

DHHS Activities in Afghanistan

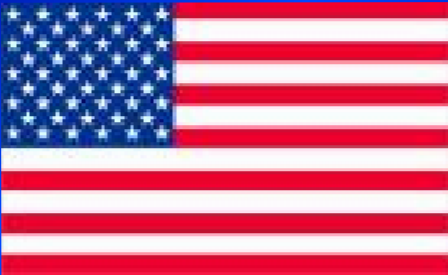


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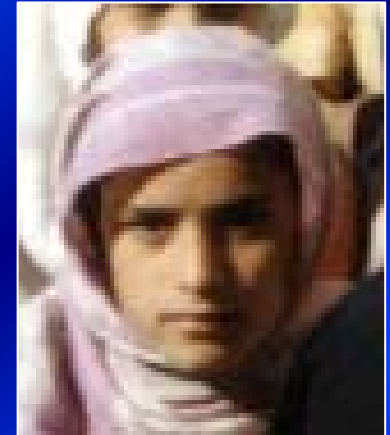
International Health Officer
Office of Global Health Affairs

U.S. Department of Health and Human Services



Health Indicators

- Life expectancy at birth¹
 - Males: 35.3 years
 - Females: 35.8 years
- Infant mortality rate²
 - Males: 171/1,000 live births
 - Females: 161/1,000 live birth
 - In the U.S.: 7/1,000 live births
- Under five mortality rate³
 - 1 in 4 children die before reaching their 5th birthday
 - 165 of every 1000 children die in the first year
 - 60% of child mortality is due to CDD, ARI, and vaccine-preventable diseases



1 WHO, The World Health Report 2003

2 CIA, The World Factbook 2004

3 UNICEF – At a glance: Afghanistan.



Maternal Health

- 1,600 maternal deaths/100,000 live births¹
- 2 of every 100 women die in childbirth
- Among highest in the world
- US: 7.5 maternal deaths/100,000 live births
- 90% of deaths among women of childbearing age are caused by preventable complications related to childbirth (hemorrhage and obstructed labor)
- Total fertility rate: 5.6 children born/woman²



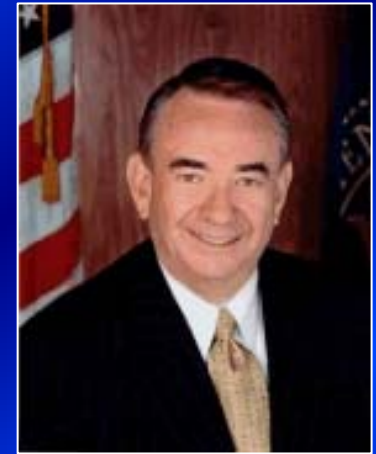
1 Maternal Mortality in Afghanistan: Magnitude, Causes, Risk Factors and Preventability.
Afghan Ministry of Public Health, CDC, UNICEF. November 6, 2002

2 CIA, The World Factbook 2004



Overview of the RBH Program

- Former HHS Secretary Thompson's special initiative to support healthcare training in post-war Afghanistan – signed Memorandum of Understanding in October 2002 and work started in early 2003
- First HHS use of a multi-disciplined and multi-partner approach to bring needed expertise and guidance to the complexities of the post-war developing country setting
- Has established a model for future DOD and HHS cooperative programs



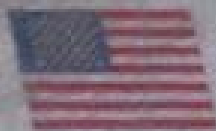
RBH - General Information

- Rabia Balkhi Hospital (RBH) is a women's hospital with OB-Gyn services (labor, delivery, nursery, gyn surgical ward), dermatology, internal medicine, ENT, outpatient department, etc.



- Approximately 40-50 deliveries per day, has been as high as 80-100
- About 40 Ob-Gyn residents





بازسازی شفاخانه رابعه بلخی
 به همکاری دولت انتقال اسلامی افغانستان
 و کمک مردم ایالات متحده امریکا



ازدوی آن کشور. نیروهای مشترک و دوستان آنها همراه
 با شرکت ساختمانی خرم سارباغ به پایه اگمال رسیدانت.

