



USAID
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AFGHANISTAN

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FACT SHEET

Partnership Contracts for Health (PCH)

July 2008-January 2014

OVERVIEW

USAID's Partnership Contracts for Health (PCH) program provides on-budget support for the delivery of the Ministry of Public Health's (MoPH) Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) in more than 540 health facilities, including district hospitals, comprehensive health centers, basic health centers, and sub-health center clinics across Afghanistan, as well as five provincial hospitals and more than 6,000 health posts. PCH supports 13 provinces, including: Badakhshan, Baghlan, Bamyan, Faryab, Ghazni, Hirat, Jawzjan, Kabul, Kandahar, Khost, Paktika, Paktya, and Takhar provinces. Funding for BPHS and EPHS in the remaining 21 provinces is provided by the World Bank (WB) and the European Union (EU). PCH-supported facilities are operated by non-governmental organizations (NGOs) contracted directly by MoPH. Since the program's inception, the MoPH has been credited with continuing to bring coherence to the Afghan health system, particularly through the delivery of BPHS and EPHS, which standardize the classification of health facilities and increase the proportion of the population with access to health services.

ACTIVITIES

- **BPHS Funding:** Supports health service delivery in over 6,000 health posts and 540 health facilities in 13 provinces (including 27 district hospitals, 170 comprehensive health centers and 270 basic health centers). Service delivery focuses on critical BPHS interventions.
- **EPHS Funding:** Supports tertiary healthcare in five provincial hospitals and one national hospital.
- **Community Midwifery:** Supports 13 Community Midwifery Education (CME) contracts. These contracts were previously managed by another USAID project, the Health Services Support Project (HSSP), and were subsequently transferred to PCH in 2012.

ACCOMPLISHMENTS

- Patients made over 1 million visits to USAID-supported health facilities each month, and 76 percent of patients were women and children.
- The contraceptive prevalence rate increased from 27.9 percent to 37.3 percent from 2006-2011 in the 13 USAID-supported provinces, almost double the national rate of 20 percent.
- Provided on-budget support through MoPH financial channels. On-budget activities to date include: all CME contracts and \$3.4 million in medical equipment procurement in 2012.
- The MoPH established a strong monitoring system at the provincial level, which monitors and provides technical support to provincial technical teams working for NGO implementers.
- All PCH NGOs submitted timely official Health Management Information System (HMIS) reports for their respective health facilities.
- PCH successfully carried out an annual household survey in 2011. Provincial Public Health Officers (PHOs) helped monitor and supervise the data quality control measures for the survey, which focused on 10 key health outcome indicators, mainly related to the health status of women and children.