

INTRODUCTION

During the last 32 years, the Afghans have greatly suffered, witnessing mass murders, violence, forced migrations etc. One of the main consequences of these events has been lack of appropriate health services for Afghans including children and women who are half of the population.

Nangarhar is the 3rd densely populated province in Afghanistan. There were only few health facilities (BHCs) in the Jalalabad city which were not able to solve the health problems of the residents and the increased number of returnees and IDPs (internally displaced) made this job more difficult.

The lack of essential medical care, prompted Afghan-German Doctors' Association (AGDA), a non-profit NGO to pursue its humanitarian goals free of any political influences & to do something in this respect.

Following a group travel to Afghanistan in spring 1998 and detailed discussions and analysis the Association has decided to support the war-ravaged people of Afghanistan, especially the children and women, by establishing a Maternal and Child Health clinic in the eastern region of the country.

The MCH-Clinic now (in 2010) has (11) Afghans recruited entirely within the country (1 female and 1 male physicians, 1 midwife nurse, 1 lab. technician, 2 female vaccinators, 1 female pharmacist, 1 female health educator, 1 female cleaner and 2 guards).

It is mentionable that clinic staff have maintained the fired cleaner in the clinic and paid her from their pockets in 2010 and requested the office to hire her again.

According to the Basic Package of Health Services (BPHS) strategy in the country, the MCH services are regularly monitored and supervised by Primary Health Care (P.H.C.) Department of Public Health Directorate in the province.

By establishing a good coordination with government organizations, UN Agencies and national and international NGOs, especially Health Net Transcultural Psychosocial Organization (HN TPO), the BPHS implementer in the province, we are trying to provide better and effective health services and for this purpose we need further support and attention.

For promotion & improvement of country-wide effective diagnostic ability the AGDA has conducted a few periods of sub-specialization training programs in Germany and high-level Ultrasonography courses in the capital city of Kabul & Northern Province of Mazar-i-Sharif and has trained the male and female doctors from different provinces and also supported different hospitals of the country by providing medical equipments.

MAIN PROGRAMS

- 1. TRAINING.**
- 2. MCH CLINIC.**

1. TRAINING

Afghan German Doctors' Association (AGDA) with collaboration of the Ministry of Public Health (MoPH), Ministry of Higher Education (MoHE), World Health Organization (WHO), gtz & DAAD in Kabul and Mazar-i-Sharif, has arranged ultrasonography trainings for doctor.

Through this program about (22-29) doctors are being trained in Ultrasonography in each course. From 22 of October 2002 up to end of the year 2010 about nine rounds of the above courses were conducted (each in three sessions) in capital (Kabul city) and northern city of the Mazar-i-Sharif for doctors of different hospitals of the capital and several provinces.

All the mentioned doctors were trained in basic principles of the ultrasound and essentials of abdominal and pelvic scanning and relevant health problems by different teaching materials & practical exercises.

Also the AGDA with collaboration with DAAD has conducted few periods of sub specialization training programs for academic institutions (medical faculties) of different provinces of the country in the Germany.

2. M.C.H. CLINIC

AGDA MCH clinic was established in **1999** in third high populated city of the country (Jalalabad city) in eastern region of Afghanistan.

The density of population in the city and lack of basic needs for live and weakness of government health service sector need to support them accordingly (especially women and children) so being of AGDA MCH clinic has made a great opportunity for them.

AGDA MCH-Clinic is one of the best available health facilities in Jalalabad city which provides health services for more than **48'000** population of its catchments area (EPT target) & has been known one of the best arranged health facility in the region.



ACHIVEMENTS, 2010

- **(22830)** patients have been checked by two MD doctors
- **(24561)** different new cases have been treated in the clinic and 1066 were followed and 149 were referred to superior health facilities (hospital)
- Vaccination team administered over **(32208)** different vaccine doses to children and women by routine vaccination and during NIDs.
- The vaccination monthly target was increased from 139 to 221 by provincial EPI department and the coverage for children under one year was **(78%)**.
- The vaccination monthly target for TT vaccine was also increased from 139 to 221 by provincial EPI department and the TT2 vaccination coverage was **(61 %)** with total coverage of (6756)
- **(34948)** People benefited from the health education programs.
- **(7775)** Laboratory investigations have been done in clinic's laboratory.
- **(451)** Slides were examined in suspected cases of TB.
- **(17653)** Patients received medicine from the clinic.
- **(2672)** Dehydrated children have been rehydrated in ORT corner of the clinic.
- **(705)** Patients have been dressed.
- **(2849)** Patients have been injected.
- **(481)** Mothers followed different contraceptive methods
- **(1252)** Pregnant mothers received antenatal & postnatal care services

ACTIVITIES

- A. Maternal and child health care services.
- B. Diagnostic, therapeutic and referral services.
- C. Prevention and control of locally endemic diseases.
- D. Education of the population about common health problems and solutions.
- E. Expanded program of immunization (EPI).
- F. Promotion of proper nutrition of population focusing on women and children.
- G. Capacity building

A. MATERNAL AND CHILD HEALTH CARE SERVICES:

1. REPRODUCTIVE HEALTH SERVICES:

MCH program has followed a careful strategy, which paid full head to both religious conceptions and cultural sensitivities to provide reproductive health services for vulnerables.

