

## **BASICS Afghanistan Quarterly and Annual Report FY10 Quarter 2: January 1, 2010 – March 31, 2010**

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Basic Support for Institutionalizing Child Survival Afghanistan (BASICS)

April 2010

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Basic Support for Institutionalizing Child Survival Afghanistan (BASICS)  
Management Sciences for Health  
784 Memorial Drive  
Cambridge, MA 02139  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)



# **USAID/BASICS QUARTERLY REPORT AFGHANISTAN**

(FY10 Quarter 2: January – March 2010)

### **BASICS PRIMARY STRATEGIES OF WORK PLAN**

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

### **BASICS TECHNICAL AREAS OF WORK**

- Newborn health
- IMCI
- Community case management (C-IMCI)
- Nutrition: Growth Monitoring and Infant and Young Child Feeding
- Pediatric hospital care improvement
- Behavior change communication
- Systems strengthening

## **KEY ACHIEVEMENTS AND ACCOMPLISHMENTS (January – March 2010)**

### **I. Policy and Guidelines**

- The terms of reference of the High-Level National Maternal and Child Health Committee were completed. They were approved by the Acting Minister of Public Health. The Minister met with the BASICS team to plan the first meeting of the committee will be May 6, 2010.
- The National Child and Adolescent Health (CAH) Policy and Strategy: 2009-2013 was translated into Pashto and 3000 copies of the English, Dari and Pashto versions were printed and provided to the MoPH.
- The National Public Nutrition Policy & Strategy was approved by the MOPH Technical Advisory Group (TAG) in February 2010.
- The Infant and Young Child Feeding Policy and Strategy was printed and 2850 were copies distributed to the MoPH.
- These three major MOPH child health focused policies and strategies (National Child and Adolescent Health Policy and Strategy: 2009-2013, National Public Nutrition Policy & Strategy and Infant and Young Child Feeding Policy and Strategy) are now available on a single CD that BASICS produced. It will be distributed to the MoPH, provincial public health departments and partners.
- A core group was established to support the MoPH/CAH in developing an implementation plan for the CAH Policy and Strategy. BASICS is supporting development of the plan by providing an international consultant to support to this activity.
- The CAH Policy and Strategy has gained prominence as a key MOPH priority and will be presented at the next quarterly meeting of the Provincial Public Health Directors.

## II. Improve Child Health at the Community Level

- The scale up of the Integrated Child Survival Package (ICSP), which includes community growth monitoring and promotion (C-GMP), community case management (CCM), and community based essential newborn care (C-BENC) through CHWs and Family Health Action Groups (FHAGs) continued through various activities, such as training of CHWs (*see Figure 1*), orienting FHAGs (*see Figure 2*) and training of trainers (*see Figure 3*).
- The impact of this community-based platform for the Integrated Child Survival Package is starting to be evident from the data. The number of children under 2 years of age with adequate weight gain in the five original demonstration districts is now 80% (*see Figure 4*). The number of C-GMP sessions held in the five districts has increased though during the last three months the effects of winter and the transition of NGOs providing BPHS services to new NGOs has resulted in some fall back in the program's progress (*see Figure 5*). However, we expect that the number of weighing sessions in communities to start increasing again now that the new NGOs have started their work. This transition dip due to new NGOs taking over in these provinces has also resulted in a decrease in the percentage of children under two attending these weighing sessions of C-GMP (*see Figure 6*). BASICS is working intensively with these NGOs to correct this dip and continue to increase the percentage of children under 2 who are attending monthly weighing sessions.
- BASICS, Tech-Serve, HSSP, TB CAP and HEFD/PCH reached consensus on an implementation mechanism for the Integrated Child Survival Package (ICSP). It is now being introduced to all PCH NGOs in the 13 USAID-funded provinces. A one-day orientation was conducted with NGO representatives with the collaboration of HEFD/MOPH. The replication in all 13 USAID-funded provinces has been costed, district profiles have been completed, and replication is pending USAID approval of funds for the additional costs incurred by the NGOs.
- A training package of Community Based Growth Monitoring and Promotion (GMP) counseling was developed for NGO staff in BASICS demonstration districts. BASICS conducted a Training of Trainer for 29 people from the demonstration projects, NGO staff, MoPH, FAO and MAIL. The training was replicated for CHWs and CHSs at demonstration sites.
- BASICS wrote a one-page success story on the GMP program for USAID. The program's main success thus far has been linking the CHWs and Family Health Action Groups to work together to support the growth promotion activities in communities. (*see at end of this report*)
- BASICS coordinated linkages between CHWs, community health supervisors (CHS) and agricultural extension workers with FAO, MAIL and implementing agencies in Bamyan and Herat. A one-day training was conducted for 45 CHWs in Bamyan province on kitchen gardening, in collaboration with FAO and MAIL, to demonstrate how they can promote appropriate foods when counseling mothers
- The Community-Based Essential Maternal and Newborn Care Package (C-ENBC) was finalized. This reflects a consensus of MOPH, UNICEF, and WHO. BASICS conducted training of master trainers for 26 participants from Demonstration Project sites, relevant NGO staff, and MoPH staff (CBHC, IMCI, PND, Health Promotion, and RH departments), Rabia Balkhi, Malalai and Khairkhana Hospitals, Provincial RH officers and UNICEF. A pool of national trainers is now established. They will be utilized in for implementation of C-ENBC plan.

