

Islamic Republic of Afghanistan
Ministry of Public Health
Performance-Based Partnership Grant

HHS LQAS Final Report

Reporting period: Mizan, Aqrab, Qaus (7-9 1386)
Province: Baghlan
Districts: Baghlan Jaded, Baghlan, Burka and Pul-e-Khumri

Lead PPG NGO: Bakhtar Development Network (BDN)
Sub-grantee: Asian Development Corporation (ADC)

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TYPE OF REPORT	Hard copy	Soft copy (on CD)
HHS LQAS Final Report		
Report of the 5% re-survey		
Excel Sheet of SA level priority setting		
Result of surveyors reliability testing		

Executive Summary:

BDN is a developmental organization that was founded in 2001 by Afghans.

BDN has been implementing Basic Package of Health Services (BPHS) in 4 provinces of Baghlan, Balkh, Daikundi and Ghazni, dealing with a total number of 34 districts, covering 1840593 Afghans through a total of 1 Provincial Hospital, 3 district hospitals, 34 CHCs, 55 BHCs, 25 sub health centers and 1500 HPs.

During the last two years, BDN has been implementing 7 health projects in the country. Currently BDN is implementing a health project in Baghlan-e-Jadid, Burka and Pul-e-Khumri districts of Baghlan province at health facility and community level. The project aims to improve the health of women of reproductive age and children under five through providing BPHS in 19 health facilities. A major focus of this project is to support existing services as well as build the capacity of communities to run the community-based health care programs in the long term. It is a USAID funded project.

Three rounds of HHS had been accomplished before conducting the current round of HHS in October 2007.

In 2004, a baseline survey was conducted to collect data on three major issues on which the program mainly focuses: it was a) Child health, b) Safe motherhood, and c) Reproductive health. Data was analyzed and the results were used to compare the outcomes of the program and its impact on the health of the communities. Based on the results the targets were identified and set.

A mid-term evaluation was conducted in 2005 focusing only on a few of the selected 10 indicators.

In March 2006 end of project evaluation was conducted, the results of which are used as the baseline for the current survey.

It should be noted that Burka cluster was added to BDN project in the latest program, thus no baseline is available for 3 SAs related to this district.

Background:

Catchment population, figures of the major target groups in the CA:

BDN's PPG project covers three districts of Baghlan-e-Jadid, Burka and Pul-e-Khumri with a total population of 297940 according to CSO in 1384. Adding the Afghanistan's growth rate (2.4%) the estimated population of the three districts in 1386 is 312413.

The *Target Groups* are being calculated as per bellow:

- Children U1: Population X 0.048 X 0.9175= 13746
- Pregnant Women: Population X 0.048 X 1.15= 17247
- Women of CBA: Population X 0.21= 65607

Summary of Baseline Survey findings, SAs with a baseline high priority status

The baseline survey revealed that we had made great improvement in the indicators such as

- % children \geq 1 year and $<$ 2 years fully immunized (DPT3)
- % mother receiving TT injections
- %women of reproductive age (15-49 years) who can identify at least two forms of modern contraception,

Moderate improvement has been seen in the following indicators:

- %Women of reproductive age (15-49 years) who are using (or partner is using) a modern contraceptive method
- % births attended by a skilled birth attendant
- % children \geq 1 year and $<$ 2 years who received Vitamin A in the last six months
- % mothers receiving family planning consultation after delivery
- % mothers attending at least one ANC visit
- % mothers reporting appropriate behavior for treating a sick child

In short, we found the ANC, CPR, PNC and DPT3 are the fields with the most priorities.

