

## BAKHTAR DEVELOPMENT NETWORK (BDN)

### I. DEMONSTRATED CAPACITY OF BDN:

#### i. **BDN operations and experience in providing the same / similar services in Afghanistan**

BDN as a community-based development organization has been implementing Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in six provinces of Afghanistan; Daikundi (EC fund), Baghlan (USAID fund), Ghazni (USAID funds), Hirat (USAID fund) and Jawzjan ( USAID fund) covering a total of 33 districts serving 2,864,045 Afghans through 2 Provincial Hospitals (PHs), 5 District Hospitals (DHs), 7 Comprehensive Health Centres Plus (CHC+), 30 Comprehensive Health Centres (CHCs), 45 Basic Health Centres (BHCs), 15 Sub Centres (SCs) and mobile clinics, and more than 1650 Health Posts (HPs).

BDN at the same time has put its efforts forward in order to increase accessibility of people to health care services in remotest areas, through establishment of sub-centers and mobile health teams. These sub-centers provide basic care services for women and children within a total population of 268,576. BDN extensively paid attention on community-based health program and CHWs while implementing BPHS in its catchments areas.

All efforts of BDN are shaped by its **mission---to assist communities in the achievement of their own development goals. Our vision---a world of enabled communities working towards a brighter future.**

#### **Hirat Health Care Project (USAID funded) and C-IMCI project:**

In order to further contribute towards realizing its strategic vision of “*a world of enabled communities working toward a brighter future*” Bakhtar Development Network (BDN) started Basic Package of Health Services (BPHS) implementation in Hirat Province on November 23, 2009 following a competitive bidding that was conducted in 2008. BDN understands that that the BPHS is a key strategy of the Ministry of Public Health (MoPH) of Afghanistan that harmonizes stakeholders’ contribution toward achieving the Millennium Development Goals 4, 5 and 6 which is the mainstay of our operations

BDN, as lead partner, has been supporting Ministry of Public Health by providing health services through 3 DH, 17 CHCs 23 BHCs 3 SCs and 780 Health Posts. In addition it is successfully expanding the community based health care and establish a network of 424 new health posts that will cover the underserved areas. The project is going to serve about 1.3 M people across Hirat province.

As outlined in BPHS document, key services provided through the project are maternal and new born care, immunization and child health, provision of essential drugs, control of communicable

diseases, nutrition, mental health, and disability services. These services are offered at 5 standard types of HFs, ranging from community based health care provided by trained male and female community health workers at Health Post, and outpatient care at Sub Centers (SC) and Basic Health Centers (BHCs), to outpatient and inpatient services at Comprehensive Health Centers (CHCs) and DHs. A functional referral system is maintained between the different layers of health facilities and with other healthcare delivery networks supported by other organizations.

Working through the local formal and informal structures such as the Provincial Public Health Office, and the community development networks by involving them in planning, supervision, monitoring as well as promoting the capacity of health workers toward ensuring quality services are considered our core working principles.

BDN is confident that, by replicating its successfully tested strategies and approaches in other provinces of the country where BDN has had operations, a substantial improvement occurs toward the health status of the population of Hirat Province.

### **Jawzjan Health Care (USAID funded) Project:**

Currently BDN delivers health care services to a total population of 197,600, in 6 districts of Jawzjan province. Bakhtar Development Network (BDN) started implementation of Basic Package of Health Services (BPHS) in Jawzjan province on November 23, 2009. BDN is strongly committed to supporting Ministry of Public Health by provision of health care services in Jawzjan province through 9 health facilities (One District Hospital, Three Comprehensive Health Centers and 5 Basic Health Centers and 118 Health Posts). All components of BPHS services are provided in Jawzjan by BDN as per the contractual requirements it has signed with MoPH. Simultaneously as a part of its objectives emphasizes on the capacity building of health workers through provision of learning opportunities (On the job trainings) in order to ensure that health care services are being provided in accordance with expectation of the people.

