



FINAL EVALUATION OF MATERNAL NEW BORN  
AND CHILD HEALTH IN DISTRICT TWO OF KABUL  
CITY, AFGHANISTAN



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## ABBREVIATIONS

1. Antenatal Care (ANC),
2. Basic Package of Health Services (BPHS)
3. Focus Group Discussions (FGDs)
4. Knowledge, Attitude and Practices (KAP)
5. Maternal, New-born and Child Health (MNCH),
6. Opportunity for Mothers and Infants Development (OMID)
7. The Estimated Date of Delivery (EDD)
8. World Health Organization (WHO)

## EXECUTIVE SUMMARY

CARE International in Afghanistan has been implementing community based MNCH project in district 1. Recently, CARE International started to expand its program to district 2 of Kabul city. The final evaluation intends to generate information that will be used to compare the contribution of Opportunity for Mothers and Infants Development (OMID) project against baseline. A Cross-sectional descriptive study design has been used to provide information on the change in key knowledge, attitude and practice variables related to maternal, newborn and child health. The project had baseline data for the intervention areas so the end line evaluation helped compare changes observed in the study group before and after the interventions. A sample of 380 households were studied. The age of respondents was 29 in baseline and 31 in end line. At result of this project there is a significant drop of more than 6% in number of mothers whose children died after birth. Before, project implementation 23% families were unnecessarily losing their children, especially during the neonatal period. The majority of these deaths could have been prevented with healthy behaviors, timely and adequate care, and treatment. This project has contributed to reduce the number of families whose children died after birth to 17 %. The level of pregnant women reported either having ever had a miscarriage, spontaneous abortion or still birth or a child that died after birth had reduced from 32.65% to 25.00%. The project interventions increased the number of women who agreed whether early pregnancy (under age of 18) increases the risk of complications and can lead to death of mother and her child by 25%. The evaluation data show an increment in wish of mothers to delay pregnancy. The reported increment in such wish is found to be around 17%. The number of women who didn't wish to delay pregnancy reduced from 26 % to 8.64 %. The percentage of women who didn't know the date that the baby was expected to arrive reduced from 58.81% to 36.99 %. The percentage of women who had a plan where would deliver the baby during last pregnancy has increased form 87.34% to 96.06%. The percentage of women who did not have a plan where they would deliver the baby during last pregnancy has reduced from 12.66% to 3 % and the percentage of women who planned to deliver their baby in health facility increased from 86.46% to 96.07 %. The percentage of women who breastfeed baby within 1 hour has increased from 66.93% to 80 %. The final evaluation had showed compelling positive changes in desired health outcomes.

## INTRODUCTION

Despite health system achievements in rural areas, people living in urban areas have been marginalized from this increase in access to health care. Relatively better conditions in urban areas, such as existing health facilities including private ones, have diverted both the government and donors' attention away from the health situation in the cities. As a result of being considered as "less serious", these urban areas have been left uncovered by Basic Package of Health Services (BPHS) although the population also suffers severe shortcomings in health care service delivery.

Kabul, the capital city of the country with four millions people, has faced particularly huge difficulties. The continuing influx of migrants has generated numerous illegal residents, which is estimated to account for 80 percent of the entire city's population. Most of them are so-called "urban poor," and they have no access to health care except for public health facilities where the services are provided for free. International Care has been implementing community based Maternal, New-born and Child Health (MNCH) project in district 1. Recently, Care International started to expand its program to district 2 of Kabul city.

Therefore, Care International commissioned a consultant to pursue a final evaluation to generate information that will be used to compare the contribution of Opportunity for Mothers and Infants Development (OMID) project against baseline findings and recommendations.

The evaluation was undertaken in form of Knowledge, Attitude and Practices (KAP) survey and focus group discussions. The evaluation aimed to identify progress in knowledge gain, cultural beliefs and behavioral patterns.

## OBJECTIVES:

1. To assess progress towards meeting the three project outcomes.
2. To compare the contribution of OMID project against baseline findings and recommendations
3. To ascertain the degree of achievement and progress toward project output, outcome and overall objective as set in project proposal and logical framework living children.

4. To assess if the project has potential to be scaled-up, replicated and/or adjusted to improve program quality under any potential extension phases based on experience to date.

## METHODOLOGY

The final evaluation was undertaken in 2<sup>nd</sup> district of Kabul city. Mentioned district is a populated urban area and its residents have limited access to health care facilities. A Cross-sectional descriptive study design was used to provide information on the change in key knowledge, attitude and practice variables related to maternal, newborn and child health. The project had baseline data for the intervention areas so the end line evaluation helped compare changes observed in the study group before and after the interventions.

