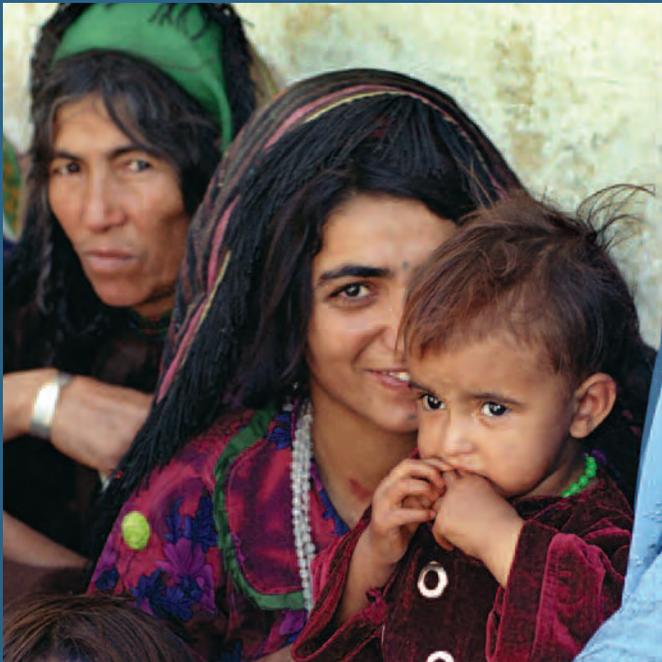




**USAID**  
FROM THE AMERICAN PEOPLE

**AFGHANISTAN**



**REACH**

Transforming a Fragile Health System



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## ACRONYMS

ADRA	Adventist Development and Relief Agency
FFSDP	Fully Functional Service Delivery Point
HMIS	Health management information system
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
REACH	Rural Expansion of Afghanistan's Community-based Healthcare Program
USAID	United States Agency for International Development



# TRANSFORMING a Fragile Health System

## HEALTH IS CRITICAL FOR REBUILDING COUNTRIES EMERGING FROM CONFLICT

Countries emerging from conflict have some of the worst health indicators in the world. About one-sixth of the world's population lives in such countries, but these people suffer one-third of childhood and maternal deaths, and they endure a disproportionate burden of preventable diseases such as tuberculosis and malaria.

Health is an issue that people can unite around. Because health touches everyone in a country, improvements in the delivery of health care build confidence and provide a vehicle for the development of local governance.

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program, funded by the United States Agency for International Development (USAID), has demonstrated that progress is possible in such settings, even in a relatively short time. REACH's strategic objective—

to increase the use of basic health services by women of reproductive age and children under five living in rural areas—was achieved due to a strong partnership among:

- the Government of Afghanistan and the Ministry of Public Health (MoPH);
- local and international nongovernmental organizations (NGOs);
- donors that included the World Bank, European Commission, Japan, and United Nations agencies;
- the REACH team: Management Sciences for Health, JHPIEGO, the Academy for Educational Development, University of Massachusetts at Amherst, Health and Development Service (Japan), and Technical Assistance, Inc. (Bangladesh).

### MANAGEMENT SCIENCES FOR HEALTH IN AFGHANISTAN

MSH began working in Afghanistan in 1973 to strengthen the MoPH and promote the use of village health workers. Following a hiatus due to the Soviet invasion in 1979, MSH was again able to contribute to public health in Afghanistan. Beginning in the mid-1980s and working from Peshawar in Pakistan, MSH provided training, support, and monitoring for more than 300 health facilities across the border in Afghanistan until USAID ended its support for post-Soviet projects.

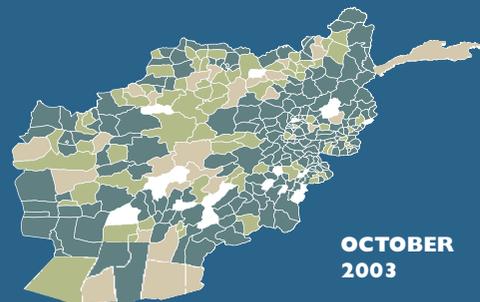




## ACCESS TO HEALTH CARE FACILITIES IN AFGHANISTAN IS RAPIDLY EXPANDING



### POPULATION SERVED BY HEALTH FACILITY



In 2003, REACH began working in partnership with the Ministry of Public Health and many NGOs to rebuild the health system and provide Afghan households with basic services. In the 13 REACH provinces, access to a basic package of health services increased from just over a half million Afghans in 2003 to 7.5 million in 2006.

After the fall of the Taliban, USAID invited MSH to return to Afghanistan in 2002 to assist in rebuilding the health care system. MSH helped to conduct a nationwide assessment of available Afghan health professionals and services. The MoPH used data from this survey to determine priority districts for assistance and to develop a package of primary health care services focused on maternal and child health. The REACH Program built upon this foundation.

## HEALTH IN POSTCONFLICT AFGHANISTAN

According to the best information available at the end of the Taliban rule, Afghanistan registered some of the worst health statistics in the world, especially for women and children. Out of every 100,000 deliveries, 1,600 women died, and one in four children died before their fifth birthday. Afghan children were still being infected by polio although it had disappeared from much of the rest of the world, and the 70,000 new cases of tuberculosis diagnosed each year disproportionately affected women of childbearing age. These poor health statistics, along with the destruction of health facilities and equipment and the scarcity of health providers, offered a challenge as well as an opportunity for USAID and its partners to make a significant difference in the lives of millions of Afghans.

USAID, the MoPH, and REACH worked hand in hand to develop functional health services in 13 of Afghanistan's 34 provinces. For more than two decades, the health needs of the country had been met by dedicated health professionals working in conditions that required flexibility and adaptation to fluctuations in supplies, funding, and infrastructure. The Ministry was keenly aware of the need to build a system that would improve access to high-quality services and meet the health needs of the population.

## THE REACH APPROACH

Launched in 2003, the \$138-million REACH Program aimed to improve the health of women and children by increasing their use of basic health services. REACH was directly involved in bringing about positive changes in the health system—from the patient, household, and community levels up to the highest government level. Through REACH, USAID

was able to finance and technically support the provision of health services to more than one-third of the population. The program updated health workers' knowledge and practices to meet international standards and developed systems and policies that govern the distribution and management of health resources throughout Afghanistan.

## What the Program **ACCOMPLISHED**

**Through REACH, USAID expanded access to quality health services.** To increase the use of health services, REACH made grants to local and international NGOs to improve health services. In addition to building the capacity of health providers through pre-service and on-the-job training, the program increased the number of health facilities and community health posts providing services. REACH also supported the promotion and sale of subsidized health products.

**REACH improved the capacity of individuals, families, and communities to protect their health.** REACH promoted healthy practices by undertaking activities to change health care-seeking behavior and practices. Activities included strengthening the interpersonal communication and counseling skills of community health workers and midwives, developing educational materials, and conducting multimedia information campaigns.