### **Health Care Programs funded by World Bank**

#### **Balkh Health Care project (including two District Hospitals)**

Bakhtar Development Network (BDN) completed a project aimed in provision of BPHS in Balkh in early 2004. This project had started in 2004 in partnership with BRAC Afghanistan. Balkh PPA project has been one of the successful projects of BDN which can be recognized one of the replicable models of health service delivery for other provinces and other countries having similar settings as Afghanistan does. In fact, this project was BDN's flagship project for several reasons: 1) In Balkh, BDN was able to fill 100% of the positions reserved for female staff, 2) BDN received incredible community contributions in terms of 2 ambulances, 5 motorcycles and land for the construction of clinics with a value of 250,563 USD over a 6-year period, 3) Based on our successful coverage of health indicators outlined in the MoPH national tool, the MoPH awarded BDN a bonus of 1% of our budget in 2005, 4) Finally, Balkh statistics placed BDN at the top of the list of all Afghanistan's provinces in terms of meeting the quality standards in BPHS implementation and achieving service delivery coverage. As a result of outstanding performance, BDN became a focal point for learning through the production of several replicable solutions it has "packaged" for implementation of the revised BPHS.

### **Baghlan and Ghazni Health Care projects**

Similarly, receiving competitive awards from World Bank for implementing BPHS in the white areas of Baghlan and Ghazni provinces in 2006 based on the outstanding performance of BDN can be considered strong evidences for the management of effective and efficient service delivery by Bakhtar Development Network in the country. Bakhtar Development Network succeeded to manage service delivery through 1 CHC+, 3 CHCs, BHCs, 3 Sub Centres and 160 Health Posts in Baghlan province through WB / MoPH funds in the white area of Baghlan. Likewise, supporting 3 comprehensive health centres and 160 health posts in 3 none- secure areas of Ghazni was another awesome experience of BDN where BDN proved itself as a successful agency in supporting the health program through successful community based interventions. Throughout all contract periods, BDN remained a leading organization for expanding health services and achieving optimal coverage against the targets set as part of deliverables of the projects in all provinces including Baghlan and Ghazni provinces.

### **Health Care Delivery through BPHS and EPHS Contracts (USAID Funded) in Ghazni:**

BDN had started implementing BPHS in Ghazni in 2003 and in Baghlan in 2004 and continued it with Asian Development Corporation; a young Afghan organization, through Performance based Partnership Grant (PPG) program in 2006 in Baghlan and Ghazni provinces until September 2009. Continuation of this project through the award of PCH to BDN via a competitive bidding process in Baghlan in 2009 is a hallmark of extra ordinary performance of BDN. As part of the PPG project, BDN succeeded to manage BPHS delivery through 1 Provincial Hospital 8 CHCs, 11 BHCs, Sub Centres and 230 Health Posts in 6 districts of Ghazni by funding from USAID. In addition, Baghlan PPG project funded by USAID covering 7 CHCs, 8 BHCs, and 360 HPs is considered as a symbol of forward movement in the region where more than 60% of CHWs are female. Moreover, with specific mobilization efforts, BDN pioneered the formation of the first model female Local Health Committees (LHC) in the most conservative communities of Baghlan province in 2005. In the meantime, as a result of our outstanding performance, Baghlan province received the highest score for standards of quality of care among 13 REACH provinces according to a FFSDP study<sup>1</sup> in 2005. As indicated by quality assurance surveys, Quality health services were further maintained optimal during PPG and PCH eras

Interestingly, in technical seminars conducted by REACH in 2006, Nawur CHC, one of the health facilities of BDN's Ghazni project was presented as a model point for information system management. The PPHD Ghazni, like provincial health directors in other provinces, has expressed its highest satisfaction about the successful implementation of the project in Ghazni.

