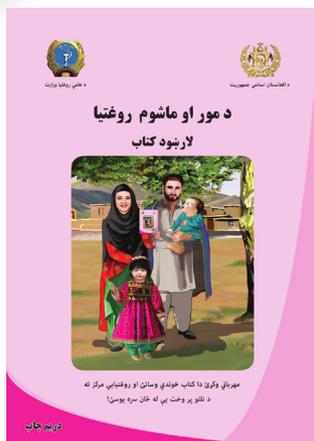




AFGHANISTAN: MCH Handbook as a tool for promoting Universal Health Coverage



Maternal and Child Health Handbook
(in Pashtu), Afghanistan, 2019

Country landscape and demographic situation

Afghanistan is a mountainous and landlocked country with a population of 32.2 million. Having those under 25 years of age account for 65% of its total population, Afghanistan is one of the countries where population is most rapidly growing, with annual population growth of 2.14%. Afghanistan's living standards are among the lowest in the world. Fifty-five percent of its populations live below the national poverty line. Over 99% of Afghan populations are Muslim. While 71% and 24% of them live in rural and urban areas respectively, 5% are nomads. Geographic and socio-cultural conditions keep the vulnerable (particularly, women and children) challenged in accessing primary health services, e.g. antenatal care, facility-based delivery, skilled birth attendance at delivery, postnatal care, child immunization, growth monitoring, and family planning.

Designing MCH Handbook for Universal Health Coverage

Maternal and Child Health (MCH) Handbook was introduced in the country in 2015, aiming at: (i) filling communication gaps between communities, families, and health workers; (ii) increasing community awareness on key MCH issues; (iii) empowering

women to make decision for their own and their children's health and to seek health services before getting into critical conditions; (iv) improving quality of individual MCH data; and most importantly (v) supporting basic health services for pregnant women and children. The MCH Handbook was designed to be used not only at health facilities and households but also in communities, through locally existing social resources and platforms (e.g. community health workers and family health action groups), to enable the health system to reach every pregnant women, mother and child in communities.

This initiative was launched by the Ministry of Public Health (MoPH) and supported by its partners (incl. Japan International Cooperation Agency, UNICEF, and WHO). The MCH Handbook has been piloted in two districts (i.e. Mirbachakot district of Kabul province and Kama district of Nangarhar province) since August 2017. Health workers were guided to: (i) distribute the MCH Handbook to pregnant women and children under 24 months of age at the points of MCH services (e.g. antenatal care, facility-based delivery, postnatal care, child immunization, and growth monitoring); (ii) record the results of MCH services in the MCH Handbook; (iii) explain health promotion messages in the MCH Handbook to families; and (iv) remind families to bring the MCH Handbook upon visits to health facilities. A total of 150 health workers working at all eight public health facilities in the study area (i.e. two district hospitals and six primary health centers) were trained on the use and operation of the MCH Handbook. They were composed of both health service providers (i.e. doctors, midwives, nurses, vaccinators, and nutrition counsellors) and administrative/management staff. To cover some 16 thousand pregnant women and children under 24 months of age, 25,500 copies of the MCH Handbook were produced. Of them 21,500 were received by pregnant women and mothers having children under 24 months of age by the end of June 2018.

A mixed-methods evaluation was employed to assess the feasibility of the MCH Handbook, targeting a total of 1,943 mothers having child (-ren) under six months of age in Mirbachakot and Kama districts, during the period from March to May 2018. As quantitative analysis, multivariable logistic regression was conducted to examine association between household economic status and mothers' reception of the MCH handbook, by controlling

Table 1. Association between characteristic of respondents and receipt of MCH Handbook

	Total N = 1,793*	Not received N = 170	Received N = 1,623	Adjusted odds Ratio	95% CI	P-value
Economic status of the household						
'Poorest': the 1 st and 2 nd quintiles	713	80 (11.2%)	633 (88.8%)	Ref		
'Least Poor': the 3 rd , 4 th , and 5 th quintiles	1,080	90 (8.3%)	990 (91.7%)	1.26	0.91–1.77	0.165
Maternal education						
None	1,409	140 (9.9%)	1,269 (90.1%)	Ref		
Primary	141	12 (8.5%)	129 (91.5%)	0.87	0.45–1.67	0.677
Secondary+	156	13 (8.3%)	143 (91.7%)	1.23	0.65–2.33	0.529
Parity						
1	294	42 (14.3%)	252 (85.7%)	Ref		
2–6	1,195	102 (8.5%)	1,093 (91.5%)	1.81	1.22–2.62	0.011
7+	304	26 (8.6%)	278 (91.5%)	2.05	1.09–3.88	0.027
District						
Kama	957	102 (10.7%)	855 (89.3%)	Ref		
Milbachakot	836	68 (8.1%)	768 (91.9%)	1.32	0.91–1.90	0.144
Child sex						
Female	844	96 (11.4%)	748 (88.6%)	Ref		
Male	949	74 (7.8%)	875 (92.2%)	1.53	1.02–2.12	0.011

*Women who had known status of receipt of the MCH handbook and socio-economic data



A nutrition counselor explaining about MCH Handbook to a mother of an infant in Bamyán provincial hospital

potential confounders (i.e. maternal education, maternal age, parity, age of child, and sex of child). Note that household's economic status was examined, because earlier studies in other countries indicated that differences in mothers' reception of home-based records between their income groups. In this analysis, all the mothers were categorized into two groups according to their household's wealth index level, i.e. (i) 'Poorest' composed of 1st and 2nd quintiles; and (ii) 'Least Poor' composed of 3rd, 4th and 5th quintiles of wealth index. As qualitative analysis, 27 key informant interviews, 32 in-depth interviews, 24 direct observation and 8 focus group discussions among mothers and among health workers were conducted to find out users' views on reception and uses of the MCH Handbook.

