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# Health Service Provision

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Quarterly Report  
October-December 2016

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# Executive Summary

AFD founded its first CHC (Shahid Abdul Razaq) in November 2013 in an area in the north of Kabul. It serves a population of approximately 70,000. The centre was established with an ultimate aim to be self-sustainable, as well as to provide sustainable health services to the community.

The CHC currently has a total staff of 10, both men and women:

- 3 medical doctors (two men and one female gynaecologist)
- one pharmacist
- one LAB technician
- one midwife
- one nurse
- one vaccinator
- 2 support non-technical staff (the guard, the cleaner)

In the period from the 1<sup>st</sup> of October to the 31<sup>st</sup> of December (fourth quarter) 2016, the CHC continued to provide medical services to the population within its capabilities.

In this quarter of 2016 the CHC received a total of 9039 patients. Patients were seen across the services; 3019 in the OPD, 441 in family planning, 355 in ante- and post-natal services, 2028 child vaccinations and 855 children were assessed for malnutrition.

A relative increase in the total number of patients attending the CHC has been observed in the 3<sup>rd</sup> and 4<sup>th</sup> quarters of the year. This coincided with the distribution of donated Swiss pharmaceuticals, which began to be used in the CHC in July.

The CHC has made strenuous efforts to provide good quality, sustainable and accessible services to the community population while struggling within its limited budget.

Despite the relative success experienced by the CHC, our project still faces a number of obstacles that hinder achievement of the long-term goals.

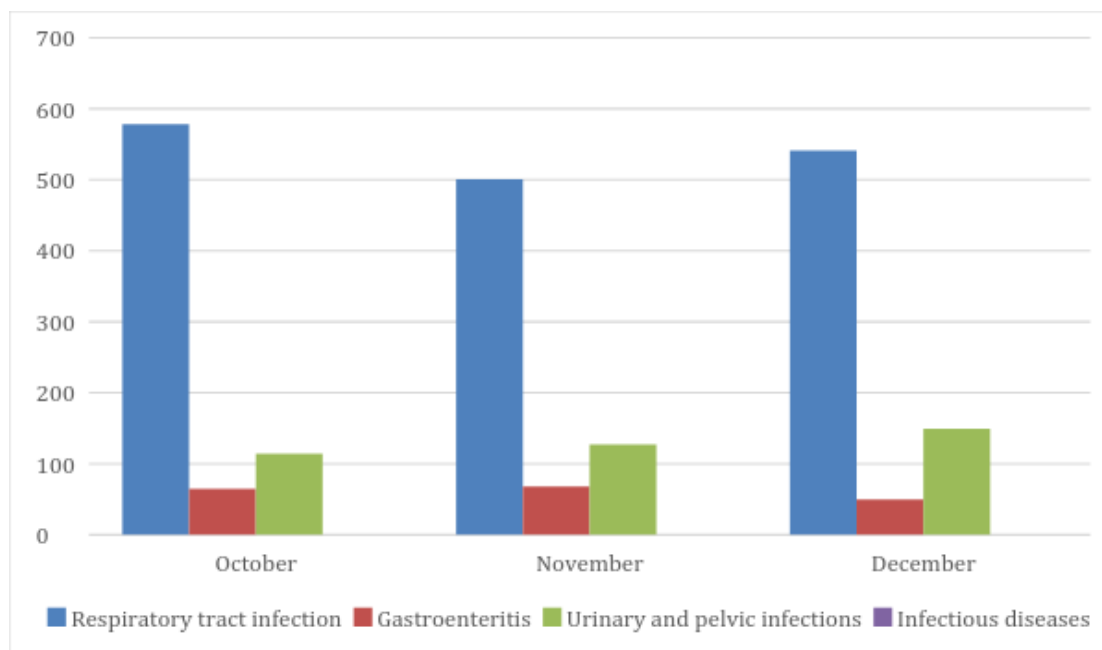
As at the beginning of 2016, we are still facing an imbalance between the number of patients intended to be served by the CHC and the technical and functional capacity of the facility. In addition, some of the patients visiting the centre required advanced laboratory examinations, which could not be provided due to limited basic capabilities of the laboratory.