Following are details:

i. SAFE MOTHER HOOD:

Antenatal and postnatal cares were provided to pregnant and lactating mothers.

Total (1252) mothers were enrolled in 2010. They were followed up regularly. Their blood pressure, Hemoglobin level. urine specimen, weight, position & presentation of fetus were checked. The tablets Ferrous Sulfate, Folic Acid & Micronutrients were provided to them and in some cases additional therapy was done.

The delivery section was active for ante partum and post partum services and we have attended 5 normal delivery cases and several post partum interventions and due to our half day services the other cases were referred to the hospital.



ii. FAMILY PLANNING:

Following services were offered:

a. *Counseling*: individual counseling was provided to women of child bearing age with full privacy and attention and they were helped in taking decision in this issue.

b. *Contraceptive methods*: Oral contraceptive tablets, condoms, IUCD and DMPA injections were provided and in case of need for permanent sterilization they were referred to hospital.

Total (481) new women were enrolled and (92) were followed up.

iii. EDUCATION ON HIV/AIDS (PREVENTION & TRANSMISSION) SEXUAL TRANSMITTED DISEASES (STD):

These cases were managed with special consideration by educating the roots of transmission, methods of prevention and self care measures to the patients and in case of suspicion they were informed about establishment of VCCT centers for diagnoses in the city and specially TB patients with positive sputum smear microscopy who are more prone to be affected by HIV virus were referred to VCCT center.

2. NUTRITION STATUS OF CHILDREN:

To detect and prevent malnutrition the MCH program provides non-formal educational messages on how to compose and prepare healthy & well-balanced meals for the family especially children, all children of less than 5 year of age were assessed for nutrition status and the cases of malnutrition were referred for counseling to the health educator and were educated on about essential nutritional needs of different age children and followed up and in case of severe malnutrition they were referred to hospital for admission and therapy, especially University teaching hospital.

During this year (60) malnourished children were enrolled and followed in this program.

For detail please refer to Annex-I.



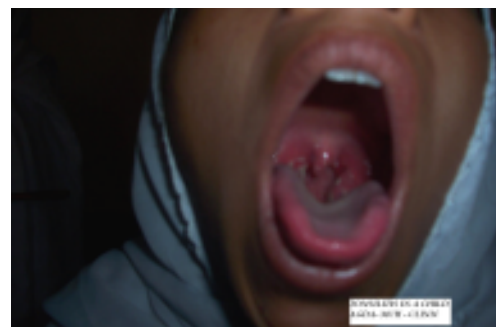
B. DIAGNOSTIC THERAPEUTIC AND REFERRAL SERVICES:

I. CLINICAL SERVICES (O.P.D):

Two medical officers (one male & one female) provided diagnostic and therapeutic services to women and children.

All patients were checked in children and female OPD sections, in case of need they were referred to laboratory and vaccination sections, antenatal and postnatal services were offered, common diseases were diagnosed and treated in the clinic and complicated cases were referred to appropriated centers where available (University Teaching Hospital & General Public Health Hospital).

Patients visited by doctors were between (70 -120) per day.



Total of (22830) patients were examined and treated and (1158) were followed and (153) were referred to other hospitals in the year 2010.



Age and sex-wise details of patients are given bellow:

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total Number of patients</i>	<i>Patients followed</i>	<i>Patients referred</i>
0<5 year	4215	4241	8456	1158	153
5< years	1758	12616	14374		
Total	5973	16857	22830		

For detail please refer to Annex-1, IV & V

II. LABORATORY:

This section supports the accuracy and enhances the ability of medical officers to conduct their therapeutic services effectively.

Laboratory provides results to the following specimens:

- Blood examination for diagnosis of malaria.
- Routine urine examination.
- Pregnancy test.
- Stool examination for intestinal parasites.
- Complete blood tests (ESR, Hb, WBC and DLC).
- Sputum examination in case of suspected pulmonary TB.



By establishing the TB detection and control section in collaboration with National TB control Program (NTP) of the Public Health Directorate the laboratory section is equipped to do the Ziehl-Nielsen stain in suspected cases of Tuberculosis.

Total (7775) different investigations have been done and (451) slides were examined in suspected cases of Tuberculosis and 45 of them were found positive during the year 2010.

For detail please refers to Annex-II & IV.