The rehabilitation of Raba Babli was accomplished through
 the Islamic Transitional Government of Afghanistan
 with the help of the people of the United States of America
 the United States Army and Coalition forces and their partnership
 with the Khuram and Sarbagh Construction Organization

Khuram & Sarbagh
 Construction Organization



موسسه بازسازی
 خرم و سارباغ

هشتمین ماه روزنا بستگی زنان مسجد
مبارکباد میگویم



پروژه احداث و تجهیز مدرسه
مبارکباد در شهر مبارکباد
استان خراسان جنوبی
توسط هیئت امناء و مردم محترم مبارکباد
در سال ۱۳۹۵ خورشیدی
The construction of Madrasah was implemented through
the support, supervision and financial assistance of
the parents of the children of Madrasah in
the district of Madrasah and the people of Madrasah
with the financial and technical support of the
Ministry of Education and Higher Education of the Islamic
Republic of Iran
Mansour Akbari
Mansour Akbari

Progress

- Initial Focus
 - Maternal health care identified as priority. Rabia Balkhi is targeted as the country's major obstetric referral facility for DHHS intervention
- First Step
 - Establish baseline clinical knowledge and skill
- April 2003
 - Refresher training for attending physicians, nurse-midwives and other professional and ancillary staff – rotating teams recruited and sent to RBH
- 2004
 - Continued funding through a \$ 2.2 million cooperative agreement to International Medical Corps



Key Partners – Non-Federal

- Ministry of Public Health – Afghanistan



- NGO partner

- ❖ International Medical Corps

- (provide medical training and expertise, ground logistics and coordination of in-country transportation, security, housing, translation)



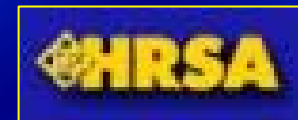
- Citizen Volunteers

- ❖ Physicians, midwives, nurse practitioners, nurses



Key Partners—Federal Gov't – 2003

- DHHS Agencies
 - ❖ IHS - Physicians, Midwives, Engineers
 - ❖ CDC - Epidemiologists, Midwives
(Quality assurance, medical records, infection prevention, occupational health – Maternal Mortality Prevention Project)
 - ❖ HRSA – Physicians
- Department of Defense
 - ❖ Army – Engineers, Logistics/Housing
- Veterans Affairs
 - ❖ Regional Hospitals – Hospital Administrators



Challenges

- Recruitment of consultants with appropriate experience – both recent clinical/teaching skills and developing country experience
- Staff and volunteer orientation and training
- Culture and language barriers
- Physical building and available resources



Obstacles to Success

- Lack of educational opportunities for Afghan women over the last 15 years
- Literacy level of Afghan women
 - Women = 21%
 - Men = 51%
- Working in a war zone
- Lack of public health infrastructure – few clinics or access to any primary health care
 - 40% of the population has access to health services
 - Limited management and service delivery capacity of MOH



Poor Conditions of Buildings & Systems

- Broken windows and equipment
- Electricity erratic with power shortages occurring frequently at night
- Outlets overloaded, wiring was faulty causing short circuits and increasing the risk of electrical fire
- Sewage and plumbing systems either broken or not functioning. Toilets and sinks would overflow causing streams of human waste spilling onto the floors and hallways of patient care areas



Poor Conditions cont.

- Lack of infection control practices
 - Lack of hand washing
 - Vaginal exams performed without gloves
 - Little, if any, disinfection of hospital equipment
 - Little or no housekeeping between deliveries
- Lack of equipment and pharmaceuticals





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MGN
TAGE
NET
DUCAP



Delivery Room Observations



Accomplishments

- Maternal and infant mortality rates at this facility began with 16 mothers on average dying each month. Rates have dropped 80-90%
- Improvements in knowledge and skills of Afghan providers and hospital staff
- Improved physical plant – opened fully functional nursery, emergency room with 24 hour capability and OPD
- Participation and input into the development of the Afghanistan PH infrastructure



Accomplishments cont.

- Development of the diverse partnerships and models of collaboration and work
- Opportunity for American citizen volunteers to contribute in a concrete way to the rebuilding of Afghanistan
- Impact on the lives of Afghan women and children as well as health care providers



Short Term Priorities

- Building/infrastructure maintenance and improvement of electricity, plumbing, cleaning, etc.
- Creation of quality assurance teams
- Basic clinical skills for doctors and nurses – history and physical exam skills, monitoring through the use of partograph
- Creation of a culture of record keeping – introduction and modeling use of medical record, log books
- Infection prevention – hand washing, equipment cleaning



Long Term Goals

- Creation of an environment capable of supporting an Ob-Gyn residency program
- Institution of an Ob-Gyn residency program



Challenges to Delivering Preventive Health Education:

The Afghan Family Health Book

- Languages
 - Dari: 50%
 - Pashtu: 35%
 - Others: 15%
- Low literacy rates
 - Males: 51%
 - Females: 21%
- Lack of educational opportunities for Afghan women over the last 15 years





TURKMENISTAN

UZBEKISTAN

TAJIKISTAN

CHINA

Mazar-e Sharif

Taloqan

Meymaneh

Bamian

Kabul

Jalalabad

Peshawar

Herat

Harirod

AFGHANISTAN

Khost

PAKISTAN

IRAN

Farah

Farah

Kandahar

Chaman

Quetta

Helmand

Ethnolinguistic Groups

- Pashtun
- Tajik
- Hazara
- Uzbek
- Aimak
- Baluchi
- Kyrgyz
- Turkmen
- Nuristani
- Pamiri
- Other

34 Provinces



What solutions do we have to offer?

