

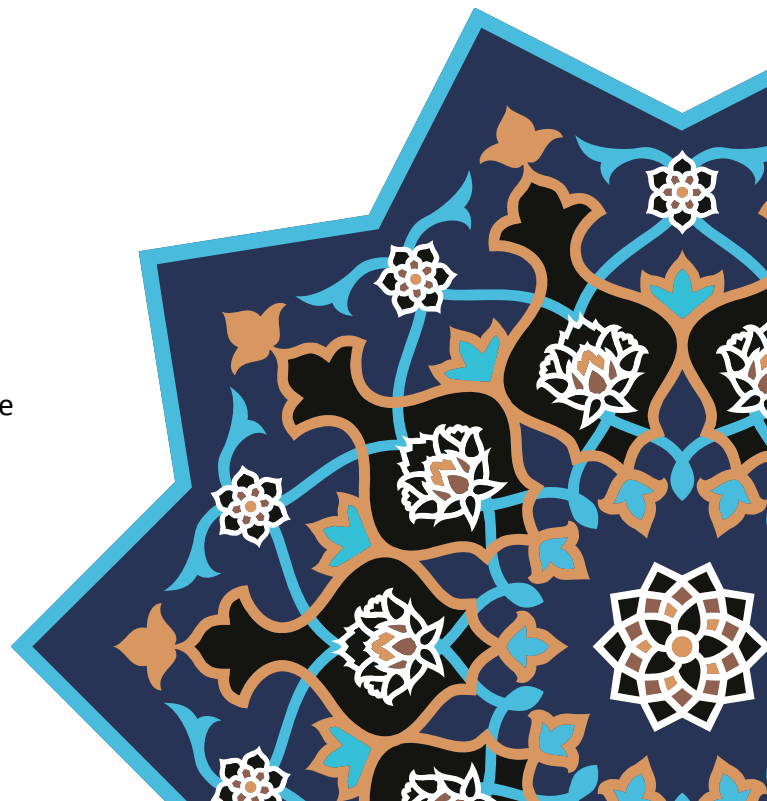


# **NATIONAL HEALTH & NUTRITION COMMUNICATION STRATEGY**

2008 - 2013

**March 2009**

Islamic Republic of Afghanistan  
Ministry of Public Health  
Afghanistan Public Health Institute  
Health Promotion Department





## **Islamic Republic of Afghanistan Ministry of Public Health**



### **FOREWORD**

I am really pleased to present the National Health & Nutrition Communication Strategy 2008-2013, which has been developed by a thorough consultation process with the stakeholders. This strategy follows the broad guidelines set up by the ANDS Health & Nutrition Sector Strategy, and outlines specific strategies to address current gaps in the Ministry of Public Health's health promotion and behavior change communication activities.

Over the past several years, the Ministry of Public Health (MoPH) has rapidly expanded primary health care coverage through the Basic Package of Health Services (BPHS) and supplemental health facilities. Key services are now available at over 85% of the country. By abolishing user fees last year, the MoPH has also made services more accessible to the poorer population. It is a critical time to focus on demand for health services to make sure that these services are utilized by the people who need it the most. A well designed communication strategy is, thus, key to achieve the Millennium Development Goals of 2015.

As we bring services closer to the community, we need to better understand the barriers that prevent communities from utilizing the life saving services, and then devise strategies to remove these barriers. This strategy will help us focus our resources in achieving this objective.

I would like to congratulate the Health Promotion (IEC) Department for leading the development of this strategy and other stakeholders for enriching this document with their valuable expert input. I would also take this opportunity to urge all our partners to support this strategy and align their resources to ensure a harmonized implementation.

The MoPH is working to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of quality health services and the promotion of healthy life styles. We are committed to prevent all avoidable deaths of our mothers, children and families. I ask you to come forward and help us achieve our objectives.

**Dr. Sayed Mohammad Amin Fatimie**  
Minister of Public Health  
Kabul, Afghanistan  
3 June 2009



## **MESSAGE FROM AFGHAN PUBLIC HEALTH INSTITUTE (APHI) GENERAL DIRECTORATE**

I would like to thank the partners who supported the development of National Health and Nutrition Communication Strategy 2008-2013. This strategy is a reflection of one of APHI's missions to promote the health of the people through reaching the community to influence positive lifestyle changes.

The Health & Nutrition Communication Strategy 2008-2013 has been developed under the leadership and guidance of APHI and with the help of technical experts from all relevant departments, other ministries, all partners of APHI and the Ministry of Public Health. We have tried to ensure that to the possible extent our strategies, priorities, activities and resources are reflected in this document. We now seek all health sector partners help to implement this strategy.