The limited budget furthermore hinders the recruitment of female staff for the night shift. This is considered essential as the majority of deliveries take place at night. However, in order to overcome this obstacle, an oral agreement has been developed between the CHC and a local hospital (KHZER KHANA Hospital). This agreement means that pregnant women who have undertaken their antenatal care at the CHC and have onset of labour during closing hours of the CHC will be provided with the required medical services at the Khzer Khana Hospital.



## A. Out-Patient Department (OPD)

During the fourth quarter of 2016 the OPD received 3019 patients, suffering from a range of illnesses. The highest number of out-patients (1095 or 36%) attended for ear, nose and throat issues. Over 3 times as many female patients as male patients attended the CHC, with a total of 680 male and 2339 female patients recorded. Of the total number of male patients, 79% were under 5 years old, compared to 31% of the total number of female patients.



As the chart above shows, the majority of out-patients in the reporting period (1<sup>st</sup> October – 31<sup>st</sup> December 2016) were suffering from respiratory tract infections (cough and cold, ENT disease and pneumonia). These patients accounted for 53% of the total quarter attendance at the OPD, up from 27% in the previous quarter. Of these, 55% were children below five years of age.

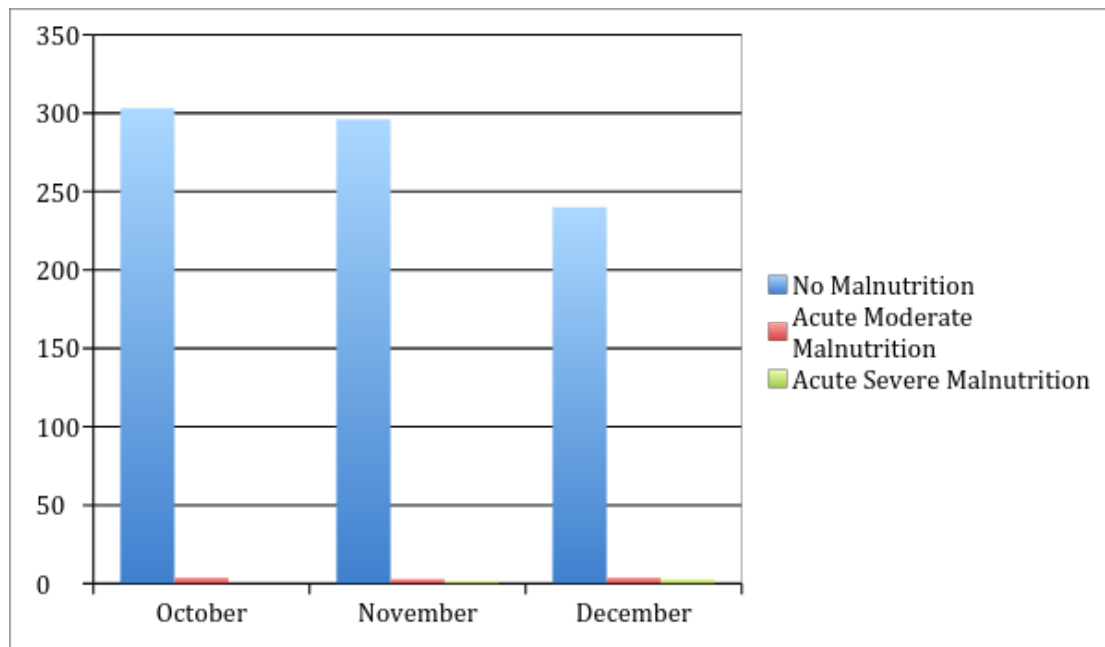
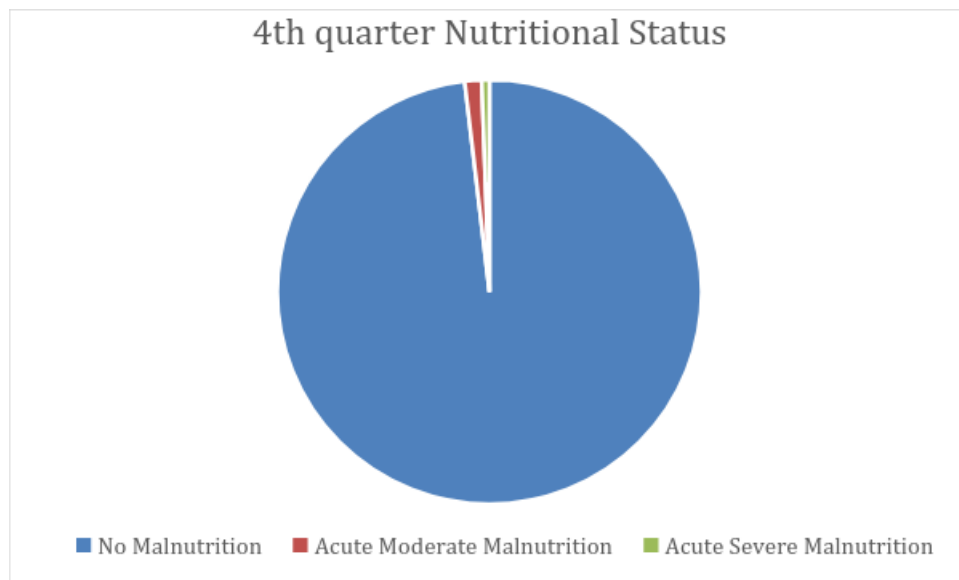
Gastroenteritis accounted for only 6% of attendance at the OPD in the fourth quarter of 2016, compared to 17% in the third quarter. Children under the age of five constituted 6.5% of the total number of patients suffering from gastroenteritis and all of these 12 patients had gastrointestinal worms.