**REACH strengthened health systems at the national, provincial, and local levels.** REACH helped the MoPH to review, revise, and introduce health policies and guidelines, plan and manage programs, allocate resources, and manage the essential drug supply system. By strengthening the health information system, the program enabled managers to monitor and evaluate services and make management and policy decisions based on data. ■

- **ACHIEVED** significant increases in 9 of 10 key health indicators, such as safer deliveries, childhood immunizations, and contraceptive use
- **PROVIDED** grants and subcontracts worth **\$68 million to NGOs** to deliver health services to one-third of the population, train health workers, and improve management at provincial hospitals
- **TRAINED** nearly **6,300 community health workers** (more than half of whom are female) and more than 800 midwives
- **SERVED** an average of more than **550,000 patients per month** as of September 2006
- **ASSISTED** in developing and introducing nearly **100 health policies, standards, and guidelines**
- **HELPED** to build the national **Health Management Information System** to strengthen management of health services
- **PROCURED** **\$9 million worth of essential medicines** for use by NGOs in the provision of services
- **EDUCATED** more than **8,500 women** in health-oriented basic literacy
- **PRODUCED** **989,000 health education materials** on the subjects of malaria, tuberculosis, birth spacing, control of diarrhea, immunization, personal hygiene, and infant and young child nutrition



# Expanding SERVICES

## EXPANDING SERVICES THROUGH PERFORMANCE-BASED GRANTS

To expand health services in Afghanistan while working within MoPH guidelines, REACH developed a performance-based grant mechanism with clear standards for basic health services and financial accountability. Grant payments to local and international NGOs were tied to predetermined objectives, including, for example, submitting health data through the national Health Management Information System.

Once service delivery grantees were selected through a competitive bidding process, REACH worked with the MoPH to develop the service delivery program in 13 provinces and to monitor and manage NGO grantees' activities and progress.

## AUGMENTING FUNDING WITH COACHING

REACH provided technical assistance for NGO grantees to help them to expand services while improving service quality and strengthening their organizations. Coaching was provided through technical and management training in workshops and on the job; conferences and forums; and feedback from routine reporting, quarterly monitoring, and other site visits. As new MoPH policies were introduced, REACH kept grantees informed and helped to build their capacity to implement the policies.

In addition to providing regular technical assistance to all grantees, REACH formed an NGO Development Team composed of staff with the skills required by the NGOs to monitor NGO performance and provide additional focused assistance as needed. NGOs were selected for this assistance using a scorecard that helped to identify the areas needing more support.

## EXAMPLES OF COACHING PROVIDED TO NGO GRANTEES

- Training of NGO staff to train community health workers and community health supervisors
- Strategic planning for delivery of basic health services
- Use of community mapping and pictorial registers for community health workers
- Gender awareness training
- Data collection and reporting
- Data analysis for local use
- Quality improvement methodologies for clinics and hospitals
- Pharmaceutical management
- Household surveys
- Training in management and leadership

## MONITORING NGOS

Sometimes traveling on horseback to visit health facilities and health posts in isolated, rugged parts of the country, REACH monitoring teams applied carefully developed criteria to assess NGOs' delivery of basic health services. Using a checklist to identify areas needing improvement, monitors inspected NGO facilities, took photos, assessed operational capacity, and shared their findings with the NGO field and headquarters staff.

Through these monitoring reports, REACH staff identified issues to be addressed, held discussions with the NGO, and, with REACH technical staff, developed an action plan that specified targets, deadlines, and needed technical assistance. Staff of the nearest REACH field office also provided support to the NGO in implementing the action plans, and monitors made follow-up visits to assess progress.

## MOBILIZING AND EDUCATING COMMUNITIES FOR IMPROVED HEALTH

**R**EACH employed an integrated system of community-based health care to increase the use of health services. This system promotes relationships among health facility staff, community health workers, *shura-e-sehi* (community health committees), and community members to achieve:

- a healthy environment and healthy behaviors in homes and communities;
- full use of preventive maternal and child health services;
- appropriate use of curative services.

Identifying and training community health

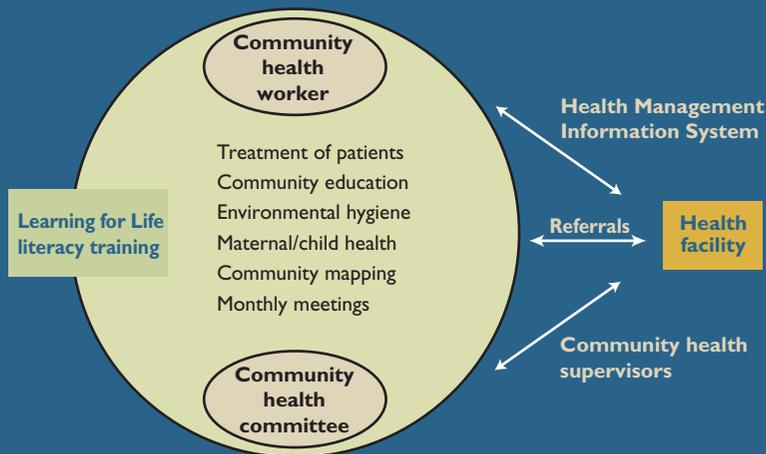


## REACHING the Community through NGO Grants

- **ISSUED** and managed 12 requests for proposals in collaboration with the MoPH
- **AWARDED** \$68 million in grants and subcontracts
- **MADE** 63 awards to 29 Afghan and international NGOs, with values ranging from \$4,000 to \$4.1 million, for service delivery, hospital improvement, and training of health providers
- **PROVIDED** access to basic and hospital services to the rural population in 13 REACH provinces (about 7.5 million people)
- **OPERATED** some 3,900 service delivery points, including hospitals, basic health centers, comprehensive health centers, and health posts
  - **SUPPLIED** and staffed 332 health facilities and hospitals
  - **STAFFED** 3,540 health posts with community health workers



## COMMUNITY-BASED HEALTH CARE SYSTEM



workers to provide health services at the community level was one of REACH's great successes. NGO grantees trained nearly 6,300 community health workers, more than half of whom are female. Trained in three phases, these workers spend two months in their communities between training sessions to practice the skills learned. Training started with simple skills such as home and personal hygiene and progressed to more complex tasks, such as supplying contraceptives and managing childhood illnesses.

Because these workers are accessible to their

**REACH NGOs trained nearly 6,300 community health workers, more than half of whom are female.**

neighbors and provide competent care, they now provide most of the essential health services at the village level, while referring serious cases, which previously would have gone untreated, to nearby

health facilities. As the graph on page 7 illustrates, the numbers of cases of acute respiratory infection and diarrhea referred by community health workers increased fivefold in only one year.

## USING COMMUNITY MAPS TO IMPROVE HEALTH CARE

Afghanistan's low literacy rate makes community maps powerful tools for tracking household use of health services. These maps assist community health workers in planning and managing their activities while also linking their efforts with those of local health facilities.

To implement community mapping, REACH staff taught community health workers to:

- conduct a community survey to collect household information and establish rapport with their clients;
- draw a community map, including landmarks and houses, showing each household's health needs and use of services;
- analyze information from the survey and map to develop a service delivery strategy;
- use the community map to prepare work plans and prioritize client services.