This is an exciting period in Afghanistan for focusing on health service utilization. As lessons from various new and innovative researches and interventions from our partners become available, we now have a better understanding of what works in our communities. Using evidence based solutions, we can use our existing means of communication channels to effectively reach individuals and motivate them to adopt preventive and promotive behaviors and use services that are now available at various levels health services

We hope that, this strategy will provide you with guidance when you plan and design your interventions, and will also provide you with information on important resources that you can use within the MoPH and from other partners. We invite you to use APHI's resources to create better programs, achieving bigger impact, and create sustainable positive change in the lives of families and communities in Afghanistan.

Finally, I would like to cordially thank Dr. Tawab Saljuqi and his team for their untiring efforts in bringing this document to you. If you find this document useful and if you are able to incorporate recommendations highlighted in this document in your programs, their hard work and efforts will be worthwhile and meaningful.

**Dr. Bashir Noormal**  
General Director of APHI  
Ministry of Public Health  
Kabul, Afghanistan  
3 June 2009



## **MESSAGE FROM HEALTH PROMOTION DEPARTMENT DIRECTORATE**

I want to thank everyone who contributed to the development of the National Health & Nutrition Communication Strategy 2008-2013. This would not have been possible without enthusiastic participation from all the partners of the Ministry of Public Health (MoPH). The experts from different technical fields have kindly provided their input to make this document as comprehensive as possible. My special appreciation goes to Mr. Imteaz Mannan from Health Services Support Project (HSSP) / USAID who has helped us in restructuring the strategy and editing it.

In this document, we have tried to provide a framework that our partners can use to undertake health education and behavior change interventions. We have tried to keep it as simple and easy to understand as possible, and tried to adhere to existing MoPH policies and guidelines wherever it was required.

Sustainable change in behavior at the household level can come only through long-term multi-tiered, strategic interventions that identify the barriers and adopt measures to address them. We already have decades of knowledge-base on what works in Afghanistan. We now need to consolidate our knowledge and learning from different partners to refocus our behavior change interventions and scale them up so that we can make an impact at a national scale.

Upon reviewing the eight strategic components of this document, you will notice that emphasis has been given to existing resources, channels and infrastructure. Most of the gaps can be addressed if we all work together and align our resources to focus on MoPH priorities.

Developing this strategy has been a humbling experience for our team. Through the consultation process, we were happy to learn about all the exciting and innovative multifaceted interventions that are already under way in Afghanistan.

We hope that this strategy will pave the way for improved health and nutrition status for families of Afghanistan. We already have the services, the dedicated manpower, the drugs and supplies, and the knowledge on what works at the community level. No mother, child or family member should die from avoidable causes just because the information on these services or preventive health behavior was not accessible to them.

The success of this strategy document belongs to all of you, who provided your valuable time and lent your expertise in making this richer. It is not perfect, but we think it is a good start in the right direction. I believe that health promotion is beyond bringing change to a community, it is a practical program to reach our main goal which is "health for all." Thus we need to revise our policies and strategies now and then to align them with changes of societies and communities. I would like to conclude by again expressing my gratitude to you all.

**Dr. Abdul Tawab Kawa Saljuqi**

Director of Health Promotion Department  
Ministry of Public Health  
Kabul, Afghanistan  
3 June 2009





## LIST OF ACRONYMS

ACSM	Advocacy, Communication and Social Mobilization
AFP	Acute Flaccid Paralysis
ANDS	Afghanistan National Development Strategy
APHI	Afghan Public Health Institute
ARH	Adolescent Reproductive Health
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
BEOC	Basic Essential Obstetric Care
BEmOC	Basic Emergency Obstetric Care
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CBAW	Child Bearing Age Women
CBHC	Community Based Health Care
CEOC	Comprehensive Essential Obstetric Care
CEmOC	Comprehensive emergency obstetric care
CGHN	Consultative Group on Health & Nutrition
CHC	Comprehensive Health Centre
CHS	Community Health Supervisor
CHW	Community Health Worker
CM	Community Midwife
COMBI	Community Based Initiative
CPR	Contraceptive Prevalence rate
EOC	Essential obstetric care
EmOC	Emergency obstetric care
ENC	Essential newborn care
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HMIS	Health management information system
HNS	Health and Nutrition Sector
HSSP	Health Services Support Project
IDU	Intravenous Drug User
IEC	Information, Education and Communication
IIHMR	Indian Institute of Health Management Research
IHS	Institute of Health Sciences
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organization
IPCC	Interpersonal Communication and Counselling

