

INTRODUCTION

Afghan Volunteer Doctors' Association (AVDA) which has started its activity under the name of Afghan German Doctors' Association (AGDA) as non profit agency with aim of serve and commitment of improving health condition of needy people who needs sympathy and mercy has established an MCH clinic in 3rd most populated province of Nangarhar (Jalalabad city) in eastern part of Afghanistan, the country with 34 years of war and violence and instability which caused destruction to all infrastructure of the country including health sector.

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.

Jalalabad city of the Nangarhar the populated province in the east of the country with limited health facilities to solve the health problems of the residents and the increased number of returnees and IDPs (internally displaced people).

Following a group travel to Afghanistan in spring 1998 and detail discussions and analysis Association has decided to support Afghanistan, especially the children and women strata, by establishing a Maternal and Child Health clinic.

The MCH-Clinic has 12 workers Afghans recruited entirely within the country (1 female doctor and 1 male doctor (also responsible for the management of the project), 1 midwife nurse, 1 lab. technician, 2 female vaccinators, 1 female pharmacist, 1 female health educator, 2 female cleaners and 2 guards).

I have succeeded to maintain the support of CPI (the agency for support of disabled and war remnants) for physiotherapy sections for male and female in our clinic from May 2012 up to end of April 2013 and we hope that we will be able to have their support in 2013-14.

According to 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 and National TB control department.

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 and CPI the agency for support of disabled and war remnants, we are trying to provide better and effective health services and for this purpose we need further support and attention.

For promotion & improving of country wide effective diagnostic ability the Association has conducted several periods of sub specialization training programs in the Germany and high level Ultrasonography courses in capital city of Kabul & Northern city of Mazar- i- Sharif and has trained hundreds of 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 + physiotherapy services.

1. Training

Afghan Volunteer Doctors' Association (AVDA) has arranged ultrasonography trainings for doctors 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,.

Through this program about (22-29) doctors are being trained in Ultrasonography in each course. From October 2002 up to the end of 2012 about eleven 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 AVDA with collaboration of DAAD has conducted few periods of sub specialization training programs for academic institutions (medical faculties) of different provinces of the country in the Germany and this program is going on.



2. M.C.H. Clinic

AVDA MCH clinic from its establishment in **1999** in third high populated city of the country (Jalalabad city) the center of Nangarhar province in eastern region of Afghanistan has served contentiously with hard working of its staff instead of limited sources and supplies.

The density of population and lake of basic and essential services and weakness of government health sector requires support accordingly (especially to serve women and children) so being of AVDA MCH clinic has is a great opportunity for them.

From the start of the activity the AVDA MCH-Clinic is one of the best available health facilities in Jalalabad city which provides health services for more than **60'000** population of its catchments area (EPI target) & has been known one of the best arranged health facility in the region/

Following regular assessments done by HSSP department of Ministry of Public Health for 18 moths in 37 health facilities of the province our clinic was one of the top 6 BHCs that were awarded by the appreciation board from Ministry of Public Health quality assurance department and several appreciation letters from provincial council and provincial quality assurance department.



ACHIVEMENTS, 2012

- (23140) patients have been checked by two MD doctors
- (24558) different new cases have been treated in the clinic and 1159 were followed and 158 were referred to superior health facilities (hospital)
- Vaccination team administered over (36254) different vaccine doses to children and women by routine vaccination and during NIDs.
- The vaccination monthly target was increased from **227 to 232** by provincial EPI department and the coverage for children under one year was (74%).
- The vaccination monthly target for TT vaccine was also increased from **227 to 232** by provincial EPI department and the TT2 vaccination coverage was (51 %) with total coverage of (5748)
- (33241) People benefited from the health education programs.
- (9447) Laboratory investigations have been done in clinic's laboratory.
- (436) Slides were examined in suspected cases of TB.
- (18262) Patients received medicine from the clinic.
- (2860) Dehydrated children have been rehydrated in ORT corner of the clinic.
- (935) Patients have been dressed.
- (3055) Patients have been injected.
- (674) Mothers received different contraceptive methods
- (1002) Pregnant mothers received antenatal & postnatal care services
- (2347) Patents received different types of physiotherapy 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
- H. Physiotherapy services (male, female)

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A. MATERNAL AND CHILD HEALTH CARE SERVICES:

1. Reproductive health services:

MCH program by paying full attention to both religious conceptions and cultural sensitivities provided reproductive health services for vulnerable mothers with different available methods.