Baghlan-e-Sanati and Kookchenar were identified as the area with the most priorities in Knowledge of modern contraceptive, ANC, Vit. A supplementation and appropriate behavior for treating a sick child

Summary of the specific interventions by the NGO to improve indicators in those SAs

Interventions at community level:

- A total number of 259 Local Health Committees (LHCs) were established through communities out of which 200 are male and 59 are female.
- In cooperation and coordination with the LHCs 684 CHWs were selected.
- 684 CHWs (329 Male and 365 female) were trained using the standard MoPH curriculum.
- LHCs provided non-technical supervision to the CHWs.
- Regular meetings have been conducted between CHWs, LHCs and HF's staff and refresher trainings organized for them in order to strengthen the link between CHWs and HF with more focus on EPI and MCH referral and IEC activities.
- Community resources were mobilized and donations made to the project by community
- Initial and re-supply kits were provided to all the trained CHWs.
- Refresher training was provided to all CHWs.
- A referral system was worked out and established between the trained CHWs with the existing referral health facilities.
- Supervision and follow-up of 342 Health Posts (HPs) was conducted on monthly where as re-supply was done on quarterly basis.

Interventions at HF levels:

- The locations for HFs were identified, the structures were renovated and community contribution was sought.
- Basic package of health services were provided through 15 HFs (7 CHC and 8 BHCs)
- 15 HFs were staffed according to the BPHS guideline
- The HFs were supported, operated and equipped with the necessary tools.
- Antenatal, delivery and post-natal care, neonatal care, curative services, family planning, nutrition and vaccination services were provided at the HFs.
- Essential drugs were provided to the health facilities, based on the BPHS Essential Drug List and communities' need.
- Effective referral system was established at provincial level.
- IEC materials were provided to all HFs.
- EPI fixed and outreach services were provided and the EPI defaulters were traced by CHWs.
- On the job training was provided to HF staff in order to refresh and upgrade their knowledge

Implementation of the survey:

Preparations (updating the sampling protocols, surveyor training and reliability testing)

At the time of last survey, BDN was covering only Baghlan Jadid and a part of Pul-e-Khumri Districts. After the second round of PPG started BDN took over 2 more HFs of Pul-e-Khumri and 3 HFs of Burka districts. In the HHS LQAS workshop conducted on 4th September 2007 by Tech-Serve the total no of SAs in the CA increased to 9 by adding 2 SAs of Burka and 1 SA of Pul-e-Khumri to the six previously-determined SAs of Baghlan-e-Jadid and Pul-e-Khumri Districts. The lists of villages used at the previous round of HHS were sent to the projects, updated and entered in the HHS LQAS database within the second and third week of September. At the same time the random sampling was done and the sampling protocols were sent to GCMU for approval by the end of 3rd week of September. At the end of September we received the approval of sampling protocols and the permission of conducting the survey. The below is the list of SAs with their location and number of HHs:

Supervisory Area Name	Locations covered	Number of households in supervisory area HHS LQAS 2007	District name
SA1	Baghlan-e-Sanati	2742	Baghlan-e-Jadid
SA2	Baghlan-e-Kohnah	6081	Baghlan-e-Jadid
SA3	Sheikh Jalal, Hasantal, Jar-e-Khushk	4641	Baghlan-e-Jadid

SA4	Kookchenar/Mangalha	2638	Baghlan-e-Jadid
SA5	Larkhabi, Abqul	2434	Baghlan-e-Jadid
SA6	Bagh-e-Shamal, Shashsad Koti	6400	Pul-e-Khumri
SA7	Hussain Kheil-Bala Doori	6150	Pul-e-Khumri
SA8	Flool	5491	Burka
SA9	Tangi Morch	2740	Burka

The team that consisted of 15 CHSs, 6 CHW trainers, 3 health supervisors and the HMIS officer were trained for the implementation of the survey for three days. Training was conducted by BDN's focal point of HHS in Baghlan. After the reliability testing was performed the team headed to the field. As the team had the experience of doing the previous rounds of surveys the result of reliability testing was satisfactory enough.

Data collection process:

The trained staff was divided into 3 teams. Each team consisted of 3 fixed members and one changeable CHS. One female surveyor, one male surveyor, the related CHS and one supervisor were gathered in each one team. The HMIS officer as well as the project managers contributed to the supervision of the survey. The data collection from 9 SAs completed within 4 weeks including the EID's holidays starting from Oct 1st and ending on Oct 29th.



Re-survey report:

In addition to BDN's survey team the following people took part in the HH resurvey process which was conducted between 5th to 12 November 2007.