## MOBILIZING COMMUNITIES IN SUPPORT OF HEALTH INITIATIVES

REACH established and trained shura-e-sehi (community health committees) to forge strong relationships between local health facilities and the communities they serve and to personally reinforce health messages. REACH promoted women's participation in these committees. While some were male-only groups, others brought together men and women at the same time and place, and others had men and women meeting separately. REACH trained its NGO grantees to provide leadership training for

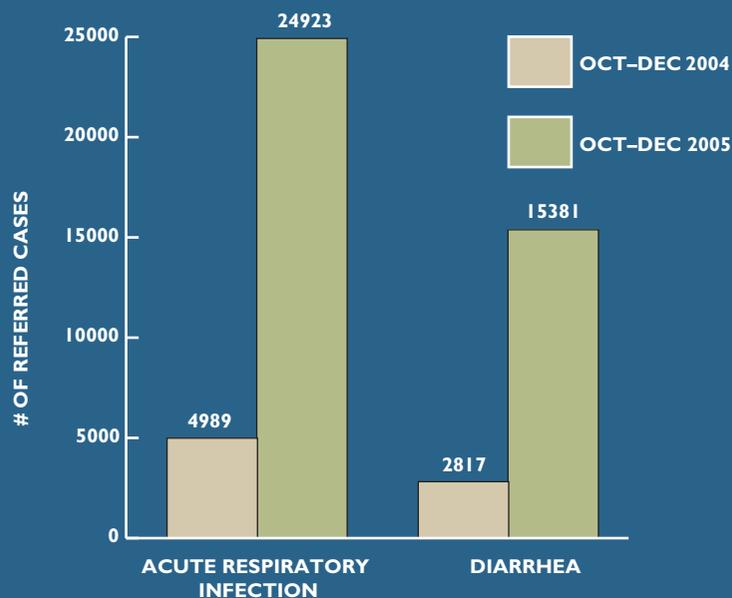
nearly 6,000 shura members (21 percent of whom are women). REACH also trained community health supervisors to help the shuras to promote health services, review the performance of community health workers, and conduct effective monthly meetings.

## EDUCATING AFGHAN FAMILIES AND COMMUNITIES ABOUT HEALTH

Because most community health workers are semi-literate or have no education, providing visual aids for their training was essential. For this purpose, REACH developed flip charts, posters, and other graphic materials, which are also used by the workers and others involved in health education. To reinforce the messages, specially designed and tested posters containing action-oriented messages were distributed to health facilities and families. REACH also trained MoPH staff to develop radio spots on health topics. These radio spots were translated into the local languages and produced and broadcast nationally. ■

### LESSONS LEARNED ABOUT EXPANDING SERVICES

#### ACUTE RESPIRATORY INFECTION & DIARRHEA CASES REFERRED BY REACH COMMUNITY HEALTH WORKERS



- Systematically assessing, identifying, and addressing the technical needs of NGOs and communities is an effective way to allocate resources.
- A multidisciplinary team of experts is important to success in technical assistance to NGOs.
- Flexibility in approaches and assistance to NGO grantees is required as their needs change over time.
- Using routine information from varied, reliable, and objective sources fostered accountability among NGOs and allowed REACH to tailor the assistance it provided.
- The community health worker approach is effective, but this group of volunteer workers should not be burdened with responsibility for too many tasks.
- Community health workers can use simple information to manage their work despite a low level of literacy.
- Developing appropriate educational materials for a low-literacy audience is essential to ensure their use and impact.



## DEVELOPING HEALTH POLICIES

**G**overnments rebuilding their health systems after a conflict must grapple with the lack of up-to-date health policies. Through REACH, USAID helped the MoPH to develop and implement nearly 100 policies to ensure equitable, accessible, high-quality health care. A revised, decentralized health service structure was also instituted, with assistance from REACH.

In Afghanistan, policies are drafted by more than 20 taskforces and advisory bodies comprising representatives from the MoPH, donors, and implementing partners. REACH played a key role in many of these groups, meeting regularly to draft policies and guidelines for review and approval by decision-making bodies. Each policy was scrutinized by the Consultative Group on Health and Nutrition and a smaller Technical Advisory Board, and ultimately approved by the MoPH Executive Board.

### USING A FRAMEWORK FOR POLICY DEVELOPMENT

The policy development process in Afghanistan used a framework of five questions to examine each proposed policy:

- **Impact:** Does the policy address priority health problems?
- **Effectiveness:** Does the policy subscribe to interventions with proven effectiveness?
- **Feasibility for scaling up:** Can the policy be implemented on a large scale?
- **Sustainability:** Is the policy affordable over the long term?
- **Equity:** Can the policy be implemented equitably to ensure access and impact?

REACH played an instrumental role in developing

# Strengthening HEALTH SYSTEMS

Health workers often travel to remote villages by motorcycle to deliver services and supplies

the Basic Package of Health Services and Essential Package of Hospital Services, which form the foundation for Afghanistan's health policies. All other MoPH policies and guidelines support the implementation of these two service packages.

## BASIC PACKAGE OF HEALTH SERVICES

In rebuilding the national health system, the MoPH first determined its major priorities and decided which health services should be made widely available to address the country's greatest health problems. Formulating the Basic Package of Health Services helped the Ministry to lay the foundation of the Afghan health system for the future. This package includes services that:

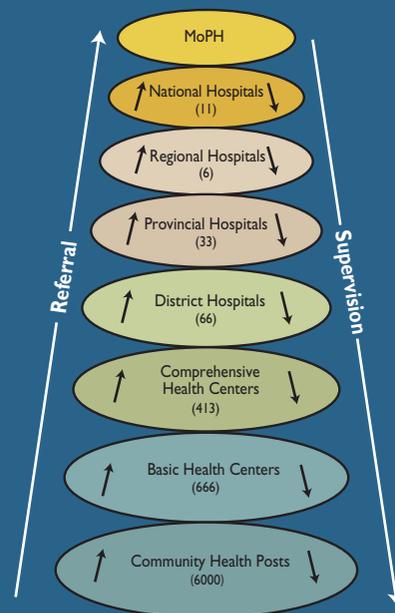
- will have the greatest impact on the major health problems;
- will be cost effective in addressing the problems many people face;
- can be made equally accessible to both rural and urban populations.

The standardized package forms the core of service delivery at the community level and all primary health care facilities, and promotes the redistribution of health services by providing equitable access to services, especially in underserved areas.

## ESSENTIAL PACKAGE OF HOSPITAL SERVICES

The Essential Package of Hospital Services provides the framework for Afghanistan's hospital system. It defines the roles hospitals play and their four core clinical functions at the district, provincial, and regional levels: medicine, surgery, obstetrics/gynecology, and pediatrics.

District hospitals support primary health services and make referrals to provincial hospitals for more sophisticated diagnostic and treatment services.



### THE STRUCTURE OF AFGHANISTAN'S HEALTH SERVICES

“REACH was a remarkable collaboration between USAID, the MoPH, and MSH and its partner organizations. It was remarkable that we accomplished so much in such a short time. Through our work in policy development, we have established a strong foundation for the long-term success of the health care system. At the same time, we addressed the immediate health care needs of the most vulnerable members of our population. REACH also trained thousands of health workers and managers to ensure the sustainability of the system. The MoPH is extremely pleased that this much-needed assistance will continue through the next generation of USAID-funded projects.”

