



Health Care Improvement Project

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Helping Babies Breathe Training

“We have been doing training in the essential newborn care, active management of third stage labor and newborn resuscitation using the HBB methodology in Afghanistan. And this will save the life of many newborns.”

Annie Clark, Senior Quality Improvement Advisor for Maternal, Newborn, and Child Health (MNCH), URC

Helping Babies Breathe (HBB) program trains practitioners on how to resuscitate babies who have difficulty breathing right after they are delivered in a setting where resources are limited. It aims at providing oxygen to the newborns at “the golden minute”, which refers to the first minute of life. During each delivery, the availability of at least one HBB-trained Skilled Birth Attendant (SBA) is mandatory in order to tackle with and lower the grief and critical issue of child mortality in Afghanistan. The HBB program addresses this challenge effectively as well as helps to achieve Millennium Development Goal # 4 (MDG#4), which is the reduction of child mortality by two thirds from 1990 to 2015.

HCI began the HBB initiative in Afghanistan in September 2010 and

Dear Readers!

I am very pleased to state that HCI had a very active and fruitful 2011. We were part of laying the cornerstone of some great quality improvement initiatives such as the National Strategy for Improving Quality in Health Care and the newly developed Medical Records Package and Patient Master Index (PMI).

Moreover, we introduced the Helping Babies Breathe (HBB) training programs and distributed proper equipment to hospitals in Kabul, Parwan, Bamyan, Balkh, Logar and Wardak Provinces. HBB is literally making a

difference in the lives of our newborns. These achievements would have never been possible without the generous support of USAID and the hard work of HCI core staffers, consultants and partners.

In 2012, our topmost priority is to support the Ministry of Public Health (MoPH) to finalize and disseminate the National Improving Quality in Health Care Implementation Plan for the next five years. Additionally, we will be directly implementing specific strategy components in selected provinces. The lessons learned through our

implementation will be used to support MoPH in refining and expanding the strategic plan to the rest of the country. We will also play a leading role in the harmonization process of major quality-related approaches across the country.

Last but not the least, we will provide support to MoPH in the revitalization of the National Quality Improvement Taskforce and its functions as a coordinating body.

— Dr. Mirwais Rahimzai
Chief of Party, HCI



HBB Training, Parwan, 2011



HBB Training, Kabul, 2011



HBB Training, Wardak, 2011

trained 42 master trainers and 529 first line providers in eight provinces, namely Kabul, Balkh, Bamyan, Parwan, Kunduz, Herat, Wardak and Logar on essential newborn care and resuscitation using the HBB curriculum. On top of that, so far, HCI has provided 21 items of HBB supplies and equipment essential for newborn resuscitation to Kabul, Parwan, Bamyan, Balkh, Logar and Wardak hospitals.

“I am the mother of three kids. My youngest kid had breathing problems during birth and few days after birth. Therefore, I realize the importance of HBB as a mother in addition to being a doctor”.
--H.E Dr. Suraya Dalil, the Acting Minister of Public Health

The objectives of the training are to 1) train service providers of selected EPHS health facilities on essential newborn care and newborn resuscitation, 2) increase the capacity of skilled birth attendants (SBA) for identification of asphyxia, 3) increase the capacity for bag and mask resuscitation measures for SBAs involved in neonatal care and 4) improve post-resuscitation referral and care.

The first round of a three part HBB training program by female Afghan doctors was conducted from December 4 to December 6, 2011, the second one was conducted from December 10 to December 12, 2011 and the last round was carried out from December 13 to 15, 2011. HCI will continue to provide HBB trainings in 2012, too.

Helping Babies Breathe(HBB) is Writing History in Afghanistan

“When I heard my baby cry, I was so happy and thankful of the doctor who saved my child” were the first words that came out of emotional Shakila Mohammad’s mouth after Dr. Najm-us-Sama Shifajo, a gynecologist at Malalai Maternity Hospital located in Kabul, successfully resuscitated her 3.5 kg beautiful baby girl with the proper HBB tools. The baby started breathing within the second minute of ventilation and had her first cry, which brought joy to the faces of the mother and everyone who was attending her.

