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POPULATION ASSISTANCE in AFGHANISTAN



USAID/KABUL

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Population Programs in Afghanistan

Background

The cover picture describes the population problem in Afghanistan. It is a mountainous country where erosion has broken down some of the mountains to rocky deserts. Resources are extremely limited. Afghanistan's population has to live within those resources.

Perhaps there are 15 million people in a country which is approximately the size of the state of Texas. Perhaps 6% of the Afghan land area is cultivated; certainly no more than 20% is potentially arable if large investments are made in irrigation.

The Royal Government of Afghanistan does not know the size of population, birth rates or death rates. The Ministry of Education does not know the number of school-age children nor the number of children in school. The Ministry of Planning does not know the gross national product nor the number of persons it supports in order to arrive at a GNP per capita.

From this pool of ignorance, it was natural that the first significant population activity undertaken by the RGA and assisted by AID should be a demographic survey. That national sample survey is presently in the field. The first report will be available in December 1973. Then the real population sector analysis will be done.

There are other elements to the background of population program assistance in Afghanistan. In 1970, mullahs stopped a school bus and threw

acid at Afghan high school girls. In 1971, over a thousand mullahs marched in Kabul to protest the government's role in introducing change in the country. In 1973, the administration has had to sacrifice foreign assistance in the field of health to gain the support of traditionalists for other development programs.

The Afghan Family Guidance Association, an IPPF affiliate, was organized in 1968 by a group of Afghan gynecologists who were deeply concerned about the experience of their patients. Maternal mortality is evidently high enough in Afghanistan to cause a significant difference in proportion of women to men after age 15. Common conditions found in Afghanistan among women of reproductive age are ruptured uterus, obstructed deliveries and osteomalacia. These doctors were moved to develop a voluntary organization for the introduction of family planning. It required Cabinet approval.

AFGA has developed 20 of 24 clinics for which IPPF has indicated willingness to support. It has been a cautious approach with services limited to urban areas primarily. But AFGA has achieved acceptance for family planning. While the organization continues to function without measurable goals or operational plans, they have contributed to the growing articulateness about the need for a national and significant family planning program.

Overall Strategy

An intermediate goal is a responsible and acceptable population policy for Afghanistan. That population policy will determine goals and activity targets for the Royal Government of Afghanistan and should delineate their choice of means for preventing Afghanistan's development potential from being overtaken by population growth.

USAID/Kabul has tried to pursue two parallel courses: trying to increase acceptance of a population program while moving to assist the RGA in implementing a family planning program.

1. Developing acceptance for a population program by:
 - a. developing the information needed to define Afghanistan's population problem;
 - b. broadening awareness of the implications of that problem;
 - c. prompting policy formation;
 - d. assisting the RGA's attempts to legitimize that policy and the idea of intervention in reproduction as a solution.

Parallel to that developing acceptance, it has been USAID/Kabul's effort to initiate the starter activities needed to implement the RGA's family planning program.

2. Developing the resources needed to implement a family planning program by:
 - a. assisting the Ministry of Public Health to develop three institutions

for the training of female paramedicals for family planning services;

b. assisting the MPH to develop effective management systems in support of family planning within an expanded rural health care delivery system;

c. developing an alternative to clinical systems by a major experiment in use of pharmacies for both contraceptive distribution and motivation;

d. assisting the AFGA and Ministry of Public Health launch more vigorous IEC field experiments;

e. assisting the development of information and evaluation systems for Family Health.

Those religious leaders in Afghanistan who have made rulings on family planning seem to feel that use of contraception is permissible under Islam when used for reasons of health. Most mullahs make clear their disapproval of population control measures. These pronouncements of limited support for family planning coincided with the RGA's choice of a preventive medicine bias to its rural health delivery system. The Fourth Five Year Plan for health implicitly made two basic decisions:

1. That 180 basic health centers would be built and staffed across the country in order to bring about a more equitable distribution of health care;

2. That family planning services will be provided in basic health centers as soon as trained women paramedicals are available to staff the Family Health unit.