### SAMPLING

Cluster sampling was used to select the households. Using fisher et. Al. formula a sample size of 380 households was attained. The assessment utilized two-stage cluster random sampling where the primary sampling units were communities and secondary sampling unit were households within the sampled communities. At both stages, a simple random sample was employed. The respondents inclusion criteria include married women of reproductive age (14-49) living in district 2 of Kabul city. Below formula was used for sample size calculation:

$$SS = Z^2 * (p) * (1-P) / C^2$$

### THE SURVEY INSTRUMENT

The survey team used a semi structure questionnaire to capture the information. The questionnaire had three general sections; informed consent and introduction, demographic information, and main questions. It comprised 44 multiple choice (MC), categorical, and agree/disagree questions (USAID, 2013). The questionnaire is attached in annex-1

### FOCUS GROUP DISCUSSIONS

For the Focus Group Discussions (FGDs) a purposive sampling was used to allow selection of appropriate respondents. A total of two focus group discussions were undertaken with women,

men. There were eight participants in each group. Focus group discussions were held separately for both genders to overcome any potential bias due to gender dynamics.

## ETHICAL/ADMINISTRATIVE CONSIDERATIONS

The following ethical/administrative procedures were adhered to before and during the KAP survey:

1. **Informed consent:** Every respondent was duly informed of the purpose and contents of the interviews and their consent sought before proceeding. The respondents were assured of their right to refuse to answer all or any specific questions.
2. **Privacy:** Interviews were conducted in a manner that was comfortable to respondents and their right to privacy was respected.
3. **Confidentiality:** The respondents' were assured of confidentiality and their names or other identifying information was not required for this survey.

## FINDINGS

The evaluation team reached to 380 respondents. This represents a 100 % response rate. The mean age of respondents was 29 in baseline and 31 in end line. 57 % of respondents had not education in baseline assessment and 45 % in end line assessment. Percentage of respondents who were ever pregnant was 97.19 % in baseline and 98.37 % in end line assessment. The percentage of respondents who were ever pregnant, mean age of mothers while delivering her first child and mean number of living children per family were the same in both baseline and end line assessment.

Characteristics of respondents	Baseline	End line
Mean age of respondents	29	31.6
No Education	56.96%	46.56
Preschool not completed	4.56%	0.83

Primary school not completed	7.85%	15.98
Primary school completed	9.37%	16.53
Secondary school not completed	7.09%	9.92
Secondary school completed	9.11%	7.16%
University completed	3.54%	1.93%
Vocational training	1.52%	0.55%
Percentage of respondents who were ever pregnant	97.19%	98.37%
Mean age of mothers while delivering her first child	19.10%	19.42%
Mean number of living children per family	3.9	3.9%

**Infant Mortality**

No child or mother should suffer and die from preventable causes. A child or a mother and access to a hospital or health facility is beyond the reach of most. Afghanistan has one of the highest infant mortality rates in the world and thousands of Afghan women die every year from pregnancy-related causes, a majority of which are easily preventable.

At result of this project there is a significant drop of more than 6 % in number of mothers whose children died after birth. Before, project implementation, 23 % families were unnecessarily losing their children, especially during the neonatal period. The majority of these deaths could have been prevented with healthy behaviors, timely and adequate care, and treatment. This project has contributed to reduce the number of mothers whose children died after birth to 06 %. It was 23 % at baseline and 17 % at end line. Children and mothers needed access to quality community-based healthcare at the beginning of the project and the project has proved very relevant in addressing these challenges.



## Pregnancy and family planning

A stillbirth is the death or loss of a baby before or during delivery. Both miscarriage and stillbirth describe pregnancy loss, but they differ according to when the loss occurs. A miscarriage is usually defined as loss of a baby before the 20th week of pregnancy, and a stillbirth is loss of a baby after 20 weeks of pregnancy. The level of pregnant women reported either having ever had a miscarriage, spontaneous abortion or still birth or a child that died after birth had reduced from 32.65% to 25.00%.

When a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers. Complications from pregnancy and childbirth are the leading cause of death among adolescent girls. The project interventions increased the number of women who agreed whether early pregnancy (under age of 18) increases the risk of complications and can lead to death of mother and her child by 25 %.

Adolescent pregnancy is generally not the result of a deliberate choice – these girls often have little say over decisions affecting their lives. Rather, early pregnancy is a consequence of little or no access to school, information or health care so the project has been instrumental in raising awareness of community on consequences of early marriages.

Indicators	Baseline	End line
Percentage of mothers whose children died after birth	22.58%	17.00%
Women who have ever been pregnant reported either having ever had a miscarriage, spontaneous abortion or still birth or a child that died after birth	32.65%	25.00%
Percentage of women who agree whether early pregnancy (under age of 18) increases the risk of complications and can lead to death of mother and her child;	70.00%	95.00%

Healthy timing and spacing of pregnancy helps women and families make informed decisions about pregnancy-related healthy practices, including delaying first pregnancy and spacing or

limiting subsequent pregnancies. The evaluation data shows an increment in wish of mothers to delay pregnancy. This increment is found to be around 7 %. The number of women who didn't wish to delay pregnancy reduced from 26 % to 8.64 %.

Use of some birth spacing methods enable couples to decide freely the number, timing and spacing of their births. They ensure that they make informed choices; and to make available a full range of safe and effective methods. The project has helped to increase the percentage of women who wished to space the birth of their children and used some birth spacing methods from 67.42% to 90.63 %.

