

Final Evaluation of Opportunities for Mothers and Infants Development Project

DISTRICT -1, KABUL CITY, AFGHANISTAN

Contents

The Health situation in Afghanistan.....	4
Project Description.....	4
Evaluation Objectives.....	5
Methods.....	5
Assessment tool.....	5
Results.....	6
Demographic information.....	6
Ante Natal Care-ANC	7
Labor and Delivery Care.....	8
Pregnancy Complications.....	9
Reasons for Non-Use of Contraception	10
Immunization uptake.....	11
Contribution of OMID project in addressing MNCH needs of society.....	13
Continuation of project effects after phase out of project	14
Conclusions	14
Annex-1 Questionnaire	16
Annex-2 Exit Plan	30
Table 1 Demographic Information.....	7
Table 2 ANC dimensions	8
Table 3 Labor and delivery care	9
Table 4 Pregnancy Complications	10
Table 5 Desire and use of contraceptives.....	10
Table 6 Reasons for nonuse of contraception	11
Table 7 Vaccinations Uptake 8.....	12
Table 9 Exposure to health information	13

Antenatal(ANC), 6
Basic Package of Health Services (BPHS),
5
Community Based Health Care (CBHC),
15

Community Health Centers (CHC)., 6
Community Health Workers (CHWS), 5
Opportunities for Mother and Infant
Development (OMID), 5
Postnatal(PNC), 6

Executive Summary

Purpose

The evaluation was conducted to ascertain the degree of achievement and progress toward project output, outcome and overall objectives and determine the extent of project contribution in health needs of community examine.

Methods

A multi-stage, stratified sampling design was used to select mothers from eligible women—women who were married, living in both districts and aged 14 to 49 years.

Findings and conclusions

Utilization of maternal health care services were significantly high in focus district in comparison to comparison district. There is sufficient evidence to suggest the improvement in health in focus district is because of project interventions. But the project, in focus district has lagged behind to ensure full update of immunization by all eligible children. The project benefits will not be continuing tangibly unless a well thought exit strategy is implemented after the donors cease their support.

The Health situation in Afghanistan

In Afghanistan the socioeconomic indicators show a mixed picture of progress and challenges, some of which remain a major concern. Infant, under five and maternal mortality respectively at 77 per 1000 live births, 97 per 1000 live births, and 327 per 100,000 live birth are still high and an extremely high prevalence of chronic malnutrition with 39% of all under five children and widespread occurrence of micro-nutrient deficiency.

The MoPH has identified the improvement of maternal and child health as a high priority, as evidenced by the National Reproductive Health Strategy, which was developed to “improve the health of the people of Afghanistan, especially women and children, through implementing the Basic Package of Health Services (BPHS) which is being rolled out across rural Afghanistan. This package of basic services now forms the core of service delivery in all primary health care facilities. Bringing coherence and unified priorities to the Afghan health system. The BPHS is consistent with and based upon the principles contained in the Afghan National Development Strategy (NDS) 2008 -2013 and the Health and Nutrition Sector Strategy (HNSS) 2007/8 – 2012/13.

Availability of the BPHS in the urban center of Kabul has been limited, and doesn't have a robust community focus that especially targets the households. There is a need for paradigm shift to focus on urban health with community based interventions perspectives.

Project Description

Since, April 2012, CARE Afghanistan has been implementing the Opportunities for Mother and Infant Development (OMID) with overall goal of contributing to the reduction of maternal and infant mortality and morbidity through community based interventions facilitated and delivered by Community Health Workers (CHWS) and Community Midwives in 23 communities of district 1 in Kabul city.

CARE's experience has shown that the improved awareness and education of women enhances their empowerment as agents at the family and community level to effectively influence improved health outcomes.

Over four years' period (2012-2016) with technical advisory support from CARE UK and CARE USA, CARE Afghanistan trained CHWs to disseminate information and messages on safe motherhood, infant care and birth planning to 3000 women.

CARE also established community support groups to raise community awareness on the danger signs of birth complications for mother and child and finally address the fundamental causes preventing women and their families from accessing quality health care services. The CHWs interventions are supported by community midwives, who deliver Antenatal(ANC),

Postnatal(PNC) and new-born care services. The community midwives are stationed in Community Health Centers (CHC). In CHC services high risk pregnancies are identified and referred to government tertiary hospitals.

Evaluation Objectives

The specific objectives include:

1. To ascertain the degree of achievement and progress toward project output, outcome and overall objective as set in project proposal and logical framework
2. To determine the extent of contribution of OMID project in addressing needs and problems which have been stated in the project proposal
3. To find out whether the project benefits will continue if donor funding is ceased.

Methods

To ascertain the degree of achievement and progress toward project output, outcome and overall objectives and determine the extent of project contribution in health needs of community, the difference in maternal and child health outcomes were determined as differences in proportions in focus district (district -1) and a comparison district (district-2). The focus district is where the project is implemented. The comparison district has somewhat similar demographic and socio-economic characteristics as focus districts in terms of respondents age, mean number of living children and education attainment.