### **III. Improve Child Health at BPHS facility level**

- BASICS, after helping the MOPH develop a IMCI short course, is assisting the MOPH in a systematic evaluation of these two courses on a comparative basis through observation of practitioners and patient outcomes. The evaluation is a comparison of two cohort of IMCI trainees from the IMCI short training course (7 days) and the traditional IMCI long training course (11 days). Thirty-two health workers from 3 districts of Takhar Province health facilities were trained in the IMCI long course and 30 health workers from 4 districts of Takhar Province health facilities were trained in the IMCI short training course. Job aids for the short and long IMCI course were provided to all health workers trained. These two groups will be observed and compared at 6 weeks post-course, 3 months and 6 months as to their effectiveness. The methodology for this assessment and a checklist for data collection was developed. BASICS has hired and trained three IMCI consultants for the evaluation. The first round of observing the trainees treatment process is underway.

### **IV. Improve Child Health at EPHS facility level**

- The BASICS team attended the regular pediatric hospital improvement PHI working group meeting.

### **V. Strengthen cross-cutting health system components to improve child health care**

- BASICS is work with MOPH on a Case Study on behavior change and communication for Maternal and Newborn Care. The GIA research group developed a methodology. Data collectors have been trained using a field guide and questionnaire which were developed. Data collection has begun and is on-going, with BASICS monitoring the data collection process.
- A concept paper on Story Telling as a BCC tool was drafted. Master trainers of demonstration sites were oriented to the concept and helping to gather stories now on good practices of mothers.
- The Integrated Child Survival Package (ICSP) was presented to MoPH/HEFD and the 2010 Annual Results conference of the MOPH.

### **VI. Challenges Going Forward**

#### Growth Monitoring and Promotion:

- Gap in CHWs referring acutely malnourished children to health centers
- In some districts there is poor attendance at the GMP sessions since mothers are expecting incentives to attend—need for greater emphasis of Family Health Action Groups and improved counseling that it is seen as benefit
- Need greater emphasis on “promotion” part of GMP so there is improved counseling of mothers for children with inadequate weight gain