Following are details:



i. Safe mother hood:

Pregnant and lactating mothers have received antenatal and postnatal cares accordingly. Total (1002) new mothers were enrolled in 2012. They were followed up regularly for:

- Blood pressure
- Hemoglobin level
- Urine exam
- Weight
- Position & presentation of fetus

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 **8** normal delivery cases and several post partum interventions and due to our half day services the other cases were referred to the public health hospital and university teaching hospitals.



ii. Family Planning:

Following services were offered:

a. Counseling: individual counseling was provided with full privacy and attention to women of child bearing age and mother in first visit after delivery and they were informed about spacing and its effect on their health and 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 (674) new women were enrolled and (131) were followed.

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iii. Education on HIV/AIDS (prevention & transmission) and Sexual Transmitted Diseases (STD):

As the country has more than 500 positive and more than 2500 suspected cases so this issue was 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 to HIV 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 were referred to VCCT center and other STD cases were diagnosed and treated in the clinic by female doctor.

2. Nutrition Status of Children:

Following MCH program the clinic provided non-formal educational messages on how to compose and prepare healthy & well-balanced meals for the family especially growing children.

To prevention and treatment of malnutrition all children of less than 5 year of age, who are more at risk, were assessed for nutrition status and the cases of malnutrition they were referred for counseling to the health educator and their mothers were educated on 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 (12) new malnourished children were enrolled and followed in this program.

For detail please refer to Annex-I.



B. DIAGNOSTIC THERAPEUTIC AND REFERRAL SERVICES:

1. 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 OPD sections and they were offered below services

- Laboratory test (if needed)
- vaccination
- Antenatal and postnatal services
- Common diseases were diagnosed and treated in the clinic
- 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.

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Total of (23140) patients were examined and treated and (1159) were followed and (158) were referred to other hospitals in the year 2012.

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

Age	Male	Female	Total Number of patients	Patients followed	Patients referred
0<5 year	4263	4379	8642	1159	158
5< years	1774	12724	14498		
Total	6037	17103	23140		

For detail please refer to Annex-I & IV

2. 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.
- Essential blood tests (ESR, Hb, WBC and DLC).
- Routine urine examination.
- Pregnancy test.
- Stool examination for intestinal parasites.
- 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 (8844) different investigations have been done and (436) slides were examined in suspected cases of Tuberculosis and 42 of them were found positive during the year 2012.

For detail please refers to Annex-II & IV.

3. Pharmacy:

Due to decreased pharmacy support only 60 patients daily can receive Essential drugs from pharmacy of clinic. Medicine was dispended for all these patients free of charges.

(18262) Patients received medicine from pharmacy of clinic during the year 2012.

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4. Nursing services:

Beside family planning services, essential nursing services as antenatal and postnatal care, antiseptic dressings, injection and infusions were performed by well-trained midwife

Total (4972) patients received services.

Antenatal and postnatal care	1002
Antiseptic dressing:	935
Infusions and injection:	<u>3035</u>
Total:	4972

For detail please refer to Annex-IV

C. PREVENTION AND CONTROL OF LOCALLY ENDEMIC DISEASES:

Some health problems appear with annual episodes in different seasons on provincial level that malaria and diarrhea are mentionable & main problems of people in eastern region of the country:

1. Malaria control program:

As preventive measures are essential to maintain better health in society and one of the endemic problems in the province is malaria so its transmission from sick person to healthy individuals was blocked by protective measures as health education for keeping clean environment and self-protection method of using saturated bed nets with insecticidal drugs were introduced.