Cross-sectional face-to-face survey using structured questionnaires with a random sample of 341 women aged 14-49 years from focus district; and 341 women from comparison district conducted. The sample was calculated with 95% percent confidence interval. Additionally, consultation was undertaken to find out whether the project benefits will continue if donor funding is ceased

Assessment tool

A questionnaire in consultation with OMID project management team was developed. The questionnaire documented information on mother's age at first birth, mother education level, health situation of their children, their current pregnancy, ANC, services provided as part of ANC, assisted deliveries and others. The primary respondents for maternal health questionnaire were women of reproductive age (14-49 years). The tool is attached in annex-1

Results

Demographic information

Participants in the focus district and comparison district are similar with regard to age distribution, mean number of living children, and educational attainment (Table 1). The sample in focus is somewhat younger, of lower parity, but participants in comparison district somewhat better educated than focus district. However, the level of education is not different meaningfully in both districts.

Characteristics			
Age Percentage	District 1	District 2	Grand Total
1-10	0.28%	0.53%	0.41%
11-20	3.36%	7.11%	5.29%
21-30	46.50%	37.37%	41.79%
31-40	41.18%	40.79%	40.98%
41-50	8.68%	14.21%	11.53%
Age StdDev	6.89	8.19	7.59
Education			
Never attended school	65.82%	61.83%	63.77%
Pre-primary /Nursery	9.60%	11.02%	10.33%
Primary, not completed	11.02%	10.48%	10.74%
Primary, completed	6.50%	7.80%	7.16%
Secondary, not completed	2.82%	2.96%	2.89%
Secondary, completed	3.67%	4.57%	4.13%
College/University	0.28%	0.81%	0.55%
% women who have ever been pregnant			
Yes	98.87%	98.41%	98.63%
No	0.56%	1.33%	0.96%
Age at first pregnancy			
0-9	1.12%	1.06%	1.09%
10-19	56.30%	76.13%	66.49%
20-29	42.30%	22.81%	32.29%
30-39	0.28%	0.00%	0.14%
Mean number of living children per household			
	4.56	5.03	4.80
Mean number of children died after birth per household			

	0.48	0.38	0.42
--	------	------	------

Table 1 Demographic Information

Ante Natal Care-ANC

99.47% of women in focus district had at least one antenatal check-up with a skilled provider during last pregnancy, which includes doctors, nurses, and midwives and 78.65% of women completed such visits in the comparison district. Women were asked where they sought ANC and what kind of provider conducted the check-ups. If women sought care from more than one source, they were asked to state the main source. On average each woman completed 4.9 ANC visits in focus district and 2.03 in the comparison district. This is statistically significant and indicate the change is because of project interventions in the focus district.

In maternal health care, the timeliness of ANC visits is essential for mother and fetus health. In focus district 69.59% of women pursue first ANC visit within first three months while only 30.43% did so in the comparing district.

Other dimensions of maternal health practices including having information on the expected date of delivery, having a plan for delivery and the preference to deliver in health facility are found significantly higher in the focus district (Table 2). In both districts, the required services are principally provided by female providers.

Health checkups (antenatal care)				
	District 1 (n=389)	District 2 (n=314)	CHITEST	p < 0.05
Yes	99.43%	78.65%	2.15	0.143
No	0.57%	20.81%		
Within the first 3 months	69.57%	30.43%	1.50	0.471
Between 3 and 6 months	45.75%	54.25%		
Within the last 3 months	40.24%	59.76%		
Average # of ANC visits during last pregnancy				
0-3	2.25	1.74		
4-7	5.13	5.13		
8-11	8.84	8.33		
Accumulative average	4.98	2.03	5.79	0.016
Knowing the date that the baby was expected to arrive				
Yes	67.24%	6.23%	4.67	0.030

No	32.48%	93.50%		
Having a plan before delivering the baby				
Yes	67.24%	6.23%	5.56	0.018
N0	32.48%	93.50%		
Preference on place to delivery baby				
Health facility	96.63%	59.61%	5.14	0.023
Home	2.81%	40.39%		
Gender who provided ANC Care				
Men	3.95%	1.27%		
Women	95.20%	95.54%		

Table 2 ANC dimensions

Labor and Delivery Care

Women are considered to have a skilled birth attendance if a doctor, nurse, midwife, attended their delivery either in a facility. Ensuring access and availability of skilled birth attendance and institutional delivery are challenges for the health systems of many districts in Afghanistan. This survey determined that 96.63% of women gave birth in health facility in focus district and 59.61% in comparison district. There is sufficient evidence suggesting the higher institutional delivery in focus district is because of project efforts.

Appropriate planning and arranging transportation during pregnancy are life-saving interventions. 70.20 % of women in focus district and 17.22 had transportation arrangement during their last pregnancy. The final decision on where a woman will give birth was found to be largely made by women's husband or her mother in laws in comparison district dissimilar to the focus district.

At effect level, there is not much difference in both districts pertaining to abortion, and miscarriage. Improving maternal health at impact level usually require sector wide approach comprising economic opportunity, education, life style, good nutrition and housing conditions. In future programming, it is important MNCH project is accompanied by other program components including community development, education and gender in CARE. In both districts younger, lower parity, more educated and wealthier women were more likely to deliver in a health facility.