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## SUCCESS STORY

# Promoting Improved Nutrition through Community Growth Monitoring

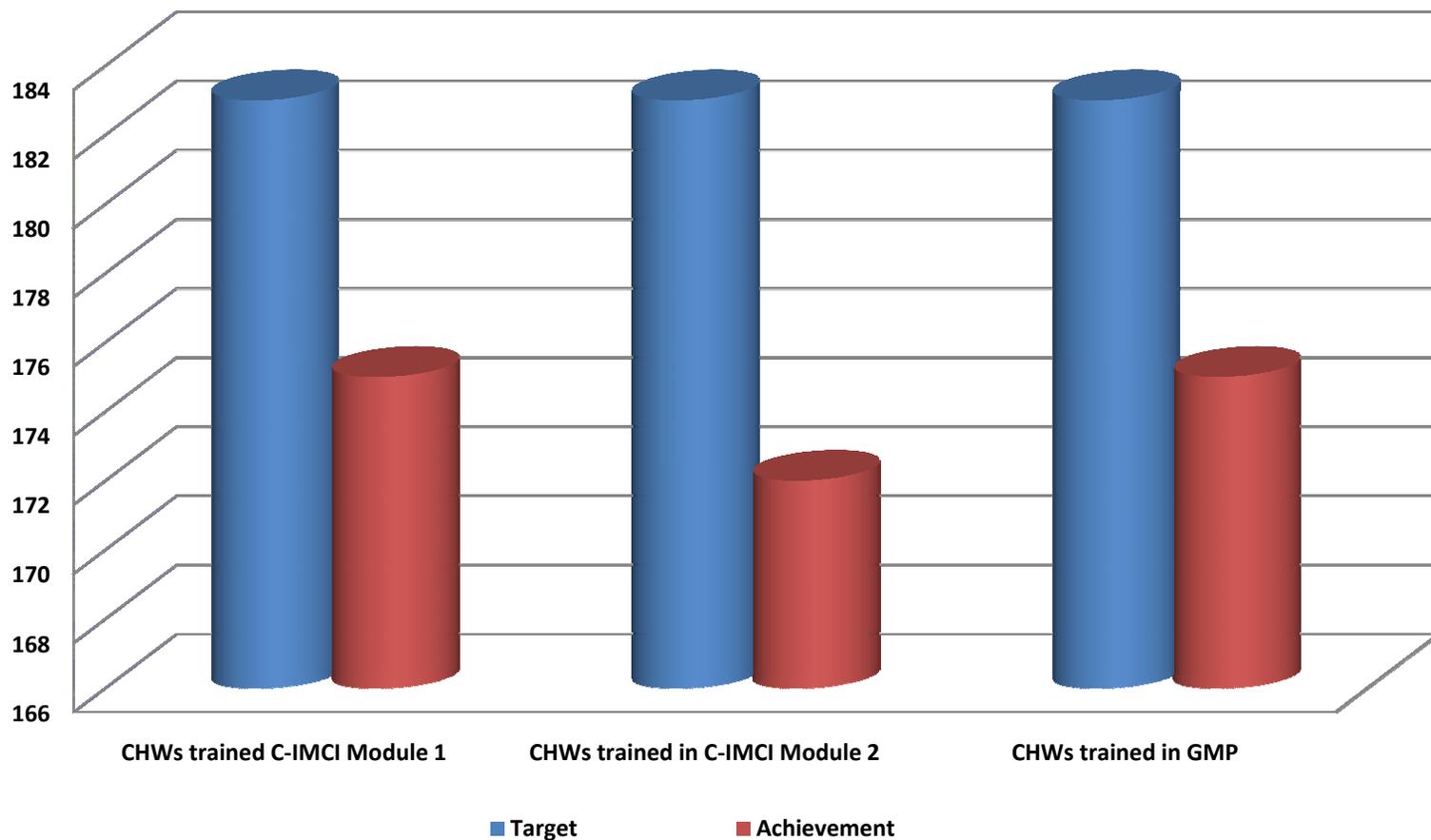
**Communities work together to improve nutritional status of their children**