- Dr.Safdar Muhseni IMCI Officer/PPHO Baghlan
- Dr.Said Mehdi Shah Nutrition Officer/PPHO Baghlan
- Dr.Nazim Samadi HMIS Officer/PPHO Baghlan
- Dr.S.Najibullah Saidi PHA/Tech-Serve

Except SAs of Baghlan-e-Sanati and Bagh-e-Shamal the survey in other SAs was accepted by the team. BDN surveyed both SAs again in the last week of November. The resurvey reports are attached.

Data entry, data editing:

The survey data was completely entered in the HHS database in BDN's project office by the HMIS officer and then the database along with the questionnaires were transferred to BDN's main office. All the questionnaires were cross-checked with the database by BDN's HMIS/PME Dep. in main office.

Limitations of the survey

There was no main obstacle to limit the survey. Remoteness of some selected villages and terrible conditions of the roads complicated the process of data collection.



Main Findings:

Group indicators in categories:

Ten indicators classified in 3 categories were measured through the survey.

The first category is Reproductive Health which includes two indicators of contraceptive prevalence rate and knowledge of two modern contraceptive methods.

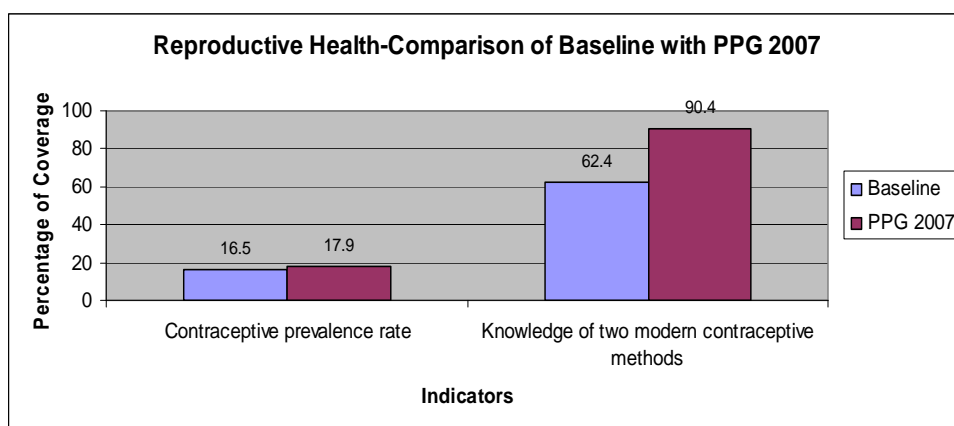
Four indicators constitute Safe Motherhood category: a) births attended by a skilled attendant, b) mothers receiving PNC after delivery, c) mothers attending one ANC visit, and d) mother receiving TT injections.

In the category of child health four indicators are assessed including: a) children 1-2 fully immunized (DPT3), b) children 1-2 received Vitamin A therapy, c) children exclusively breastfed during first 6 months, and d) mothers with appropriate care-seeking behavior.

Comparison of baseline and PPG HHS findings:

Both indicators of reproductive health show an increase in the coverage compared to the baseline.

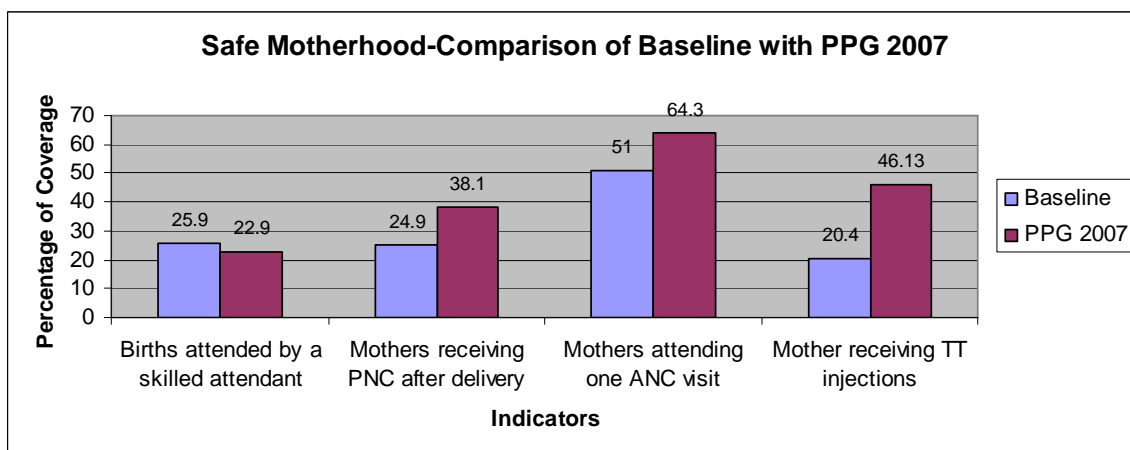
- An increase of 1.4% can be observed in the coverage of CPR that is not statistically significant.
- The coverage of knowledge of two modern contraceptive methods has increased by 28% that is significant from the statistics point of view.