Variables	District 1 (n=349)	District 2 (n=360)	CHITEST	P value
Preference on place to deliver the baby				
Health facility	96.63%	59.61%	5.14	0.023
Home	2.81%	40.39%		
Transportation arrangement in case of emergency or pregnancy complications				

Yes	70.20%	17.22%	5.09	0.024
No	29.23%	81.94%		
Final decision on where to give birth				
Myself	62.50%	37.50%	1.55	0.907
My husband	53.62%	46.38%		
My mother/mother in law	39.85%	60.15%		
Other relative	66.67%	33.33%		
Other (specify)	25.00%	75.00%		
# of women whose pregnancy, miscarried, aborted, or ended in a stillbirth				
Yes	49.44%	50.56%	0.69	0.405
No	47.91%	52.09%		

Table 3 Labor and delivery care

Pregnancy Complications

In focus district a higher number of women know about pregnancy related complications in contrast to comparison district but the percentage of women who experienced such complications are not considerably different in both districts. The percentage of women who sought care in less than 12 hours after experiencing complications accounts to 84.05% in focus district and 15.95% in comparison district. (Table 3)

Variables	District 1 (n=1411)	District 2 (n=541)
Vaginal bleeding	57.49%	42.51%
Pelvic or abdominal pain	68.15%	31.85%
Persistent back pain	77.78%	22.22%
Gush of fluid from vagina	77.39%	22.61%
Swelling of the hands/face	93.94%	6.06%
Severe headaches/ blurred vision	87.85%	12.15%
Preterm regular contractions	93.10%	6.90%
No fetal movement	95.65%	4.35%
I don't know	27.50%	72.50%
Experienced danger signs		
Yes	57.69%	53.61%
No	42.31%	46.39%
Time span for seeking care after experiencing complications		
Less than 12 hours	84.05%	15.95%

12-24 hours	21.62%	78.38%
Over 24 hours	4.17%	95.83%
Other (specify)	12.50%	87.50%
I don't know	27.59%	72.41%

Table 4 Pregnancy Complications

CONTRACEPTIVE USE

Women were asked if they had ever wished to use contraceptive method to delay or avoid pregnancy. Overall, 94.37% of women and 57.22 in comparison district reported ever desire of a contraceptive method.

The desire to use contraceptive was about twice as high in focus district than comparison district. The same pattern was shown for current use, with 91.71% of women in focus district using modern contraceptive methods compared to 51.27% in comparison district.

Similarly, a positive trend in contraceptive use was seen by respondents' education, as women having primary or middle school were twice as likely to have used a contraceptive method than those who had no education. (Table 3)

% wished to delay pregnancy or space the births				
Variables	District 1 (n=355)	District 2 (n=367)	CHITEST	P value
Yes	94.37%	57.22%	4.15	0.041
No	5.63%	42.78%		
(blank)	0.00%	0.00%		
Grand Total	100.00%	100.00%		
% wished to space the birth of the children and used any birth spacing methods				
Yes	91.71%	51.27%	2.95	0.085
No	8.29%	48.73%		

Table 5 Desire and use of contraceptives.

Reasons for Non-Use of Contraception

Women who were not using a contraceptive method were asked to give their main reason for not using a method.

In the focus and comparison districts, reasons for non-use of contraceptive were divided between children are given by god (11.65–88.35%), no control over when children will come (20–80%), and don't know any birth spacing methods (40–60%). The response related to spouse is unwilling is difficult to interpret. It might suggest that husbands do not consider contraceptive use as important for the health for their family or it might suggest that

husbands believe that contraceptives don't provide protection against pregnancy. In focus district, the single most important reason cited for not using a contraceptive method was fear of side effects (34%). Overall, in comparison district, all reasons for non-use of contraceptive are considerably high. (Table-4).

Reasons	District -1	District 2
Children are given by God	11.65%	88.35%
I have no control over when children will come	20.00%	80.00%
I don't know any method of child spacing	33.33%	66.67%
Fear of side effects from the methods	34.21%	65.79%
I can afford to bring up many children	11.11%	88.89%
My spouse is unwilling	11.11%	88.89%
I don't know	40.00%	60.00%

Table 6 Reasons for nonuse of contraception

Immunization uptake

Overall, 92.88% of women in focus district and 65.63% in comparing district were able to show the vaccination card.

If women were able to produce their child's vaccination card, information was obtained from the vaccination card. If no card was available, respondents were asked to recall their child's immunization history.

The current recommended vaccination schedule is as following: BCG and Polio 0 at birth, DPT1 and polio 1 at six weeks, DPT2 and polio 2 at 10 weeks, DPT3 and polio 3 at 14 weeks, first measles at 9 months, and second measles at 12–15 months.

The findings show that coverage varies by the particular vaccine; BCG coverage is 98.81% in focus and 98.86% in comparison district. Measles coverage is 89.18% in focus and 78.07% in comparison district.

Although, some vaccines reached majority coverage, but 42.09% of eligible children in focus

district and 57.91 % in comparison district did not complete all required routine vaccinations.

