



## **How to Save Lives in Afghanistan:** Recommendations and Lessons from World Vision's Maternal, Newborn and Child Health Programs

Children are more at risk of dying early in Afghanistan than almost anywhere else in the world. Close to 200 out of 1,000 Afghan children will die before their 5th birthday. Only Chad has a higher rate of mortality for children under the age of 5. In 2009, 1,600 mothers out of every 100,000 live births reportedly died of pregnancy-related causes.<sup>1</sup> This is the highest maternal mortality rate in the world.<sup>2</sup>

Afghan mothers die at alarming rates for basic reasons. Few Afghan women have access to skilled health personnel during their pregnancies and at the time of delivery. In Afghanistan as a whole, only 14 percent were attended by skilled personnel during their deliveries. In rural areas, such as Ghor province, where World Vision works, the problem is even worse. Skilled personnel have historically attended the deliveries of less than 3 percent of mothers.<sup>3</sup>

Lack of adequate health care and nutrition condemns 134 out of 1,000 Afghan children to die before their 1st birthday. Of those who survive, 59 percent under age 5 suffer moderate to severe stunting, and 39 percent are moderately or severely underweight.

Despite these grave realities, there is hope for mothers and children in Afghanistan. Lives are being saved, and Afghanistan's capacity for improving maternal, newborn and child health is growing. When non-governmental organizations (NGOs) use public grants combined with private funding to develop and implement Afghan-driven, accountable, and sustainable programs, lives are changed.

**This brief provides an overview of three World Vision health programs in Afghanistan, and makes four key recommendations based on World Vision's successes and lessons learned.**

**Donors and international NGOs should:**

1. Prioritize the health of Afghan mothers and children in U.S. development assistance
2. Commit to aid that is Afghan-driven, accountable to communities, and sustainable
3. Base timing, funding, and programming decisions on conditions on the ground
4. Enable genuine partnerships between Afghans and their international partners

### **Overview of World Vision Health Programs in Afghanistan**

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#### **Midwifery Education Programs**

World Vision is conducting midwifery education programs in Herat and Ghor provinces to reduce maternal and newborn mortality. USAID funds these programs, which aim to produce competent, compassionate midwives who are able to manage normal and problematic pregnancies. Graduates of the programs are deployed to rural villages and health facilities that need more trained personnel to



provide mothers and their newborns with life-saving antenatal (before birth), postnatal (immediately after birth), and delivery care.

The Herat Midwifery Program and Ghor Community Midwifery Education (CME) Program recruit students by engaging and empowering communities. Students participate in a two-year course of study created by Jhpiego (an international non-profit health organization affiliated with The Johns Hopkins University) in cooperation with the Ministry of Public Health (MoPH). Graduates deploy to Herat Maternity Hospital or health facilities in under-served areas of Herat and Ghor provinces. World Vision used private funding to recruit and employ qualified midwives at the Herat Maternity Hospital, extending the reach and impact of the USAID grant.

### WVUS grants in Afghanistan



Of the 251 students who have entered the Herat Midwifery Program since 2004, 211 have graduated—a graduation rate of 84 percent—and another 30 will graduate in July 2012.<sup>4</sup> Of the graduates from the Herat midwifery and earlier nurse midwifery programs, 230 midwives have so far been deployed. In Ghor, 44 students have graduated from the midwifery program. Thirty-eight midwives, along with 11 trainees, are currently deployed in health facilities in Ghor province. An additional 20 students are due to graduate in July 2012.<sup>5</sup>

**In the communities where World Vision-trained midwives work, access to quality healthcare has increased and newborn mortality rates decreased. The Herat midwifery project was awarded first place in 2008 for the whole of Afghanistan by the National Midwifery Education Accreditation Board in the presence of the Afghanistan deputy minister of public health, USAID, and Jhpiego representatives in Kabul.** The Herat provincial health director has also noted the high standards of care applied by these midwives and the appreciation of mothers and their relatives treated at the Herat Maternity Hospital. From January to September 2011, the mortality rate of newborns delivered at the Herat Maternity Hospital was less than 1 percent, much lower than the neonatal (within the first month after birth) mortality rate in Afghanistan in 2009 that hovered at over 5 percent.<sup>6</sup> The difference is between life and death for the almost 81 babies born each month at the Herat Maternity Hospital.<sup>7</sup>

