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IMPROVING CHILD HEALTH IN AFGHANISTAN

BASICS III

BASICS began work in Afghanistan in March 2008 at the request of USAID and the Ministry of Public Health (MOPH), with an assessment of child health. At that time, despite enormous progress made in rebuilding the health system since 2002, there were still many urgent needs for child health. The Millennium Development Goal for child mortality could not be met without significant improvements to access to and quality of child health and survival interventions.

At the policy level, there was no comprehensive child survival agenda. The focus of the MOPH was on facility-based interventions, and it was not clear how those services linked with the community. The child health policy and strategy framework existed but needed updates to bring it in line with global recommendations based on new evidence and Afghanistan health and nutrition sector strategies.

At community level, the WHO algorithm for holistic treatment of child illnesses, Community Integrated Management of Childhood Illness (C-IMCI) was not comprehensively addressed by community health workers (CHWs), and the quality of community-case management (CCM) was unsure. Most nutrition activities focused on screening for and treating of malnutrition, with little focus on prevention, growth monitoring and growth promotion. Basic Essential Newborn Care (BENC) was not effectively addressed at community level. CHWs needed improved counselling skills and more active supervision by the community health worker supervisor (CHS) based Basic Package of Health Services (BPHS) facilities.

At facility level, the IMCI protocol needed to be updated. Zinc and the new low osmolarity Oral Rehydration Salts (ORS) for treatment of diarrhea was not included, nor any provisions for Basic Essential Newborn Care. Essential Nutrition Actions (ENA) for preventative nutritional care were not clearly outlined. IMCI coverage in Afghanistan was not adequate; training was too centralized, less than half of all clinical staff (mainly medical doctors) seeing children were trained, and the quality of case management was not certain.

At the first referral level (district hospitals and provincial hospitals), under five deaths made up 27% of all hospital admissions, but close to 60% of all hospital deaths—with many of the deaths due to easily treated conditions. The most common reasons for under five admissions were pneumonia, diarrhea, dysentery, meningitis/encephalitis, and trauma. Frequent stock outs of essential drugs, poor adherence to standard pediatric protocols (if they existed) and little or no triage of urgent cases were also problems. There was no link with IMCI in the hospitals. One positive observation was that there was a reasonable presence of hospital staff when pediatric patients arrived.

To address these needs and gaps, BASICS developed five strategies to improve child health and promote institutionalization of child survival in Afghanistan:

1. Revise and develop child survival and health focused policies and strategies
2. Improve child health care at community level
3. Improve child health care at BPHS facility level
4. Improve child health care at Essential Package of Hospital Services (EPHS) hospital level
5. Strengthen cross-cutting health system components to improve child health care

With a highly qualified and experienced staff on the ground, recruited beginning in June 2008, and using the existing Management Sciences for Health (MSH) operating platform, BASICS was able to accomplish significant results in a year and a half.

Strategy 1 Achievements: Child Health Care Focused Policies and Strategies

A large part of BASICS work at the policy level is utilizing the expertise and networks of the country staff to improve interagency and inter-ministerial networking, in particular for nutrition. Several new child health initiatives, to update or initiate child survival interventions, were created through BASICS technical support at the national level.

The cornerstone of BASICS contribution at the policy level is the updated Child and Adolescent Health (CAH) policy and strategy. This documented was completed after a Situation Analysis of the child health agenda was conducted. The policy and strategy documents were approved by the Executive Board of the MOPH and signed in September, 2009. The policy and strategy focus on mortality reduction as a priority.

Having seen successful models in other countries, BASICS advocated with the MOPH to create a National Child Health Committee. The Terms of Reference (TOR) were developed and the plan approved by the MOPH. The TOR also provided for the establishment of Provincial Child Health Committees to promote regional ownership of the initiatives.

To help the country address the high newborn mortality rate, a community-based essential newborn package was finalized, and guidance on scaling up maternal and newborn care at the community level was submitted to the MoPH.

A newly-established working group on Infant and Young Child Feeding (IYCF) drafted a national IYCF policy & strategy document, which was finalized during a national IYCF workshop and approved by the MOPH Executive Board and signed in September 2009. The updating of existing National Public Nutrition Policy and Strategy was started in May 2009 and completed in September 2009; the document has been submitted to the MOPH Technical Advisory Group (TAG).

