

Baseline Assessment of the (MUNC) Maternal and Under-5 Nutrition and Child Health

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| Project: | Baseline Assessment of the (MUNC) Maternal and Under-5 Nutrition and Child Health |
| Donor: | World Vision Afghanistan |
| Duration: | Aug-2013 to Feb-2014 |
| Objectives: | <p>objectives:</p> <ul style="list-style-type: none"> • Collect quantitative and qualitative information for project objectives' indicators. • Provide information for relevant Child Well-being Outcomes (CWBO) indicators those are included in the log-frame. • Refine and finalize project's Performance Measurement Framework (PMF) and include baseline information in the PMF table. • Develop and finalize project monitoring tools to track project progress implementation. |
| Methodology | <p>The baseline survey was conducted in twenty-one districts in three provinces of western Afghanistan during December 2013 and January 2014. The approach was based on a multi-cluster cross-sectional design utilizing both qualitative and quantitative methods. For the qualitative component 46 in-depth interviews were conducted with key informants (e.g. PHD, PND staff, health facility staff, BPHS implementers) at the provincial and district level. 12 focus group discussions were conducted with groups of male and groups of female community members. For the quantitative component, a Knowledge Practice and Coverage (KPC) questionnaire was conducted amongst households to assess infant and young child feeding knowledge and care practices. A facility checklist was developed to assess some of the baseline indicators at the health facility level. Other tests were conducted such as hemoglobin tests to assess the prevalence of anemia in women and children under five and testing for the level of iodization in salt used for cooking. Mid upper arm circumference (MUAC) measurements were conducted to assess the nutrition status among women. Water tests were performed to check the quality of water in terms of biological agents (E-coli and coliform bacteria) used by the household for drinking.</p> |
| Findings: | <p>This survey findings showed that malnutrition and anemia needs focus and attention in the three provinces. Malnutrition and anemia were found to be of concern in these areas and all aspects of nutrition and good health practices such as those attached to IYCF need to be improved within the communities.</p> |

Rationalization and Functionality Assessment of all Health Facilities in 14 Priority Provinces of Afghanistan.

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| Project: | Rationalization and Functionality Assessment of all Health Facilities in 14 Priority Provinces of Afghanistan. |
| Donor: | World Health Organization |
| Start Date: | Nov 2014 to March 2015 |
| Duration: | Five months |
| Objectives: | <ul style="list-style-type: none"> • To assess level of service availability (e.g. percentage of HFs with available outpatient services, mental health, disability, communicable disease, child health, and maternal health services) by type of health facility and by province • To assess condition of infrastructure and amenities at HFs by type and by province (e.g. HF physical structure, availability of electricity) • To assess level of preparedness of district hospitals (DHs) and comprehensive health centers (CHCs) to respond to medical emergencies by province and type of HF • To assess availability of human resources by type of HF and by province (indicators include proportion of HFs with at least one female health worker and of HFs that are fully staffed according to BPHS guidelines) • To assess level of availability of essential medicine (EMS) by HF type and by province • To assess level of availability of essential equipment and supplies by HF type and province • To assess number of hours HF are open to provide services (indicators include proportion of HFs providing services throughout official working hours, based on HF records and community interviews) • To assess level of service utilization (indicators include average number of clients/month, deliveries/month, C-sections/month, Penta-3 doses/month, and surgeries/month) by HF type and province, • To assess population within the catchment of each HF by HF type and by province • To assess physical access to HFs in relation to road blockage by snow, flood, insecurity and other factors |
| Methodology: | <p>The study was conducted in 14 priority provinces (Noorestan, Kunar, Nangarhar, Laghman, Logar, Paktia, Khost, Paktika, Wardak, Ghazni, Kandahar, Urozgan, Helmand and Farah) of Afghanistan. A cross sectional design was applied using both qualitative and quantitative methods. Data were collected from 732 BPHS HFs and 229 vertical program HFs, such as drug treatment centers (DTCs), Tuberculosis (TB) and Malaria center, Fist Aid Point (FAP), Voluntary and Confidential Counseling and Testing (VCCT) Center and the public private partnership (PPP) initiative related private HFs. In order to understand the rationalization and functionality assessment, data were collected through both primary and secondary data collection. Secondary data included extensive literature review from both grey and peer-reviewed sources. Qualitative methods consisted of 1051 beneficiary exit interviews, 14 focus group discussion (FGDs) with community representatives within selected communities, and 56 key informants interviews (KIIs) (e.g. MoPH staff, Provincial Health Directors, BPHS implementer staff, health <i>shura</i> members) were conducted.</p> |