In addition, 39 percent of the villages in Chaghcharan, a district in the Ghor province, now have access to family health houses, sites where midwives can provide much needed care to local mothers. From these sites, 11 midwife trainees reportedly have reached 292 villages with antenatal care, postnatal care, and nutritional counseling. This provided access for more than 5,000 women and more than 1,500 newborns in the program's first year.<sup>8</sup> These family health houses are in addition to the Ghor Provincial Hospital, Lal wa Sarjangul District Hospital, and other comprehensive and basic health centers, where midwives have been deployed in a region where only 12.4 percent of women were receiving antenatal care in 2009.



## Better Health for Afghan Mothers and Children

Better Health for Afghan Mothers and Children (BHAMC), also known as the Child Survival Project, is a comprehensive maternal, newborn and child health program that USAID funds. BHAMC focuses on training communities in critical, life-saving healthcare methods. There are five main focus areas of this program:

1. maternal and newborn care
2. infant and young child feeding education, e.g., exclusive breast feeding and appropriate timing of complementary feeding
3. prevention and management of diarrhea
4. prevention of pneumonia and improved case management
5. children's immunization

World Vision works with local NGOs and the MoPH to train volunteer community health workers (CHWs), health professionals, local students, and even traditional community leaders in promoting key messages for improved health in each of the areas listed above. Local partners include Coordination of Humanitarian Assistance (CHA), Move Welfare Organization (MWO), and Bakhtar Development Network (BDN). Training improves the quality and access of health care for Afghan mothers and children, particularly through CHWs. They visit homes, educating parents on the five critical program areas. World Vision also prepares CHWs to collect and maintain critical information from these health visits so that communities can track key health indicators and strengthen existing health information systems.

Through BHAMC, World Vision has the potential to reach 81,450 people, including 36,200 children under 5 years old and 45,250 women of child-bearing age in four districts: Karukh, Chest-I-Sharif, Zindajan, and Kohsan.<sup>9</sup> Project efforts increased the rate of pregnant women taking up antenatal care services by 30 percent in target areas from 2010 to 2011.<sup>10</sup> Also, at least 45 hard-to-reach villages have received basic preventive and curative services through BHAMC partners.

As part of its longstanding, worldwide commitment to partnerships with the for-profit sector, World Vision leverages private funding and works with its Afghan partners to ensure that Proctor & Gamble (P&G) PUR<sup>®</sup> water purification sachets are available to treat drinking water. Zinc supplements to prevent and treat diarrhea, medical supplies, and needed antibiotics are provided and pre-positioned in local clinics in preparation for the winter and high-risk seasons. These supplies have reached all of the health posts (77) and basic and comprehensive health centers in BHAMC districts.

Early reports on integrating P&G PUR sachets with hygiene education and latrine building suggest that **diarrheal rates have dropped significantly**. The program targeted 99 villages, providing 2,270,400 P&G PUR sachets and 700 pit latrines to date. The program has also trained 249 CHWs and Shura leaders in behavior change communication (BCC).<sup>11</sup>

Respondents from three focus groups held with local community members benefitting from BHAMC (including mothers, fathers, CHWs and Shura health members) reported that the number of **children's diarrhea cases reduced significantly**, perhaps as much as 80 percent, because of the work of World Vision and its partners in the project.<sup>12</sup> Respondents from Chest-I-Sharif also reported that there have been no maternal deaths in three years. Leaders in the Shura (primarily men) said that what they have learned from World Vision and its partners is making a huge difference in the quality of life for their families and the community overall.







**BHAMC efforts have also influenced Afghan national policies to improve the health of children.** Importantly, World Vision's efforts have encouraged the MoPH to adopt zinc supplementation policies to prevent and treat diarrhea (the leading cause of death of children under age 5).