JHU	Johns Hopkins University
MCH	Maternal and child health
MMR	Maternal Mortality Ratio
MNH	Maternal and neonatal health
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
NID	National Immunization Day
NMR	Neonatal mortality rate
PHC	Primary health care
PLA	Participatory Learning and Action
PLWHA	People Living With HIV/AIDS
PR	Public Relation
PPHD	Provincial Public Health Director (ate)
RH	Reproductive health
STI	Sexually transmitted infection
TFR	Total fertility rate
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

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## **EXECUTIVE SUMMARY**

The health and nutrition communication strategy 2008-2013 has been developed to support the mission and goal of the Ministry of Public Health (MoPH). The MoPH has taken steps to ensure availability, accessibility and quality of health services and have supported the service delivery through initiatives to generate demand, and also established supportive social policy environment to facilitate health service utilization.

The strategy outlines eight components to address gaps in eight areas: knowledge, guidelines, messages and materials, utilization of existing channels, personnel and skills, monitoring and supervision, translating program lessons into action, and overall coordination and synergy within and beyond MoPH.

Eight strategic components each have sub objectives which, when implemented, will support addressing the specific gaps.

The Health Promotion Department, Community Based Health Care (CBHC) Dept, and Public Relations Dept, are the key implementers of the strategy, with guidance from the Policy and Planning Directorate and support from other programmatic departments within MoPH and broader stakeholders. The Health Promotion Department will be reorganized to aid in more effective implementation. The role of the partners has also been outlined and the partnership mechanism has been defined.

Proper monitoring is crucial to measure the implementation of this strategy. Process indicators have been defined to measure progress against addressing the gaps. Output, outcome and impact indicators will be developed in joint consultation with the Monitoring and Evaluation working group as part of the subsequent operational plan to implement this strategy.

Twelve health areas have been identified and individual health issues among those areas and respective communication objectives have been defined. The health areas are: safe motherhood, newborn health, infant, child and adolescent health, expanded program on immunization (EPI), birth spacing, public nutrition, communicable and non-communicable diseases, environmental health and personal hygiene, disability, mental health, gender equality and Islam and health.



## INTRODUCTION

Afghanistan National Development Strategy clearly outlined the Mission and Goal of the Ministry of Public Health (MoPH) in the Health & Nutrition Sector Strategy 2008-2013 as follows:

**(Mission)**

*The mission of the Ministry of Public Health (MoPH) is to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner through the provision of quality health services and the promotion of healthy life styles.*

**(Goal)**

*The goal ... is to work effectively with communities and development partners to improve the health and nutritional status of the people of Afghanistan, with a focus on women and children and under-served areas of the country.*

*(Ministry of Public Health, 2008 a, pg.1)*

The Health & Nutrition Communication Strategy has been developed to support these mission and goal of the MoPH.

### Chronology of the Strategy Development Process

The Health Promotion Department of the Afghan Public Health Institute of MoPH led the integrated strategy development process. Findings from literature reviews of existing information, an inventory of available materials and stakeholder consultation were presented to a roundtable of 120 stakeholders from within MoPH and other supporting partners including Ministry of Education, Ministry of Women Affairs and the Ministry of Rural Rehabilitation and Development in January 2007. Based on the feedback, a 4 day participatory workshop was organized in May 2007. This workshop was attended by representatives of different departments of MoPH, NGO and INGO stakeholders, UNFPA, UNICEF, WHO and USAID. Participants provided their technical expertise to determine priority behaviors and interventions in eight technical areas: maternal health, neonatal and child health, EPI, adolescent health, nutrition, communication diseases (TB and Malaria), family planning, and the cross-cutting issue of gender. These recommendations were synthesized and presented on another workshop in September 2007.

The draft strategy was reviewed and the modified version was presented to the IEC task force in January and February 2008 and the completed document was presented to the Consultative Group of Health and Nutrition (CGHN) within the Ministry of Public Health for review and endorsement in April 2008.

Subsequently, the strategy was submitted to the Technical Advisory Group (TAG) of the Ministry of Public Health, where a substantial modification and expansion of scope was recommended. The current version of the strategy takes into account all the inputs of the process. The revised strategy was approved by the TAG on September 23, 2008. Subsequently, the document was also approved by the Executive Board of MoPH on January 26, 2009.

USAID supported Health Services Support Project (HSSP) technically sustained the strategy development process.

## **Structure of the Report**

**Chapter 1** analyzes the health situation of Afghanistan using data from existing surveys and studies and identifies 8 gaps in the health and nutrition communication area.

**Chapter 2** reviews the existing policies and strategies within MoPH that supports Health Communication, and tries to identify common strategies that could be adopted to address health communication needs.