In addition, BDN has been implementing EPHS successfully in Ghazni province since 2004 funding by USAID. Award of EPHS project to BDN via a competitive bidding process as part of PCH program reaffirms the outstanding performance of BDN in managing EPHS delivery in Ghazni province. Having incredibly strong management capacity, BDN was able to place Ghazni Provincial Hospital at the top of all five USAID supported hospitals (Badakhshan, Ghazni, Khost, Paktya and Paktika) all over the country for offering high quality EPHS delivery by implementing the PQI/SBM standards.

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<sup>1</sup>

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

### **Health Care through BPHS and EPHS Contacts in Daikundi, Including 1 Provincial Hospital, and 2 District Hospitals, Funded by EU**

BDN has been implementing BPHS and EPHS, funded by the European Commission (EC), in all nine districts of Daikundi province through 1 PH, 1 DH, 4 CHC+, 3 CHCs, 15 BHCs, 5 SCs/Mobile Clinics and 300 HPs. The EU awarded this contract to BDN based on a competitive bidding in March 2007, which became, in fact, another great step toward expansion of BDN's activities to other parts of the country. We consider this expansion as a proxy of BDN's sustained competency and capacity for better services. Recent desk midterm review results conducted by third parties in July 2008, revealed that, despite huge challenges i.e. rugged and treacherous terrain, remoteness of the area and security threats, BDN succeeded to bring a dramatic improvement in health indicators by enhancing the coverage of health service delivery by increasing 9 into 37 health facilities all over Daikundi province. By establishing health facilities in Daikundi, BDN forged to bring services close to communities that were deprived of access to health services in the history of the country ever. The European Union (EU) being the donor for this programme, communities and provincial governor and other stakeholders have expressed their highest satisfaction about the performance of BDN in Daikundi province.

### **UNFPA RH / UNICEF IMCHN Project:**

Based on an assessment by UNFPA, BDN was selected to implement Reproductive health project in Daikundi province providing Reproductive Health (RH) services in six districts of Daikundi since 2007. This project focused on strengthening infrastructure to increase access of women in childbearing age to EmOC services and promote general awareness on health issues. Capacity building of the health workers, providing EmOC services was the other main objective of this project. Through Reproductive Health Project funded by UNFPA, linkage between communities and health facilities was also strengthened chiefly through promoting referrals.

In recognition of BDN's performance, UNICEF awarded Bakhtar Development Network. as a qualified organization with numerous projects of Integrated Maternal Child Health and Nutrition project in Balkh and Daikundi provinces. These projects are aimed on improving mother and children health through adopting innovative approaches toward decreasing the gaps between communities and health service delivery points. Furthermore, BDN has replicated the successful interventions of these projects to other parts of Daikundi and other areas of operations as well.

### **Mobile Health Team and Sub Centres establishment through GAVI funds**

BDN has also won 4 contested awards for implementing BPHS through Sub Centres and Mobile Health Teams through competitive bidding conducted by HSS – MoPH for four provinces (Baghlan, Balkh, Ghazni and Daikundi). This is the greatest portion of HSS grants awarded to BDN through competitive bidding. Through these awards, BDN has got an opportunity to play a more prominent role in Afghan healthcare system by further enhancing the access of population to health services in the aforementioned province who had remained marginalized and had problems in accessing BPHS in the previous years.

### **Community Midwifery Education (CME) in Ghazni province:**

Winning another competitive award for implementing Community Midwifery Program in Ghazni project which was launched by Ministry of Public Health through HSS project in early 2008 can be another evidence of the competency of BDN in handling different health interventions for improving the health of the population. Through this project, BDN has already started training

around 24 community midwives in Ghazni province since July 2009. The accreditation process of Ghazni CME School is in progress by Afghanistan National Midwifery Education Accreditation Board (ANMEAB). BDN will make sure that these midwives are trained in compliance to midwifery accreditation board standards and are deployed in health facilities where they have originated from.