To further improve management of diarrhea cases, BASICS supported the MoPH and related working groups in drafting the national action plan of improved diarrhea case management. The draft plan was reviewed during a Consensus Workshop in March 2009. The participants reviewed the evidence for zinc supplementation and low osmolarity ORS and agreed to an introductory plan for zinc and low osmolarity ORS.

Responding to a request from USAID and the MOPH to assess the private sector contribution to immunization activities, BASICS assisted the MOH in designing a study protocol and conducting data collection in three districts in Kabul to assess the contribution of private outlets to the ongoing immunization activities.

Click [here](#) to download the *National Child and Adolescent Health Policy 2009 – 2013*.

Click [here](#) to download the *National Child and Adolescent Health Strategy 2009 – 2013*.

Click [here](#) to download the *Guidance Note for Scaling up Coverage of Maternal and Newborn Care Interventions at the Community Level*.

Click [here](#) to download the *National Infant and Young Child Feeding Policy and Strategy 2009 – 2013*.

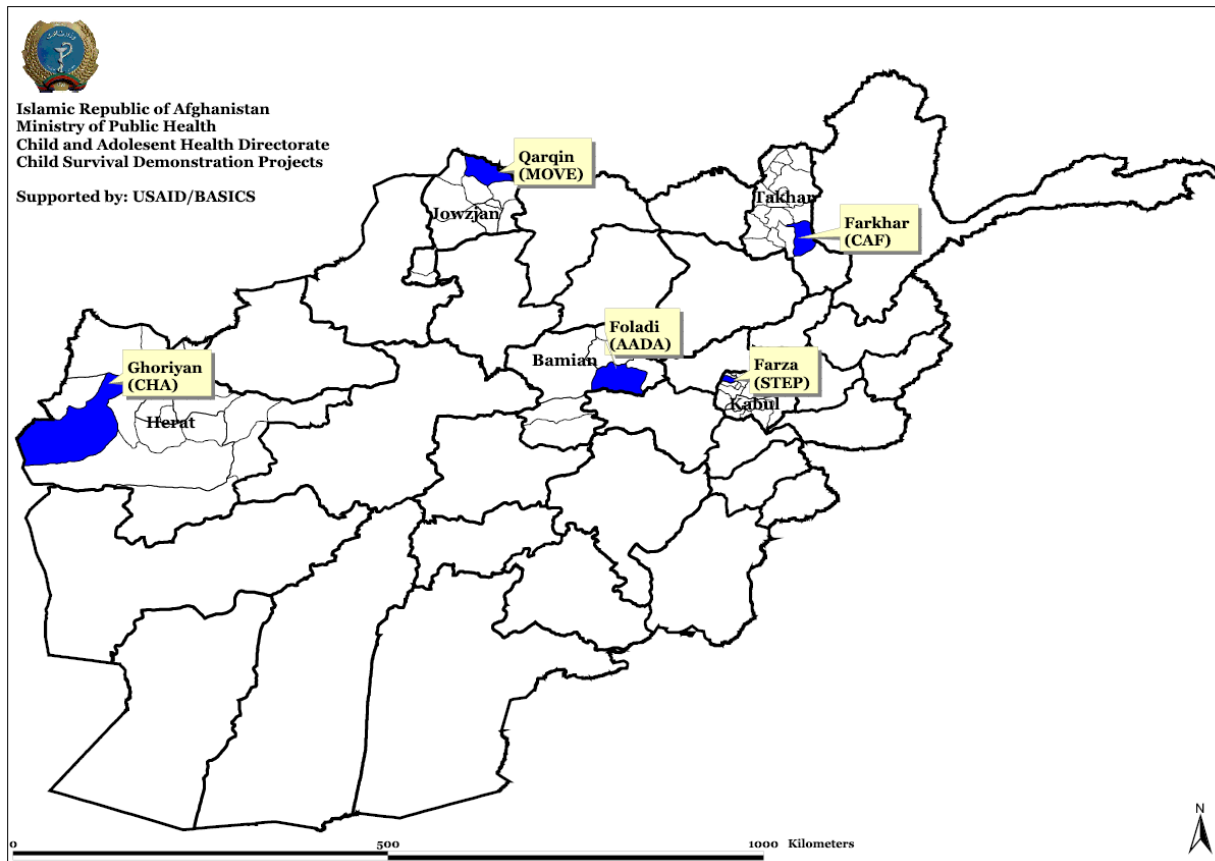
Click [here](#) to download the *National Public Nutrition Policy and Strategy 2009 – 2013*.