- Simple technology developed jointly by the Department of Health Human Services and LeapFrog Enterprises, Inc. to deliver health information to a wide distribution of the Afghan population.



Features of the AFHB

- Audio component in Dari or Pashtu
- Visual component in pictures and text
- Kinesthetic component using stylus to control sound button and to interact with pictures
- Battery operated



Product Development and Cultural Competency

- Simplified language
- Worked with Afghan physicians, colleagues who had lived in Afghanistan, and with VOA to insure cultural appropriateness and sensitivity
- The Voice of America checked all language for appropriateness, accuracy, and entertainment value
- Content was reviewed by the Afghan Ministry of Health



کتاب
معلومات صحی
برای فامیل های افغان

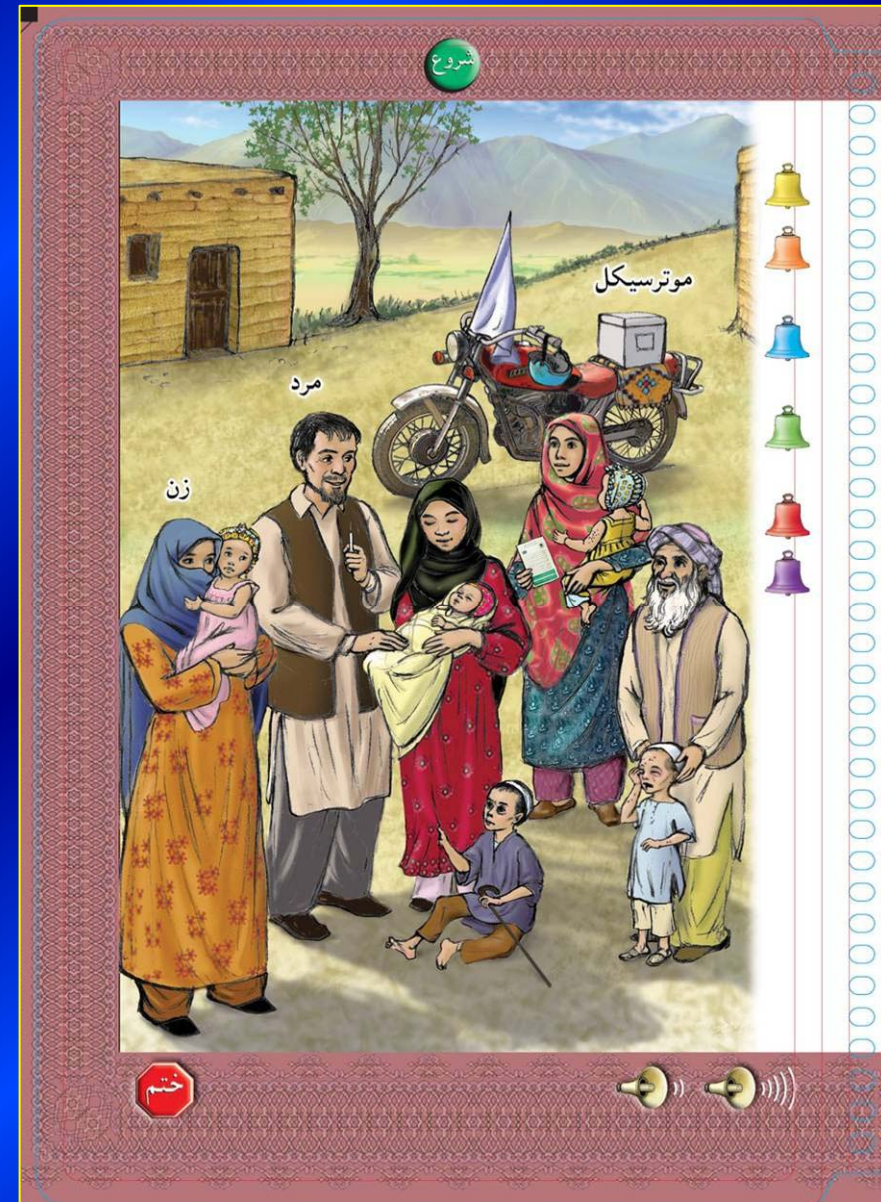


تحفۀ مردم ایالات متحده امریکا
به مردم افغانستان



Health Topics

- Immunizations
- Nutrition
- Water Can Cause Illness
- Diarrhea
- Malaria
- Tuberculosis
- Acute Respiratory Infection
- Sexually Transmitted Diseases
- Preventing Physical Injury



Health Topics cont.