Last year, World Vision started PD Hearth through BHAMC, a method designed to enable communities to manage mild and moderate malnutrition. The program screened 1,277 children in three districts of Herat province. Of the 461 children entering the program with mild and moderate malnutrition, 432 (93 percent) were successfully helped by their community, gaining 200 grams or more in their first 12 days. Results of a September pilot in Ghor province with 22 children also show great promise, with 15 (68 percent) children successfully gaining weight.

### **Multi-Year Assistance Program (MYAP) in Ghor Province**

USAID has also successfully funded a Multi-Year Assistance Program (MYAP) in Ghor province that is changing key health practices for mothers and children. Through the MYAP, World Vision and its partners have engaged more than 5,500 mother and father groups across half of the districts in Ghor province, each led by a mother or father leader. A key component of the health education provided to communities through these groups is Home-Based Life Saving Skills (HBLSS), initially introduced through the BHAMC in Herat. HBLSS focuses on basic knowledge and practical skills in maternal and newborn care for both mothers and fathers. **Reaching out to fathers is essential in a culture where women must first seek permission from a male relative before they can access health care.**

These groups have collectively reached more than 87,000 mothers and fathers, promoting lifesaving skills and monitoring key health practices. They conduct growth monitoring for more than 11,000 children under age 5 each month and also monitor the nutritional status of more than 11,000 pregnant and lactating women. Community growth monitoring has strengthened the referral network for children with malnutrition to receive care in health facilities. Through the basic nutrition counseling that goes hand in hand with monitoring, it has improved nutritional practices in families with malnourished children. As a result of the strengthened referral system for malnutrition, the Therapeutic Feeding Center in Chagcharan has seen an almost 80 percent increase in admissions.<sup>13</sup>

Community interviews suggest significant improvements in reducing diarrhea rates where BCC has led to improved hand washing practices, reduced contamination of communal water sources from animals, and improved food hygiene practices in homes. There are also reports of significant improvements in exclusive breast feeding, countering entrenched local customs of feeding oil to newborns in their first few days of life, as well as improved complementary feeding practices.<sup>14</sup> Key successes directly relating to the HBLSS training include increased uptake of antenatal, postnatal, and delivery services in health facilities. In addition to these critical changes in health practices, significant success is evident in the changing attitudes toward women accessing care in communities. **Prior to the program, husbands and mothers-in-law were reluctant to allow their wives and daughters-in-law to seek care, even when they were bleeding to death following a delivery.**<sup>15</sup>

### **Afghan-driven, Accountable, and Sustainable Programming**

World Vision is making a difference in Afghanistan through programming that is Afghan-driven, accountable, and sustainable. **These principles are essential to maximize the effectiveness of development.** These principles should guide programming decisions, and are critical to scaling up, and initiating new, efforts in Afghanistan. Afghan-driven development uses NGO national staff knowledge and the acceptance of local communities, complemented by community-driven programming methods. Development is more accountable to donors and communities when its projects meet real, systematically identified needs and are valued by communities. Development is sustainable when



needs are met and Afghan institutions—at all levels, local and national—are empowered to fulfill their responsibilities to the Afghan people.<sup>16</sup> In addition, World Vision amplifies and extends impact by leveraging U.S. Government funding for private resources and vice versa.

### Afghan-Driven

World Vision Afghanistan is overwhelmingly staffed by Afghan nationals. Currently, expatriate staff members make up less than 2 percent of the 416 staff.<sup>17</sup> The midwifery education programs are an example of how Afghan-driven programming begins by depending on national staff, but do not stop there.

Afghans at national and local levels accept and welcome the midwifery programs in Herat and Ghor provinces, and the programs respond to engagement with community and program stakeholders. Not only is the midwifery program a response to the real needs of Afghan mothers and children, **it is also designed to be appropriate to the traditions and religious norms of their communities.** World Vision focused on training women to care for other women, as it is generally unacceptable for male healthcare professionals to treat women, particularly in rural areas.