Pelvic and urinary tract infections accounted for the second highest attendance rate at the OPD. The total number of patients who visited the OPD suffering from these infections formed 14% of the total of OPD patients in the reporting period, up from 0.08% in the previous quarter. Children under five years old formed only 6% of the total patients suffering from these infections.

Medicines received by donation from Spirig Health Care and Mepha, the two Swiss companies responsible for a donation of 72,000 chf of pharmaceuticals, were used to treat patients for acute respiratory tract infections, GI infections and urinary and pelvic infections.

## B. Nutritional Status

In the fourth Quarter of 2016, children who visited the CHC continued to be assessed for malnutrition. In total, 855 children under 5 years old were assessed (79% of all under 5s seen at the CHC). Of these, 11 suffered from acute moderate malnutrition and 5 from acute severe malnutrition. These children underwent clinical and lab examinations and received treatment in the CHC according to their needs.

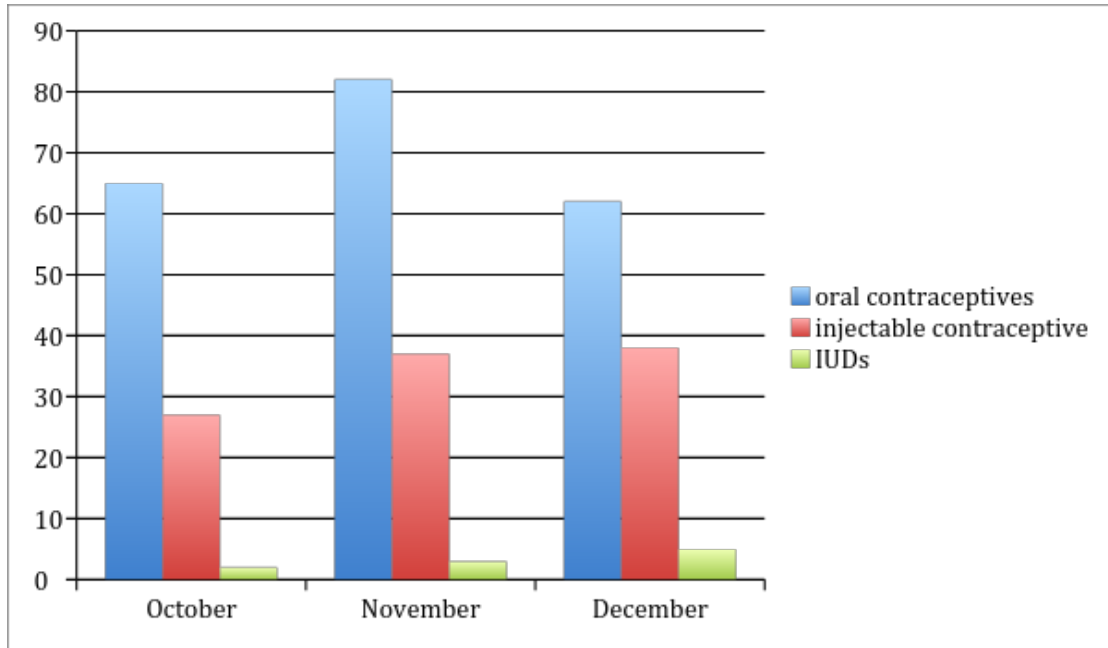