III. PHARMACY:

Due to decreased pharmacy support only 50-60 patients have received Essential drugs from pharmacy of clinic. Medicine was dispensed for all these patients free of charges.

(17653) Patients received medicine from pharmacy of clinic during the year 2010.

For detail please refer to Annex-IV&VI.



IV. NURSING SERVICES:

Well-trained midwife nurses performed beside antenatal and postnatal care services the documentation of the patient and provide them antiseptic dressings, injection and infusions in case of need.

Total (4806) patients received services.

Antenatal and postnatal care **1252**

Antiseptic dressing: **705**

Infusions and injection: **2849**

Total: **4806**

For detail please refer to Annex-IV



C. PREVENTION AND CONTROL OF LOCALLY ENDEMIC DISEASES:

Malaria and diarrhea, which are the main problems of people in eastern region of Afghanistan, are mentionable.

A. MALARIA CONTROL PROGRAM:

For prevention of malaria transmission from sick person to healthy individuals by anopheles mosquito, beside health education the self protection method of using saturated bed nets with insecticidal drugs were introduced which were provided by HN TPO and distributed by them in door by door distribution program which is going on in all province.

Total malaria suspected slides examined: **1905**

Total slides found positive (PV and P.F): **220**

All patients found positive were given proper treatment & follow up without charges.



B. DIARRHEA CONTROL PROGRAM:

ORS (oral rehydration salt) & WSS (wheat salt solution) were given to dehydrated patients through ORT corner and in times of need we give them medicine and Hartman infusion and normal saline.

We also educated the mothers about good nutrition and fluid intake of their children during diarrhea and we informed them about any dangerous signs of dehydration and urgent return to clinic or other centers.

Total (2672) patients received services of ORT (oral rehydration therapy).



D. EDUCATION OF THE POPULATION ABOUT COMMON HEALTH PROBLEMS AND SOLUTION:

Health educator delivered health messages to all mothers who have brought their children to the clinic, according to the seasonal based daily time table.

Health education topics included immunization, breast-feeding, weaning, nutrition & malnutrition, birth spacing, proper use of medicines, hygiene, sanitation, diarrhea, malaria and other related issues as awareness about mines and unexploded materials by ICRC staff, mental health and drug abuse problems by PHD staff and prevention from burning by SOZO association.

Total **(34948)** participants were educated in **(331)** sessions in this year **(2010)**.

For detail please refer to Annex-II & IV.



E. EXPANDED PROGRAM OF IMMUNIZATION (EPI):

Immunization was provided against seven preventable childhood diseases (TB, Diphtheria, Pertussis, Tetanus, Polio, Hepatitis and Measles) to children of under five years.

The program also offered tetanus toxoid vaccination for women of childbearing age (15-45 years of age).

(32208) vaccine doses were administered during routine program and National Immunization Days in the year **2010** by two vaccinators in this program.

AGDA actively participated in all of NIDs campaigns for polio eradication, Vit A administration, measles mortality rate reduction campaigns and deworming programs (albendazol distribution) and has gained good reputation in this field the clinic was one of clusters (EPI cluster) during national immunization days so on.

For detail please refer to Annex-III & IV.



F. PROMOTION OF PROPER NUTRITION OF POPULATION FOCUSING ON WOMEN AND CHILDREN:

The patients and their attendance were informed through daily health education programs about proper nutrition like breast feeding, weaning and supplementary feeding and taking of micronutrients especially during pregnancy period and growing children and their role in prevention and treatment of different health problem.



COORDINATION

Close contact was made with government authority, BPHS implementer NGO (HN TPO), UN agencies and other national and international NGOs, as in result of this coordination the health directorate of the province has supplied some medicines as ORS Serum Normal Saline and Ringer with multi vitamine tablets and disposable syring twice to our clinic also the NGO of CPI has decided to support the clinic by establishing the physiotherapy section in the clinic from May 2011. All coordination meetings (PHCC meetings, RH COMMEETY meetings, HSSP meetings for standardization of health services and coordination meetings with regional TB control authority and planning directorate) were attended regularly.

SKILL BUILDING

AGDA staff attended different training workshops & refresher courses that were conducted by different governmental & non-governmental organizations in the province.

Inter-office trainings were arranged for improvement of knowledge and skill of staff in MCH clinic by our own staff.

On job training by MD staff was the part of daily activities.



SUGGESTION

- ☞ Support of the MCH clinic by equipments like microscope for laboratory section and sterilizer for nursing section & drugs from Germany
- ☞ Establishment of dental section in the MCH clinic.
- ☞ Search the opportunity for permanent transportation vehicle for clinic staff & ambulatory services.
- ☞ Arrangement of high level training for MCH clinic staff in Germany.
- ☞ Establishment of modern diagnostic center in the Jalalabad City for eastern region due to absence of this facility.

Dr. Mirwais Tasal
Managing Director, AGDA
Jalalabad Office