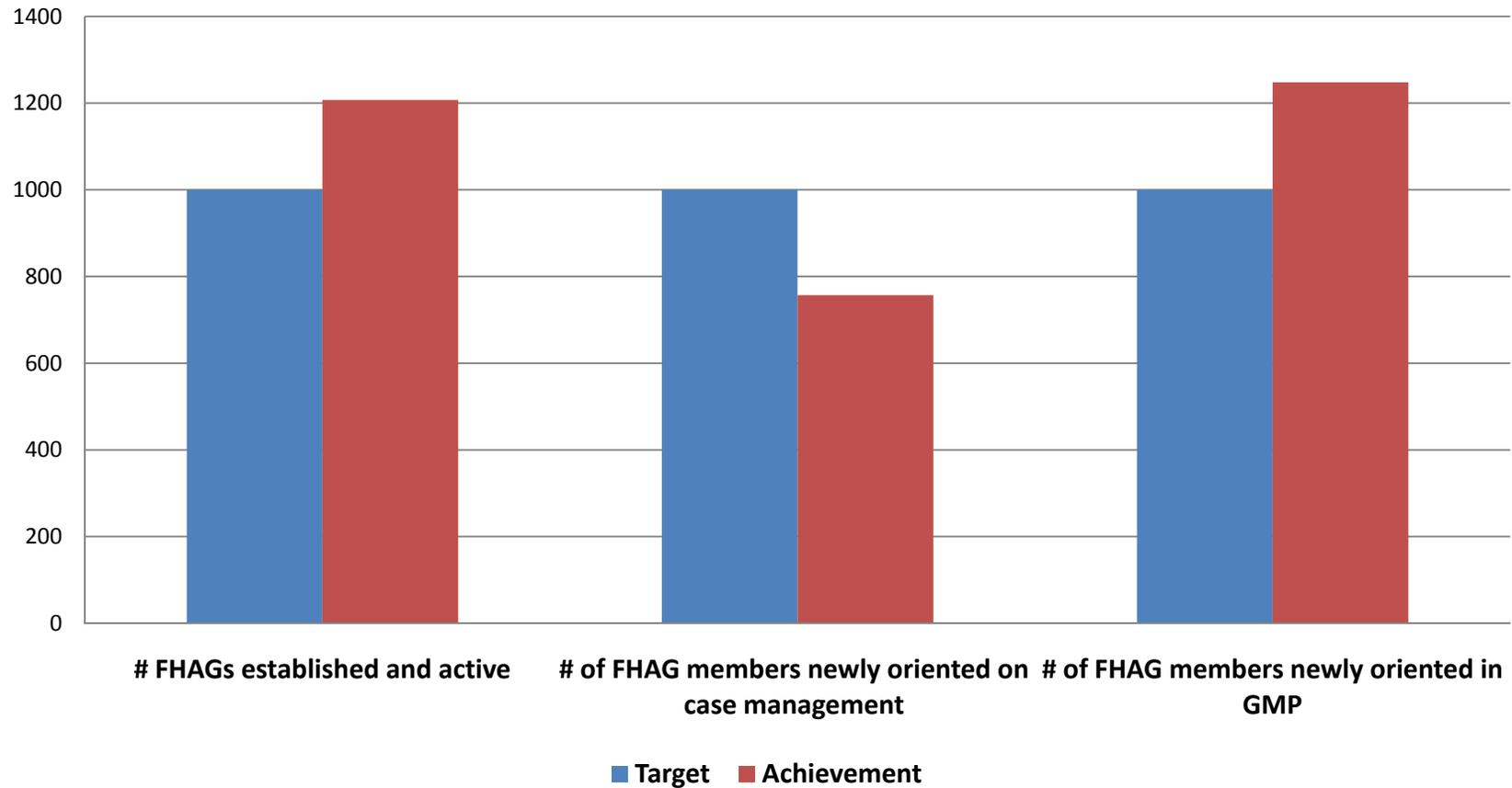
With sadness in her eyes, 16 year-old Fatima cradles her baby boy. She has noticed that her son has remained small and is often ill, compared to other children. She doesn't know what to do. Fatima's story is all too common in Afghanistan, where more than 50 percent of children are chronically malnourished. Malnutrition is responsible for around 50 percent of child deaths in the country. Addressing nutrition through facility-based growth monitoring and promotion is difficult in the Afghan context due to inadequate time for counseling, high female illiteracy rates, and irregular access to facilities by women. Community Health Workers (CHWs) can promote better nutritional practices but they struggle to cover all the households in their communities.

BASICS (Basic Support for Institutionalizing Child Survival) has worked with the MOPH to develop a community-based approach to detect malnutrition in children early by monitoring their monthly growth through Family Health Action Groups (FHAGs), representing 10 to 15 households. Together the CHW and FHAG conduct at a central place in the village. A mother of the community member convenes a monthly weighing sessions to weigh all children under age two with the CHW present. After each child is weighed, their weight gain or loss is marked on a simple, pictorial chart, developed especially for use by illiterate CHWs and mothers. For children with insufficient weigh gain, a FHAG member and CHW do an in-depth exploration of feeding practices with the mother. They explore what types of local foods have been fed to the child, the quantities and the frequency of the feedings. They then make an agreement with the mother on how to modify feeding of the child. They also share health messages about vaccination, hand-washing, antenatal care and birth spacing. Any child who has not had a weight gain for two successive months is referred to the nearest health facility. In the first five districts doing growth monitoring, over 80% of the children are showing adequate weight gain. This community approach is improving the nutritional status of the children of Afghanistan.