Click [here](#) to download the *National Action Plan of Improved Diarrhea Case Management (Introduction of Zinc and Low Osmolarity ORS in Diarrhea Treatment)*.

Strategy 2 Achievements: Child Health Care at the Community level

Although an up to date and relevant child health policy is important, one of the more urgent issues for children in Afghanistan is their limited access to quality health care in rural areas. The MOPH has been addressing this need by developing a community health system to complement the facility based health system. Most child survival interventions can and should be implemented at community level, so to establish for the MOPH that this is a sound and feasible approach to improve child health long-term, BASICS designed five demonstration sites that would implement the essential child survival interventions at community level. NGOs in five districts, which were different as to ethnic groups, were identified and contracted to put into practice the comprehensive package of community-based interventions BASICS promoted. The five demonstration project sites initiated and expanded community-based interventions mainly with focus on community based case management (C-IMCI) and nutrition in Bamyan (with AADA), Herat (with CHA), Jawzjan (with MOVE), Kabul (with STEP), and Takhar (with CAF) provinces. 50-75% of CHWs in the demonstration districts were trained on the package of child health interventions and are regularly supporting more than 70 Family Health Action Groups (FHAG).

The NGOs conducted base-line household surveys for the five demonstration sites using LQAS, including a 5% re-survey to check accuracy of data. They will use the results to track outcome indicators for children 0-11 months, 12-23 months, and the sick child 0-23 months. They also track newborn, nutrition, immunization, care-seeking and referral, and produce a monthly progress datasheet, including a narrative on challenges and solutions.



A national C-IMCI trainers' manual was developed and integrated with the CHW training curriculum. 350 curriculum manuals were printed by BASICS for the MOPH. BASICS supported two C-IMCI Training of Trainers for master trainers in demonstration project NGOs, as well as for GAVI HSS trainers. C-IMCI Job Aids for CHWs were designed, field tested, and printed. BASICS provided the first 8,000 copies for MOPH HSS (GAVI) Program. C-IMCI is now being implemented in BASICS demonstration districts and is being replicated in other parts of the country through GAVI-HSS. The module includes the basic essential newborn package. The training of C-IMCI facilitator's and CHWs with GAVI funding has been contracted out to the NGOs and training started GAVI-funded CHW refresher training on C-IMCI has started in 17 provinces. This includes Community Health Supervisors.

BASICS developed a package of Community Based Growth Monitoring and Promotion (C-GMP) tools (Pictorial materials, facilitator guide, field manual etc.). Innovative growth Monitoring Promotion (GMP) counseling cards and weighing charts were also developed, field tested several times and printed, and are now being used by CHWs. After the MOPH Nutrition and Community-Based Health Care (CBHC) departments endorsed the BASICS GMP plan for demonstration districts, the ToT and training of CHWs was conducted and implementation of C-GMP in demonstration project sites was initiated. Family Health Action Groups (FHAG) were initiated to provide community support to the project.

Click the following to download the *Community Based IMCI Training Course Package: 1. Facilitator's Guide, 2. C-IMCI Charts, and 3. Demonstration Pictures.*

Click [here](#) to download the *Community Based Growth Monitoring and Promotion (CGMP) Field manual & Package.*

Strategy 3 Achievements: Child Health Care at the BPHS Facility level

In July 2008 BASICS conducted a joint assessment of IMCI implementation with WHO and UNICEF under MOPH leadership. The results showed the need for adapting the existing protocol to the latest global standards, including:

- Zinc supplementation for diarrhea and Essential Newborn Care;
- need for expanding and improving follow-on visits of initially trained health workers;
- need for expanding training to mid-level health workers;
- need for a shorter initial course to facilitate the training of a great number of mid-level health workers;
- and
- need for a decentralized training and supervision strategy.

