High Burden Countries Initiative (HBCI)

Afghanistan - Document Review

Preliminary Gap Analysis

Source http://www.globalgiving.org/projects/maternal-health-in-afghanistan/

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20-24 May, 2012
Kabul.

HBCI: Assessment Framework (1)

5 core domains:

A. **Essential interventions for MNH and Utilization**. Access, equity, quality, efficiency and utilization of MNH services.

B. **Midwifery workforce**. Production, performance of midwifery workforce. Pre-service education and in-service training capacities in public and private sectors. Availability, distribution, attrition, competencies, responsiveness and productivity of health workers.

C. **Work environment**. The enabling working environment to maximise and sustain the midwifery workforce's contribution to MNH.

D. **Management and policies**. Management system and policies, leadership and partnerships to maximise and sustain the midwifery workforce.

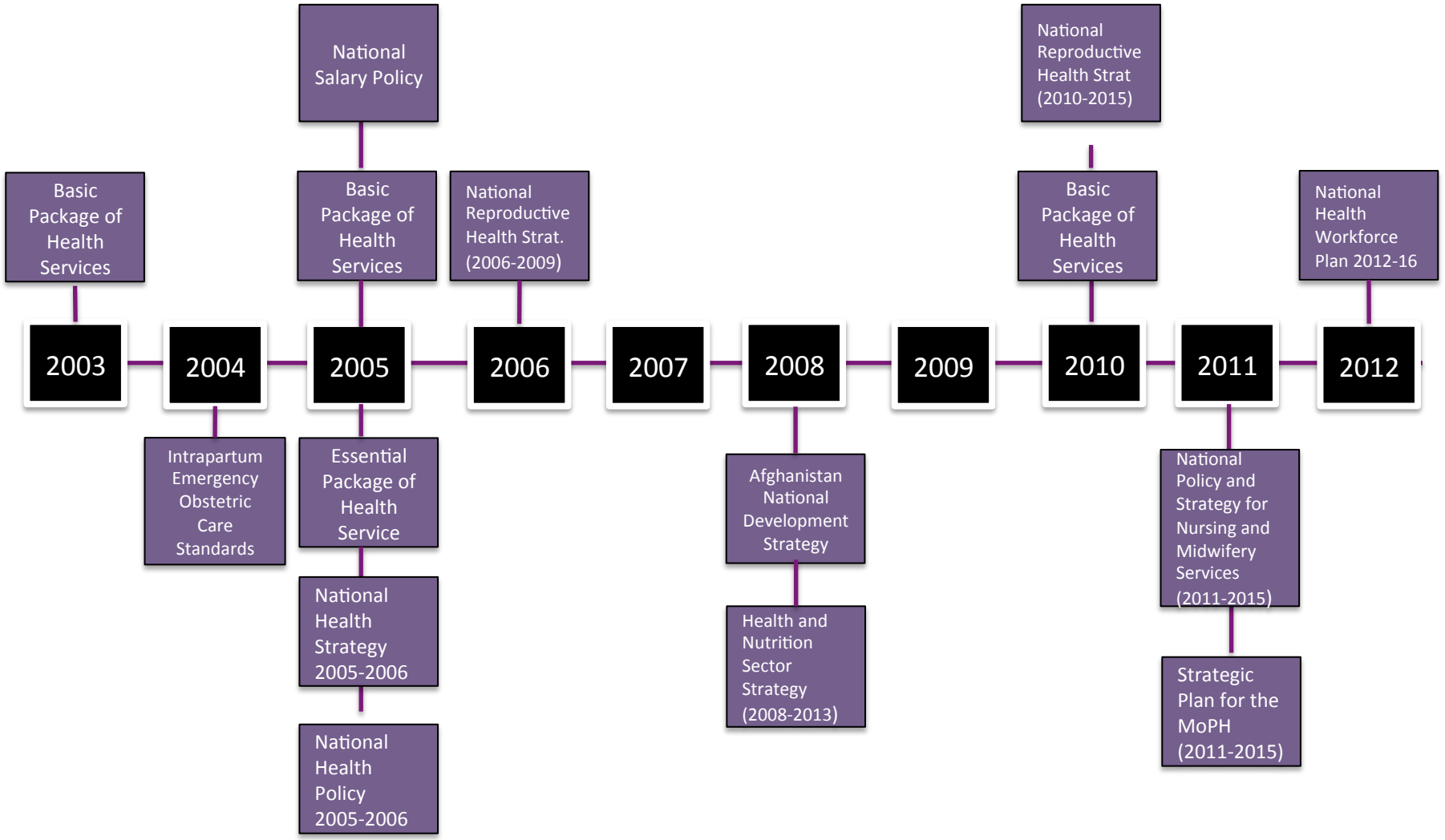
E. **Financing**. Financial resources for providing adequate financial incentives and developing costed plans to maximise and sustain the midwifery workforce.

HBCI: Assessment Framework (2)

Document review:

- Health sector - Policy / Strategy / Plans
- Standards/Guidelines
- National Surveys
- Research studies / gray literature
- Academic/published literature

Health Sector Policy / Strategy



A.Essential interventions for MNH and Utilization

Service utilization and access to care.