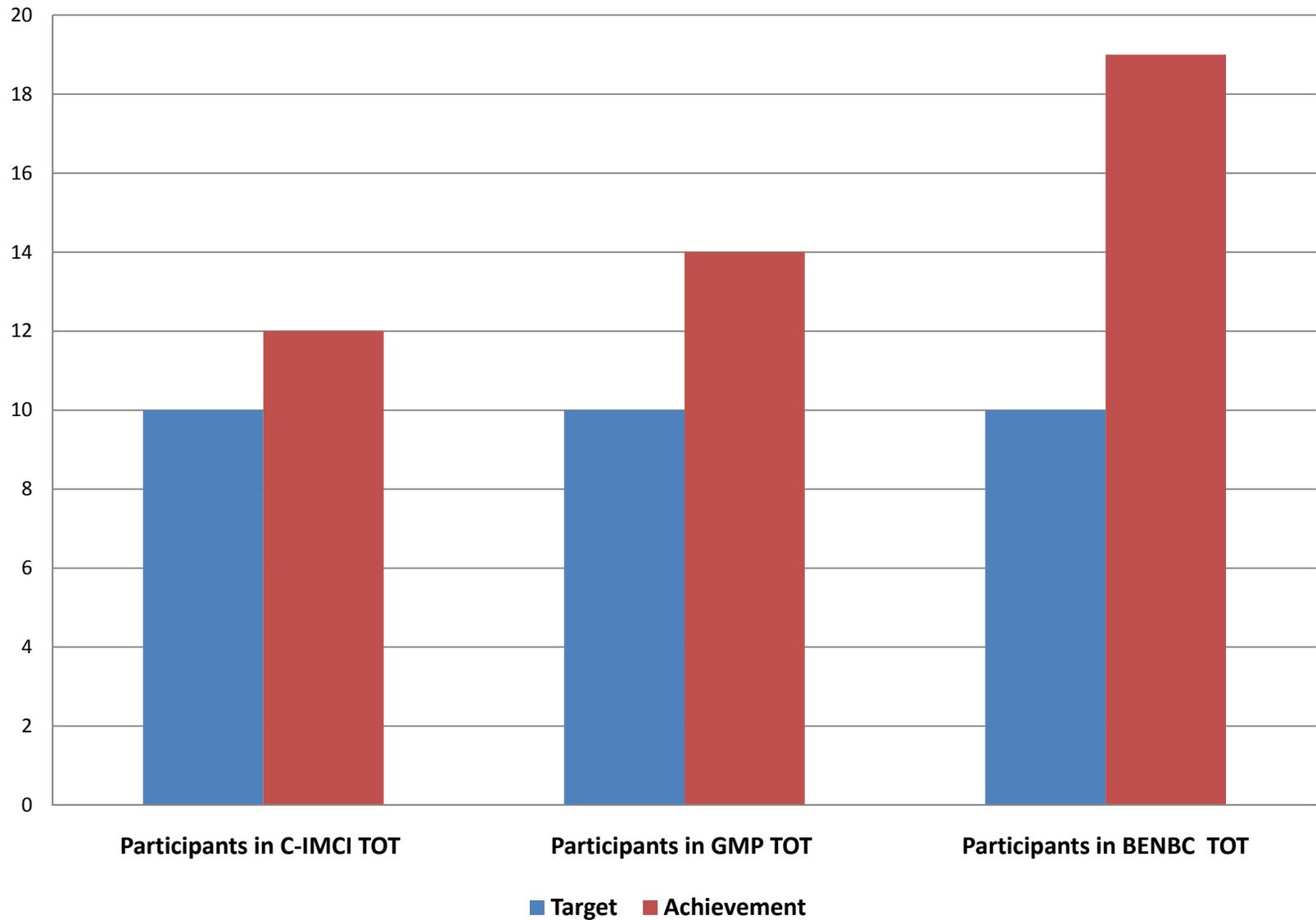
**Figure 1: CHWs trained in C-IMCI module 1-2 and GMP  
Jan 2009-March 2010**