Vaccines	District -1 (n=598)	District-2 (n=381)
BCG	98.81%	98.86%
DPT1	94.9%	95.18%
DPT2	93.27%	89.08%
DPT3	91.97%	83.64%
OPV1	98.52%	98.08%
OPV2	98.5%	97.69%
OPV3	97.89%	96.09%
Measles	89.18%	78.07%

Table 7 Vaccinations Uptake 8

Exposure to health educations

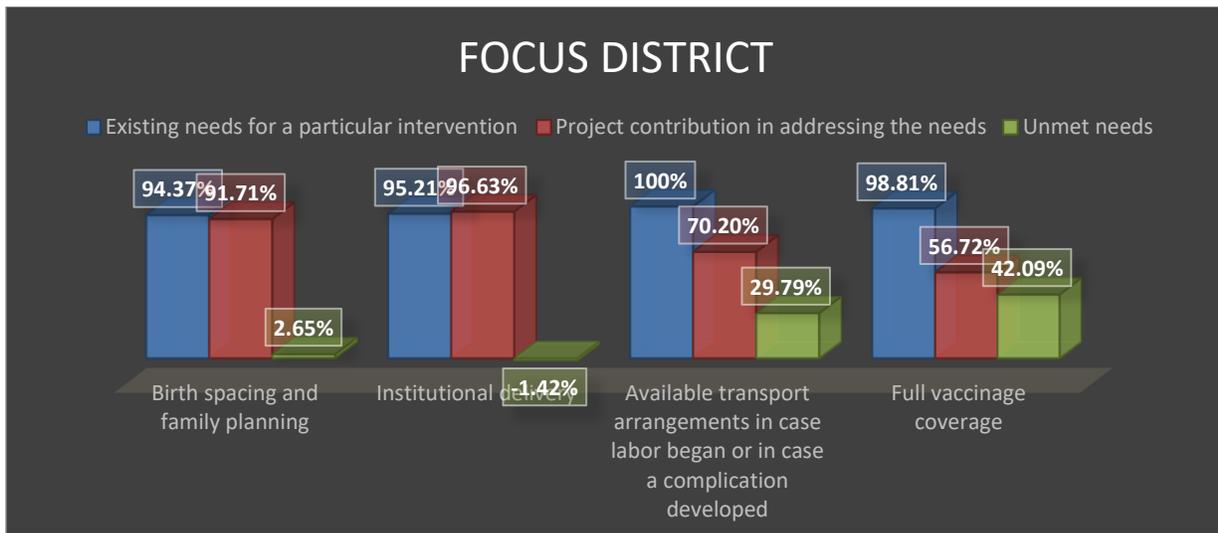
In both districts, women were asked whether they received MNCH information during the last 3 months and what information they still remember. The most commonly remembered themes in both districts were hygiene messages (65.83% vs 34.17%) and immunizations (61.31% vs 38.17%). Women remember health information on hygiene messages and immunization as twice as high in focus districts than comparison district. The major difference in both districts include exposure to information pertaining ANC and diseases specific information. For example, the exposure to ANC education is as ten times higher in focus district than comparison district. Appraising different health education themes in focus districts, it resembles that target population received less exposure to immunization sessions and would further explain as 42.09% of eligible children in focus district did not complete all required vaccinations sessions. In comparison district lowest exposure to ANC and disease specific information exist, which can be considered in future programming.

Row Labels	District-1	District-2
In the last 3 months, heard or read about health of mothers and children		
Yes	87.36%	68.51%
No	12.64%	31.49%
Messages about mother and child's health they still remember		
Hygiene messages	65.83%	34.17%
Immunization	61.31%	38.69%
Antenatal care	91.38%	8.62%
Disease specific messages	84.29%	15.71%
Other (specify)	47.83%	52.17%