The basic health centers were there for exploitation. By using the newly developing rural health system, it might be possible for the first time in any country, to provide the means of reproductive limitation prior to a sharp reduction in mortality rates.

USAID Afghanistan is fully aware that family planning is only one (not even the most effective) means of controlling population growth. Thus the parallel efforts.

Course of Action:

1. Information needed to define Afghanistan's population problem.

a. Afghan Demographic Studies

The major population activity presently funded by USAID is the contract with State University of New York providing a staff of 13 Americans, equipment and budget of approximately \$500,000 annually to work with the Department of Statistics, Ministry of Planning, the Central Statistics Office, the Ministry of Public Health, and the Afghan Family Guidance Association. This joint activity, the SUNY staff plus counterpart staff seconded by those organizations, are referred to as Afghan Demographic Studies. The two immediate tasks of this project are a national demographic sample survey in order to estimate population, and a knowledge, attitude and practice

survey to determine existing fertility behaviour.

The demographic study will produce benchmark data on:

1. Size of population
2. Age distribution of the population
3. Sex distribution of the population
4. Marital status
5. Rural-urban distribution
6. Size and structure of families and households
7. Level of education and literacy
8. Occupation and industry
9. Migration
10. Birth rates
11. Death rates, including infant mortality
12. Rate of natural population increase
13. Social economic status

Birth rates, rate of natural population increase, and other vital data cannot be determined reliably from one point of time. Additional research will be needed.

The above data are required by all government departments including the Ministry of Public Health and the Afghan Family Guidance Association. Additional family guidance information is being gathered through 10,000 pregnancy histories.

SUNY also offers technical assistance to the Afghan Family Guidance Association in statistical reporting and evaluation and will undertake a series of other studies for the Ministry of Public Health. The first group of studies related to AFGA:

1. The client information system in AFGA
2. Analysis of data on existing clinic records
3. Redesign and monitoring of client information system
4. Survey of attitudes of AFGA personnel toward various types of contraceptives.

A series of other special studies will include:

1. An analysis of the causes of drop-outs among family planning acceptors
2. An analysis of the potential for the commercial distribution of contraceptives
3. Field experiments in acceptor motivation.

b. Central Statistical Office

A second and related activity began with the arrival of the first Bureau of Census members to assist the Royal Government of Afghanistan establish a Central Statistics Office. It is expected that substantial parts of the central office and the field organization developed by SUNY will be amalgamated into the Central Statistics Office.

A Director-General of the CSO has been appointed and the new department is taking shape within the Prime Ministry. The statistical department of the Ministry of Agriculture is the first to be made an integral part of the CSO.

The institution-building aspects of demographic research will be in the Central Statistics Office. Besides a demographic section, CSO is developing agricultural, industrial and pricing indices. CSO provides the base for

the remote sensing satellite project. In the demographic sphere, their priority is vital events registration. This will be Afghanistan's first available method for population growth estimates.

2. Broadening awareness of implications of Afghanistan's population as a means of prompting policy formation

With the availability of the first report of the National Sample Survey in December, 1973, it will be possible to assist the major development and planning ministries in the RGA develop specialized reports on that data e.g. the implications for education, agriculture, unemployment etc.

The availability of the first hard data will coincide with the observance of World Population Year, UNDP is promoting the organization of a National Population Commission to guide that observance in Afghanistan. The National Sample Survey results and their implications for development in Afghanistan provide the agenda.

USAID will try to develop a range of opportunities including local seminars, visual presentations, seminars for those working in curriculum and textbook development and small research grants. The purpose is joint analysis of the data, enhanced appreciation of its meaning for the country and developing the instrumentality to deal with it.