In general the status of safe motherhood has improved. There are raises in 3 indicators out of four.

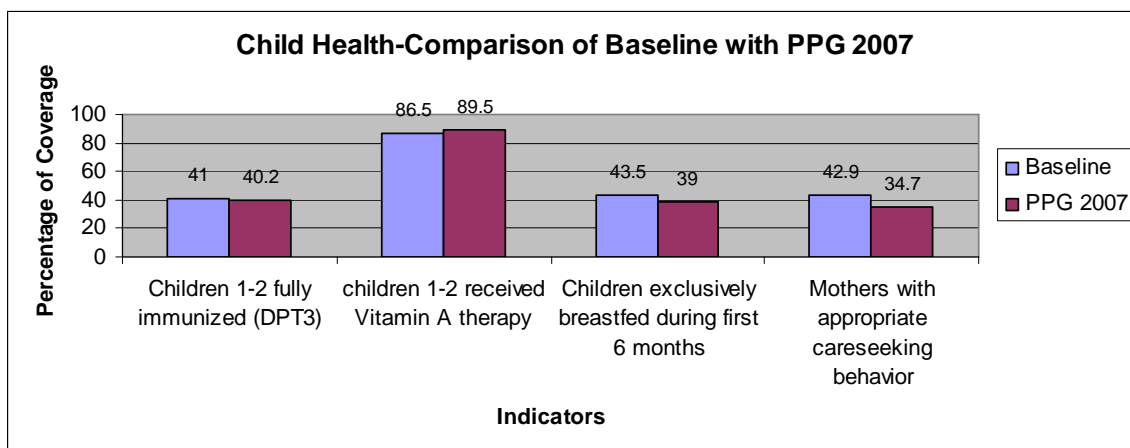
- The main raise is observed in the coverage of TT immunization by 25.8% in comparison with the baseline that is statistically significant.

- The coverage of ANC and PNC both have improved significantly by the similar amount of 13 %.
- Unlike the above-mentioned indicators, an decline of 3% is seen in the coverage of delivery attended by skilled birth attendants that can not be regarded as considerable.



No obvious improvement can generally be distinguished in child health.

- The progress is only attributed to coverage of Vit A supplementation that shows a rise of 3% which is not notable.
- Although a decrease of 0.8% and 4.5% is visible in the coverage of DPT3 and exclusive breastfeeding respectively, from the statistic point of view they are not notably important as the amount of decrease is less than the confidence interval.
- The results reveal that the percentage of mothers who report a proper care-seeking behavior while their child is sick has decreased remarkably by 8%.



Comparison of the PPG values for indicators with the targets:

Indicators	PPG 2007	CI	Best Scenario	Target
Contraceptive prevalence rate	17.9	6.2	24.1	30
Knowledge of two modern contraceptive methods	90.4	4	94.4	75
Births attended by a skilled attendant	22.9	6.6	29.5	40
Mothers receiving PNC after delivery	38.1	7.2	45.3	40
Mothers attending one ANC visit	64.3	7.8	72.1	75
Mother receiving TT injections	46.13	7.9	54.03	55
Children 1-2 fully immunized (DPT3)	40.2	7.7	47.9	65
children 1-2 received Vitamin A therapy	89.5	5	94.5	90
Children exclusively breastfed during first 6 months	39	7.7	46.7	60
Mothers with appropriate care-seeking behavior	34.7	7.5	42.2	60

Conclusions and Recommendations:

SAs with the greatest improvements:

SAs 1, 2 and 3 (Baghlan-e-Sanati, Baghlan-e-Kohnah and Jar-e-Khushk) show the greatest improvement.