**Chapter 3** presents a framework based on the 8 gap areas and describes individual strategies to address each gap

**Chapter 4** examines the implementation modalities, and analyzes the capacity of Health Promotion Department and other partners to implement the strategies mentioned in Chapter 3.

**Chapter 5** analyzes the current HMIS indicators that can be used to track progress in health communication, and suggests supplementary indicators to track MoPH activities.

**In Annex 1** individual health areas are analyzed and communication objectives are identified for each health issue.

The health areas are as follows:

1. Safe Motherhood
2. Newborn Health
3. Infant, Child and Adolescent Health (including IMCI)
4. Expanded Program on Immunization (EPI)
5. Birth Spacing
6. Public Nutrition
7. Communicable (TB, Malaria, HIV/AIDS) and Non Communicable (Diabetes, Heart Diseases) Diseases
8. Disability
9. Mental Health
10. Personal Hygiene & Environmental Health
11. Gender Equality
12. Islam and Health



## CHAPTER 1: HEALTH SITUATION OF AFGHANISTAN

The recently published Afghanistan Health Survey 2006 (AHS'06) shows that the health situation has improved considerably in the last few years (JHU/IIHMR, 2007). Under-5 mortality has decreased by 25% from 2000, and Infant Mortality Rate has dropped by 22%. This can be attributed to the strong commitment and leadership of the Government of Afghanistan and concerted efforts of various aid and development agencies and community based organizations.

However, general health indicators in Afghanistan are still among the poorest in the world. The Maternal Mortality ratio of 1,600 per 100,000 live births (ANDS, 2008) is the second highest in the world. And life expectancy of 45 years (ADB, 2005), Total Fertility Rate of 6.3 (CSO/UNICEF, 2003) and 2.7% disability prevalence also points to lower quality of life in Afghanistan. 2003 MICS estimates 29.7% diarrhoea prevalence and 19% ARI incidence among under-5 children. And recently, emergence of Avian Influenza and HIV/AIDS indicates that further challenges can significantly affect the government's aim to provide universal coverage of health care. The low health indicators are associated with low levels of contact with service providers in general, as well as with lack of knowledge and health awareness, lack of education and low literacy levels, and distance from available health facilities (JHU/IIHMR, 2007).

### Pathway to Health: Positive Actions from the Ministry of Public Health

In a recently published article in Journal of Nutrition, Marsh et al describe a conceptual framework that can be used to improve the status of health from a programmatic context (Marsh et al, 2008). This framework has been summarized in Figure 1. Using this framework as a guide, while examining the recent activities of the MoPH, we see that many commendable initiatives are contributing to the improvement of health status in Afghanistan.

### Improved Access and Availability of Services and Supplies

The Ministry of Public Health has rapidly expanded the Basic Package of Health Services to provide 85% coverage in 2007, compared to 9% in 2003.

In order to increase access to health services, all services under the BPHS has been made available free of charge. The MoPH is also piloting Results based Financing in certain provinces to address the poorer communities and, furthermore, provides essential drugs and contraceptives through health facilities and health posts free of charge.



Figure 1: A Results Framework for Health

## **Improved Quality of Services**

Through standard packages of health services (BPHS and EPHS), monitoring tools like Balanced Score Card (BSC), Fully Functional Service Delivery Point (FFSDP), Quality Assurance Process (QA), the Ministry has set up quality improvement measures that are contributing to improved health service utilization

## **Improved Demand for Key Services and Behaviors**

The MoPH has taken the steps to reach the families and communities in a multi-layered approach through strengthening of several directorates within its structure.

Health Promotion Department is one of the departments where the MoPH has invested resources and manpower to improve demand for key services and behaviors.

The Health Promotion Department, which has been:

- Leading the IEC messages and material production for different health issues
- Undertaking communication campaigns for several emerging health issues, like Avian Influenza and Fortified Flour
- Piloting community mobilization approaches like PLA in several provinces

CBHC Department, which has been developing the capacity of Community Health Workers (CHWs) and health Shuras, and Public Relations Directorate, which has been working to highlight the programmatic achievements of the MoPH with national and international media and donor partners, are also important contributors to the MoPH's vision for health for all.

This strategy document is also a result of the commitment of MoPH to harmonize all communication activities and adopt a strategic approach.

## **Improved Social and Policy Environment**

Through Afghanistan National Development Strategy 2008-2013 and National Health Policy 2005-2009 and Health Strategy 2005-2006, a supportive policy environment has already been created to improve the health and well being of the families and communities of Afghanistan.