Based on the assessment, the facility-based IMCI algorithm and training curriculum was refined and updated to include low-osmolarity ORS and Zinc, treatment of jaundice, otitis and basic Essential Newborn Care (ENC). A shortened and updated IMCI course was drafted, and a study protocol to evaluate its efficacy compared to the traditional length IMCI course has been developed. An initial assessment of referral practices was included in the baseline HHS.

As member of the Newborn Care Working Group, BASICS promoted the development of appropriate elements of basics essential newborn care to be included in BHCs and CHCs where no skilled birth attendant is present.

Click [here](#) to download the *Technical report of Mid Term Review of Facility Based IMCI in Afghanistan*.

Click the following to download the *IMNCI shortened Training course package: [Facilitator Guide](#), [Assess and Classify the Sick Child](#), [Management of the Sick Infant](#), [Treat the Child](#), [Counsel the Mother](#), [Follow-up, Recording Forms](#), [Course Schedule](#)*.

Strategy 4 Achievements: Child Health Care at the EPHS Hospital level

A participatory quality assessment of pediatric care was conducted in six provincial hospitals and five district hospitals in six provinces (Balkh, Bamyan, Herat, Kabul, Nangarhar, and Paktia) in July 2007. Based on the results, four priority quality improvement interventions were defined for the six provincial hospitals:

- Emergency care (Emergency triage, assessment and treatment of sick children)
- Sick Newborn Care
- Infection Control/Hygiene
- Clinical monitoring and support

The six provincial hospitals developed action plans to improve the care of children in their hospitals, and provide monthly reports on progress.

BASICS also supported the MOPH to organize a Pediatric Hospital Improvement (PHI) Working Group. This group continues to oversee interventions being implemented the provincial hospitals, including introducing the WHO Pocket Book of Hospital Care for Children (Guidelines for the Management of Common Illnesses with Limited Resources).

To improve the quality of emergency care for children at the hospital level, BASICS in collaboration with Tech-Serve, organized a team from Malawi to conduct ToT training on Emergency Triage, Assessment and Treatment (ETAT) for sick children in June 2009. Trainings were conducted for six PHI hospitals and four tertiary care hospitals in Kabul. The subsequent training courses were successfully conducted for the staff of the 6 provincial hospitals by the national facilitators.

Click [here](#) to download the *Tool for assessment of the quality of care for hospitalized children in Afghanistan*.

Strategy 5 Achievements: Cross-cutting system components

Collaborative relationships were established with UNICEF, WHO, FAO, WFP, GAVI, Global Fund and other donors to promote the child health agenda in Afghanistan. These partners have worked in partnership to co-fund various activities and coordinate implementation.

To support the community based approach being used in the demonstration districts, a Behavior Change Communication (BCC) logical framework and work-plan, and detailed gap analysis was developed, with a focus on newborn care. Existing BCC strategy and materials reviewed and recommendations made. BCC materials for GMP were developed and are being used during the GMP sessions and home visits by CHWs and FHAG.

BASICS assisted in reviewing community-based, health center-based, and hospital-based HMIS indicators for child and newborn health. The review is still ongoing.

The key documents and reports developed from 2008 to 2009 under BASICS/Afghanistan are summarized in Table 1 at the end of this report.

The Future of Child Health in Afghanistan

Despite BASICS' success in implementing these child health activities, many challenges remain. The unsure security situation has occasionally frustrated travel to the demonstration districts and hinders our ability to place international consultants on the ground. There has been ongoing restructuring in the MOPH since the start of the BASICS program in Afghanistan creating job uncertainty for MOPH counterparts. The current unresolved election leaves uncertainty in the line ministries. This creates limitations in our planning with MOPH partners. Another challenge was identifying short term expatriate consultants and experts who were willing and allowed to travel to Kabul to work with the team. Searching for willing workers caused delays in several activities.