According to Unicef figures, the prevalence of stunting in Afghanistan is 41% in children under 5. This highlights the need for malnutrition assessment to be carried out for as many children as possible and for the appropriate corrective action to be taken.

# C. Mother and New Born Care

## C1. Family Planning

The CHC dealt with around 441 family planning cases in the fourth Quarter of 2016. Of these approximately 133 were new cases. The provisions varied between oral and injectable contraceptives, and intra-uterine devices (IUD). In this period the facility distributed 1428 condoms to 119 patients (boxes of 12).



From the chart above it is clear that oral contraception was the most prescribed method during the reporting period at 47.4% of the total methods provided. This is down slightly from 53.8% in the third quarter.

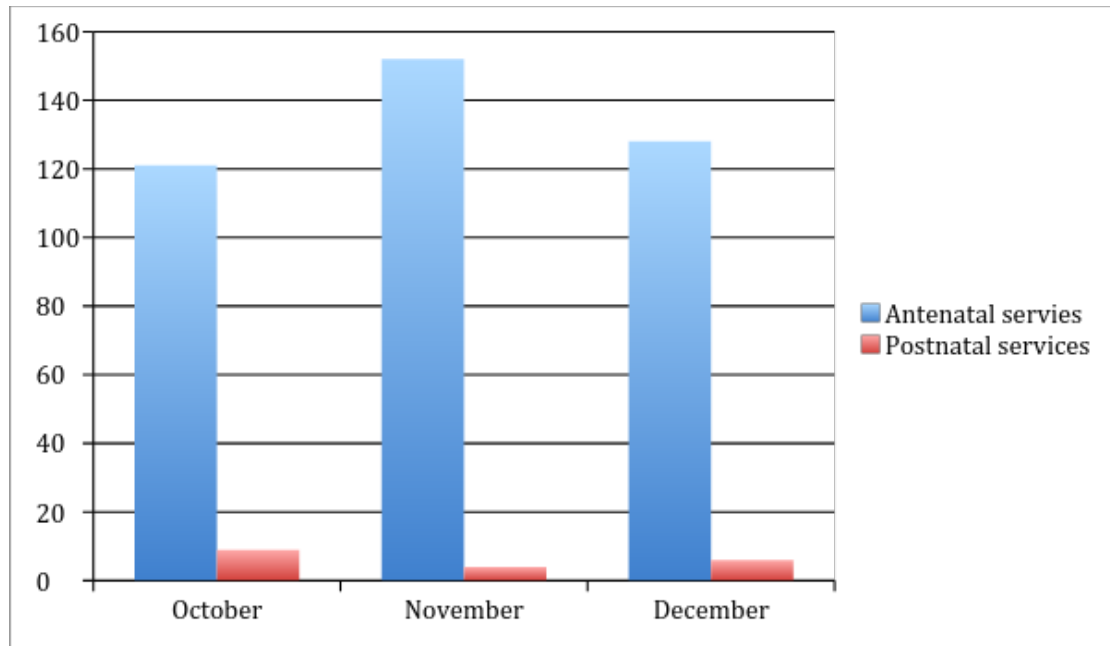
In July 2016 the CHC received a donation of medicines from two Swiss pharmaceutical companies – Sprig Health Care and Mepha. This donation included sufficient oral contraceptive pills for 100 patients for a period of 6 months. In this reporting period, 75 new courses of contraceptive tablets were begun. In the second quarter of 2016, prior to the arrival of the donated oral contraceptive pills, 72% of women were receiving the injectable contraceptive.