Afghan input and acceptance are crucial at all stages of midwifery education programming. Students are recruited through community engagement.<sup>18</sup> Key community stakeholders in Ghor are involved from the onset of the program, through the Community Midwifery Education Coordination Council (CMECC). The members of this council include government and religious leaders, health professionals, and NGO representatives. The Midwifery Program in Herat has also established a similar Midwifery Education Coordinating Committee (MECC) that convenes once each quarter.<sup>19</sup>

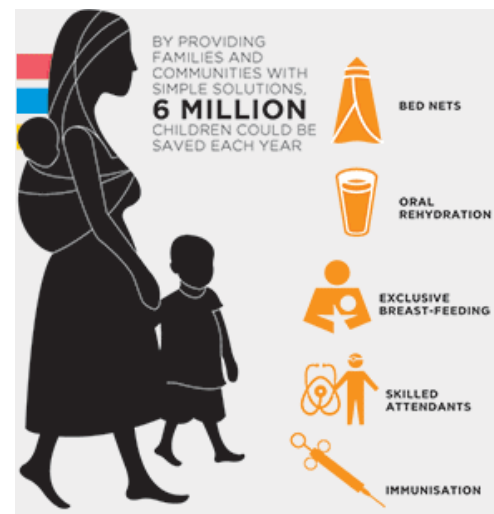
### Accountable to Communities

World Vision stays accountable to communities by addressing their real needs and responding to the people we serve and to our partners. This results in programs that Afghans truly value. The midwifery program continues to illustrate this. In Ghor, it is difficult for female students of the midwifery program to leave their families in rural areas and stay in Chagcharan without male mahrams (close male relatives). Students in the Ghor program are provided with a guarded female-only hostel, ensuring their safety and enabling families to allow their daughters to attend the school.<sup>20</sup>

**It is also important that programs adjust in response to local challenges.** World Vision held consultation meetings with the midwifery students and found that students who were not staying in the hostel had difficulty arriving to class on time during cold weather. World Vision responded by providing transportation between the teaching site and students' houses to solve the problem.

Afghan acceptance and positive community response to World Vision's midwifery programs, BHAMC, and MYAP, are evident at both the national and the village level.

**In addition to the first place award received by the Herat midwifery project in 2008, World Vision Afghanistan's Ghor midwifery program was awarded first place in 2010 by the Afghanistan Midwifery Association based on having**



**Child Health Now is World Vision's global campaign focused on a single issue: reducing the preventable deaths of children under five.**



**the best success story of midwives who completed the program.**

Also, successes of the PD Hearth and HBLSS programs are now well recognized by MoPH in Herat and Ghor provinces. In a recent Child Health Now workshop in Herat, they expressed their interest in advocating for both programs at the national level.<sup>21</sup>

Community members demonstrated how much they value World Vision's work in maternal, newborn, and child health, risking their lives to participate in focus groups during a mid-term evaluation of BHAMC. An excerpt from the evaluation explains further:<sup>22</sup>

*In October 2010, the security situation in Herat province had deteriorated significantly, such that World Vision evaluation staff could not conduct monitoring visits to Chest-I-Sharif. So that beneficiary communities in Chest-I-Sharif could participate in focus group discussions, World Vision arranged for representative groups to travel to World Vision's office in Herat City. While the focus group participants were en route, there were three IED (improvised explosive device) detonations along the road, and insurgents left the decapitated bodies of people they had killed along the road. World Vision did not know about the situation until the participants had arrived, otherwise they would have been advised not to come.*

*Dozens of group interviews were conducted, covering the participants' maternal, newborn, and child survival knowledge and practices and whether or not they had observed any improvements since the program started. Respondents were eloquent in their testimony of how much the project had reduced overall child sickness and death since it began. When the Shura were asked how long they would continue to practice the (new) health behaviors they had learned in the project and continue to work as volunteers for maternal, newborn and child survival in their communities, they said:*

*"You (World Vision) are saving our lives . . . our district is very dangerous right now. Yesterday there were two bombs along the road and today there was another one. It is so dangerous that if the governor of Herat were to call us to come here (Herat City), we would not come because of the danger. But when World Vision called to hear from us about our impressions about the Child Survival Project, we had to come. We wanted to tell you how much the Child Survival Project has helped us keep mothers and children from dying and keep them healthy. This is so important to us that we will continue to do our volunteer work as long as we live."*

Afghans are clear about the importance of World Vision's work in their communities. The midwifery programs and BHAMC are meeting real needs, and are accountable to Afghans at every step along the way.