Although the security situation remains tenuous, there are great opportunities to achieve major reductions in child mortality in Afghanistan in the coming years. With new child health focused policies and strategies in place at the national level, the MOPH has a road map for implementing child health activities. One of the most critical issues, timely access to critical primary health services, is being addressed through the strengthening of CHWs to diagnose and treat the major childhood diseases at the community level. Through quality improvements in triage and treatment of children at the facility and hospital level, more deaths can be averted. As these activities are taken to scale, or scaled up at least in most of the country where the security situation allows, many child deaths can be averted. The specificity of the BASICS approach has been working on issues at different levels in the health system at the same time: policy, facility-based care and community-base health interventions which is recognized as a synergistic approach by BASICS' partners.

BASICS's ability to replicate interventions successful in other settings to Afghanistan helped promote coordination between departments and ministries.

BASICS is pleased to have been awarded a new Task Order from USAID Afghanistan that will enable these improvements to take hold further and bring about further gains in child health indicators. As our focus turns from policy to implementation, we hope to demonstrate the impact of these interventions on the life of the Afghan child.

Click [here](#) to download the *Compilation of Behavior Change Communication (BCC) Strategic Plan in support of Community Based Child Survival Interventions*.

Click [here](#) to download the *Desk Review of Child Survival Qualitative researches in Afghanistan and proposed steps for follow-up research*.

Click on the titles below to access reports and other materials developed during USAID/BASICS' Afghanistan country program.

Title	Type	Description	Technical Focus	Key items of importance in this document
National Child and Adolescent Health Policy 2009 - 2013	Policy document	Policy document that lays down the main guidelines with regards to child survival and health and addresses significant issues like the main causes of child death in Afghanistan, the nature of the services that must be available and the general rules of service. The policy document also addresses important issues related to adolescent health as well. The document is a reference guide for national decision makers and partners for planning and implementing relevant interventions for child survival.	<ul style="list-style-type: none"> ▪ Mother health including antenatal care, delivery and post partum care ▪ Newborn health ▪ Child health ▪ Adolescent health ▪ Birth spacing ▪ IMNCI ▪ Nutrition 	<ul style="list-style-type: none"> ▪ Brief situation analysis and outline of needs for improving child and adolescent health in Afghanistan (pg.2) ▪ Policy statement and vision, mission objectives of the child health policy in Afghanistan (pp.2-3) ▪ Policy priorities for Afghanistan in respect of child health and survival (pp.3-4)
National Child and Adolescent Health Strategy 2009 - 2013	Planning document	Planning guide that describes priority interventions for accelerating child survival/health and the achievement of desired results by 2013, as articulated in the Health and Nutrition Sector strategy and as a step towards achieving MDG 4 using the continuum of care approach.	<ul style="list-style-type: none"> ▪ Mother health including antenatal care, delivery and post partum care ▪ Newborn health ▪ Child health ▪ Adolescent health ▪ Birth spacing ▪ IMNCI ▪ Nutrition 	<ul style="list-style-type: none"> ▪ Strategy overview and background information (pp. 2-3) ▪ Priority strategic interventions (pp. 4-11) ▪ Ways to improve the efficiency and quality of care with respect to child health and survival (pp. 14-16) ▪ Financing for child health and survival (pg. 24) ▪ Improving leadership and governance and consolidating partnerships for child health and survival (pg. 25) ▪ Terms of reference of the National Maternal and Child Health Committee (pg. 38)