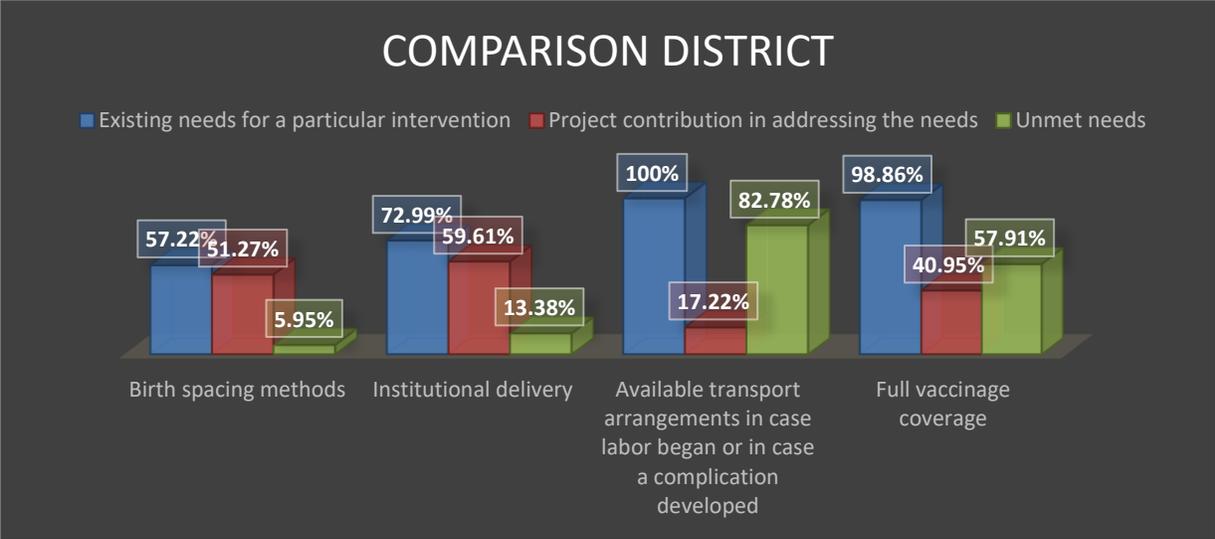
Table 9 Exposure to health information

Contribution of OMID project in addressing MNCH needs of society

Only, 2.63 % of women aged 15–49 married wanting to avoid a pregnancy in focus district and 5.95% in comparison district did not have access to or did not use an effective method of contraception. It means in focus district, 91.71% of needs pertaining to birth spacing are addressed. In the same age category, there is 1.42 % over fulfillment of target in addressing the needs for institutional deliveries in focus district while there are 13.38% unmet needs of institutional delivery services in the comparison district.



29.79% of women in focus district and 82.87% in comparison district were in need of emergency transport in case any complication occurred during their pregnancy. Unfortunately, 42.09% of children didn't complete all required vaccinations in focus district. To promote the full uptake of all vaccinations; the project is lagging behind.



Continuation of project effects after phase out of project

Based consultation with stakeholders and thorough project documents review, it is determined that personnel, medicines and pioneers would still be needed to continue tangible benefits to a lot of people after this donor-funded MNCH project ends in focus district. The project design does not include an exit plan from the project planning stage. Therefore, projects management team need to start to engage national Ministry of Public Health, Community Based Health Care (CBHC) department and improve mentioned department capacity TO support urban CHWs during phase out. The CBHC department would be able to mentor and support CHWs to continue the relevant activities as necessary in future.

In addition, MNCH project management team should also support community leaders as they would emphasize the right maternal and reproductive health services at household and community level. The project phase out plan is attached in annex-2

Conclusions

Utilization of maternal health care services were significantly high in focus district in comparison to comparison district. There is sufficient evidence to suggest the improvement in health in focus district is because of project interventions. For both antenatal and delivery care, marked differences exist between two districts, and they are significantly better in focus district. In the focus district, women were more likely to deliver in a public sector facility. Given the relatively high rates of institutional delivery in focus district that 30% of women received postnatal care within two days represents a substantial missed opportunity.

Moreover, this missed opportunity is greatest in the comparison district: 52%. The use of family planning methods is also significantly high in focus district; the statistical evidence suggests the positive effects of the project on utilization of birth spacing methods. The project, in focus district lagged behind to ensure full update of immunization by all eligible children. The project benefits will not be continuing tangibly unless a well thought exit strategy is implemented after the donors' terminated.

Annex-1 Questionnaire

Name of Guzar:	
District:	
Name of interviewer:	
Date of interview:	
Questionnaire checked by:	
Date of cross-check:	

Instructions to the interviewer:

1. Circle the answers under the coding category column
2. Take note of additional instructions in ***bold italics*** against some questions

INTERVIEW WITH WOMEN OF CHILD BEARING AGE (15-49 YEARS)

No.	QUESTIONS AND FILTERS	CODING CATEGORY
C1	Age of the respondent in completed years	----- years
C2	What highest level of school have you attended?	Never attended school -----1 Pre-primary /Nursery-----2 Primary, not completed-----3 Primary, completed-----4 Secondary, not completed-----5 Secondary, completed-----6 College/University-----7 Vocational/ adult education-----8 Other (specify)----- 99

C3	Have you ever been pregnant (including now)?	Yes-----1 No-----2 (<i>Skip to C8</i>)
C4	At what age (in years) did you have your first child?	-----years Carrying first pregnancy-----00
C5	How many children have you given births to that are still alive?	-----
C6	How many children have you given births to that have died after birth?	-----
C7	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	Yes-----1 No-----2
C8	At what age do you think a woman should have their first baby?	----- years
C9	Early pregnancy (under age of 18) increases the risk of complications and can lead to death of mother and her child; do you agree, disagree or don't know?	Agree-----1 Disagree-----2 Don't know-----3

C10	In your knowledge, could you mention the methods that can be used to delay pregnancy and for healthy birth spacing?	Sterilization (vasectomy/ tubal ligation)-----1 Implant -----2 Intra-uterine contraceptive device (IUD)-----3 Injection -----4 Pills-----5 Condom -----6 Cycle beads/ safe days-----7 Coitus interruptus -----8 Breastfeeding-----9 Abstinence----- 10 Other (specify)-----99 I don't know----- 00
C11	In this community, where can one get modern birth spacing methods?	Health facility-----1 NGO/CBO-----2 Pharmacy/ medicine shop-----3 TBA/ CHWs-----4 Other (specify)-----99 I don't know----- 00
C12	Have you at any time, wished to delay pregnancy or space your births?	Yes-----1 (go to C13) No-----2 (Skip to C16)

C13	When you wished to space the birth of your children did you use any birth spacing methods?	Yes-----1 (Go to C14) No-----2 (Go to C15)
-----	--	---