“Formerly, asphyxiated babies or babies that have difficulty breathing in the first minute of their lives were transferred to the neonatal ward for resuscitation. Unfortunately, the practitioners would lose critical time in the golden minute. With HCI’s HBB training programs, the provision of locally-made newborn resuscitation tables to the hospitals it works with, the practitioners can now resuscitate babies in the delivery room, which has made the difference in the lives of the likes of Mohammad’s daughter and hundred other newborns”

— Dr. Emal Yaqubi,

Senior Improvement Officer, HCI

Asphyxia or failure to breathe at birth is a leading cause of all newborn deaths 23% *World Health Report 2005*. Infections and

pneumonia stand the second. According to *Afghan Mortality Survey (AMS) 2010*, 1% of all under - 5 deaths are attributed to birth asphyxia in Afghanistan.

HCI’s global initiative of HBB was first introduced in Afghanistan in September 2010 through training programs with a robust curriculum offered at public and private maternity hospitals at national and local levels, which had gynecologists and midwives as its recipients. HBB requires the presence of a skilled birth attendant at birth to assess the baby’s conditions thoroughly and provide temperature support and stimulation to breathe and assist in ventilation at the golden minute.

After having been able to save Mohammad’s baby, an ecstatic Dr. Shifajo commented, “Once I received the HBB training, I was able to resuscitate newborns myself unless the baby required advanced care or referral to neonatologist. Since January 2011, I have resuscitated around 100 babies and they have successfully started breathing in the second minute of their life. I have only had to ask for a neonatologist’s support in very few cases”.

Since HCI believes in the Afghans’ ownership of every initiative and program that HCI exposes them to, it has trained some doctors on the staff of the hospitals as HBB

trainers. Dr. Shifajo is one of those trainees who not only practices the HBB training programs on the job but also provides both classroom and on the job trainings to her colleagues at Malalai Maternity Hospital.

“Despite the developments and achievements in health services in the last few years, Afghanistan still remains the most dangerous country in the world for laboring women and newborns as thirty nine babies in a thousand don’t make it to the second month of their birth (excluding still births) and one in eleven Afghan women die during childbirth. Through HBB’s successful implementation, we are glad that we are saving the lives of the innocent newborns and making the change and improvement that we stand for”.

— Dr. Mirwais Rahimzai
Chief of Party, HCI



Shakila Mohammad and Dr. Najm-us-Sama “Shifajo”

Postpartum Family Planning Improvement Collaborative at Hospitals

HCI started Postpartum Family Planning (PPFP) for reducing maternal mortality by achieving better spacing of pregnancies (healthy timing and spacing of pregnancies) and avoiding unwanted pregnancies during one year after delivery. PPFP program is being carried out in Estiqlal, Malalai, Afghan (private), Shinozada (private) and Mehdi (private) hospitals.

The objectives of the PPFP program are to improve the quality of postpartum family planning counseling, ensure that postpartum women receive the preferred method of family planning, increase the proportion of postpartum women who use any method of family planning for at least one year after delivery and involve male partners (husbands) in assisting women in the selection and continuation of family planning.

Three key actions taken for PPFP: 1) Provision of individual counseling on PPFP to women (post-delivery) and their husbands to ensure that the women leave the hospital with the preferred family planning method, 2) follow up with women to ensure that they are using their preferred

family planning method and not get impregnated at 3, 6 and 12 months post delivery, 3) and supervision of the supply chain for providing family planning methods and provision of Information, Education, Communication (IEC)/Behavior Change Communication (BCC) materials.