**COOMPRI – A Training Project in Ghazni province:**

BDN has also been able to win a competitive award of training health workers, community members and Community health workers on “water and sanitation” and “birth spacing” in Ghazni province with funding from USAID. Through this project, BDN trained 800 persons on the mentioned topics in all districts of Ghazni province and successfully achieved all objectives of the project.

**Community based Community Health Project:**

Implementing a performance –based Partnership grant funded by USAID focusing on the provision of basic health services by strengthening community health networks has been the initial project of BDN that can represent the vision and mission of the organization right from the initial phase of the evolution of BDN. This project entailed provision of support to health facilities through fostering the service provision system and linking them with the communities to enhance service utilization and strengthened referrals. As part of this project, BDN trained 48 Community Health Workers (CHWs) to provide basic health services within their communities and served as referral links between the patients and the related health facilities. The findings of this project were replicated as a model of linkage between CHWs and Health Facilities in thirteen USAID provinces during the following REACH program period.

**ii. Honours:**

BDN is proud of appreciations it has received from community being the most important stakeholder and from different officials such as Governors, Provincial Council, Provincial Health Directors of Baghlan, Ghazni, Daikundi and Balkh provinces. In addition, the invitations that BDN has received from the higher officials of other provinces such as Kunduz and Kunar from the north-east and eastern regions of Afghanistan for expansion of BDN’s operation their provinces have been the greatest encouraging points for us.

Creating connections with Europe and establishment of BDN Europe country office in Geneva, France is a considered a step forward toward the expansion of BDN. In addition, BDN is in the processing creating similar links in the United States of America (USA) and other continents of the world as well.

**iii. Current Project of BDN:**

Contracts for implementation of BPHS, which focus primarily on reducing child and maternal mortality and morbidity, are as follows:

No	Project Title	Client/donor Name	Cost in US\$	Start-End Dates
1	PCH-BPHS-Hirat	MoPH-USAID-PCH/	USD-5,632,187.00	Nov 2009 – Nov 2011

2	PCH-BPHS-Baghlan	MoPH-USAID-PCH/	USD-2,910,777.00	Nov 2009 – Nov 2011
3	PPA-BPHS-Balkh	MoPH-WB-PPA/	USD-7,406,727.00	Feb 2004 – Sep 2008
4	PPG-BPHS-Baghlan	MoPH-USAID-PPG/	USD-3,084,337.00	May 2006 – Dec 2008
5	PPA-BPHS-Baghlan	MoPH-WB-PPA/	USD-1,589,949.00	Jul 2006 – Jun 2008
6	PCH-BPHS-Jawzajan	MoPH-USAID-PCH/	USD-3,432,243.00	Nov 2009 – Nov 2011
7	PGC-EPHS-Daykundi	MoPH-EC-PGC/	Euro 3,934,616.00	May 2009 – April 2011
8	PGC-BPHS-Daykundi	MoPH-EC-PGC/	Euro 3,249,318.00	May 2009 – April 2011
9	PPA-BPHS-Ghazni	MoPH-WB-PPA/	USD-587,896.00	Jul 2006 – Jun 2008
10	PCH-EPHS-Ghazni	MoPH-USAID-PCH/	USD-1,606,937.00	May 2006 – Dec 2008
11	HSS-GAVI contract –SCs and MHTs	MoPH-HSS-GAVI/	USD-667,980.00	Aug 2008 – Oct 2011
12	HSS-GAVI contract –SCs and MHTs	MoPH-HSS-GAVI/	USD-540,241.00	Aug 2008 – Oct 2011
13	HSS-GAVI contract –SCs and MHTs	MoPH-HSS-GAVI/	USD-506,831.00	Aug 2008 – Oct 2011
14	HSS-GAVI contract –SCs and MHTs	MoPH-HSS-GAVI/	USD-150,984.00	Aug 2008 – Oct 2011
15	CME (Community Midwifery Education) in Ghazni	MoPH-WHO/	USD-299,637.00	Sep 2008 – Sep 2010
	MNH Balkh project	UNICEF	USD-99972.00	
16	UNFPA-RH-Daikundi	MoPH-UNFPA	USD-168,314.00	Aug 2006 – Dec 2008
17	BASICS-MSH-USAID	USAID-MSH-BASICS	USD-38,031.00	Dec 2009 – Sep 2010
18	CLTS & hygiene promotion project in Baghlan province	ARD-USAID	USD-98956.00	April 2010 – Sep 2010
19	COMPRI-A – Constella Futures International	USAID-COMPRI-A	USD-39,989.00	Jul 2008 – Dec 2008

