promoted to development institutions through effective involvement of MOPH and MRRD
- For better implementation of the program training courses on better management of health programs and studying their results on communities lives could be organized by donor agency for the management staff of the implementing NGOs
- Bulk purchases of some unavailable equipment in Afghanistan need to be organized by the donor agency. It will not only simplify the provision of the services, but also will be cost effective and increase the quality.

ANNEXES:

1. Statistical table of Indicators
2. HMIS charts
3. Baghlan Final quarter PDS
4. EOP HHS Report