C14	Which method did you or your husband use?	Sterilization (vasectomy/ tubal ligation)-----1 Implant -----2 Intra-uterine contraceptive device (IUD)-----3 Injection -----4 Pills-----5 Condom -----6 Cycle beads/ safe days-----7 Coitus interruptus -----8 Breastfeeding-----9 Abstinence----- 10 Other (specify)-----11 I don't know----- 0
C15	Why didn't you use any birth spacing method?	I don't know of any birth spacing method-----1 I don't know where to get from-----2 My preferred method was not available--3 Could not afford the cost-----4 Distance to the place where i can find method---5 Not allowed by our culture-----6 Not allowed by my religion-----7 Not allowed by my husband.....8

		<p>Not allowed by my in laws.....9</p> <p>Fear of side effects-----10</p> <p>Other (specify)-----11</p> <p>I don't know----- 12</p>
--	--	---

C16	<p>What would you say is the reason why you haven't wished to space the birth of your children?</p>	<p>Children are given by God-----1</p> <p>I have no control over when children will come-----2</p> <p>I don't know any method of child spacing-----3</p> <p>Fear of side effects from the methods-----4</p> <p>Prohibited by our religion-----5</p> <p>Prohibited by our culture-----6</p> <p>I can afford to bring up many children---7</p> <p>My wife is unwilling -----8</p> <p>Other (specify)----- 9</p> <p>I don't know----- 00</p>
C17	<p>Did you go for health checkups (antenatal care) during the last pregnancy?</p>	<p>Yes-----1 (go to C19)</p> <p>No-----2 (go to C18)</p>

C18	<p>What made you not to seek antenatal care?</p> <p><u>Multiple responses possible. Probe: what else?</u></p>	<p>Not important in pregnancy-----1</p> <p>Lack of transport-----2</p> <p>Long distance-----3</p> <p>High cost of care-----4</p> <p>I was okay all through-----5</p> <p>No reason-----6</p> <p>Other (specify)-----99</p>
C19	<p>At what gestational age did you first go for the antenatal checkup during the last pregnancy?</p> <p><u>If the respondent has difficulty remembering exact month, you can assist by reading the choices “was it...”</u></p>	<p>Within the first 3 months-----1</p> <p>Between 3 and 6 months-----2</p> <p>Within the last 3 months-----3</p> <p>I don't know.....00</p>
C20	<p>How many times did you go for antenatal care during your last pregnancy?</p>	<p>----- times</p>

C21	<p>The last time you went for antenatal care, who examined you?</p> <p><u>Probe: Was it a man or a woman?</u></p>	<p>Male-----1</p> <p>Female-----2</p>
C22	<p>During the last pregnancy, did you know the date that the baby was expected to arrive?</p>	<p>Yes -----1</p> <p>No-----2</p>
C23	<p>During the last pregnancy, did you plan where you would deliver the baby?</p>	<p>Yes-----1</p> <p>No-----2</p>

C24	Where did you plan to deliver the baby?	Health facility-----1 <u>(go to C25)</u> Home-----2 <u>(go to C26)</u> Other (specify)-----99
C25	<u>(For those saying health facility in question C25)</u> For what reasons did you prefer to deliver in health facility?	Safer to deliver there -----1 Skilled care from health workers-----2 Health facility is near-----3 Recommended by relative-----4 Other (specify)-----99
C26	<u>(For those saying home in question C25)</u> For what reasons did you prefer to deliver at home?	No fees charged/ cheaper-----1 High transport costs -----2 Do not trust/like health facility-----3 Better care at home-----4 To attend to my other children-----5 Recommended by relative-----6 Other (specify)-----99

C27	What do you think about the following statements regarding giving birth at a health facility <u>(probe if they agree, disagree or do not know)</u>			
	Question	Agree	Disagree	I don't know
	The health workers at the health facility are adequately skilled			
	The health facility has all the medicines and equipment to make delivery safe			
	The health facility has adequate privacy			

	There is no problem even if the health worker assisting the delivery is a male.			
C28	When you were pregnant with your last child, who made the final decision on where you would give birth?	Myself-----1	My husband-----2	My mother/mother in law-----3
		Other relative-----4	Other (specify)-----99	
C29	During the last pregnancy, did you have ready transport arrangements in case labor began or in case a complication developed?	Yes-----1	No-----2	
C30	What are the symptoms during pregnancy that would indicate that there is something going wrong with the pregnancy? <u>Multiple responses possible. Do not read the choices; let the respondent mention based on their knowledge. Encourage more answers by probing: What else?</u>	Vaginal bleeding-----1	Pelvic or abdominal pain-----2	Persistent back pain-----3
		Gush of fluid from vagina-----4	Swelling of the hands/face-----5	Severe headaches/ blurred vision-----6
		Preterm regular contractions-----7	No fetal movement-----8	Other (specify)----- 9
		I don't know----- 00		
C31	Did you experience any of these signs during your last pregnancy?	Yes-----1 <u>(go to C32a)</u>	No-----2 <u>(go to C32b)</u>	

