BASICS Afghanistan Quarterly and Annual Report
FY10: October 1, 2009 – December 31, 2009

Basic Support for Institutionalizing Child Survival Afghanistan (BASICS)

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USAID/BASICS QUARTERLY REPORT AFGHANISTAN

(FY10 Quarter 1: October – December 2009)

BASICS PRIMARY STRATEGIES OF WORK PLAN

- Revise and develop child survival and health-focused policies and strategies
- Improve child health care at the community level
- Improve child health care at the BPHS facility level
- Improve child health care at the EPHS hospital level
- Strengthen cross-cutting health system components to improve child health care

BASICS TECHNICAL AREAS OF WORK

- Community-based Integrated Child Survival Package
- Newborn health
- IMCI
- Community case management (C-IMCI)
- Nutrition: Growth Monitoring and Infant and Young Child Feeding
- Pediatric hospital care improvement
- Behavior change communication
- Systems strengthening

KEY ACHIEVEMENTS AND ACCOMPLISHMENTS (October - December 2009)

I. Policy and Guidelines

- The Child and Adolescent Policy and Strategy was finalized and approved by the MOPH Technical Advisory Group and Executive Board. This establishes the MOPH's priorities for newborn and child health for the next four years and seeks to further reduce child mortality by an additional 100,000 per year by 2013.
- The National Public Nutrition Policy & Strategy was developed and submitted to MOPH for approval. Approval has been delayed due to the change in leadership at the MOPH but is expected by next quarter.

II. Improve Child Health at the Community Level

- The Community-Based Essential Maternal and Newborn Care Package was developed and reviewed with partners. In a technical workshop, it is in line with the guidance notes for scaling up coverage of maternal and newborn care at the community level and endorsed by MOPH. It also includes facilitator guide and pictorial counseling cards. The field testing of the pictorial materials was initiated and will be completed in January.
- A second Review Workshop was conducted for C-GMP implementers. The findings were despite being a new initiative the C-GMP enabled to establish family health action groups (FHAGs) in all demonstration sites and community platform was established where mothers are gathering regularly and receiving various services. Now we are at the stage where will further involve mothers in weighing their children while CHWs are able to spend more time on counseling of mothers. The workshop also enabled the district management team to develop a plan of action for further strengthening of the program. Implementation continues in 5 demonstration districts and will expand to all 13 USAID-funded provinces.

III. Improve Child Health at BPHS facility level

- Several pilot sites were selected to test the new short course IMCI model. Training at the sites has commenced. Implementation by newly trained staff is expected to begin next quarter. Preliminary results will be assessed in August 2010 when the follow-up household survey is conducted in the demonstration districts. The evaluation will provide evidenced-based recommendations as to whether the short course model is technically effective as well as more cost effective.
- The assessment tool to compare standard IMCI with the short course IMCI has been designed.
- A rapid review of EPI micro planning in Afghanistan was conducted. The findings of the review are presented in the text box below.

FINDINGS and RECOMMNEDATIONS of the REPORT on the ASSESSMENT of EPI MICRO-PLANNING

Key findings:

- 71% of villages and 58% of total population are living in outreach areas
- EPI micro-plans are prepared but not implemented
- Outreach does not take place as planned
- There is not proper scheduling of outreach activities
- The plans are developed without any review of the previous year's performance
- Vaccinators do not participate adequately in micro-planning planning process. *(top down approach)* and

Recommendations:

- ✓ Update village family data base and introduce village based registration
- ✓ Improving the use of data for planning outreach at the health facility level
- ✓ Utilize a bottom-up approach involving the vaccinators to develop a good EPI Health Facility Level Plan
- ✓ Increased focus on proper EPI outreach scheduling is required
- ✓ Need to develop a tool for building capacity for doing local area monitoring (LAM)
- ✓ Conduct quarterly, LAM meetings at the district level with active participation of vaccinators

IV. Improve Child Health at EPHS facility level

- A second Pediatric Hospital Improvement Initiative (PHI) review workshop was conducted with the participation of the PHI teams in the targeted hospitals, concerned staff of MOPH and NGOs by Child and Adolescent Health Directorate with the support of BASICS (technical and financial) and Tech-Serve. The workshop reviewed current status of PHI and recommended to focus on one or two areas which could make the greatest impact on reducing mortality of pediatric patients in provincial hospitals. The preferred interventions is ETAT—Emergency Triage, Assessment and Treatment—and strengthening the

collaborative process within and between the hospitals, as well as strengthening the team-building process.

V. Strengthen cross-cutting health system components to improve child health care

- A desk review of Qualitative Studies in Afghanistan on of Maternal & Newborn Care was conducted. The review found that there is not substantive information available in Afghanistan on care-seeking behavior of families for newborn and maternal health services.
- To address this gap, and gather information to inform future newborn health programming, a Case Study on Maternal and Newborn Care was designed and contracted out to a local organization. The report is expected in May 2010.
- A study of private sector contribution in immunization was conducted and found that 77% of total study subjects preferred to utilize public facilities for immunization while 15.9% were inclined to use the private sector exclusively. The study reveals the role of the private sector is increasing and recommends consideration of increasing the role of the private sector in EPI policy, strategy and planning.

BASICS Achievement in Numbers for October to December 2009 Quarter

Indicator	Target	Status Dec 2009
CHWs trained in C-IMCI module-1	183	175
CHWs trained in C-IMCI module-2	183	175
Number of master trainers trained on C-IMCI	10	10
CHWs trained on C-GMP	183	176
Number of master trainers trained on GMP	10	10
Number of FHAG members selected	1000	765
Number of Household Survey	2	2
Number of master trainers trained on ETAT	28	28
ETAT training courses at the provincial hospitals	6	8
Policies, Strategies and Guidelines developed	4	5
Terms of Reference for National Maternal & Child Committee developed and approved	1	1