The bed nets were provided and distributed by HN TPO in door by door distribution program which had a visible effect in malaria control program.

Total malaria suspected slides examined:	1398
Total slides found positive (PV and P.F):	153

All patients found positive were given proper treatment & followed.

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2. Diarrhea control program:

Health education to prevent diarrhea and its treatment by ORS (oral rehydration salt) & WSS (wheat salt solution) was one the daily delivered messages with additional on spot education to dehydrated patients (mothers and children) through ORT corner and in times of need they were given medicine and Hartman infusion, normal saline and ORS packets.

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

Total (2860) 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 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.

Total (32757) participants were educated in (301) sessions in this year (2012).

For detail please refer to Annex-II & IV.



E. EXPANDED PROGRAM OF IMMUNIZATION (EPI):

The vaccine for Immunization section was provided by PHD/EPI department and was administered by two vaccinators against preventable childhood diseases (TB, Diphtheria, Pertusis, 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).

(36231) vaccine doses were administered during routine program and National Immunization Days in the year 2012 by two vaccinators in this program.

AVDA actively participated in all of NIDs campaigns for polio eradication to achieve polio free country, Vit A administration, measles mortality rate reduction campaigns and deworming programs (albendazol distribution) and has gained good reputation in this field and the clinic was one of city clusters (EPI cluster) during national immunization days and education point for volunteer vaccinators training so on.

For detail please refer to Annex-III & IV.

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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.

Also awareness of people to use iodized salt and chlorine for decontamination of wells was the part of good nutrition promotion.

G: CAPACITY BUILDING

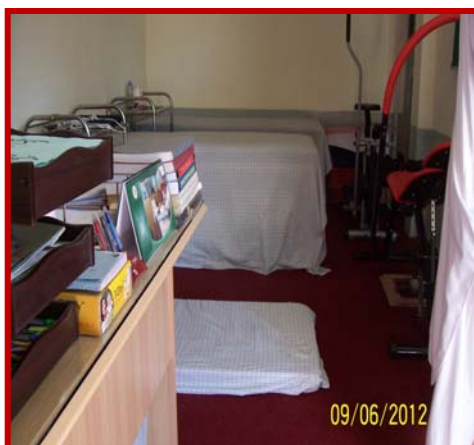
MCH Clinic staff attended different training workshops & refresher courses that were conducted by different governmental & non-governmental organizations in the province.

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

H: PHYSIOTHERAPY SERVICES

MCH clinic had three active separated physiotherapy sections (one for men and two for women) with support of CPI (the agency working in support of disables and war victim assistance).

Three physiotherapists provided different types of services for patients who were referred from



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OPD of clinic or other health facilities and health providers in the city and different districts.

Request from AVDA main office to support us providing socks, joint support materials and crutches for disables is still mentionable.

Totally 2347 patients received different types of services in three sections as cycling, hot packing, exercise and lumber traction, tens and interferential application, ultrasound waves, wax bath, quadriceps exercise, infra red, massager, nerve stimulators, cervical traction, walking assistance and manual therapy.

For detail please refer to Annex- IV.



COORDINATION

Close contact with government authority, BPHS implementer NGO (HN TPO), UN agencies and other national and international NGOs has made us more strengthen to achieve the goal of better services.

All coordination meetings (PHCC meetings, RH committee meetings, HSSP meetings for standardization of health services and coordination meetings with regional TB control authority and planning directorate were attended regularly.

SUGGESTIONS

- ☞ Increment in salary of the clinic staff according national salary policy which is about 20% more than current salaries.
- ☞ Support of the MCH clinic by equipment's like microscope for laboratory section.
- ☞ Establishment of dental section in the MCH clinic for women.
- ☞ Arrangement of endoscopy training for at least two doctors and activation of endoscopy section in the clinic to provide services for all citizens of Jalalabad.
- ☞ Recognition and motivation of clinic staff for their continuous and active services.

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