## **Where are the gaps?**

In order to improve demand for key services and behaviors, the existing gaps were classified under eight following general areas:

1. Gap in information about demand for health services
2. Gap in community focused standard guidelines for preventive behaviors
3. Gap in availability of clear, simple, easy-to-understand messages and materials focusing on the community
4. Gap in utilization of interpersonal and mass media channels to reach families and communities
5. Gap in personnel & skills to motivate service recipients
6. Gap in monitoring and supervision of communication activities
7. Gap in translating programmatic lessons into action
8. Gap in harmonizing all communication activities and aligning them with the Ministry of Public Health policies and priorities

Here is a brief description of the gaps under each area:

### **1. Gap in Information about Demand for Health Services**

Even though there have been several surveys and national level studies published on key health behaviors and health service utilization, there are still gaps in knowledge about barriers to health service utilization, community attitudes towards the health services and scope for collaboration between public and private sector. Furthermore, recent studies by JHU/IIHMR (Ministry of Public Health, 2007) and COMPRI-A (USAID, 2008) suggests that communities are not well aware of health, nutrition and family planning services available to them, and are under many misconceptions.

### **2. Gap in Community-focused Standard Guidelines for Preventive Behaviors**

Through different technical departments of MoPH, standard guidelines for curative care are available at all health facilities. However, aforementioned studies by JHU/IIHMR and other stakeholder consultations (IEC task force meetings, MoPH roundtable presentations) also reveal that high impact behaviors like hand washing, food storage, prevention of indoor air pollution, infection prevention, mental health, post traumatic stress disorder, etc. have yet to develop standard guidelines focusing on actions that are doable by the community.

For Islamic Republic of Afghanistan, it is also important to promote the link between Islam and health and demonstrate how the religious doctrines lead to a better and healthy lifestyle for all Afghans.

### **3. Gap in Availability of Clear, Simple, Easy-to-understand Messages and Materials Focusing on the Community**

Many stakeholders have produced health communication materials on BPHS and non BPHS health issues, but the messages are not standardized, and materials are not widely available. Recent baseline survey of 22 health facilities by Central Quality Assurance Committee in five provinces found that only 27% of the health facilities met the standards for availability of IEC materials at their facility (Source: Secondary analysis of unpublished baseline data).

IEC materials currently are produced and stored by different departments within the Ministry of Public Health, and there is no unified system for NGOs and other implementers to obtain IEC materials from the Ministry.

Community focused messages and materials on emerging issues like disability, mental health, avian influenza, HIV/AIDS are in the process of development and refinement, and therefore are available only in a few pilot provinces of Afghanistan. In order to have a substantial impact, nationwide coverage is essential.

### **4. Gap in Utilization of Interpersonal and Mass Media Channels to Reach Families and Communities**

Health communication activities in Afghanistan use both interpersonal and mass media communication channels. NGOs working in BPHS train service providers to reach out to Shura-e-sihis (community health committees), one for each of the 1400 health facilities, where interpersonal communicators include about 20,000 CHWs working out of 9,725 health posts as well as social mobilizers for immunization services.

According to Afghanistan Health Survey 2006 secondary analysis presented to MoPH roundtable in December 2007 by Vishwanathan et al, between 20-50% posts for CHW are currently vacant, which severely limits access to information for families in many areas.

Access to radio and Television are uneven. In urban areas, estimated radio penetration is 83%, television 37%, and newspaper readership (either by self, or read to by others) is 25% (Altai Consulting, 2005). About 22% of population above 15 years of age is literate (CSO, 2003). In rural areas, the number could be much lower.

## **5. Gap in Personnel & Skills to Educate and Motivate Service Recipients**

Currently interpersonal communication and counselling (IPCC) training is being introduced to some of the health facilities. Neither midwifery education nor pre-service medical education curriculum includes counselling or communication skills. It is important to develop the skills of all front line service providers to effectively listen to and counsel service recipients.

Community Health Workers (CHW), the volunteer cadre which provides doorstep services at the health post level and Community Health Supervisors (CHS), the cadre which provides health education at health facility level are not yet trained on counselling either.

## **6. Gap in monitoring and supervision of communication activities**

The national Health Management Information System (HMIS) tracks an impressive number of indicators related to health service utilization and disease prevalence. However, behavioral indicators have not been included in the reporting system. Therefore, regular reports are not available on community behaviors and practices. Only five indicators related to knowledge are included in the household survey questionnaire, which is conducted every two years, not frequent enough to inform regular MoPH programs.

Furthermore, other than specific campaigns, no routine supervision system exists to monitor health promotion and behavior change activities being conducted under BPHS.

## **7. Gap in translating programmatic lessons into action**

Currently, roundtables and regular presentations to CGHN and other forums are available for BPHS implementing partners to share programmatic lessons. However, there is a need to develop a regular system to share lessons in health promotion and behavior change with not only all the departments of MoPH and other Ministries and stakeholders but also with media partners and mass population.