— Dr. Sayed M. Amin Fatimi, Minister of Public Health, Afghanistan

Provincial hospitals, in turn, refer patients to regional hospitals for even more advanced care.

Research and the training of medical officers, midwives, and nurses take place at all three levels. Hospitals supported by the MoPH, private sector, NGOs, and donors are all guided by the Essential Package of Hospital Services to determine the staff, facilities, equipment, materials, and drugs they must have at each level.

#### ABOVE:

Opening of a REACH clinic by (left to right) Dr. Kent R. Hill, USAID Assistant Administrator for Global Health; Munshi Abdul Majeed, Governor of Badakhshan Province; and Dr. Sayed M. Amin Fatimi, Minister of Public Health



**ABOVE:**  
Management improvements permitted Badakhshan Province to renovate its hospital. The province used tents as temporary shelters during the hospital renovations.

**RIGHT INSET:**  
The few roads leading into this mountainous area are virtually impassable in winter due to extreme weather

## STRENGTHENING THE CAPACITY OF THE MINISTRY OF PUBLIC HEALTH

### PLANNING AND MANAGEMENT AT THE PROVINCIAL LEVEL

Through the REACH Program, USAID supported the MoPH in decentralizing the health care system by introducing a provincial planning process that included the development of three-year health plans. More than 950 NGO, MoPH central and provincial staff, and community members participated in this process in 18 provinces.

Provincial Public Health Coordination Committees, composed of key stakeholders, were established or revitalized to assist the provincial MoPH in achieving its goals. The revitalization involved reviewing the committees' operating

principles and developing annual work plans. REACH coached the provincial committees in its 13 focus provinces to do joint planning and monitoring of health activities. As a platform for strengthening the stewardship of the MoPH, these committees provide strategic and programmatic direction, leadership, and coordination to achieve the Ministry's priorities, particularly in implementing policies and expanding service delivery.

To monitor the quality of services, the Provincial Public Health Coordination Committees conduct joint visits to health facilities, providing feedback and support for improvement. REACH promoted provincial subcommittees to support activities such as emergency preparedness and response, immunization, and use of the Health Management Information System.

### EXAMPLES OF BUILDING MoPH CAPACITY

REACH assisted the MoPH to build capacity at the provincial and central levels by:

- facilitating decentralization through coaching Provincial Public Health Offices to develop ownership of the health system, encourage participatory decision-making, and develop skills in planning, monitoring, and supervision;
- strengthening Provincial Public Health Coordination Committees as forums for sharing information and coordinating activities;
- supporting two-way information flow between field and policymaking levels;
- improving the quality of services at health facilities by introducing the Fully Functional Service Delivery Point (FFSDP) and Performance Quality Improvement methodologies;
- improving management and leadership skills.

## BUILDING THE NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM

In 2002, service data were available nationally for fewer than 5 percent of health facilities. REACH collaborated with the MoPH and other partners in developing the national Health Management Information System (HMIS), which makes service and managerial data available at all levels. REACH has also been instrumental in training health staff at all levels to analyze and use information from this system.

The HMIS enables NGOs and other service providers to regularly report data on the expansion and use of health services by women and children, as follows:

- Community health workers report on the use of maternal and child health services using pictorial tally sheets.
- NGO-operated basic and comprehensive health centers as well as district and provincial hospitals report on the use of clinic services, availability of staff and equipment, and stock of medicines.
- Provincial HMIS committees oversee data collection, analysis, and use.
- With coaching from REACH staff, the central MoPH has taken over operation of the national HMIS. Several provinces also have full capacity to enter and retrieve data independently.
- All the health facilities operated by REACH NGOs and over 70 percent of more than 1,200 facilities throughout Afghanistan now report through this system.
- More than 460 health facility managers were trained to analyze and use the data they collect through the HMIS to improve management and planning in their own facilities.

Data from this system are shared at the provincial and central levels to shape local and national health planning and activities.





# COACHING FOR SUCCESS REACH PROVIDED TARGETED TECHNICAL ASSISTANCE

## STEP HEALTH AND DEVELOPMENT ORGANIZATION

**S**TEP, an Afghan NGO founded during the REACH Program, surpassed expectations and successfully implemented its program in five districts in Kabul Province. STEP excelled in using the Fully Functional Service Delivery Point methodology to improve the quality of its services and successfully integrated data from the national HMIS to make improvements in its health facilities. The NGO also trained, equipped, and successfully deployed community health workers and involved the shuras in health decisions.



With guidance from REACH staff, STEP collaborated with the Kabul Provincial Public Health Office, the Provincial Public Health Coordination Committee, and service providers in using provincial health data to plan emergency services, immunization campaigns, and achievement of quality standards and other provincial health goals.

REACH credits the visionary leadership and highly capable senior managers of STEP for the programmatic and organizational success of STEP's grant. STEP staff sought opportunities to implement innovative approaches to serving women and children and thereby reduce maternal and child morbidity and mortality. Their commitment to empowering staff and achieving results by sharing



## TO ITS NGO GRANTEES

information was evidenced by strong internal communication at all levels, from STEP's central office to clinic health workers.

REACH honored STEP with an achievement certificate in 2005, recognizing the organization's highly effective use of REACH-provided technical assistance to improve health outcomes. With continued USAID funding, STEP will expand from the 5 districts served under the REACH program to 19 districts in two provinces. STEP will also manage health projects funded by other donors.

### ADVENTIST DEVELOPMENT AND RELIEF AGENCY

ADRA, an international NGO, faced significant challenges in delivering basic health services in two

remote districts of Bamyan Province. The few roads leading into this mountainous area are virtually impassable in winter due to extreme weather. After assessing the needs of this underserved population, ADRA proposed to REACH to strengthen the 2 existing health facilities, establish 11 new facilities, and train 340 community health workers.

Given the immensity of the task, ADRA requested technical assistance from REACH. The greatest achievements of this assistance were the improved use of data to set health targets and to measure progress in achieving them.

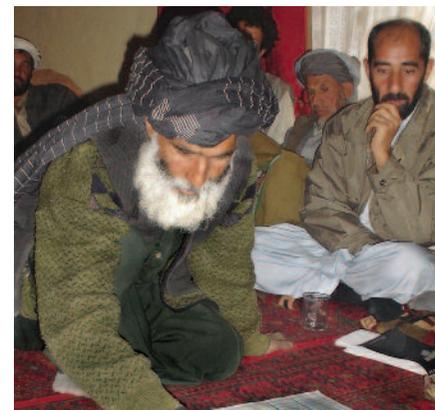
ADRA received HMIS training from REACH, but their field reports were often delayed and the quality of the information was not initially reliable. Additional training and on-the-job coaching at ADRA headquarters and provincial and health facilities resulted in improved compliance and quality of reporting.

REACH initiated a series of data analysis activities in which NGOs reviewed their progress in family planning and child immunization using HMIS data from their own health facilities. Through these exercises, ADRA was able to identify the root causes of problems and make plans to address them. During the first analysis, it was clear that ADRA staff were unsure of their program targets for the two services in question and did not know whether their activities were leading to the accomplishment of their grant targets. REACH assisted staff to understand organizational targets and how to use data to set priorities and make plans to achieve project goals.

