



AFGHANISTAN: A rapid assessment for implementation of MCH Handbook



Maternal and Child Health Handbook (pilot version), Afghanistan, 2017

Background

Afghanistan is an inland country located in South-Central Asia. Its land area of 652 thousand km² is divided into 34 provinces. The country has an estimated population of approximately 30 million. The population of Afghanistan has been steadily increasing over the last three decades, with 78% of the total population currently living in rural areas. One-fifth of the population is younger than five years of age. Reproductive-aged women (15-49 years) account for 20% of the total population. According to Afghanistan Demographic and Health Survey 2015, maternal mortality ratio was estimated at 1,291 per 100,000 live births. Under five mortality rate (U5MR) was estimated to be 55 per 1,000 live births, in which infant mortality rate and neonatal mortality rate accounted for 45 and 22 (82% and 40% of U5MR) respectively. To address the high maternal mortality ratio and under five mortality rate, the Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) Directorate of Afghan Ministry of Health (MOH) is currently initiating several low cost high-impact interventions.

The concept of Maternal and Child Health (MCH) Handbook was brought into Afghanistan, by a technical team who participated in the JICA's Third Country Training Program (TCTP) conducted in Indonesia, in 2015. Following the concept of MCH Handbook introduced in the Program, the MOH leadership organized a technical working group responsible for designing and developing the MCH Handbook for the country. In 2016, a rapid assessment on MCH Handbooks was conducted. The assessment was composed of two elements: (i) desk review of MCH Handbooks being implemented in 19 countries; and (ii) assessment of operational realities of MCH Handbooks being piloted or scaled-up in nine countries (Cameroon, Indonesia, Kenya, Lao PDR, Myanmar, Palestine, Timor Lester, Uganda, and Vietnam) through a self-administered questionnaire to the participants from those countries at the TCTP in 2016.

Desk review of MCH Handbooks

Median of the number of pages of 19 MCH Handbooks was 41 with the range of 10 to 76.

A majority of them were composed of two main parts (i.e. maternal health part and child health part). Key messages and recording sections were incorporated into each of the aforementioned two parts. Overall, the structures and contents of the recording part of the MCH Handbooks reviewed were the same: i.e. (i) antenatal care, delivery care, postnatal care, family planning and tetanus toxoid vaccination in maternal health part; and (ii) newborn care, integrated management of child illnesses, child vaccination, and growth monitoring in child health part.

The proportion of the number of pages for messages (guidance and illustrations) of 13 MCH Handbooks ranged between 12% and 50%. This indicates that the number of pages for recording accounted for >50% of total number of pages among 12 MCH Handbooks out of 19 MCH Handbooks reviewed (63%) (Table 1).

Table 1. Proportion of pages of messages and records

Proportion (%)	Reviewed MCH Handbooks	
	Messages	Records
Up to 25 %	4	1
26 - 50 %	9	6
51 - 75 %	5	8
76 - 100 %	1	4
Total	19	19

Assessment of operational realities of MCH Handbooks

Through analyzing the responses provided by the participants from nine countries, we found that:

- All nine countries conducted a pilot implementation of the MCH Handbook prior to the formal nationwide scaling-up;
- A small-scale pilot was conducted in Indonesia,



Desk-reviewed MCH Handbooks of nineteen countries

- i.e. piloting only in one of 500 districts with 150 thousand population (0.06% of total population of the country);
- The distribution points of the MCH Handbook were strategically pre-determined;
- While midwives and nurses were exclusively responsible for distribution of the MCH Handbook in four countries, other types of cadres were involved in the MCH Handbook distribution task in the rest of countries;
- Seven courtiers (78%) of respondents determined both primary health care centers and hospitals as distribution points;
- All nine countries have operation guideline and training package;
- In eight countries (89%), MCH Handbooks were printed by health ministries with different level of contribution ranged from 50% to 100%;
- Mean number of years for the MCH Handbook revision interval was three years; and,
- Adult literacy rate ranged between 51% and 75% in three countries, while the rest of countries ranged between 76% and 100%.

In response to the request for sharing experienced challenges, lesson learned and good practices in their implementations of MCH Handbooks, the respondent countries reported the information below.

Challenges

- Limited funding for printing that makes sustainability of MCH Handbooks vulnerable;
- The number of health workers responsible for recording and guidance of MCH Handbooks are in shortage;
- Mothers often have lost their MCH Handbooks, particularly when their children become one year of age and older;
- Low literacy rate among pregnant women and mothers requires MCH Handbooks to be more user-friendly, e.g. by including more graphics;
- Incomplete recording practices by health workers are often observed in MCH Handbooks
- Health workers' poor knowledge on and skills for MCH Handbook operation often limit the potential roles of MCH Handbooks; and
- Distribution of MCH Handbooks to pregnant women living in hard-to-reach areas is a great challenge (i.e. socially or geographically distant communities).

Lessons learned and good practices

- Issuing a decree or circular is effective for nationwide scaling-up;
- Socializing the MCH Handbook at the community level is worth investing;

- Gaining commitment from professional associations is an option to effectively engage health workers not only at public health facilities but also at private health facilities in the MCH Handbook operation;
- Coverage and quality of MCH-related services improves, through implementing the MCH Handbook;
- The process of defaulter MCH service users tracking becomes simpler and easier, through MCH Handbook implementations; and
- Mothers' and health workers' health data literacy improves through MCH Handbook implementations.

Here are several specific recommendations on piloting MCH Handbook in Afghanistan:

- Design the MCH Handbook to be as pictorial and audience-friendly as possible;
- Limit the information and guidance to essentials;
- Finalize the MCH Handbook for nationwide scaling-up based on the results of evaluation of its piloting;
- Conduct an adequate number of community advocacy and social mobilization activities to sensitize the populations on the MCH Handbook;
- Advocate for government's and other stakeholders' financial supports; and
- Develop operational guide for the MCH Handbook.

Conclusion

Considering the current health system and fragile security situation in Afghanistan, a small scale piloting of a carefully designed MCH Handbook will be an appropriate and key entry point. Lesson learned and recommendations of well-experienced countries should be considered and reflected in the MCH Handbook piloting.

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Further readings

- Hadad AS et al. *A rapid assessment for implementation of Maternal and Child Health Handbook*. Kabul: MoPH, Aug 2016.
- Ministry of Public Health. *A Basic Package of Health Service for Afghanistan 2010*. Kabul: MoPH, 2010.
- Central Statistics Organization (CSO) et al. *Afghanistan Demographic and Health Survey 2015*. Kabul: CSO, MoPH, and ICF, 2017.