## **8. Gap in harmonizing all communication activities and aligning them with the Ministry of Public Health policies and priorities**

Health Promotion task force, comprising of key stakeholders from BPHS partners, MoPH Departments, other Ministries and other organizations presently serve as the forum for exchange of information and sharing materials and activities. This task force needs to be strengthened and supported so that it can effectively provide technical guidance to all the stakeholders.



## CHAPTER 2: POLICY ENVIRONMENT FOR COMMUNICATION AND BEHAVIOR CHANGE

A number of strategies and policy guidelines have been developed in recent years. The following documents were reviewed to identify existing policy recommendations on health communication:

- I. ANDS Health & Nutrition Sector Strategy, 2008-2013
- II. A Basic Package of Health Services for Afghanistan, 2005/1384
- III. National Health Policy 2005-2009 and National Health Strategy, 2005-2006
- IV. National Reproductive Health Strategy, 2006-2009
- V. Communication for Behavior Impact Strategy for Afghanistan (Part of National Afghanistan National Malaria Strategic Plan, 2006-2010)
- VI. National Communication Plan and Strategy for Avian Influenza and Human Pandemic Influenza, 2008-2009
- VII. National Polio Strategic Communication Plan for Afghanistan, 2008
- VIII. National Strategic Plan for Control of Diarrhoeal Diseases in Afghanistan, April 2008- March 2013
- IX. Building an Enabling Environment for Targeted HIV/AIDS Intervention: A Communication Strategy (under review)
- X. Afghanistan National TB Control Program Integrated Advocacy Communication and Social Mobilization Strategy, 2009-2013 (draft)

### I. ANDS Health & Nutrition Sector Strategy, 2008-2013

Under the health care service provision programs, Strategy 4 states the following:

**Health Promotion and Prevention:** In collaboration with other relevant ministries, the Ministry of Public Health will, as a top priority, have promotion and prevention programs that address key emerging public health problems, such as illicit drugs and their use, smoking, HIV/AIDS, blindness, and road traffic accidents. Through the development and implementation of comprehensive programs covering prevention, treatment, care and rehabilitation, the Ministry will enhance and strengthen its capacity to address chronic conditions such as cardiovascular disease, diabetes and, as control of illicit drugs is a government priority, especially to address the problem of substance abuse. Methods used will vary depending on the nature of the target group and the current level of awareness or knowledge about a particular issue.

### Strategy 4.4

**Information, Education, Communication and Behavior Change Communication:** The HNS will initially focus on IEC/BCC issues related to the basic package of health services and to the priority promotion and prevention programmes. All IEC/BCC health messages should follow the national guidelines and convey messages that do not conflict with one another.

## **II. A Basic Package of Health Services for Afghanistan, 2005/1384**

Basic Package of Health Services (BPHS) Provides guidance in three areas: MoPH priority, health promotion services to be offered in BPHS, and commitment to Community Based Health Care.

Seven Working Principles of the MoPH contains the following:

3. Giving priority to groups in greatest need, especially women, children, the disabled, and those living in poverty.
5. Promoting healthy lifestyles and discouraging practices proven to be harmful.

Information, Education and Communication has been identified as a working component of all health facilities (HP, BHC, CHC, DH) in areas of:

- maternal and newborn health
- delivery care
- postpartum care
- family planning services
- EPI, and
- HIV/AIDS

Furthermore, the following additional components include health promotion:

- Care of the newborn services includes counselling to manage neonatal jaundice at HP, BHC and CHC level.
- IMCI component includes services for counselling the mother when to return immediately, what to do at home and follow up, at all health facilities
- EPI services highlight campaigns (NIDs) at all health facilities
- Public nutrition component includes six health promotion components: iodized salt, balanced micronutrient rich foods, exclusive breastfeeding, appropriate complementary feeding, growth monitoring and promotion, prevention of diarrhoeal disease and parasitic infections
- Mental health includes mental health education and awareness
- Disability includes awareness, prevention and education

Furthermore, annex A of BPHS document provides guidance for Community Based Health Care, highlighted as the foundation for BPHS. Particularly relevant to this strategy document are three of the global principles of CBHC:

- Communities are involved in the design of their health programs from the start
- The health worker is accountable to the community
- The community makes a financial or in-kind contribution for the services, often for supply of drugs



This strategy considers these aspects of community participation in devising its key solutions

The job description of Community Health Workers (CHWs), as outlined in the BPHS also includes Community Collaboration and Health Promotion as the first of the general responsibilities. The 9 responsibilities (including promotion of good nutrition practices, ORS, hygiene and sanitation, psychosocial well-being, etc) align with the aims of this strategy to focus on families and communities, and allow considering CHWs a key channel for health education and promotion.