Shukria, a 32-year-old trainee midwife from Ghor province, tells how she earned acceptance from the male elders of a new community:

*The most difficult time for me was when I started working in Ahengaran, an area new to me and my husband. We had to face the male elders and Mullawi (religious scholar and head of the community) who told us we were "infidels" who were not welcome in their community. One day the Mullawi came to me and asked me to see his wife who was pregnant and suffering severe headaches. I found she had high blood pressure and referred her to the health facility for treatment—she recently gave birth to healthy baby and the Mullawi was happy. Later he came to see me to ask religious questions (he thought as a midwife I would not know about religion) but I answered his questions easily, and then he was happy that I both knew my job and religion.*

Shukria also explained that as a sign of acceptance of her work, the Mullawi now would not allow her and her husband to stay anywhere else in the community but his home.

—Interview with midwife Shukria, October 2011



Midwives Shukria and Hadija with a newborn



## Sustainable

World Vision's experience supports the conclusion that the long-term presence of international NGOs can build the trust and capacity of communities, making a key contribution to successful development efforts. By prioritizing capacity building, World Vision's health programs empower local communities and government institutions to sustain maternal, newborn, and child health improvements, even after World Vision programs come to an end. Working with community power structures in a way that recognizes and respects local culture enables World Vision to more sustainably address the needs of the most vulnerable.

Community level commitments, like those articulated by the Chest-I-Sharif focus groups, are put into action by providing the knowledge, skills, and supplies needed to improve health outcomes for mothers and children. The midwifery programs and BHAMC have increased the capacity of the formal Afghan health system and government institutions through its training of healthcare professionals, assistance to hospitals and health facilities, and coordination with the MoPH and provincial officials. **As a result, the Afghan government and MoPH are now assuming a greater role and responsibility to improve the health and well-being of Afghan mothers and children**, including by advocating for, and distributing, zinc supplements initially introduced by BHAMC.

World Vision health programs also equip the informal system of caregivers by teaching Afghan men and women to make vital contributions to their communities as midwives and CHWs.

## Looking Ahead

Findings and recommendations for future U.S. development assistance in Afghanistan:

1. **Prioritize the health of Afghan mothers and children.** Because of their high rates of mortality, extreme vulnerability, and indispensability to the future of Afghanistan, U.S. development assistance must prioritize the empowerment of women and children. Recent Afghan progress in addressing preventable maternal and child deaths is a building block for achieving the political will and national unity that is required for across-the-board development outcomes in Afghanistan.
2. **Commit to aid that is Afghan-driven, accountable to communities, and sustainable.** Working effectively with community power structures within the requirements of local culture leads to more sustainable programs. Aid must rely on community-based models, working closely with host governments at local and national levels, and enabling citizen action and participation as stakeholders in development strategies and outcomes. Afghan maternal and child health programs have demonstrated that community monitoring and BCC are particularly effective approaches.
3. **Base timing, funding, and programming decisions on conditions on the ground.** U.S. assistance programs must thoughtfully account for the capabilities of Afghan government agencies (national, regional, and local), local NGOs, international NGOs, and other parts of Afghan civil society. Assistance must also be based on the real, most urgent needs of Afghans, especially the most vulnerable. This requires a commitment to rigorously identifying needs and developing, adequately funding, and implementing sustainable and effective programs.
4. **Enable genuine partnerships between Afghans and their international partners.** In any U.S. government transition in Afghanistan, there is a strong U.S. interest in strengthening partnerships between Afghan government agencies, NGOs and broader civil society, and international NGOs and business groups that represent long-term U.S. commitment and staying power. Leveraging private and non-U.S. development assistance and public-private partnerships





will maximize the efficiency and effectiveness of U.S. investments in Afghanistan. It will also minimize and manage the risk of waste, fraud, and abuse.