The use of family planning nearly doubled, from 15 percent to 28 percent, and child immunization rates increased from 1 percent to 35 percent in ADRA's Bamyan project areas between 2004 and 2006.

#### BELOW:

Shura members lead a meeting of a STEP-assisted community health committee





## IMPROVING THE QUALITY OF SERVICES

Using the Basic Package of Health Services and Essential Package of Hospital Services as guides, REACH assisted health managers to improve quality while also expanding access to health services.

### IMPROVING QUALITY IN BASIC AND COMPREHENSIVE HEALTH CENTERS

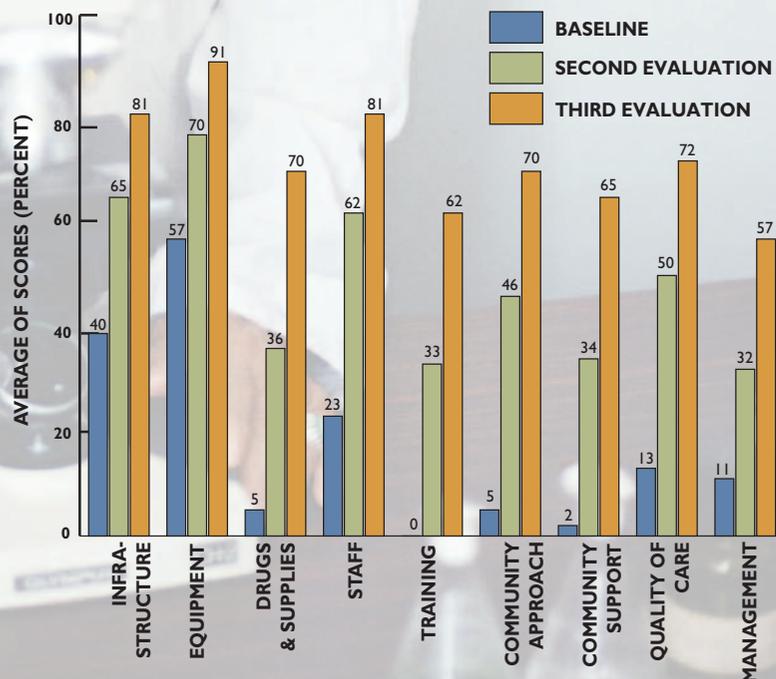
REACH supported improved quality at the lower levels of the health system through use of the Fully Functional Service Delivery Point (FFSDP) methodology, a standards-based management and evaluation tool. Through use of the FFSDP, REACH helped its NGO grantees to identify the strengths and weaknesses in nine areas affecting the quality of services and to correct the problems identified. REACH provided technical assistance to clinic staff in addressing those gaps.

More than 300 NGO and Ministry staff were trained to use the FFSDP methodology, which was introduced in more than two-thirds of the health facilities supported through REACH. The MoPH has adopted this approach for national use, and facilities in several additional provinces have already been assessed by trained Ministry staff. The graph shows the quality improvements in six provinces from early 2005 to early 2006.

### IMPROVING QUALITY IN HOSPITALS

REACH introduced a hospital management improvement initiative to strengthen the quality of services and management practices at provincial hospitals operated by REACH NGO grantees in five

### HEALTH CARE FACILITIES MEETING QUALITY CRITERIA



Data represent 76 health facilities in 6 provinces.

provinces. These five hospitals were the first in Afghanistan to implement the Essential Package of Hospital Services, and they served as models for expanding its implementation throughout the country.

REACH used Performance and Quality Improvement, a standards-based management methodology, to address quality at these provincial hospitals. Implementation of this methodology began with the introduction of standards for essential obstetric care developed and implemented by REACH's Safe Motherhood Initiative through its subcontract with JHPIEGO.

Staff from each hospital attended a workshop to learn more about the Performance and Quality Improvement process, take a basic course on essential obstetric care, and review baseline evaluation results. Work plans for quality improvement were developed. Subsequent workshops focused on newly developed management standards for community hospital boards, facility management, and infection prevention.

Additional clinical standards in emergency care, general surgery, anesthesiology, advanced obstetric care, pediatrics, pharmacy, laboratory, blood bank, and human resource management were developed and introduced through a similar process. Performance and Quality Improvement teams were established in all five hospitals, and REACH staff made frequent visits to help to implement the quality improvement process for all the clinical standards. These standards are now being measured in all five hospitals, and changes can be readily observed through evaluation results and physical inspection. ■



## LESSONS LEARNED ABOUT STRENGTHENING HEALTH SYSTEMS

- The quality of services can be improved even while services are being expanded.
- Policy development provides the framework and parameters for the establishment of quality standards.
- Policies make a difference, but they need constant support from all partners for effective implementation.
- A framework should be used to develop national policies and as a basis for reviewing offers of support from donors.
- Policies will never be perfect; start with something workable and plan to modify policies systematically, based on evidence.
- The Provincial Public Health Coordination Committee forum strengthened the leadership role of the Provincial Public Health Office and facilitated coordination, decision-making, and information flow between the provincial MoPH and its stakeholders and the central MoPH.
- Building a national HMIS, and training managers and service providers in its use, improves the coverage and implementation of services.



# Fostering SUSTAINABILITY

## DEVELOPING HUMAN RESOURCES FOR HEALTH

**ABOVE:**  
Midwife provides training  
on safe delivery

**BELOW RIGHT:**  
Midwife in training  
practices hygienic  
handwashing

**RIGHT INSET:**  
New mother learns about  
newborn care from  
community health worker

In a postconflict setting, restoring and developing the health workforce is critical to rebuilding sustainable health services. Afghanistan's system for training health care providers was seriously affected during the years of conflict, resulting in limited and outdated health education. Those who were trained before the conflict had few opportunities to refresh their skills, and other providers received training of unknown quality outside the country. A further human resource challenge in Afghanistan is the cultural preference for female providers to serve female patients.

## REBUILDING THE MINISTRY'S CAPACITY TO ADDRESS HUMAN RESOURCE NEEDS

REACH assisted the MoPH to establish a General Directorate of Human Resources and to plan a strategy for redeveloping human resources. A system was created to register all trained health providers throughout Afghanistan. A testing and certification system, introduced to establish standards for different categories of health workers, began in 2004. The response to that process was so great that the number of people coming for exams has frequently exceeded the available space.

## ADDRESSING THE DEMAND FOR FEMALE HEALTH PROVIDERS

To address Afghanistan's very high maternal mortality, REACH collaborated with the MoPH and other stakeholders to prepare and introduce a comprehensive package for competency-based education of two types of midwives, one group to serve at community-level health facilities and a second to serve in hospitals. This effort increased the number of trained midwives in the country from fewer than 500 in 2003 to more than 1,300 in 2006.

REACH assisted in developing admission guidelines for these programs and in establishing the National Midwifery Education Accreditation Board, which serves as a technical and regulatory authority for midwifery education. Diplomas from accredited schools display an emblem signifying graduation from an institution of recognized excellence.

## REACH'S COMMUNITY MIDWIFE EDUCATION PROGRAM

The closer safe delivery services are to the communities in which pregnant women live, the better. Thus, the selection and recruitment of students who are committed to practice in their own communities after training make the REACH-supported Community Midwife Education program unique.