SAs with the little or no improvements:

Little improvement is sensible in SAs 4 and 6 (Kookchenar and Bagh-e-Shamal) but no progress can be observed in SA 5 (Abqul-Larkhabi).

There was no baseline for SAs 7, 8 and 9. (Flood, Tangi Morch and Hussain Kheil)

Indicators with greatest improvements:

As discussed above in details the following indicators have significantly improved:

- Knowledge of two modern contraceptive methods: by + 28%
- Mother receiving TT injections: by + 25.7%
- Mothers attending one ANC visit: by + 13.3 %
- Mothers receiving PNC after delivery: by + 13.2%

Indicators with little improvements:

- Children 1-2 received Vitamin A therapy: by +3%
- Contraceptive prevalence rate: by +1.4%

Indicators with no improvements:

- Births attended by a skilled attendant: by -0.8% (Less than CI, not significant)
- Children 1-2 fully immunized (DPT3): by -3% (Less than CI, not significant)
- Children exclusively breastfed during first 6 months: by -4.5% (Less than CI, not significant)
- Mothers with appropriate care-seeking behavior: by -8.2% (More than CI, significant)

The following reasons could explain low or lack of improvement in the above-mentioned indicators:

1. In fact, the baseline coverage refers to the six SAs while the current coverage shows the situation in 9 SAs. Except in SA of Abqul-Larkhabi noticeable increase can be observed in other 5 previously-surveyed SAs, confirming remarkable improvement in the prior catchment's area.
2. In addition, Flood and Tangi Morch SAs of Burka district and Hussain Kheil SA of Pul-e-Khumri that were added later to the CA and survey sampling protocol identified as high priority areas that badly affected the overall coverage of indicators at CA level.
3. Deterioration of security in SA of Abqul-Larkhabi and lack of ability to cope with providing female health workers for the related HFs during last year have affected the service delivery at both HF and community level.
4. The baseline survey might not have been of a satisfactory quality as it was the first practice of the project.

Suggested future interventions:

The following interventions are proposed, some of which have already been initiated:

- Strengthening link between CHWs and HF by conducting regular meetings and refresher trainings with more focus on EPI and MCH referral and IEC activities.
- Strengthening EPI outreach services and defaulter tracing system.
- HP target setting especially for EPI and obstetric case referral.
- Providing incentive to CHWs for each delivery referred to HF
- Initiating night duty in BHCs
- HFs to be completely staffed with female health workers and preventing from frequent turn over of staff.

How useful did you find the LQAS methodology for evaluation of your work CA?

The evaluation done with this methodology cleared us in which areas and for which indicators we have achieved major success and improvements. Although we realized that the areas where need to be focused more.

What implementation problems did you encounter?

In implementation of the methodology we have faced no specific problem. It was as quite simple as possible and neither took long time nor needed huge logistic and administrative support.

Description of a simple timeline for dissemination of household survey down and upwards:

The final report of the HHS will be submitted to GCMU by Jan 20, 2008.

The result will be shared with HMIS, EPI, MCH officers as well as cluster managers through conducting Quarterly HMIS Workshop at BDN's main office on Feb 11-12.

The NGO's HMIS officer will transfer the result to Provincial HMIS Taskforce in a meeting that will be held on Feb 13.

The result will be disseminated to the project and program managers in Monthly Technical and Management Meeting at BDN's main office on Feb 13.

During PPHCC Meeting on Feb 19, the BDN's provincial project manager will present the survey outcomes to the PHD and other stakeholders.

In the Monthly Review Meeting at BDN's provincial office that is going to be held on Feb 23, the HMIS officer will share the results with the head of HFs.

Appendices

- HHS Database
- Excel Sheet of SA level priority setting
- Result of surveyors reliability testing
- Report of the 5% re-survey