All of BDN's success comes through our team and our approach. The basis of the BDN approach is three-fold: 1) integrated community involvement is the only path to sustainability and success, 2) efficient use of resources translates into better quality services provided to beneficiaries and, 3) health indicators should be the primary guide for all management efforts. For more information about BDN, please refer to our annual report and annual audit reports.

**iv. Experience of BDN at community level:**

Working through community is considered as one of the core working principles of BDN. Communities are involved in project implementation activities through facilitating formation of Local Health Committees / Shuras (LHCs). LHCs are the forums where the respective communities are represented by their real representatives who are elected through various transparent procedures by people where appropriate in different communities.

BDN has always stressed on building partnership with community for success of all projects not only at provincial level but also at village and district levels. For developing this delicate partnership, BDN has always started from explaining its community based approach which has been designed based on the principles of CBHC policy of Ministry of Public Health. The aim of all these interactions with community has been to attract as much contribution of community as possible. After making a mutual consensus, the scope of the responsibilities among BDN and community represented by LHCs are determined at different levels and these responsibilities are stipulated very clearly in memorandum of understandings that are signed by BDN representatives with Local Health Shuras village, district and provincial levels. By doing so, BDN is confident enough to ensure the sustainability of any BPHS project that is taken by BDN in any parts of the country.

The responsibilities in project implementation activities have been clearly categorized into technical and non-technical. BDN has always done its best to involve communities through LHCs in handling majority of the non-technical aspects of the project such as mobilizing community resources, supervision and monitoring of CHW activities as well outreach and other community based activities. BDN has sufficient capacity to assist communities to have well-designed annual action plans so that their responsibilities are well reflected in them.

BDN believes in the fact that, without forming a network at community level, it is not possible to achieve programs' goals and objectives. Therefore, BDN places vital efforts on working with and through communities.

Currently, BDN is supporting more than 1640 Health Posts staffed with female and male health workers all over the country in 4 provinces; Hirat, Baghlan and Daikundi provinces. The activities of these CHWs are supported and supervised with the assistance from Local Health Committees. BDN has assisted Local Health Committees to develop a clear Terms of Reference and annual action plans for themselves for supporting their own health program in the area. It can be considered as a unique experience of successful community based interventions of BDN.

As part of the community level activities, BDN has maintained intimate relations with religious leaders and mullahs who are highly acceptable personalities among afghan societies. Through working with Mullahs and religious leaders, BDN has had great achievements in most sensitive issues in regards to family planning and institutional deliveries.

**v. Demonstrated capacity of BDN in training, capacity building of PPHO staff and local authorities**

**(Experience in working with the MoPH, Provincial Public Health Directorate)**

Strengthening the capacity of Provincial Public Health Office and Provincial Public Health Directors (PPHD) in preserving the stewardship role as well as maintaining working relations with stakeholders such as other Governmental institutions, UN agencies and, importantly, relations with community have been the major achievements of BDN throughout the contract periods in all four provinces. As results of these capacity building activities, BDN has at least ensured the optimal capacity of PPHO staff in maintaining a coordination mechanism. PPHO itself has recognized the importance of the participation of stakeholders is in improving the health status in a collaborative way.