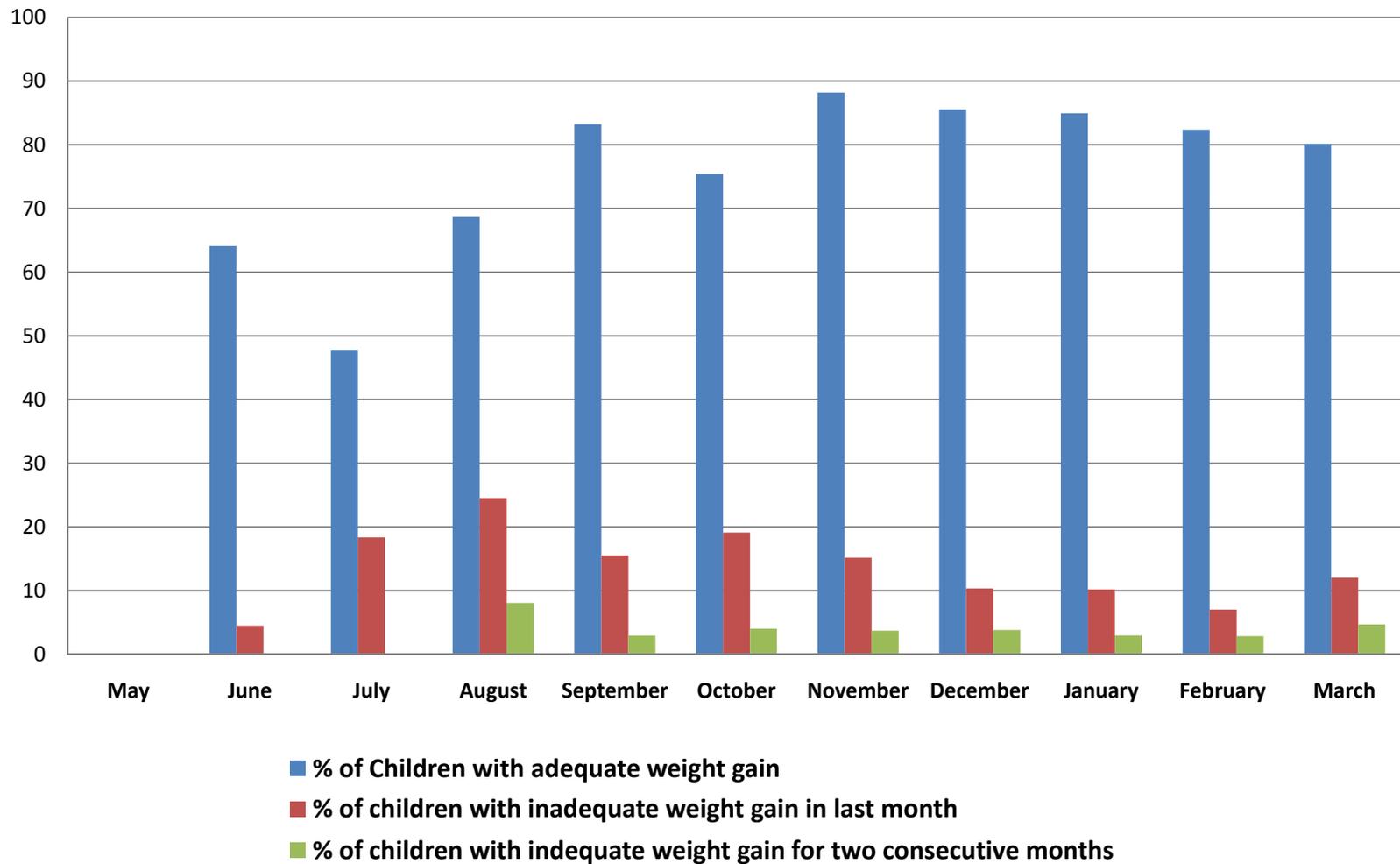
**Figure 2: Family Health Action Group (FHAG) Orientations  
Jan 2009 to March 2010 in five districts**