PPFP Couple Counseling

The New Medical Records System is Being Received Well

The Medical Records (MR) System pilot project is being implemented successfully at Malalai Maternity Hospital (MMH). Since its introduction in September 2011, a medical records committee was established at MMH to record the patients' basic medical and demographic information in the Patient Master Index (PMI). So far, MMH has been able to record more than 15,000 patients in their

system. The committee also conducts a weekly-based meeting at the hospital to discuss and follow up on the progress of new MR system. The management and staff of MMH are pleased with this initiative. Moreover, HCI conducted training on the use of the newly developed PMI for the medical records staff of Khair Khana and Isteqlal hospitals. The new

Medical Records Package is being evaluated in all three hospitals. Lastly, in order to further improve the data availability and reporting system in the three hospitals, HCI is holding regular meetings with Health Management Information System (HMIS) Department of the Ministry of Public Health (MoPH).



Before



After



Before

After

Research and Evaluation

Validity Study:

The Ministry of Public Health (MoPH) is interested in determining the validity of self-data collected by health facilities and hospital staff. There are concerns that the patient medical charts and outcomes' registers do not accurately reflect the true clinical picture, possibly, due to resource constraints and very heavy patient load. If deficits are found in data collection and reporting, then, the HCI project team can focus more of its improvement activities to address this in order to be able to accurately form the intervention.

No validity study of this sort has been done in Afghanistan to date. This study will help determine the validity of data and provide a method that the MoPH can use to validate its Health Management Information System (HMIS) data. It will help determine gaps in data collection and guide interventions to improve data quality in the future.

HCI hired an expert external evaluator team to

observe the health service delivery and measure the agreement between the observed and self assessed data reported filled by the health workers in the registers and other documents. This study was conducted in Malalai, Isteqlal and Parwan Provincial hospitals. Data collection and analysis for this study has been completed, and the final report will soon be published.

Spread Study:

This study aimed to assess the demonstration phase activities in the scale-up provinces. HCI selected Balkh, Kunduz and Kabul provinces as demonstration sites. A change package or collection of best and high impact practices has been prepared and is being implemented/ tested in other provinces where HCI has scaled up recently. The aim of the spread study is to evaluate the uptake and implementation of a package of change in the new provinces of Bamyan, Parwan and Herat. Both quantitative and qualitative approaches were applied to

conduct this cross-sectional study. The quantitative data were collected on a monthly basis as regular monitoring data while the qualitative data were collected through in-depth interviews conducted with directly involved stakeholders in these provinces. Data collection and analysis have been completed and the final report will be shared in the near future.



Interview with RH Officer during Spread Study

Quality Improvement Collaborative Learning Session

In a learning session, the participants from a quality improvement collaborative (Quality Improvement teams from participating hospitals and health facilities) learn about the model for improvement and its tools and how to define specific improvement objectives based on the aims and common indicators of the collaborative.

The objectives of a learning session are to:

- * Define aims for the selected common indicators for improvement activities at their health facilities
- * Describe how the model for improvement works in real life
- * Propose and operate tools for critical

review of the systems existing at their health facilities

* Begin to use the model for improvement to plan and execute their own health facility's improvement project

A learning session stimulates quality improvement (QI) work at health facilities and enables the participants to practice the model for improvement in real life. At the end of a learning session, the QI teams of every health facility leave with the first draft of PDSA (Plan, Do, Study and Act), which is the "road map" for improvement that they will implement after the session.

The health facilities' QI teams regularly track

the results of their efforts by monitoring the set of common QI indicators that had been developed and prioritized by them based on the selected areas for improvement and already defined intervention package.

In the maternal and newborn health collaborative in Afghanistan, this intervention package includes meeting standards for antenatal and postnatal care; counselling; hand-washing procedures; essential newborn care; newborn resuscitation; active management of third stage of labor; prevention, early detection and treatment of pre-eclampsia, eclampsia, maternal and newborn sepsis; and use of the partograph for every delivery.

After conducting a learning session, HCI asks the participants to come up with what the *Next Step* should be, evaluates the session and gathers the participants' feedback and recommendations for the betterment of their future sessions.

Health Facility Learning Session 4, Herat, 2011

Health Facility Learning Session 1, Wardak, 2011

Health Facility Learning Session 4, Parwan, 2011

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