Title	Type	Description	Technical Focus	Key items of importance in this document
National Action Plan Of Improved Diarrhea Case Management (Introduction of Zinc and Low Osmolarity ORS in Diarrhea Treatment)	Planning document	Planning guide that contributes to the reduction of child mortality in Afghanistan by improving diarrhea case management through the introduction of zinc supplementation and low osmolarity ORS at all service delivery points, in the community health care system, and in the private sector. The plan is in line with the National Health and Nutrition Sector Strategy and National Strategic Plan for Control of Diarrheal Diseases in Afghanistan.	<ul style="list-style-type: none"> ▪ Improved diarrhea case management in children 	<ul style="list-style-type: none"> ▪ Diarrhea prevalence and case management in Afghanistan (pg.3) ▪ Strategies for introduction of Zinc and low osmolarity ORS for the management of diarrhea (pg.4) ▪ Work plan, including implementation timeframe, monitoring indicators and supporting agencies (pg.7)
National Public Nutrition Policy and Strategy 2009 - 2013	Policy and planning document & guideline	This document describes the MoPH policy with respect to public nutrition and provide guidelines for developing a plan for further improvement of the nutritional status of Afghans, with a focus on community-based approaches. The document is serving as a reference guide for national decision makers and provincial-, district and facility-level staff for planning and implementing relevant interventions, both in normal and especially difficult circumstances. This also serves as a framework for inter-sectoral collaboration, mainly to address the problem of under-nutrition in Afghanistan.	<ul style="list-style-type: none"> ▪ Nutrition promotion ▪ Infant and young feeding in normal and especially difficult circumstances ▪ Micro-nutrients ▪ Management of acute severe under-nutrition ▪ Nutrition surveillance and responses to nutrition emergencies ▪ Capacity building 	<ul style="list-style-type: none"> ▪ Nutrition situation in Afghanistan (pg.9) ▪ Public Nutrition policy and public nutrition policy priorities (pg.14) ▪ Public nutrition objectives and strategies (pg.18) ▪ Institutional framework and partners (pg. 39) ▪ Public nutrition components of Basic Package of Health Services in Afghanistan (pg.52)

Title	Type	Description	Technical Focus	Key items of importance in this document
Behavior Change Communication (BCC) Strategic Plan in support of Community Based Child Survival Interventions	Planning document	Planning guide that describes priority interventions to support the community-based child survival interventions that are currently being undertaken by the BASICS-supported child survival demonstration project in Afghanistan.	<ul style="list-style-type: none"> ▪ Interpersonal communication ▪ Formative research ▪ Harmonized messages through different communication channels ▪ Community involvement ▪ Monitoring & Evaluation 	<ul style="list-style-type: none"> ▪ Contextual issues (pg. 5) ▪ Strengthening CHWs counseling and negotiation skills (pg. 10) ▪ Objectives and results of the strategic plan (pg. 12) ▪ BCC logical framework (pg. 14)
Desk Review of Child Survival Qualitative research in Afghanistan and proposed steps for follow-up research	Desk review report	Review of existing data from various qualitative research efforts that are relevant to child health and survival, under different projects in Afghanistan to identify qualitative research gaps in relation to child survival areas.	<ul style="list-style-type: none"> ▪ Child birth and essential newborn care ▪ Infant and Young Child Feeding ▪ Immunization 	<ul style="list-style-type: none"> ▪ Purpose and methodology (pg. 5) ▪ Table of relevant qualitative studies (pg. 8) ▪ Framework for analysis of good practices (pg. 10) ▪ Conclusion (pg. 16) ▪ Proposed further research (pg. 17) ▪ Summary of the Studies (pg. 22)

Title	Type	Description	Technical Focus	Key items of importance in this document
National Infant and Young Child Feeding Policy and Strategy 2009 - 2013	Policy & planning document	This Policy and strategy document is the main guideline with regards to infant and young child health, and addresses significant issues about Improving Infant and Young Child Feeding practices, which is essential to reducing child mortality. The document is a reference guide for national decision makers, donors and implementing partners for planning and implementing relevant interventions for child survival by addressing the problem of under-nutrition in Afghanistan.	<ul style="list-style-type: none"> ▪ Infant and young child feeding in normal and especially difficult circumstances 	<ul style="list-style-type: none"> ▪ Background and situation analysis (pg. 6) ▪ IYCF policy components (pg. 13) ▪ Strategies for promoting optimal infant and young child feeding practices in Afghanistan (pg. 17) ▪ Result chain (pg.25) ▪ Logical framework analysis (pg.26) ▪ IYCF work plan (pg. 30)
Community Based Growth Monitoring and Promotion (CGMP) Field manual & Package	CGMP Service delivery guideline and Package	This field manual describes strategic approaches implementing growth monitoring and promotion in the context of Afghanistan, and carrying out growth monitoring promotion sessions at the village level (by mostly illiterate community health workers and members of family health action groups). This includes program design, training, mobilizing community networks, program implementation, and monitoring, and evaluation. The manual is part of a package that also includes: Training guide for community health workers, Growth promotion counseling cards, and pictorial growth monitoring cards.	<ul style="list-style-type: none"> ▪ Promotion of infant and young child feeding at the community and timely addressing the problem of chronic under-nutrition 	<ul style="list-style-type: none"> ▪ Growth Monitoring and Promotion definition (pg. 4) ▪ Target children for CGMP (pg. 5) ▪ Involvement of Community in GMP(pg. 5) ▪ Pictorial counseling cards (pg. 13) ▪ Home visits (pg. 18) ▪ Community meetings(pg. 21) ▪ Recording and Reporting(pg. 24)