### III. National Health Policy, 2005-2009 and National Health Strategy ,2005-2006

The policy statements on IEC/BCC and Health Promotion and Prevention stated in Afghanistan National Development Strategy (ANDS) Health & Nutrition Sector Strategy 2008-2013 has been quoted from the National Health Policy, 2005-2009.

The Policy also identifies community participation and outreach services as a component of the core functions of the Ministry of Public Health at health center and community level (*MoPH, 2005a, pg.27*).

Furthermore, in the National Health Strategy, the Ministry of Public Health identifies development and implementation of at least three prevention and promotion programs through inter-ministerial collaboration (*Strategy 3, ibid, pg.33*).

### IV. National Reproductive Health Strategy, 2006-2009

National Reproductive Health Strategy “emphasizes community-based interventions and community empowerment. If the community participates in their own healthcare system, they are more likely to use the expanding network of reproductive health services.”

It also dictates that specific attention should be paid to:

1. **Community-facility linkage::**Including outreach activities from the facilities to the community as well as opportunities for influential members of the community to participate in the management of health facilities
2. **Behavior change communication activities:** Which increase the dissemination of appropriate health messages. There should be a focus on
  - Interpersonal communication and counselling skills
  - Use of mass media, including radio announcements and radio dramas, to improve the community’s awareness of key messages
  - Efforts to improve the caring behaviors of providers
3. **Mobilization of the community to address reproductive health issues:** Through the promotion of village health committees, education of women’s Shuras.
4. **Activities which encourage women and families to improve and maintain their own reproductive health:** Such as enhanced nutrition and hygiene.

(*Ministry of Public Health, 2006a, pg.8*)

## **V. Communication for Behavior Impact Strategy for Afghanistan (Part of National Afghanistan National Malaria Strategic Plan, 2006-2010)**

The strategic approach of this strategy document recognizes that:

*...it is necessary to understand if the lack of malaria treatment and prevention behavior is due to a lack of awareness that malaria is an important disease, negative attitudes towards the disease or lack of skills or “know how” to make a change. Therefore, it is imperative to have a firm understanding of the competitive behaviors among the target audience, whether in relation to malaria treatment or prevention. This will allow for the most appropriate and effective communication intervention to be adopted. Target groups must be understood in terms of their reasons for their actions or barriers to change.*

The strategy also proposes use of Prevention and Treatment Assistants (PTA), Shuras, Leaders of Women Groups, Community Health Workers, Religious Leaders/Imams, Teachers, Mobile Theatre Groups, Radio, TV, Newspapers, Traditional Healers to communicate specific components (Disease Control, Vector Control, Malaria in Pregnancy and Epidemic Control and Prevention) of the strategic approach.

## **VI. National Communication Plan and Strategy for Avian Influenza and Human Pandemic Influenza, 2008-2009**

The strategy begins by noting that:

*Communication is a critical part of any successful response to the risk posed by both avian and pandemic influenza. Through sharing knowledge widely and changing farming and hygiene practices, the risk of the spread of the H5N1 virus between animal-to-animal and animal-to-human can be reduced, and hopefully a human pandemic can be averted. Communication campaigns can also help to prevent the disease in poultry and reduce the threat to livelihoods and incomes arising from the loss of livestock. Should a pandemic arise, communication will be vital in both providing information, preventing panic and saving lives.*

Subsequently, it states that:

*... a major focus of the communication strategy will be to make people aware of the risks of incursion and potential subsequent transmission to humans and what practices need to be improved and changed. This would include improving farm biosecurity, preventing illegal trade, improving general hygiene, and strengthening disease reporting and health-seeking practices. Changing current practices and behaviors to prevent transmission to both poultry and humans will present the greatest challenge.*

The strategy identifies interpersonal communication (IPC) and training of community based mobilizers, outreach through print and electronic media, as well as IEC materials i.e. posters, brochures, calendars, television PSAs and Mobile Theatre Outreach Campaigns, etc as methods to implement their strategy.

## **VII. National Polio Strategic Communication Plan for Afghanistan, 2008**

In order to address low polio immunization coverage, the document identifies the following three strategies:

- Promoting community awareness on the benefits of polio vaccination through an intensified social mobilization network
- Promoting community awareness on the benefits of polio vaccination through mass media.
- Advocating with concerned authorities (national and provincial) and community to make them more strategic and results oriented.

