

## **BASICS Afghanistan Quarterly Report FY08 Quarter 3: April 1- June 30, 2008**

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Basic Support for Institutionalizing Child Survival Afghanistan (BASICS)

July 2008

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**USAID/BASICS QUARTERLY REPORT  
AFGHANISTAN  
(QUARTER 3, FY08: APRIL 1 - JUNE 30, 2008)**

## Background

After the fall of the Taliban at the end of 2001, Afghanistan had some of the world's worst health indicators, particularly in maternal, child and infant health. A series of reforms launched in 2003 by the MOPH, resulted in significant progress. For example, infant mortality decreased from an estimated 165/1000 in 2001 to about 135/1000 in 2006; resulting in approximately 40,000 less infant deaths per year.<sup>1</sup> However, child and infant mortality is still high, and in order to reach Afghanistan's MDG 4 goal of reducing the under-5 mortality rate and infant mortality rate by 50% between 2003 and 2015, further improvements in child health programs are necessary. Afghanistan is committed to improving child health and has made child health a priority.

USAID/BASICS involvement in Afghanistan began with USAID/BASICS providing USAID/Tech-Serve, an MSH-implemented project in Afghanistan, with technical assistance on child survival. USAID/BASICS work in Afghanistan evolved into a full program in 2008 with USAID/Afghanistan's request for BASICS to begin work to widen the areas of USAID involvement in improving child health, as well as accelerating interventions already underway. BASICS FY08 and FY09 work plan includes activities in most of USAID/BASICS technical areas: community case management (CCM), nutrition, basic essential newborn care, BCC integrated zinc supplementation implementation, pediatric hospital care improvement and health policy. The levels at which these child health improvement interventions and support will occur are throughout the health system: from the community level, to Basic Package of Health Services (BPHS) facilities, to hospital facilities (Essential Package of Hospital Services – EPHS), to the national policy level. The following five key strategies and their associated interventions and activities will span the continuum of care that children receive and will thus guide the implementation of USAID/BASICS' technical approach:

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

In assisting the MOPH in improving child and infant health in Afghanistan, USAID/BASICS is working closely with Tech-Serve, HSSP, UNICEF, and WHO.

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<sup>1</sup> [http://www.usatoday.com/news/world/2007-04-27-infant-mortality\\_N.htm?POE=click-refer](http://www.usatoday.com/news/world/2007-04-27-infant-mortality_N.htm?POE=click-refer)

## Quarter 3 Activities

### **Operational**

- In April, USAID/BASICS submitted its work plan to USAID/Afghanistan and received approval.
- USAID/BASICS' in-country staff has been identified.
  - Dr. Hedayatullah Stanekzai began in June as the Country Team Leader.
  - Dr. Farooq Mujadidi will begin July 1 as Principal Technical Officer and Deputy Team Leader.
  - Two technical officers, Dr. Sharifi and Dr. Raza, will join the BASICS team in August.
  - In addition, Paul Ickx is serving as the Senior Technical Advisor to the in-country team.

### **Revise and develop child survival and health focused policies and strategies**

- A thorough review of the child health situation and policies in Afghanistan was completed. Components of this review included:
  - In-country state of child health assessment team
  - Review of health policies relevant to child health
  - Analysis of existing data for identifying current weaknesses in improving child health indicators and identifying strategic interventions for improving child health
- Assisted the Child Health Policy Working Group in finalizing its child health situational analysis

### **Improve child health care at the community level**

- Continuing support to the MOPH's Child and Adolescent Health Department in developing a national C-IMCI trainers' manual.
- Development of national C-IMCI job aids for CHW training curriculum. These job aids were field tested and revised. USAID/BASICS undertook this in collaboration with Tech-Serve.
- USAID/BASICS contributed to the production of the training manual and job aids.

### **Improve child health care at the BPHS facility level**

Obtained a consensus among MOPH, UNICEF, WHO and BASICS on identifying opportunities to improve the current implementation of IMCI. In quarter 4, BASICS will provide technical assistance and lead a joint assessment of current IMCI implementation. This assessment will further develop a national consensus on any modifications required in the IMCI approach, training and implementation in Afghanistan in order to improve the effectiveness for reducing child mortality and morbidity.

### **Improve child health care at the EPHS hospital level**

BASICS joined Tech-Serve and HSSP in assisting the MOPH on improving the quality of care in first referral (and higher levels) hospitals. This quarter, implementation began on the Pediatric Hospital Improvement Collaborative.

- The assessment tools, developed by the MOPH, HSSP, Tech-Serve and other members of the working group were finalized, tested and adapted according to the testing results. The tools were tested in Indira Ghandi Children's Hospital, Atta Turk Children's Hospital, and Qarabaugh District Hospital.
- Provincial assessment teams from 12 hospitals (1 district and 1 provincial hospital from 6 provinces) were trained. The assessment will occur the first weeks of quarter 4.

### **Strengthening cross-cutting health system components to improve child health**

To improve routinely reported child survival indicators, BASICS worked with MOPH in suggesting indicators for inclusion in routine MOPH Monitoring & Evaluation tools, including indicators in the health management information system (HMIS) and national monitoring checklist (NMC).