REPORT ON KBI WORKSHOP

SEPTEMBER 2010

Summary:

KBI Workshop was held on September 13 to 17 to improve the effectiveness of our programs by refining our data collection system, discuss new challenges in the field, and tailor out new goals. The following topics were discussed during the workshop.

1. Review and analysis of AA4 data
2. Interim review of AA5
3. Review of BCS/PCC/HMIS data entry system
4. Discussion on ethical issues and IRB approval
5. CHW training
6. Future planning of our project
7. Security briefing from Colonel Alex _____

Overall, despite the increasing security threats in our project areas, our data are showing our substantial impact on our patient populations. Some of the highlights are; we saw our one-millionth patient in our primary care station this year; our mobile team continues to provide stable access to our beneficiaries throughout the year; significant increase in both weight and height was observed in 6-month follow-up in supplementary feeding program; new diagnosis categories were discussed to improve the quality of our care.

1. Review of AA4 data

- Over seventy-five percent of patients are children under 5 and women.
- ARI and diarrhea are the two largest diagnostic categories other than unlisted diagnosis.
- MT provides stable access to the patient compared with BHS/SCs.
- There seems to be an increase in 'unlisted diagnosis' when security threats decreases (winter months).
- There are substantial differences in proportion of 'unlisted diagnosis' among provinces (Kundus is the highest, Badakshan is the lowest).

- We will analyze the data on 'unlisted diagnosis' based on the location of the clinic (central vs. remote) and mobile clinic.

2. Interim review of AA5 data

    - Patient distribution is very similar to previous data.
    - As the winter month finishes, the ARI drops and diarrhea is on the rise.
    - Review of more than 700 subjects in supplementary feeding 6-month follow-up, there are significant increase in both weight and height in each month.

3. Review of BCS/PCC/HMIS data and data entry system

    BCS issues

    - We have to improve our data collection in terms of accuracy and contents: curtail the number of unnecessary information while improving the accuracy of some critical information.
    - We have to pay more attention to the accuracy of BCS patients in their weight. Many patients admitted with moderate malnutrition based on WFH measure are NOT gaining any weight until discharge. This should be due to several measurement errors: inconsistency in the scale: inconsistency in how they measure (with or without clothes).
    - Weight should be weighed EVERY DAY with absolute accuracy and consistency. Height can be measured on admission and discharge, every visit for follow-up supplementary feeding program.
    - MUAC is for screening and is not necessary to measure for follow-up purposes.
    - We would improve our data collection in terms of breastfeeding practice: How long, how often and previous experiences.
    - New scale with two decimal points will be provided in BCS.
    - Development milestone should be incorporated immediately in part of the data collection.
    - In the future, maternal psychosocial scale should be revised and implemented so that we can evaluate maternal well-being and its association to child development. However, we will implement our developmental milestone scale first.

    PCS issues

    - Diagnoses should be categorized into five groups: OB/GYN, internal medicine, surgical, trauma, and malnutrition.
    - Vital signs, doctor's name, nurse's name will be deleted.
    - Treatment and medication code will be standardized and assign the same number to the same medication.

HMIS data

- New diagnostic categories were developed as an additional page to supplement HMIS data sheet. (See Sabina's attachment for detail).
- Malnutrition rate in our patient population is low (0.4-0.7%), compared with international data. We have to review our screening process whether we are screening appropriate population and the means of our measurement.
- They say the prevalence of stunting in low-income countries is above 30%. We should consider measuring height in our nutritional screening for HFA.
- Cost analysis ($ per patient) should be conducted at least annually.

Data analysis

- Andreas will finish the training for SPSS inference and regression analysis in October. Our data analysis capability will improve significantly then.
- Alex is converting the data to SPSS format for further analysis.

4. Discussion on ethical issues and IRB approval

- The permission from the ministry of internal affairs is on the way. We will obtain approval or endorsement from Afghan government after we obtained German approval.
- Confidentiality and data security of our patient will be discussed with Pitt to implement further precautions against identity theft.
- We will prepare to set up our own IRB in the future, but for the time being, we will apply for IRB approval for data analysis from Case Medical Center.

5. CHW training

- Substantial logistical difficulties are predicted to conduct CHW training, such as male vs. female accommodations, per diem, etc.
- Clearly, Afghan staffs are not familiar with CHW training in the past in their philosophy and their approach seems to be mostly knowledge based. However, we have to stress that the CHW training and their activities are more than knowledge or technique-based. This is a pivotal point to disseminate and decentralize self-reliance to the community.
- CHW training will start from investigating the knowledge base and attitude towards new knowledge among trainees.

- Afghans asked to buy more visual aid and I suggested them to check out several website including TALC.
- It seems extremely hard for them to foresee potential challenges in conducting CHW training at this moment. They assume that they can handle it since it is 'easier' version of medical knowledge dissemination. However, numerous reports and experiences from the field show that this is one of the most challenging yet meaningful experience for the development program in a long run.

6. Future planning of our project
    - After reviewing the newer evidence coming out from MDG review analysis and our project, the need for comprehensive program which integrate several components including care for the mother and children together and pave the way to improve the continuum of care. Combining birth center and baby care station (BiBaC) is one potential solution to improve both safe delivery and neonatal care.
    - Improving the community engagement is another key to improve the effectiveness of healthcare intervention. Therefore, training of CHWs is a key agenda for next few years.
    - Improve the accuracy of our information is pivotal. We will focus on less numbers of measurements, but improve the accuracy of measurements and reporting via training and introduction of new technologies.
    - Improvement of quality of care is essential. Refining diagnostic categories would be implemented together with bedside clinical training for medical personnel in the field.

7. Security briefing from Colonel Alex _____

    - Detailed briefing from the colonel regarding the activities of German armed forces was provided.