BDN has always provided full support to Provincial Public Health Office and other stakeholders to have the activities of all involved in a synergized manner to have better results on the health improvement by ensuring the following:

- BDN has invited the staff of PPHO for any workshops and trainings conducted by BDN in the province in service delivery project management, finance management, supervision, monitoring, etc.
- BDN has assisted the PPHO team in streamlining the supervision and monitoring mechanism by involving it in joint supervision mechanisms.
- Involved the PPHO in recruiting and staffing of the health facilities as an attempt to have their capacity promoted and preserve a better coordination.
- At administrative level, BDN has provided secretariat support to Provincial Public Health Coordination Committees (PPHCC) in all six provinces (Baghlan, Hirat, Jawzjan, Ghazni, Daikundi and Balkh).
- BDN has assisted the PPHD through strengthening PPHCC to have a feeling of stewardship. PPHD has been assisted to be involved in program implementation through establishing different sub committees such as emergency preparedness, HMIS, Reproductive Health, EPI, DEWS and etc.

The following table shows some of the trainings offered by BDN which also show that PPHO staffs have also been targeted:

<b>SN</b>	<b>Type of training</b>	<b>Date</b>	<b>Duration</b>	<b>No of PHO staff trained</b>	<b>Province</b>
<b>1</b>	Hospital Management training	May 2008	Two weeks	10	Kabul
<b>2</b>	HMIS training	May 2007	6 days	20	Baghlan
<b>3</b>	CDD training	April 2008	3 days	2	Baghlan
<b>4</b>	Planning, Monitoring & Supervision training	May 2008	4 days	2	Baghlan
<b>5</b>	Disability Awareness & physical Rehabilitation training	Sep 2008	8 days	1	Baghlan
<b>6</b>	EPI	Oct 2007	12 days	1	Daikundi
<b>7</b>	Disability Awareness & physical Rehabilitation training	June 2008	5 days	1	Daikundi

8	Management of Severe Acute Malnutrition	Jun 2008	2 days	1	Daikundi
9	HMIS	August 2008	3 days	1	Daikundi
10	EOC	10-07-07	8 DAYS	1	GHAZNI
11	HMIS	16-09-07	3 DAYS	3	GHAZNI
12	ANC/PNC	26-07-07	2 DAYS	2	GHAZNI
13	COMMUNITY DOTS	24-10-07	3 DAYS	3	GHAZNI
14	ARI/HMIS	06-01-08	3 DAYS	2	GHAZNI
16	MENTAL HEALTH	11-03-08	3 DAYS	3	GHAZNI

**vi. Date of establishment and registration status with the Government of Afghanistan.**

Bakhtar Development Network (BDN) is an indigenous development organization founded in 2001 by dedicated Afghans who felt that it is their moral duty to ensure that development efforts in Afghanistan are carried out in coherently and effectively to rebuild depleted livelihoods. Responding to the perceived needs for long-term development, BDN made a strategic shift in 2004 and adopted community-based interventions and was re-registered with Government of Afghanistan as a community based organization. BDN is a registered entity with Ministry of Economy and Ministry of Public Health of the Islamic Republic Afghanistan. (See the attachment). BDN was re-registered with Government of Afghanistan in 2005.

All efforts of BDN are shaped by its **mission – to assist communities in the achievement of their own development goals. Our vision – a world of enabled communities working towards a brighter future.**

**vii. Human Resources of BDN**  
(Governance, organizational structure, and description of availability of key staff)

**Key Management Staff:**

Currently BDN has around 1500 staff excluding community volunteers. They include 16 project managers, 20 Cluster Managers, 4 MCH Managers, about 30 PHC technical officers / managers and 10 finance specialists. Though capacity building programs of BDN, they all have acquired the required professional skills in the field of public health, health management, all components of BPHS, community based health care and health management information system, monitoring & evaluation. In addition, the projects of BDN are supported by more than 35 operational experts in the fields of finance, logistics, IT, security and administration, and more than 1200 clinical staff including MD, nurses, midwives, pharmacist etc and more than 250 supporting staff. BDN has 3500 community health workers (CHWs) including nearly 1800 female CHWs.