## C2. Antenatal & Postnatal Care

The CHC provided antenatal and postnatal services to around 420 mothers during this reporting period. This represented a first antenatal visit for 336 of the mothers. A total of 65 cases requiring specialized antenatal and postnatal care were referred.

A total of 441 ultrasound examinations were carried out.

Antenatal & Postnatal Visits During Q4



## C3. Obstetric Care

During the fourth Quarter of 2016, as in previous quarters, the CHC did not deliver any babies. This is most likely the result of a limited budget, which hinders the recruitment of female staff for the night shift. However, great efforts have been undertaken by the CHC in this regard to develop a referral system between the CHC and a local hospital (KHZER KHANA Hospital). This cooperation means that pregnant women who have had their antenatal care at the CHC and have onset of labour during closing hours of the CHC are provided with the required medical services at the Khzer Khana Hospital.

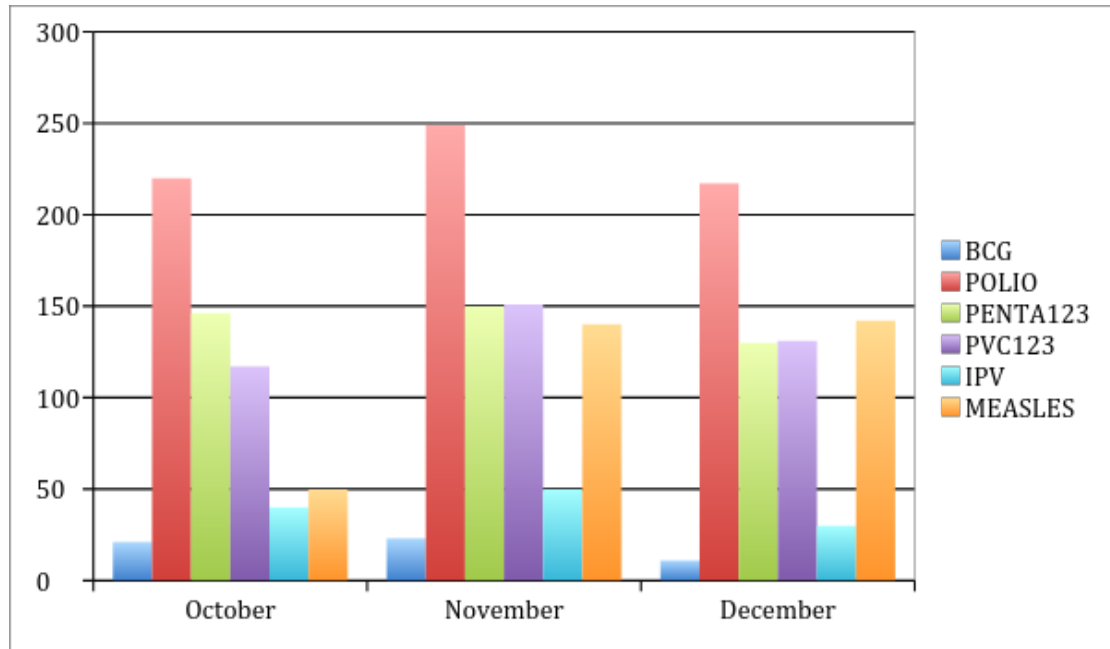


# D. Immunisation

## D1. Child vaccination

The CHC provides the national immunization programme for children from newborn to five years old. In the fourth quarter of 2016 the facility provided a total of 2028 such vaccines.