Equitable coverage of the MCH Handbook

The data collected during the pilot-testing indicated that the MCH Handbook was received by mothers regardless of economic status nor geographical residential locations. Of 1,943 mothers, 1,728 (88.5%) received MCH Handbooks. Ten (0.5%) reported that they received MCH Handbooks but later lost them. While 88.8% of 'Poorest' women received the MCH Handbook, 91.7% of 'Least Poor' received it (aOR 1.26, 95%CI 0.91–1.77, P=0.165). Education status of mothers (aOR 1.03, 95%CI 0.63–1.68, P=0.903) and their age (aOR 1.39, 95%CI 0.68–2.84, P=0.369) produced limited effects in whether mothers received MCH Handbooks. Primiparous women less likely received the MCH Handbook than multiparous women (e.g. women with 2–6 children aOR 1.81, 95%CI 1.22–2.62, P=0.011, Table 1). Data on six key items were recorded in the MCH Handbook (56.6%–90.8%), and further explained by health workers (48.1%–94.9%) (Table 2).

Positive users' perspectives

Overall, both mothers and health workers were positive for use of the MCH Handbook. Following

findings are few examples of their views about the MCH Handbook.

"I like all things in the MCH Handbook. Because I am uneducated, all things in the MCH Handbook are useful and helpful to me." (A mother having an MCH Handbook).

"In the villages where the MCH Handbooks were distributed, 90% to 95% women were uneducated. So, we can tell them that the only thing which helps them receive health services and consultations in a timely manner is the illustrations of respective services described in the MCH Handbook. Even the educated women prefer the illustrations to the text-based information. In addition, the most useful and attractive thing in the MCH Handbook is a series of flower marks which visually represent the progress of child vaccinations and the next vaccination appointment." (A vaccinator).

The results of the study encourage the MoPH to scale up the MCH Handbook intervention nationwide, in a phase-wise manner from 2019 onward. By the end of 2021, >2 million pregnant women and >3 million children under two years of age need to be covered by essential MCH services. Thus, the MCH Handbook is expected to help ensure that they could be reached.

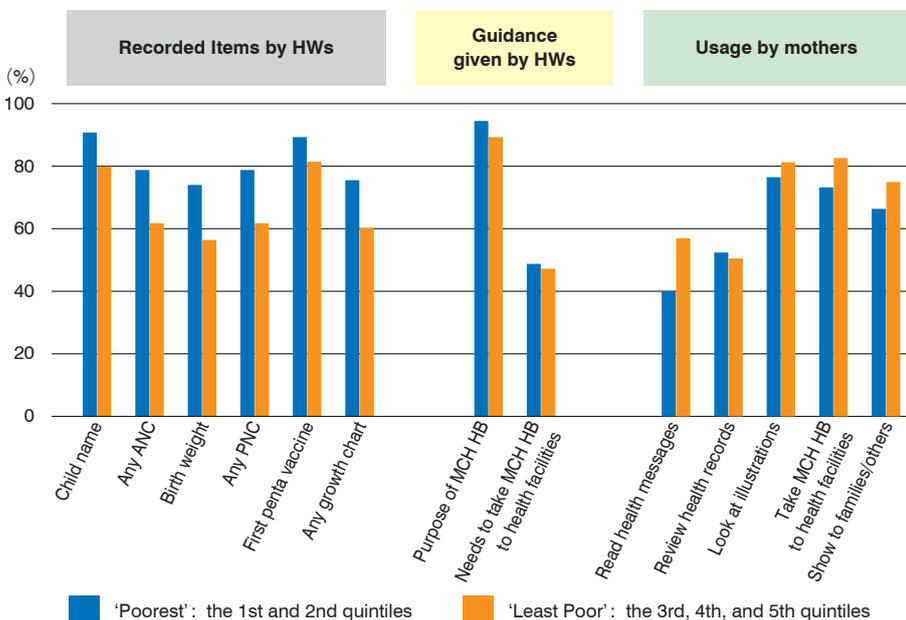
Conclusion

Mothers are likely to have received the MCH Handbook regardless of wealth status. After six months of the implementation, 99.5% of mothers continue to retain the MCH Handbooks. The study confirmed that pilot implementation of the MCH Handbook was feasible. Thus, the MCH Handbook should be scaled up across the country, by ensuring careful monitoring and evaluation of its coverage and use.

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▲ Figure 1. Differences in MCH handbook use by household's economic status between 'Poorest' and 'Least Poor'

Further readings

1. Saeedzai SA, et al. Home-based records for poor mothers and children in Afghanistan, a cross sectional population based study. *BMC Public Health Action* 2019; 766:19(1).
2. Central Statistic Organization (CSO) et al. *Afghanistan Demographic Health Survey 2015*. Kabul: CSO, MoPH, and ICF, 2017.
3. RMNCAH MoPH, et al. Afghanistan MCH Handbook, an effort to increase MCH service utilization. *Afghanistan's Mother and Child Health Handbook Brochure*. Issue No. 1. August 2018. MoPH, Kabul.