1. What are the main causes of morbidity and mortality for MNH across the country and sub-national units (where available Districts or Provinces)
2. What are the associated factors with the 5 most common causes of morbidity/ mortality and are these similar across the country and sub-national units where available (data coming from hospitals and/or verbal autopsies).
3. Are all the Essential Interventions for MNH (PMNCH 2011) part of current health services?
4. Which health workers are engaged in the provision of the Essential Interventions for MNH at different levels of the health services, and at sub-national levels?

A.Essential interventions for MNH and Utilization

Service utilization and access to care. Sub-national level data is sought.

- What are the rates of contraceptive prevalence at Provincial level?
- Where are family planning services obtained?
- What are the current barriers to accessing SBA at a Provincial level?
- What are the current practices around HIV prevention and testing, as well as actual rates of infection in women of childbearing ages?
- What are the key causes of maternal and newborn mortality and morbidity across Provinces?
- What efforts are in place to improve access to care?
- What is the capacity and practice of essential interventions (as defined by PMNCH and in the context of the BPHS) across cadres and facility levels?

B. Midwifery workforce

MNH workforce. Data also needed regarding non-midwife cadres.

- What are the total numbers and distribution (across facilities and regions) of practicing MNH nurses, physicians, assistant midwives etc.?
- What is the educational capacity, and pathways to support high quality care?
- Does the curriculum accurately reflect the scope of practice and what are the mechanisms for licensing, standardization of practice and continuing education for the non-midwife cadres?

B. Midwifery workforce

MNH workforce.

1. What is the actual composition and distribution of the practising midwifery workforce at each facility level (e.g. health centre, district hospital, where it is available)?
2. What is the current (and projected) educational pipeline of the midwifery workforce and their anticipated, deployment (breakdown by public and private if possible)?
3. What are the actual competencies of the midwifery workforce in relation to the Essential Interventions for MNH (in relation to training received)?
4. How does the distribution, skill mix, and productivity of the midwifery workforce relate to universal access to MNH (focussing on neglected areas and areas of in-equitable distribution of the midwifery workforce)?

C. Work environment

Distribution of facilities. Facility-level practices

1. What is the distribution of BEmONC and CEmONC facilities and are they equipped to provide the corresponding Essential Interventions for MNH (district or province, where available)?
2. Does the distribution of BEmONC and CEmONC facilities correspond with population need/demand at sub-national levels (district or province, where available)?
3. What is the functionality of existing systems to enable successful referral (e.g. transport, across all levels, and communications)?
4. What is the model of care at birth promoted by the national policy and the , roles and engagement of the community and support workers?

C. Work environment

Distribution of facilities. Facility-level practices

- What are the actual plans and protocols for referral between facility levels and to what level are they understood and followed?
- What are the barriers to implement strategies and policies?
- How are the roles (scope of practice and responsibilities) of each cadre defined within the MNH team?
- What measures for effective collaboration are in place?
- What mechanisms for evaluation of referral systems are in place?
- What measures are being taken to improve the capacity of facilities, including provision of basic infrastructure such as electricity and water?

D. Management and policies (1)

Plans for their implementation, monitoring and evaluation of existing policies.

- What implementing partners, or sources of support have been identified for each of the proposed measures?
- Will structural changes in the MoPH come into effect that would change the position, responsibilities and scope of the Nursing and Midwifery department?
- Have suggested community level monitoring and evaluation processes including monthly HMIS CHWs reporting begun?
- What strides have been made to allow Community Midwives to attain civil employee status?

D. Management and policies

1. How functional are the current mechanisms to manage the current midwifery workforce (recruitment, deployment, retention, supportive supervision and the performance management) and the educational pipeline including in-service training?
2. How functional are the health and HRH information systems to manage the midwifery workforce and deliver the Essential Interventions for MNH (data recording, reporting, analysis and use)?
3. What is the coherence and functionality of strategies, policies and regulations on MNH and HRH (i.e. implementation)?
4. Who are the stakeholders (i.e. civil society), and what are the monitoring/ reporting and accountability mechanisms?

D. Management and policies (2)

Plans for their implementation, monitoring and evaluation of existing policies.

- Has in-service and management training been completed by district officers and others?
- What measures are in place to standardize practices (service provision, staff management, patient care) across private and public institutions?
- What are the roles and responsibilities of professional associations other than the AMA?
- While the need for incentives and hardship pay for those in remote or insecure areas is identified as an important tool for retention, it is not clear if the creation of an incentives system is currently active or fund allocation systems are in place.

E. Financing

Actual and anticipated budget. Funding mechanisms. Fiscal space for health. Unit costs.

1. What are the current and projected expenditures on the midwifery workforce (including salaries, incentives and in-service training, and turnover costs)
2. Do current and projected expenditures on the midwifery workforce take into account the particular needs of the neglected areas to achieve universal coverage?
3. What are the current and projected unit costs to develop expenditure scenarios for the education, in-service training, deployment and retention of the midwifery workforce?
4. What are the budgetary and fiscal mechanisms to allocate the necessary resources for an appropriate midwifery workforce.

E. Financing

Actual and anticipated budget. Funding mechanisms. Fiscal space for health. Unit costs.

- What are the anticipated revenue streams from public expenditure and Official Development Assistance?
- What unit costs have been agreed and utilized in estimating future resource requirements?
- What is the volume of health expenditure dedicated to MNH?
- Is there coherence across strategy and policy documents with all costs identified and included in resource needs in the short- and medium-term (i.e. costs for incentives and allowances, in-service training across cadres, monitoring, training managerial staff, training of midwifery instructors, and improvements to work environment)?

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