Key drivers of effective development assistance that Afghans cannot ensure, at this time, without help from their international partners, include:

- **Integrating resources**—official aid, private development assistance, and support from local and multi-national businesses—as strategic development investments.
- Utilizing resources to enhance **citizen participation** in country-led planning and ensure that development resources build in-country capacities.
- Integrating **citizen action and advocacy** in development programs to help achieve systems change and facilitate the enhanced use of country systems.
- Delivering aid in ways that **strengthen cooperation and peacebuilding** across ethnic, tribal, economic status, and other potential drivers of tension, and even conflict, in Afghanistan.
- **Ensuring child protection** and identification of needs for other vulnerable populations in ways that strengthen partnerships and workable protection systems.
- Leveraging and applying development **innovations and lessons learned** across Afghan regions and programs at the country level.

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<sup>1</sup> UNICEF 2009, [http://www.unicef.org/infobycountry/afghanistan\\_statistics.html](http://www.unicef.org/infobycountry/afghanistan_statistics.html)

<sup>2</sup> Institute for Health Metrics and Evaluation 2010.

Approximately 326,000 children under age 5 died in 2008, and 26,000 mothers died of pregnancy-related causes in 2005 in Afghanistan (Countdown to 2015 Maternal, Newborn and Child Survival, Afghanistan Country Profile 2010 Report, <http://www.countdown2015mnch.org/documents/2010report/CountdownProfilesA-I.pdf>).

<sup>3</sup> KPC 2009

<sup>4</sup> “Background of Herat Midwifery Program”

<sup>5</sup> World Vision presentation “Community Health Profile-Afghanistan 2011”

<sup>6</sup> The reported mortality rate of newborns delivered at Herat Maternity Hospital Jan-Sept 2011 was 0.6% of 15,783 births. The neonatal mortality rate of Afghanistan in 2009 was 52 per 1,000 live births. [http://www.unicef.org/infobycountry/afghanistan\\_statistics.html](http://www.unicef.org/infobycountry/afghanistan_statistics.html)

<sup>7</sup> Difference calculated by comparing neonatal mortality rate for all of Afghanistan in 2009 (5.2%) to Herat Maternity Hospital newborn mortality rate (0.6%) per average number of deliveries per month (roughly 1,754).

<sup>8</sup> World Vision presentation “Child Health Now—Afghanistan 2011” October 19, 2011

<sup>9</sup> World Vision BHAMC Project Mid-term Evaluation

<sup>10</sup> World Vision BHAMC Project Mid-term Evaluation

<sup>11</sup> World Vision presentation “Child Health Now—Afghanistan 2011” October 19, 2011

<sup>12</sup> World Vision BHAMC Project Mid-term Evaluation

<sup>13</sup> World Vision presentation “Child Health Now—Afghanistan 2011” October 19, 2011

<sup>14</sup> MYAP success stories – Interviews with Community Shura in Chagcharan District, Ghor

<sup>15</sup> Changes documented in interviews with community members in Herat and Ghor provinces following this HBLSS training. (HBLSS training impact—lessons learned: Interviews with community members, Kohsan District, Herat Province, April 2011)

<sup>16</sup> White Paper: Being Smart About Development in Afghanistan

<sup>17</sup> Staff make-up reported by country program manager as of October 10, 2011.

<sup>18</sup> USAID/HSSP I.H.S. Program in Herat Province, Quarterly Technical Report June 1-August 31, 2010

<sup>19</sup> “Background of the Herat Midwifery Program”

<sup>20</sup> HSSP/JHPIEGO, CME Program, Ghor Province, Fourteenth Quarterly Report Dec 2010-Feb 2011

<sup>21</sup> Child Health Now workshop, Herat October 19-20, 2011

<sup>22</sup> World Vision BHAMC Project Mid-term Evaluation