- First Aid
- Overwhelming Feelings
- Menstrual Cycle
- Prenatal Care
- Back-Up Plan – Preparing for Home Birth
- Birth at the Clinic
- After the Birth
- Birth Spacing
- Children's Nutrition



Product Development and Cultural Competency

- Tested with female and male users in Kabul



Dissemination

- 20,000 books have been produced (10,000 in Dari and 10,000 in Pashtu)
- The books arrived in Kabul in August 2004
- Pilot dissemination and evaluation will be conducted by International Medical Corps (IMC)



Evaluation of AFHB

- 2 stages:
 - Rapid Assessment in Hospital Setting
 - Field Evaluation at Household Level

Goal: Plan for full-scale distribution and training in the use of 18,000 units



Rapid Assessment Project

- Gather qualitative data at Rabia Balkhi Hospital
- Determine opportunities and barriers to acceptance in hospital or clinic setting
- Determine appropriate use of AFHB outside of clinic setting
- Document problems with use
- Identify potential solutions to barriers around acceptance and use
- Develop “champions” for project and obtain testimonials about real or perceived value of AFHB for women in Afghanistan



Field Evaluation

- In household setting
- Informed by results of the rapid assessment phase
- Compare health knowledge, attitudes, and practices (KAP) of women whose families receive AFHB vs. women whose families do not receive AFHB
- Baseline and 6 month follow-up



Methodology

- Cluster sampled case-control design
- IMC trained and supervised community health workers (CHWs) will conduct trainings and distribute AFHB



Methodology cont.

	Intervention	Control
Kabul (Dari)	District A	District B
Laghman Province (Pashtu)	District C	District D

- Intervention group exposed to health messages through CHWs and receive AFHB (2,000 households)
- Control group only exposed to health education through CHWs (2,000 households)



Data Collection

- Utilize an innovative data collection and management system - electronic system on a handheld PDA interface
- Surveyors identified and trained to conduct survey
- Interviews with either married woman of reproductive age or male head of household



Survey Instrument

- 116 questions
- Specific questions on each health topic area
- Additional questions related to ease and suitability of use, content, durability and recommendations on further training needed by users or future implementers



Data Analysis

- Data managed through Virtual Networks Operation Center (VNOC)
- Statistical analysis of quantitative data
- Outcome indicators compared to determine the effect of AFHB on health KAPs
- Findings and recommendations will be shared with key stakeholders in a final report



Partnerships

- DHHS
 - Office of Public Health and Science
 - Office on Women's Health
 - Office of Global Health Affairs
 - CDC, Division of Reproductive Health

- LeapFrog Enterprises, Inc.



- Voice of America

- Afghan Ministry of Health



Afghanistan Today



Afghanistan Today



Chart of Vital Signs

Temperature	Normal Range	36.2°C ± 0.4°C	
	Fever	Temp > 37.2°C	
	Hyper Pyrexia	> 41.1°C	
	Hypo thermia	< 35°C	
Rectal Temperature > Oral Temp by 1°C $C^{\circ} = F - 32 \times \frac{5}{9}$ $F^{\circ} = C \times \frac{9}{5} + 32$			
Pulse Rate	Normal range	Adults	60-100/min
	Tachycardia	Adults	>100/min
		Foetus	>160/min
	Bradycardia	Adult	< 60/min
		Foetus	< 120/min
Neoborn		< 90/min	
Respiratory	Normal Range	Adult	12-20/min
		Neoborn	40-50/min
Blood pressure	Normal	Adult	120-130 / 80-85 mm.Hg
		At birth	65-70 / 45-50 mm.Hg
	Higher range of normal Value	Adult	130-130 / 85-89

Special Thanks To:

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- Joanne Kline (LeapFrog)
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- Abdul Rauf Mehrpore (VOA)
- Bill Royce (VOA)
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- Marry Dott (CDC)
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Thank You !