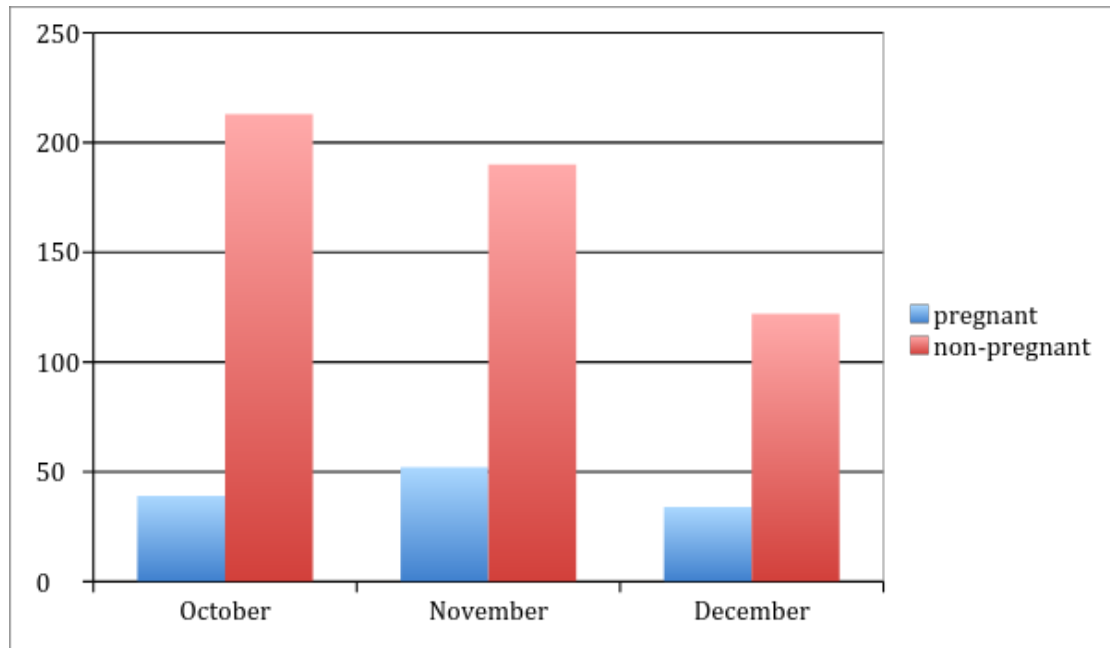
Chart shows child vaccination during Q4



## D2. TT Vaccine

The CHC provides the TT (Anti -Tetanus vaccine) for both pregnant and non-pregnant women. During the reporting period 125 pregnant women and 525 non-pregnant women (of childbearing age) were vaccinated.