This could be a very exciting effort where data, perceptions, about Afghan culture and the sub-culture which is the RGA, motivation to action

and resources to facilitate action must be orchestrated. The Mission may need to assume the responsibility for initiating and coordinating the process. The team should include Afghan officialdom and the combined population expertise of all sponsorships which may be available in Afghanistan. That group of population advisors will need to be a disciplined, thoughtful, perceptive team at that time.

All of these activities will be cleared by the RGA and implemented by the RGA but to expect initiatives in population at this time would be wishful thinking. A population cell in the Prime Ministry could result from these efforts, but is not a likely vehicle for population planning yet.

The task of "broadening awareness of the implications of Afghanistan's population problem as a means of prompting policy formation" is not a project in itself. It is, however, the main item on our agenda and will require flexibility in funding from AID/W.

3. Developing the resources needed to implement Afghanistan's family planning program.

As has been mentioned, family planning will be organized within a newly developing basic health system. 103 of the proposed 180 centers are operating.

a. Trained staff

The complete lack of women paramedicals seemed the most inhibit-

ing factor to a family planning program. 68 rural girls broke tradition and enrolled for training as auxiliary nurse midwives in early 1972. 45 will complete the course this summer.

USAID has given support to ANM training a high priority for without these auxiliaries and in the absence of women doctors and nurses, family planning could not be implemented. AID is providing advisory personnel, demonstration and visual aids equipment, transportation for field practice, translation, development and publication of texts and a grant for purchase of imported building materials for the Kabul ANM School. This school and dormitory will be able to house an intake of 50 girls every six months for an 18 months course. Two other schools will be added at 12 months intervals starting January, 1974.

Other personnel staffing the basic health centers (doctor, male nurses, compounder, lab technician, sanitarian, basic health workers and clerks) also need to contribute to program implementation. Except for the doctor, these cadres are trained at the Public Health Institute. Doctors receive an orientation to public health and family health at this institute also. Each of these syllabi already include a unit on family planning but that limited training has never been assessed. UNFPA has recently undertaken to assist in integrating FP into the training of these personnel and to build up the inexperienced Afghan staff.

b. Supplies and equipment

UNICEF has undertaken to equip the family health unit in each center and supplied 12 of the 18 available medications.

USAID has committed the contraceptives necessary to make free distribution possible. An alternative source of supply will be developed through the General Medical Depot, a semi-autonomous organization, which supplies pharmacies as well.

c. Transportation

UNICEF is contributing a vehicle for each basic health center. More important one of their major projects is the development of a Transport and Equipment Maintenance Organization (TEMO).

Having provoked the addition of a supervisory team at the provincial level composed of a public health doctor, public health nurse, sanitarian and management supervisor, AID is committed to provide vehicles for each of the 28 provinces for supervision and distribution of supplies.

The items listed earlier are primarily the physical requirements of implementing a family planning program. There are other earnest requirements.

d. Management

Administrative bottlenecks have too frequently been the nadir of family planning programs. In Afghanistan's present bureaucratic development, it seemed imperative to assist in the development of an organizational

structure with systems developed and personnel trained in the major management tasks: logistics, personnel, information systems, project management, planning and budget allocation.

Site visits have been completed, and the Project Agreement signed for a new project to develop an organizational structure and efficient administration to support the family health program. The contract is being negotiated at this time.

During the first contract year, design of a new warehouse and development of a logistics system has been chosen as the initial target. Operational problems in budget, personnel, project management and the basic flow of documents will be analyzed. When these new systems are ready, Afghan staff administering Preventive Medicine will be trained first.

In the second contract year, the solutions and training for these basic operational problems will be assessed and systems redesigned. It is hoped in this year to move into management considerations of budget allocation, the planning process and project monitoring.

The contract will include the services of three management analysts and a public health physician. Commodities will include video tape equipment and other visual and demonstration equipment needed to develop a training program where few experienced trainers are available.

e. Communications and motivation

The second phase of SUNY's work will be assisting the Ministry of Public Health develop an applied research and evaluation section. Communications and motivation of family planning has been extremely cautious in Afghanistan. There is no experience with evaluation in the Ministry.