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| | The quantitative facility survey assessed HF functionality through indicator(s) specific to each of seven domains of BPHS services, being emergency preparedness, infrastructure and amenities, HR management, working hours, pharmaceutical and equipment and supply. |
| Findings: | <ul style="list-style-type: none"> • The functionality score results from the mean of the seven domain scores in percentage. The overall functionality median percentage score is 80.4 (IQR: 71.6, 87.6). In addition, one-quarter of evaluated HFs had mean scores less than 72%. Of the seven domains, services and emergency response preparedness were the two domains with lowest median scores. • Functionality was categorized, with low-functioning HFs as Level 1 (35-49%), medium as Level 2 (50-79%), and high as Level 3 (80-100%). • Overall, communicable disease services (HIV, TB and malaria) were less available than other types of services. HIV services were least available within the communicable diseases (overall 52% of health facilities provide HIV services, whereas 53% of HFs provide TB services and 77% of HFs provide malaria services). • MNCH services were also lowest among services. Only 83% of BHCs are providing half of BPHS recommended services and similarly 78% of SHC 78% and 38% of MHT provide 50% of the MNCH services recommended by BPHS guidelines for the specific type of HF • The median percentage score for emergency preparedness across 14 provinces was 75%, which was also the median emergency service level for DHs (n=27) and CHCs (n=163), respectively. The overall average presence of infrastructure and amenities was 87% across all HF type in 14 provinces. Generally, lower level HFs (SHC 74.8%, MHT 66.7%) had lower infrastructure and amenity scores, and most provinces scored above the average • The overall average stock-out period over three months for every one of the 13 essential drug was 4.6 days |

Assessment of vaccine wastage in Afghanistan

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| Project: | Assessment of vaccine wastage in Afghanistan |
| Donor: | UNICEF |
| Duration: | Jan-2016-July-2016 |
| Objectives: | <ul style="list-style-type: none"> • To estimate wastage at stock level in the provincial and regional level cold rooms. • To estimate vaccine wastage at service delivery level |

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| | <ul style="list-style-type: none"> To assess quality of cold chain storage temperatures and describe temperature excursions |
| <p>Methodology:</p> | <p>The assessment was conducted in 8 provinces that were purposively selected to ensure regional representation and ensure inclusion of varying pentavalent 3 coverage rate. The provinces include; Kabul, Parwan, Paktia, Noorestan, Herat, Jawzjan, Takhar and Zabul. Table 3 depicts Penta 3 coverage in the selected provinces. A total of 80 health facilities, including 7 regional and provincial stores, were included in the assessment. Daily data were collected on 4000 sessions that were held at fixed centers in health facilities or outreach/mobile services during Shamsi Calendar months of Qaws and Sawr (equivalent of Gregorian months Nov 21 to -December 20 and April 21 to May 20).</p> <p>Figure 1: Map of provinces selected for VWA in Afghanistan</p> |
| <p>Findings:</p> | <p>BCG vaccine was administered in 39% and measles in 62% of the sessions. Based on the daily records collected over two months, BCG with 58% and Measles with 38% had the highest wastage rate followed by IPV 19% TT 16% OPV 13% Penta 9%, HBV 8% and PCV which is supplied in single dose vials has a wastage rate of 1%. Wastage rate was higher in outreach sessions as compared to fixed center sessions for most of the vaccines and statistically significant for BCG and PCV.</p> |