Establishing a safe living environment for students that is conducive to learning was a prerequisite to the success of this program. Attention to the security of these students has diminished the concerns of their families about the women living in a dormitory away from home. The dormitory system supported through REACH works well and offers a social network that also provides care for students' children. The supportive learning environment and high motivation of the students have led to near-zero attrition in the Community Midwife Education program.



## Human Resource Development in Numbers

- **REACH PROVIDED FUNDING** for 6 community midwifery education programs and supported the establishment of 11 others throughout Afghanistan.
- **4 HOSPITAL MIDWIFERY PROGRAMS** were upgraded with funding from REACH, and REACH staff provided technical support to one additional hospital midwifery program.
- **804 WOMEN** completed midwifery training through REACH-supported programs.
- **A TOTAL OF 2,394** health workers were tested through the MoPH's testing and certification initiative.
- **MORE THAN 1,900** doctors, nurses and midwives completed refresher training: these staff of REACH-supported health facilities completed at least one of six modules on basic health care topics; more than 460 individuals completed three training modules.
- **61 PERCENT OF FACILITIES** now have at least one female health care provider, whereas, in 2002, only 21 percent of health facilities had at least one female health care provider.



## Facts and Figures about **REACH** Women's Activities

- Gender awareness, a new concept in Afghanistan, was successfully introduced into REACH's health activities.
- More than 8,500 women completed an accelerated, health-focused literacy program.
- More than one-half of the 6,300 community health workers who are operating health posts in their communities are female.
- Nearly 1,000 female members of community health committees received leadership training to empower them to support health care in their communities.

## ADDRESSING THE NEEDS OF WOMEN

In Afghanistan, where maternal and child mortality indicators are among the world's highest and female literacy among the lowest, REACH implemented activities focused on addressing all three of these concerns. Empowerment of women begins with saving their lives and those of their children. Employment of women in the health professions begins with improving their ability to read and write. Through training midwives and female community health workers, gender awareness training for MoPH and NGO staff, health-related literacy initiatives, and support for women health professionals, REACH also facilitated the participation of Afghan women in rebuilding their country.

### PROFESSIONALIZING FEMALE HEALTH WORKERS

Improving women's health is a central focus of USAID'S work in Afghanistan. One of the most important elements of this work is increasing the number of female health care providers. REACH also worked to improve the professional stature of midwives and other female care providers to increase public confidence in them.

REACH was an early supporter of the Afghan Midwives' Association, the first professional association for female health professionals in Afghanistan. Helping this organization to attain a prominent place within the Afghan health community also raised the status of midwives, fed the aspirations

of young women considering this profession, and drew attention to the importance of professional health care for women.

## ADDRESSING LOW LITERACY AMONG AFGHAN WOMEN

REACH introduced Learning for Life, an integrated health-based literacy program designed to create a pool of women prepared for training as community health workers and community midwives. This activity promoted health literacy and the empowerment of women by supporting informed decision-making, developing communication and negotiation skills, and building women's confidence to take action to improve their own health and that of their communities.

More than 8,000 women participated in the nine-month program for women with grade 1–6 literacy skills. Among these learners were women already trained and employed as community health workers. While literacy training enhanced the skills of these women, enabling them to perform their work better; the daily interactions between community health workers and fellow class members supported community-based health outreach activities. An additional 500 women participated in the six-month program for learners with grade 6–9 skills to equip them with the proficiencies required for entry into community midwifery training.

## PROMOTING GENDER AWARENESS IN A MALE-DOMINATED CULTURE

In a bold move, REACH decided to include gender considerations in all its activities. Gender had been interpreted as a “women’s issue” in Afghanistan. In a male-dominated culture, REACH actively involved

men in activities to promote gender equality. Other REACH initiatives included:

- developing a culturally appropriate curriculum and training nearly 300 provincial committee members (45 percent of trainees were female) in all REACH-supported provinces;
- producing and widely disseminating a gender awareness calendar with illustrations and messages to promote gender equality;
- building the capacity of the Gender and Rights Unit of the MoPH and the Association for the Empowerment of Afghan Women Health Professionals. ■

### FAR LEFT:

Community health worker provides health education using flip charts produced by REACH

### BELOW TOP:

Female vaccinator registers a patient

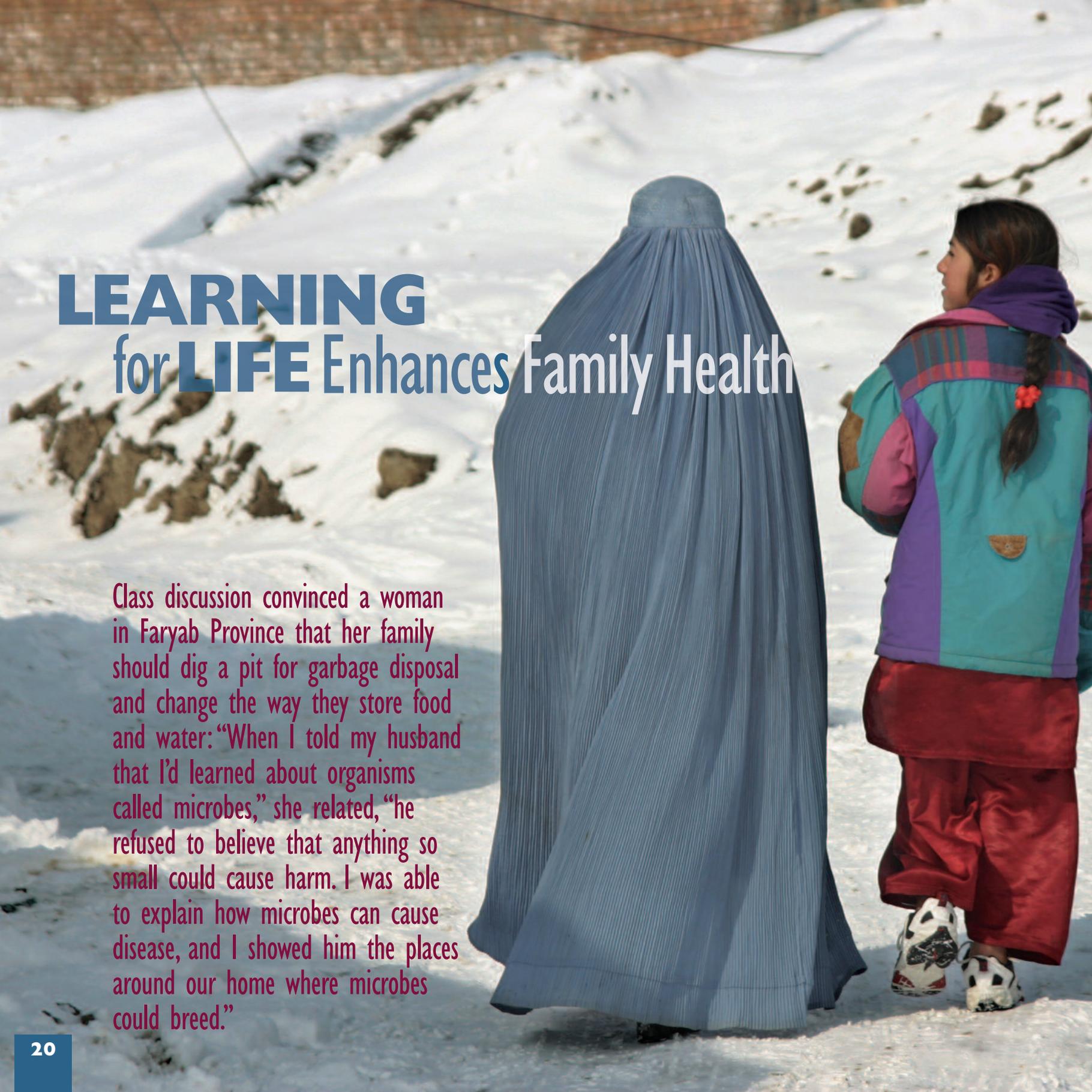
### BELOW BOTTOM:

Role-play exercise during a Learning for Life class

## LESSONS LEARNED ABOUT FOSTERING SUSTAINABILITY

- Human resource development must be addressed at a sufficiently high level in the MoPH for it to function effectively in establishing systems and coordinating approaches.
- The goal to increase the number of midwives throughout the country requires careful planning—from recruitment and education to deployment.
- Skill-based approaches to training health professionals are important to improve quality of care.
- Professionalizing female service providers is vital to increasing their acceptability and use.
- Achieving the ratio of one female to one male community health worker is feasible.
- Literacy programs support a community-based health care agenda.
- Addressing the needs of women requires addressing the concerns of men.



A photograph of a woman and a young girl standing in a snowy, mountainous landscape. The woman is wearing a blue chador and is seen from the back. The girl is wearing a colorful winter jacket with teal, purple, and red sections, and red pants. She has a red flower in her braided hair. The background shows snow-covered ground and distant mountains under a clear sky.

# LEARNING for LIFE Enhances Family Health

Class discussion convinced a woman in Faryab Province that her family should dig a pit for garbage disposal and change the way they store food and water: “When I told my husband that I’d learned about organisms called microbes,” she related, “he refused to believe that anything so small could cause harm. I was able to explain how microbes can cause disease, and I showed him the places around our home where microbes could breed.”

In traditional Afghan society, where only women can care for women, the absence of a female health provider too often leads to another woman's death. Yet finding and recruiting women with even minimal reading and writing skills for training as community health workers and midwives is difficult. War, insurrection, and the Taliban denied women even rudimentary education. Currently, only one woman in five is literate, and in some areas, as few as 4 percent of the women can read and write.

REACH designed Learning for Life, an accelerated adult literacy initiative, to create a larger pool of Afghan women who can be trained to meet the urgent need for female health providers. In the process, it also profoundly impacted the lives, families, and communities of the more than 8,500 women who enrolled.

## Throughout the country, many mullahs became prime supporters of the classes and discussed their benefits at Friday prayers.

The impact of these classes has been far reaching, extending to the home, the wider family, and the village. Often, the entire village was represented in the classes, with at least one member of each family attending. As a result, health messages reached every household in the community. Learners became accustomed to sitting with others at night to tell them what they learned that day.

At first, some men prevented their wives from attending Learning for Life classes, but when they learned of the effect of other women's new knowledge on the health of their children and the cleanliness of their homes, many changed their minds. ■

Not a single woman in the Learning for Life class in the village of BegToot in Kabul Province could read or write when the program began. They carried out transactions in the marketplace by counting on their fingers. When they or their children fell ill, many felt helpless.

Now, along with a world map, a Dari alphabet, and glossy posters produced by REACH that depict healthy practices, the simple classroom in a local home is papered with sheets of newsprint displaying sentences and stories the women have written; posters on child care, personal hygiene, and food preparation they've drawn; and rows of neatly formed numbers.

## The **FACE** of Learning for Life

**KHADIJA** went to Learning for Life classes secretly. She hid her books in a water bucket, then left the house and went to class, where she stayed for only 30 minutes. She then fetched water and returned home, where she began to practice the things she had learned. As the level of sanitation at home increased, the family's health improved. Her husband noticed the steps she was taking and asked where she had learned about them. She told him that she had watched and listened to the Learning for Life learners at the water source. When he saw the effects of her "observation," he himself took her to the class and asked that she be enrolled.

Learning for Life has given women a new-found pride in their ability to learn; many hope to set an example for the young girls in their families and communities. Several mothers and daughters attended class together. The women smiled as they told of schoolchildren in the village respectfully volunteering to help them with their studies. Many speak of the thrill of writing their own names for the first time. **SIMA** confided, "My husband said, 'Go learn!'" With a grin, she adds that he asked her to help him learn to write, too.





# Measuring RESULTS

Using the national HMIS, household surveys, and internal monitoring tools designed for the program, REACH was able to successfully track and measure the results of its activities. Together, these efforts had the effect of:

- empowering decision-makers to make sound decisions about health services;
- enabling health providers to move from a curative to a public health focus;
- allowing health leaders, managers, and donors to understand the public health impact of the provision of health services;
- heightening REACH's ability to report about the results of its wide-ranging activities to multiple audiences.

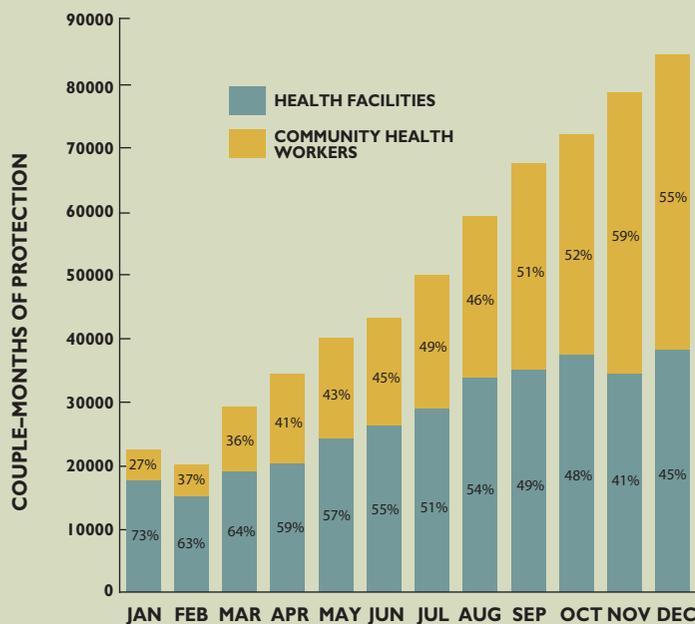
## MONITORING ACTIVITIES

The national HMIS is designed to monitor implementation of the Basic Package of Health Services and the Essential Package of Hospital Services. Factors that contributed to the successful development and implementation of the HMIS were:

- a focus on services contained in the Basic Package of Health Services and Essential Package of Hospital Services;
- involvement of all partners in designing the system, developing tools, and training users;
- mandated use of the HMIS in performance-based NGO service grants;
- immediate, phased computerization at a level compatible with local capacity;
- limitation of information to what is useful to those collecting it.