<p>C32a</p> <p>C32b</p>	<p>What action did you take when you experienced these signs?</p> <p>What action should a woman take if she experiences these signs?</p> <p><u>Circle all mentioned</u></p>	<p>Seek advice/treatment from health facility-----1</p> <p>Seek advice/treatment from TBA--2</p> <p>Purchase medicine from pharmacy/shop-----3</p> <p>Seek prayers from religious leader-----4</p> <p>Take rest-----5</p> <p>Nothing/ wait for problem to heal-----6</p> <p>Other (specify)-----8</p> <p>I don't know----- 9</p>
<p>C33</p>	<p>After noticing these signs, how long should a woman take (did you take) before seeking care?</p>	<p>Less than 12 hours -----1</p> <p>12-24 hours-----2</p> <p>Over 24 hours-----3</p> <p>Other (specify)-----99</p> <p>I don't know----- 00</p>
<p>C34</p>	<p>After how long did you breastfeed your baby when you gave birth?</p>	<p>Within 1 hour-----1</p> <p>(skip to C36)</p> <p>Within 12 hours-----2</p> <p>After 12 hours-----3</p>
<p>C35</p>	<p>Why was the baby not put on breast within 1 hour?</p>	<p>Mother was unwell-----1</p> <p>Taboo-----2</p> <p>Breast not producing milk-----3</p> <p>Colostrums not good for baby-----4</p> <p>Other (specify)-----99</p> <p>I don't know----- 00</p>

C36	At what age did you start giving your child other drinks/food apart from your breast milk?	<p>-----age in months</p> <p>If less than one month-----00</p>
-----	--	--

C37	What signs/symptoms would indicate that a newborn is sick and in danger?	<p>Lethargy/extreme weakness-----1</p> <p>Poor suckling-----2</p> <p>Skin colour change-----3</p> <p>Vomiting-----4</p> <p>Diarrhea/ dehydration -----5</p> <p>Difficult/ rapid breathing-----6</p> <p>-----7</p> <p>Other (specify)-----99</p> <p>I don't know----- 00</p>
-----	--	---

C38	In the last 3 months, have you heard or read about health of mothers and children?	<p>Yes-----1</p> <p>No -----2</p>
-----	--	-----------------------------------

C39	<p>What messages about mother and child's health do you still remember?</p> <p><u>Probe: what else?</u></p>	<p>Hygiene messages-----1</p> <p>Immunization-----2</p> <p>Antenatal care-----3</p> <p>Disease specific messages-----4</p> <p>Other (specify)-----5</p> <p>1 -----</p> <p>2 -----</p> <p>3 -----</p>
-----	--	--

<p>C40</p>	<p>From what sources did you hear or read about this?</p> <p><u>Multiple responses possible. Probe: What other source?</u></p>	<p>Radio-----1</p> <p>TV -----2</p> <p>Newspaper-----3</p> <p>Internet-----4</p> <p>Billboard/ posters/wall chart-----5</p> <p>Hospital / health centre staff-----6</p> <p>Community health worker-----7</p> <p>Imam/mosque/ religious leader-----8</p> <p>NGO/CBO/ women group-----9</p> <p>Community meeting-----10</p> <p>Husband/ relatives-----11</p> <p>Others (specify): -----99</p>
<p>C41</p>	<p>What source of information on mother and child’s health do you (or would you) trust <u>most</u>?</p> <p><u>Only one response</u></p>	<p>Radio-----1</p> <p>TV -----2</p> <p>Newspaper-----3</p> <p>Internet-----4</p> <p>Billboard/ posters/wall chart-----5</p> <p>Hospital / health centre staff-----6</p> <p>Community health worker-----7</p> <p>Imam/mosque/ religious leader-----8</p> <p>NGO/CBO/ women group-----9</p> <p>Community meeting-----10</p> <p>Husband/ relatives-----11</p> <p>Others (specify): -----99</p>

C42	Does your last born child have a vaccination card?	Yes-----1 (go to C43) No-----2 (go to C44)																											
C43	If yes, check the card and tick all the immunizations that have been given.	<table border="1"> <thead> <tr> <th data-bbox="810 411 1105 470">Vaccine</th> <th data-bbox="1105 411 1222 470">Yes</th> <th data-bbox="1222 411 1331 470">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="810 470 1105 554">BCG</td> <td data-bbox="1105 470 1222 554"></td> <td data-bbox="1222 470 1331 554"></td> </tr> <tr> <td data-bbox="810 554 1105 638">OPV 1</td> <td data-bbox="1105 554 1222 638"></td> <td data-bbox="1222 554 1331 638"></td> </tr> <tr> <td data-bbox="810 638 1105 722">OPV 2</td> <td data-bbox="1105 638 1222 722"></td> <td data-bbox="1222 638 1331 722"></td> </tr> <tr> <td data-bbox="810 722 1105 806">OPV 3</td> <td data-bbox="1105 722 1222 806"></td> <td data-bbox="1222 722 1331 806"></td> </tr> <tr> <td data-bbox="810 806 1105 915">DPT1/PENTAVA- LENT1</td> <td data-bbox="1105 806 1222 915"></td> <td data-bbox="1222 806 1331 915"></td> </tr> <tr> <td data-bbox="810 915 1105 1024">DPT2/PENTAVA- LENT2</td> <td data-bbox="1105 915 1222 1024"></td> <td data-bbox="1222 915 1331 1024"></td> </tr> <tr> <td data-bbox="810 1024 1105 1134">DPT3/PENTAVA- LENT3</td> <td data-bbox="1105 1024 1222 1134"></td> <td data-bbox="1222 1024 1331 1134"></td> </tr> <tr> <td data-bbox="810 1134 1105 1228">Measles</td> <td data-bbox="1105 1134 1222 1228"></td> <td data-bbox="1222 1134 1331 1228"></td> </tr> </tbody> </table>	Vaccine	Yes	No	BCG			OPV 1			OPV 2			OPV 3			DPT1/PENTAVA- LENT1			DPT2/PENTAVA- LENT2			DPT3/PENTAVA- LENT3			Measles		
Vaccine	Yes	No																											
BCG																													
OPV 1																													
OPV 2																													
OPV 3																													
DPT1/PENTAVA- LENT1																													
DPT2/PENTAVA- LENT2																													
DPT3/PENTAVA- LENT3																													
Measles																													