Title	Type	Description	Technical Focus	Key items of importance in this document
Guidance Note for Scaling up Coverage of Maternal and Newborn Care Interventions at the Community Level	Service delivery guideline	Guideline describing the process for scaling up coverage of maternal and newborn care interventions at the community and household level. This guidance note will help the implementers to further improve and expand maternal and newborn care at the community level as an approach to reduce maternal and newborn deaths in Afghanistan.	<ul style="list-style-type: none"> ▪ Preconceptions & Maternal care ▪ Antenatal care , natal and post natal care ▪ Care of Newborn babies mainly at household level care ▪ postpartum care including birth spacing 	<ul style="list-style-type: none"> ▪ Objectives of Community MNH (p.9) ▪ Interventions for saving newborn lives (p.8) ▪ Standards for implementation(p.10) ▪ Continuum of care flowchart-maternal and newborn health (p.18)
Community Based IMCI Training Course Package: 1. Facilitator's Guide 2. C-IMCI Charts 3. Demonstration Pictures	Service delivery guideline for CHWs	Package describing how to assess, classify and treat the sick child and counsel the mother at the community level. The package includes both the pictorial charts that will be used as memory aid for CHWs , a counseling tool, and facilitator's guideline to be used as guide in CHW training sessions.	<ul style="list-style-type: none"> ▪ Community Case management 	<ul style="list-style-type: none"> ▪ Case management of sick children aged 2-59 months ▪ Case management of sick children aged 0-2 months child ▪ Care of Newborn babies
IMNCI shortened Training course package: 1. Facilitator Guide 2. Assess the Sick Child 3. Manage the Sick Infant 4. Treat the Child 5. Counsel the Mother 6. Follow-up 7. Recording Forms 8. Course Schedule	Service delivery guidelines	A revised, updated and shortened training course package describing how to assess, classify, treat the sick child and counsel the mother during IMNCI. The package was adopted based on a mid-term review of IMCI in Afghanistan, and aims to expand the coverage of IMCI in Afghanistan and use the limited available resources effectively and efficiently.	<ul style="list-style-type: none"> ▪ Revise/updated and shortened algorithm of IMNCI 	<ul style="list-style-type: none"> ▪ 2 months to 5 years modules ▪ Birth up to 2 months modules ▪ IMNCI Chart booklets ▪ Facilitator's guidelines ▪ Other tools

Title	Type	Description	Technical Focus	Key items of importance in this document
Technical report of Mid Term Review of Facility Based IMCI in Afghanistan	Med term Review Report	A review describing the outcomes of a desk review of existing data sources, interviews with implementing NGO key informants, focus group discussions with stakeholders, field visits to IMCI sites, a consensus workshop, and recommendations for further strengthening and expansion of IMICI coverage in Afghanistan	<ul style="list-style-type: none"> ▪ IMCI 	<ul style="list-style-type: none"> ▪ Background (pg.1) ▪ Review methodology (pg. 2) ▪ Review of available data (pg. 2) ▪ Summary of outcomes of consensus workshop (pg. 20) ▪ Recommendations and next steps (pg. 22)
Tool for assessment of the quality of care for hospitalized children in Afghanistan	Assessment tool	The Self assessment tool adopted in collaboration between the MOPH, BASICS and Tech Serve. The adopted tool was applied in 6 provincial and 6 district hospitals. Based on the findings of the assessment, priority areas were identified and a plan of action was developed.	<ul style="list-style-type: none"> ▪ Emergency & triage ▪ Care of sick newborn ▪ Monitoring & support. ▪ Infection prevention 	<ul style="list-style-type: none"> ▪ Different modules