Indicators	Baseline	End Line
Percentage of women who wished to delay pregnancy or space births	74.11%	91%
Percentage of women who did not wish to delay pregnancy or space births	25.89%	8.64 %
Percentage of women who wished to space the birth of their children and used some birth spacing methods	67.42%	90.63 %

### Antenatal Care

Antenatal Care (ANC) is the care of the woman during pregnancy. The primary aim of ANC is to promote and protect the health of women and their unborn babies during pregnancy so as to achieve at the end of a pregnancy a healthy mother and a healthy baby. Percentage of women who went for health checkups (antenatal care) during last pregnancy increased from 86.56 % to 97 %. The percentage of women who didn't go for health checkups (antenatal care) during last pregnancy reduced by 11 %.

Indicators	Baseline	End line
Percentage of women who went for health checkups (antenatal care) during last pregnancy	86.56%	97 %
Percentage of women who didn't go for health checkups (antenatal care) during last pregnancy	13.44%	2.45 %

The Estimated Date of Delivery (EDD), also known as expected date of confinement, and estimated due date or simply due date, is a term describing the estimated delivery date for a pregnant woman. Percentage of women who knew the date that the baby was expected to arrive is increased from 41.19% to 62.47 %. The percentage of women who didn't know the date that the baby was expected to arrive reduced from 58.81% to 36.99 %. The percentage of women who had a plan where would deliver the baby during last pregnancy has increased form 87.34% to 96.06%. The percentage of women who did not have a plan where they would deliver the baby during last pregnancy has reduced from 12.66% to 3 % and the percentage of women who planned to deliver their baby in health facility increased from 86.46% to 96.07 %.

Indicators	Baseline	End line
Percentage of women who knew the date that the baby was expected to arrive	41.19%	62.47 %
Percentage of women who didn't know the date that the baby was expected to arrive	58.81%	36.99 %
Percentage of women who had a plan where would deliver the baby during last pregnancy.	87.34%	96.06 %
Percentage of women who did not have a plan where they would deliver the baby during last pregnancy	12.66%	2.81 %
Percentage of women who planned to deliver their baby in health facility	86.46%	96.07 %

Some women experience health problems during pregnancy. These complications can involve the mother's health, the fetus's health, or both. Even women who were healthy before getting pregnant can experience complications. These complications may make the pregnancy a high-risk pregnancy.

Getting early and regular prenatal care can help decrease the risk for problems by enabling health care providers to diagnose, treat, or manage conditions before they become serious. The project has helped to reduce complications during pregnancy from 41.38% to 37.06 % and the percentage

of women who didn't experience any pregnancy complications during last pregnancy increased from 57.82% to 62.68 %.

Indicators	Baseline	End line
Percentage of women who experienced any of pregnancy complications during your last pregnancy	41.38%	37.06 %
Percentage of women who didn't experience any pregnancy complications during last pregnancy	57.82%	62.68 %

### Breastfeeding

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by World Health Organization (WHO) as the perfect food for the newborn, and feeding should be initiated within the first hour after birth. The percentage of women who breastfeed baby within 1 hour has increased from 66.93% to 80 %.

Percentage of women who breastfeed baby when in different time intervals		
Within 1 hour	66.93%	80 %
Within 12 hour	25.00%	15 %
After 12 hour	8.07%	5 %

### Immunization coverage

Immunization coverage is a key measure of immunization system performance. The vaccination coverage of BCG has remained the same.

Vaccines Coverage	Baseline	Endline
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BCG	98.68%	98.68%
OPV1	94.70%	94.70%
OPV2	90.67%	90.67%

## SUSTAINABILITY AND SCALE UP

Given the progress under this project in strengthening provision of community health workers, introduction on community midwives as providers and great level of collaboration and provincial public health authorities and Kabul urban health project the impact of the project will continue for the long ter.

The progress seen in community-based programming, the project is fit to be scaled up and has the feasibility to continue its implementation in other urban districts of Kabul city. Given the attention to scaling up, the lessons from this community based project can be used as for scaling up through strengthening the public sector health system and adding an innovative approach to expand outreach services.

## CONCLUSION

The final evaluation had showed compelling changes in knowledge, attitude and behavioral that underlie the success in improvement of prevailing maternal, newborn and child health situation in district two of Kabul city.

Data from this evaluation suggest that the introduction of community-based intervention packages has had the potential to reduce maternal and neonatal mortality in very short period of time. Community-based had improved important family planning, ANC, PNC, immunization, nutrition and feeding practices and increase referrals to health facilities for pregnancy-related complications and other health care services during pregnancy, such as iron and folic acid supplementation Results from this evaluation suggests that implementation of community-based intervention care packages led to a 7 percent reduction in neonatal mortality; referrals to health facilities for pregnancy-related complication increased by 40 percent; rates of early breastfeeding increased by 15 percent; leading to decreases in neonatal and maternal morbidity. Therefore, it is recommended

CARE international takes an assertive role in advocating for scale up of community based maternal and children health interventions in urban areas in Afghanistan. To make this happen, CARE international can partner with ministry of public health to accept this model of health care delivery as national one. The upcoming USAID funding on urban health initiative can be a great venue to use the lessons learned from this project.

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## ANNEXT-1 SUVERY INSTRUMENT



Microsoft Word 97  
- 2003 Document