C44	If card is not available ask the mother the following questions:		
	Questions	Yes	No
	Has the child ever been given an injection in the arm that left a scar?		
	Has the child ever been given immunization drops to prevent him/her from getting disease?		
	If YES, how many times had he/she been given the drops?	_____	
	Has the child been given an injection in the thigh to prevent him/her from getting disease?		
	If YES, how many times had he/she been given the injection?	_____	
	Has the child ever been given an injection in the upper right arm at the age of 9 months or older, to prevent him/her from getting disease?		
	If YES, how many times has he/she been given the injection?	_____	

<p>C45</p>	<p><u>If the card indicates some vaccination were not given or if any of the answers to questions above is NO ask the mother the following question.</u></p> <p>I see your child is not fully immunized. Can you tell me why?</p>	<p><u>Lack of information</u></p> <p>Unaware of need for immunization-----1 Unaware of need for completing all doses -----2 Not aware of place or time of immunization-----3 Fear of side effects-----4</p> <p><u>Obstacles:</u></p> <p>Health facility too far-----5 Time of immunization inconvenient-----6 Vaccinator absent-----7 Vaccine not available-----8 Mother too busy/sick-----9 Child ill-----10 Long waiting time on the queue-----11 Unpleasant treatment by health worker----12 Other (specify)-----13 I don't know----- 00</p>
------------	--	---

Annex-2 Exit Plan

Phases	Exist activities	Exist activities-sub tasks	Exit criteria	Timeline
Develop Partnerships and Local Linkages	Develop relationships and partnership with community based health care unit in MoPH.	<ol style="list-style-type: none"> 1. Introduce unit leadership and its team to project and its results as well as the urban health model 2. Share the project success stories. 3. Demonstrate the willing to have long term partnership with department and work together further project, particularly, in district 1 4. Take membership in coordination forums, led by unit 	CBHC unit accept to undertake refresher training of CHW and provide the CHWs kits as necessary	May-Jun.2016
	Strengthen relationship with public schools in the community.	<ol style="list-style-type: none"> 1. Map out the public schools that exist in district -1 2. Hold briefing meetings with school managements 3. Help schools establish school health committees comprising teachers in female high schools 4. Training the school health committee members on project health promotion activities. 5. Mentor the committee as necessary 	Established the school health committee, health committee are trained and have plan to train students in issues related good health.	May-Jun. 2016
	Develop partnership and strengthen relations with public health	<ol style="list-style-type: none"> 1. Map out existing health facilities in the area 2. Orient facility staff on project interventions 3. Technically, assist the health facility staff to have a health promotion session 	Health facility has and implement a health promotion	Jul. 2016

	facility in focus district.	<p>plan including core message pertaining to project for the waiting areas.</p> <p>4. Training the staff to improved communications in transfer of messages.</p>	sessions plan.	
	Develop partnership and relationship with community and imams.	<p>1. Identify cooperative community leaders and imams</p> <p>2. Training them in certain activities the project expects them to undertake.</p> <p>3. Help them have plans for different sessions in market areas and mosks</p>	Interested imams and community leaders are trained and have planning for specific sessions.	Jul. 2016
	Develop partnership and relations with NGOs who are implementing similar projects in Kabul city	<p>1. Get membership in Afghanistan health NGOs associations</p> <p>2. Study the NGOs with similar projects.</p> <p>3. Develop collaborations with NGOs.</p> <p>4. Work on a plan as how they can contribute to this project.</p>	Care is an active member of AHO and identified potential partners for future collaboration.	Jul. 2016
Build local organizational and human capacity	Inform and build the capacity of CBHC department	<p>1. Obtaining membership in relevant MoPH coordination forums and inform MoPH and stakeholders of the projects</p> <p>2. Facilitate an exposure visits to the leadership of CBHC department to introduce them to urban model CHWs in region countries so they realize the benefit of investing their time in urban health community projects.</p>	Completion of exposure visits and a signed memo with unit.	Jul. 2016

	<p>Building the capacity of community leaders, religious leaders, committees in public schools, and local community associations to project approaches to health promotion of maternal and children health</p>	<p>3. Mentoring the community leaders, religious leaders, and schools' committees to make sure the project activities continues by hiring a MNCH partners long term experienced mentor. The mentors will also help monitor the activities after phasing them out to other stakeholders.</p>	<p>Qualified mentor is hired.</p>	<p>Continuous</p>
--	--	---	-----------------------------------	-------------------