National information system data can be used at all levels to make evidence-based health management decisions. The data can also be used to substantiate household survey findings, as shown in the graphs illustrating the increase in family planning services and in deliveries in health facilities.

## OUTPUT OF FAMILY PLANNING SERVICES FOR 2005



## MEASURING PROJECT OUTCOMES

REACH selected the Lot Quality Assurance Sampling methodology, a proven methodology heretofore untried in Afghanistan, to measure program outcomes. This methodology was selected because it offered the advantages of traditional sampling methodologies while also providing a means of addressing the challenges of undertaking household surveys in the Afghan context.

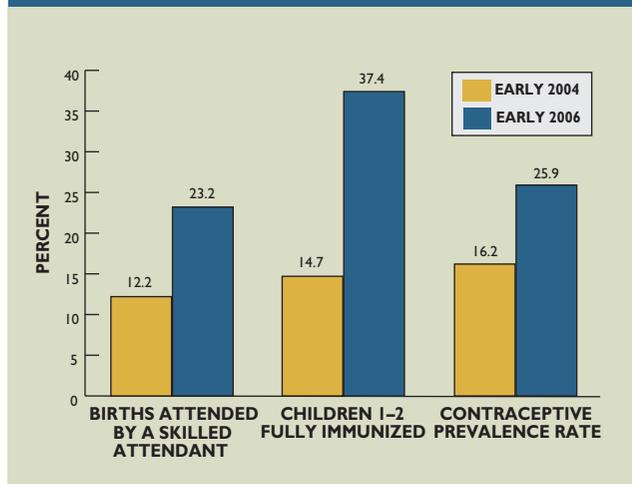
This methodology was used to collect household data on ten primary health care indicators at the beginning of REACH interventions and again at the end of the program. REACH's NGO grantees were oriented to Lot Quality Assurance Sampling, and NGO staff performed the household surveys with coaching from REACH.

REACH achieved significant improvements in the program's three key indicators—safe delivery, child immunization, and contraceptive use—as the graph at the top of the page shows.

The household surveys also recorded significant improvements in:

- prenatal clinic visits by pregnant women (which increased from 26 percent to 39 percent) and postnatal visits by women who had recently given birth (16 to 26 percent);

## CHANGE IN REACH PROGRAM KEY HEALTH INDICATORS

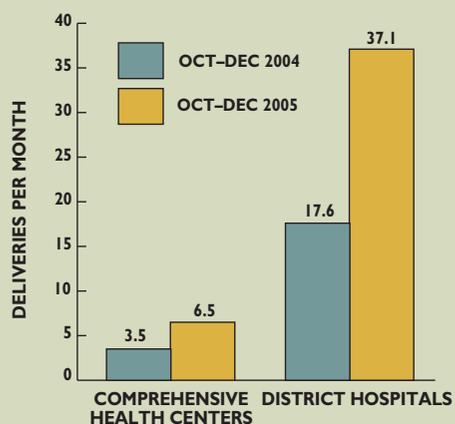


- immunizations against tetanus among pregnant women (44 to 60 percent);
- vitamin A supplementation for children (67 to 78 percent);
- knowledge of two or more modern methods of contraception among women of reproductive age (21 to 53 percent);
- appropriate care-seeking behavior by mothers of recently ill children (25 to 42 percent).

REACH's success in monitoring ongoing activities through the national HMIS and custom-designed databases, as well as its ability to measure overall program results through household surveys, can be attributed to:

- paying attention to the details and listening to the information needs of all health stakeholders, both in the national health program and among REACH's grantees;
- involving all partners in designing and implementing the monitoring and measurement tools;
- addressing the needs for monitoring and measuring tools at various user levels;
- differentiating between the needs for process and outcome measurement tools and designing tools accordingly. ■

## AVERAGE NUMBER OF DELIVERIES BY FACILITY TYPE



**FAR LEFT:**  
Midwife provides  
contraceptives to a young  
mother



## The Way FORWARD

**B**uilding on the solid foundation laid by MSH in Afghanistan, USAID and REACH achieved significant results, as measured by improvements in key program indicators of the health of women and children. While the postconflict setting presented unique challenges, it also brought together organizations and institutions committed to making the greatest possible difference in a very short time.

Solid collaboration among the REACH partners—the MoPH, USAID, MSH, REACH subcontractors, and NGO grantees—made for success. Joint planning with attention to regular monitoring made it possible for REACH to achieve and document results.

Assisting the MoPH to develop and implement

policies and introducing improved approaches for decentralizing health services permitted rapid expansion of services to some of Afghanistan's most remote areas. Even while rapidly expanding services, REACH made sure that the quality of those services was not overlooked.

REACH brought about change in the lives of

**More births are attended by health professionals, more children are being immunized, and more couples are using contraception.**

women and of mothers, in particular. Young women trained in health-oriented literacy are altering their health practices and thus improving the lives of their families and communities. Well-trained women are providing health services in communities and health facilities in record numbers. More births are attended by health professionals with special training, more children are being immunized, and more women and their partners are using contraception than ever before as a result of REACH's interventions.

These accomplishments must be sustained to ensure that the hopes raised among the millions of individuals touched by the transformation of Afghanistan's health services will not be dashed. These changes are fragile and will require close attention to guarantee their continuation. REACH built capacity among policymakers, trainers, service providers, and users of health services. This capacity must continue to be supported so that the health sector continues to serve the people of Afghanistan and so that the health of Afghan families continues to improve.

We hope that the approaches and the results described in this booklet will serve as a foundation and an inspiration to those entrusted with maintaining these improvements. ■

**PG PHOTO**

- 1 Close-up of girl
- 1 Woman walking with baby
- 2 Baby being vaccinated
- 3 Close-up of mother and child
- 4 Background, glassware
- 4 Health worker preparing injection
- 5 Man in winter
- 5 Pottery from Istalif
- 6 Girl jumping rope
- 7 Fish-seller
- 9 Ribbon-cutting ceremony
- 10 Family in hospital tent
- 11 Town scene
- 11 Delivering supplies in snow
- 12 Street scene
- 12 Afghan carved wood bowl
- 13 Shura members
- 14 Man with microscope
- 16 Leading a skills lab

**PHOTOGRAPHER**

- Carmen Urdaneta
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- Emily Phillips
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- Medair
- Moumina Dorgabekova
- Emily Phillips
- Abu Sayeed
- Moumina Dorgabekova
- Sheena Currie

**PG PHOTO**

- 17 Handwashing
- 17 Newborn care
- 18 Community health worker
- 19 Registering a patient
- 19 Role-play
- 20 Women walking
- 21 Woman smiling
- 22 Family planning consultation
- 23 Baby with hat
- 24 Three youths
- Cover; top left
- Cover; top right
- Cover; bottom left
- Cover; bottom right
- Inside cover; boys with pumpkins
- Inside cover; boys playing in jeep
- Inside cover; mother and child
- This page, women and children

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**IN MEMORY OF OUR  
COLLEAGUES, WITH  
GRATITUDE AND  
AFFECTION**

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Ahmad Bashir	1960-2006
Cristin Gadue	1978-2005
Amy Lynn Niebling	1975-2005
Ahmadullah Saranwal	1957-2005
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