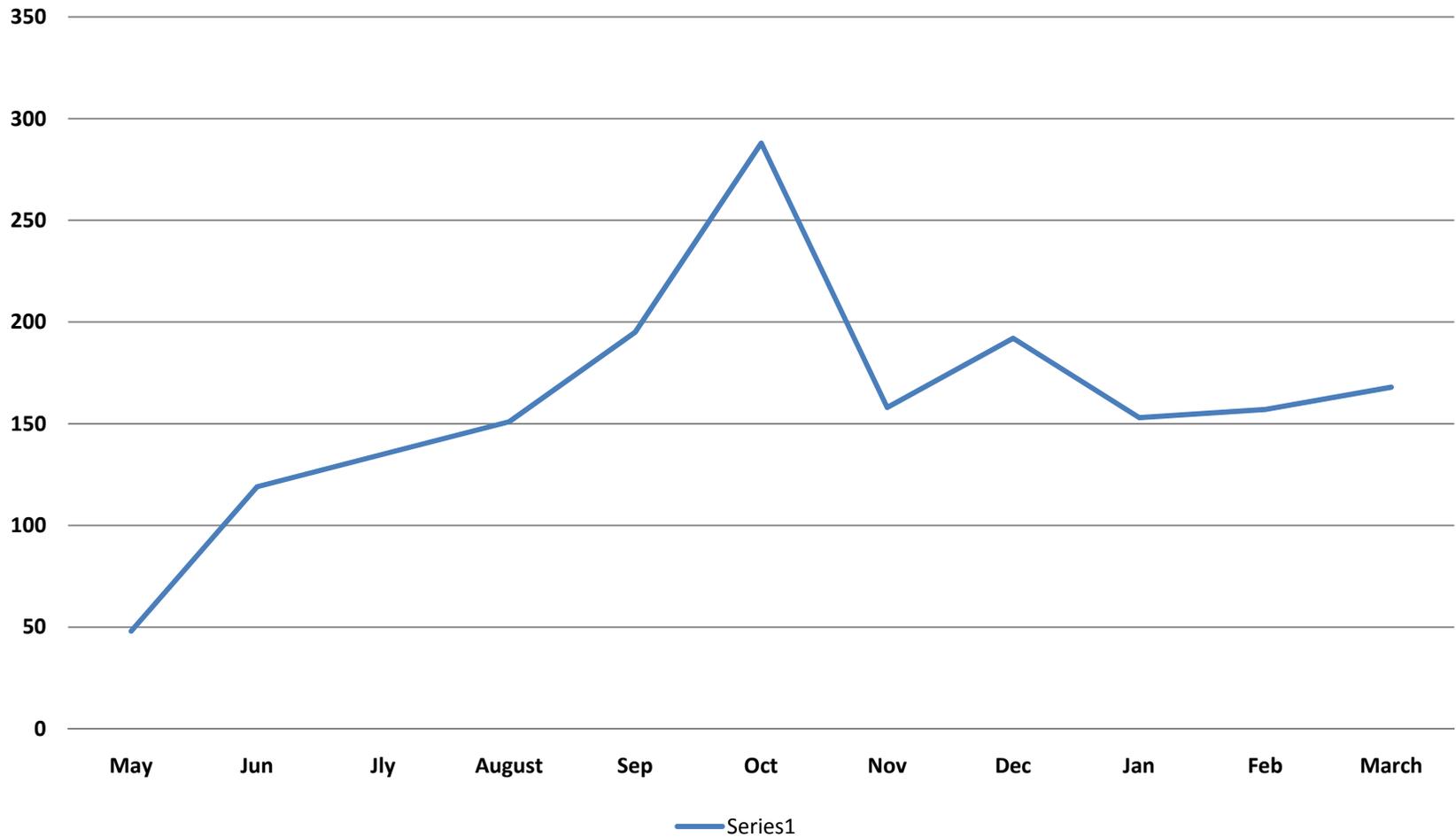
**Figure 3: Participants in ToTs conducted by BASICS 2009-2010**



**Figure 4: Weight Gain Status of Children Under 2 in Five districts  
June 2009 to March 2010**



**Figure 5: Number of Growth Monitoring and Promotion (GMP) sessions held  
May 2009 to March 2010 in five districts**



**Figure 6: % of Children <2 attending community weighing sessions  
May 2009 to March 2010 in five districts**