It will be necessary to understand religious and other limitations of family planning realistically. After better, sharper understanding of the milieu, vigorous field experiments will be posed and documented.

Another SUNY assignment will be the development of means to assess progress and identify problems.

Among the studies presently under discussion are:

1. A follow-up study of Family Guidance Association (or MCH) clinic clients, their neighbors who do not attend the clinics, their husbands and people in the community who influence them to join the program. This study will investigate factors affecting acceptance of, and continuance in, health programs to see if additional, and possibly applicable, insights can be gained.
2. An intensive study of family decision-making processes.
3. An evaluation of the performance of Auxiliary Nurse Midwives in rural settings.
4. A test of various ways of using commercial pharmacies for contraceptive distribution, comparing its cost effectiveness with distributing

through basic health services and Family Guidance Association clinics.

5. Further analyses of the National Survey data concerning fertility, mortality, infant and child mortality, maternal mortality and regional differences in vital rates.

6. Identification of problem areas with high fertility and mortality rates; areas with an urgent need for family health programs.

7. An investigation of the potential of various media (radio, press, family guides, voluntary associations, etc.) for encouraging people to join family health programs.

Experimentation will be done concomitantly rather than serially.

These activities are considered the most essential building blocks. There are other possibilities.

The Ministry of Education has demonstrated its interest in population education. (This should not be confused with family planning information). The Adult Literacy Section, the Secondary Schools Section, the Teacher Training Section and Textbook and Curriculum Section have indicated interest. So far USAID has provided materials and studies done elsewhere and assisted the attendance of a few officials at workshops and conferences. We may be able to have population education for the plucking and with little financial assistance.

Status and education of women in Afghanistan should also receive some attention. The elite women's voluntary organization is the Afghan Women's Society. Family planning will become one of its services. They also provide free legal advice to any woman who has been cheated of her dowry or divorced unilaterally. They are lobbying for a minimum age of marriage. Again, there may never be a project in this area, but it is the Mission's intention to remain attentive and supportive.

		Project 110 - Obligation by Fiscal Year									
Project	Titles	Total	U.S. Personnel			Local & TCN Pers. Cost	Participants		Commodities		Other Cost Direct
			Direct	PASA	Contract		Direct	Contract	Direct	Contract	
General 110-1-	72-1131007 307-50-306-00-44-31	\$ 363,000.00	\$ 131,049.67		\$ 2,400.00	\$ 24,690.00		\$ 190,410.00			\$ 14,450.33
110-3-	307-50-306-00-44-31	403,000.00			325,000.00					\$ 78,000.00	
110-4-	307-50-306-00-44-31	378,000.00			122,750.00	2,000.00	15,000.00	237,000.00		1,250.00	
FY 73 Grand Total		1,144,000.00	131,049.67		450,150.00	26,690.00	15,000.00	427,410.00		79,250.00	14,450.33
General 110-1	72-112007 207-50-306-00-44-21	248,760.00	77,870.06		26,000.00	33,586.00		109,458.00			1,845.94
DWD/KAP 110-2-	207-50-306-00-44-21	26,240.00				14,240.00		12,000.00			
FY 72 Grand Total		275,000.00	77,870.06		26,000.00	47,826.00		121,458.00			1,845.94
General 110-1	72-114103.1	1,740,000.00	44,455.00		1,361,620.00	24,765.00		197,100.00		106,100.00	3,960.00
Adjustment in FY-72					(50,000.00)					50,000.00	
FY 72-71 Total		1,740,000.00	44,455.00		1,311,620.00	24,765.00		197,100.00		158,100.00	3,960.00
Accumulative Total (3 years)		\$ 3,159,000.00	\$ 253,374.73		\$ 1,787,770.00	\$ 99,281.00		\$ 745,968.00		\$ 237,350.00	20,256.00