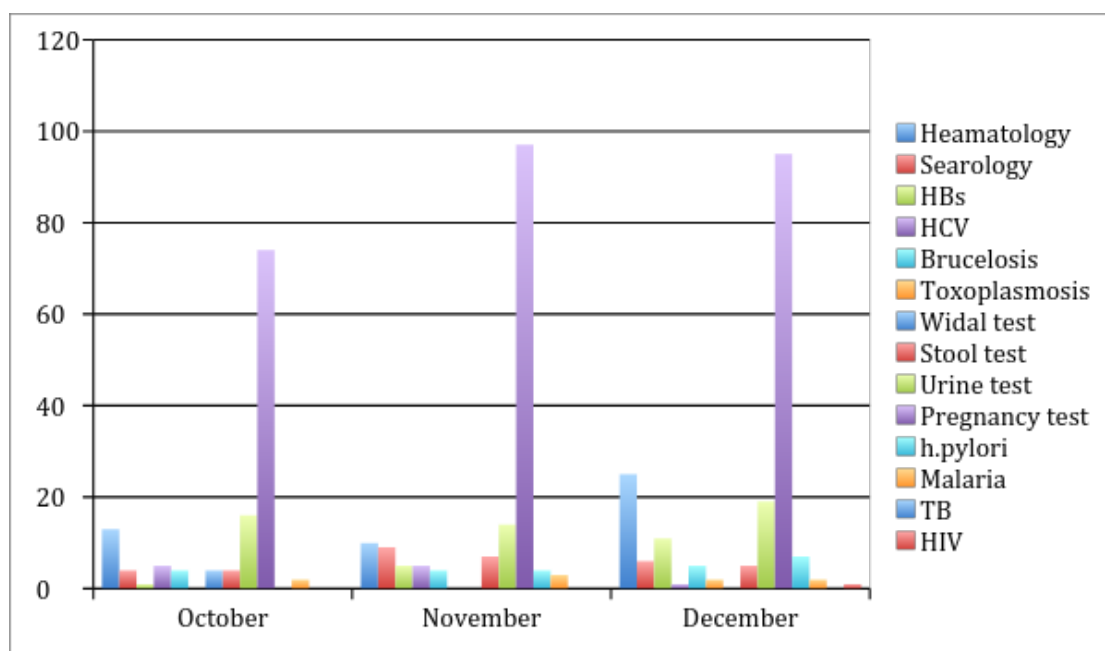
Chart showing the TT vaccine for both pregnant and non-pregnant women Q4



## E. Laboratory Services

The laboratory in the CHC provides a variety of analytical services. The total number of cases received by the laboratory during the reporting period was 464. Of these, there were 425 female lab exams and 39 male lab exams. The analyses carried out by the CHC laboratory were routine blood tests, urine tests (49) and stool examinations (16), as well as 266 pregnancy tests. Further analyses carried out included; 4 Brucellosis tests and 4 Widal tests for Typhoid. It is notable that, once again, during the fourth quarter there were no analyses carried out for TB as a result of the lack of availability of the kits required for these tests.

Chart showing the analyses carried out by the laboratory during Q4



## F. Community Health

The CHC has asked the Community to donate some land in order to expand the services of the CHC. A decision is pending.

## Conclusion

Since the establishment of the CHC, our major objective has been to increase equitable access to quality health services through supporting health promotion and community empowerment.

During the final quarter of 2016, the CHC has continued to provide health services and we continue to see an increase in the number of patients visiting the facility.

Most of the diseases encountered in the reporting period were respiratory, GI and urinary and pelvic tract infections, giving rise to the need for medicines to treat these infections as well as laboratory facilities for their diagnosis.

Great challenges remain, which need to be faced and managed.

In this province, as in all other provinces of Afghanistan, the three delays model plays a major role in maternal mortality; delay of seeking health, delay of reaching the facility and delay of receiving the services.

However, strenuous efforts are being made by the facility in cooperation with AFD to overcome these obstacles and to put in place long-range planning with regard to programme finance.

## Recommendations

### Focus areas:

- Study the possibility of providing different training programs to health providers in the CHC in order to improve their management skills, provision of appropriate therapies and referral chains.
- Continuation and development of malnutrition assessment of children in the served region. Procure medical, technical and financial support for diagnosis and treatment of malnutrition, with the aim of decreasing child mortality.
- Discuss the possibility of getting additional budget in order to recruit a skilled female birth attendant for the nightshifts.
- Engage in education programs to bring health issues to the attention of the population.

- Work to ensure that the recommended 4 antenatal visits are being received by pregnant women attending the CHC.

# Glossary

AFD	Action for Development
CHC	Community Health Centre
CHW	Community Health Worker
GI	Gastro-intestinal
IUD	Intra-uterine Device
OPD	Out-patient Department