The strategy proposes training community influencers, conducting advocacy meetings, special events and discussions, disseminating PEI messages through local and national media, mobilizing community networks, community and religious leaders, school teachers and relevant social institutions, organizing courtyard meeting with women, building capacity of local radio stations and immunization volunteers, etc. as means to promote visibility of polio eradication initiative.

## **VIII. National Strategic Plan for Control of Diarrhoeal Diseases in Afghanistan, 2008-2013**

The strategy uses inter-sectoral collaboration and coordination at national and provincial level to ensure that 70% of families show improved health caring and seeking services (output 1.4) and 60% of child caregivers and food preparers show appropriate hygienic practices (output 2.3).

The strategy mentions conducting TOT for teachers, revising guideline for hygiene education campaign, and establishing ORT corners in schools for children and distributing IEC materials as approaches to achieve the objectives.

## **IX. Building an Enabling Environment for Targeted HIV/AIDS Intervention: A Communication Strategy (under review)**

The strategy includes two approaches to communication:

- targeted interventions for high risk groups, vulnerable populations, and PLWHA, as well as
- separate targeted intervention for general population for reducing stigma and discrimination

The strategy also recognizes involvement of community and religious leaders, NGOs in providing correct knowledge about transmission and prevention.

## **X. Afghanistan National TB Control Program Integrated Advocacy Communication and Social Mobilization Strategy, 2009-2013 (draft)**

The strategy outlines several key approaches:

- The focus of the strategic approach should be on optimal delivery of the program through a multilevel, integrated approach, thereby leveraging existing programs, especially BPHS and human resources including, CHWs and CHSs.
- Support community based programming with a 'mass media umbrella' to provide message coverage, especially in insecure areas where community programming will be limited.
- Conduct concentrated ACSM programming activities during an intensive 6-8 week programming period to account for the limited human resources, other health priorities and the need to monitor impact at population health levels.

*(Ministry of Public Health, 2008d, pg.19)*

The strategy also mentions the need for a KAP survey to guide interventions as well as public private partnership in addition to existing channels as part of its approach to address tuberculosis.

### **Common Themes within Existing Strategies**

We can categorize the common strategic guidelines into several themes:

- Ensuring adequate IEC materials for all health issues
- Intensive focused communication
- Use of multiple channels
- Inclusion of interpersonal communication channels within BPHS
- Capacity building of health service providers in communication and counselling
- Use of health Shuras, teachers, community and religious leaders, private sector
- Use of advocacy and social mobilization approaches
- Evidence based interventions
- Inter-ministerial collaboration and cross sector involvement.

These will be guiding the strategies outlined in the following chapter.

## CHAPTER 3: STRATEGIC FRAMEWORK

The strategy identifies the following 8 broad strategies to address the individual gap areas. Each strategy in turn

**Gap:** Information about Demand for Health Services

**Strategy 1:** *Produce information on knowledge, attitude and practices of families and communities on demand for health services*

**Gap:** Community focused standard guidelines for preventive behaviors

**Strategy 2:** *Facilitate development of standard guidelines for preventive behaviors at community level*

**Gap:** Availability of clear, simple, easy-to-understand messages and materials focusing on the community

**Strategy 3:** *Develop clear, simple, and easy to understand messages and materials focusing on the community*

**Gap:** Utilization of interpersonal and mass media channels to reach families and communities

**Strategy 4:** *Strengthen utilization of health message delivery channels to reach families and communities*

**Gap:** Personnel & skills to motivate service recipients

**Strategy 5:** *Build capacity of existing service providers to motivate service recipients and advocate for ensuring adequate service providers*

**Gap:** Monitoring and supervision of communication activities

**Strategy 6:** *Strengthen monitoring and supervision of communication activities*

**Gap:** Translating programmatic lessons into action

**Strategy 7:** *Develop a system to disseminate programmatic lessons and incorporate them in communication activities*

**Gap:** Harmonizing all communication activities and aligning them with the MoPH policies and priorities

**Strategy 8:** *Coordinate with all existing partners within and beyond the MoPH and develop strategic partnership to ensure health promotion at all levels*

These eight strategies, along with specific respective strategic objectives have been described below.

## **Strategy 1: Produce information on knowledge, attitude and practices of families and communities on demand for health services**

### **Strategic Objective (SO) 1.1 Analyze existing studies on community behaviors and share with stakeholders**

In past couple of years, there have been numerous surveys and studies on household and community level behaviors and practices. Some recent national level studies are:

- Afghanistan Household Survey 2006 – conducted by JHU/IIMHR on behalf of MoPH
- KAP survey on family planning, ORS and water purification product– conducted by COMPRI-A project of USAID in 2007
- Willingness to Pay survey on FP, ORS and water purification products– conducted by COMPRI-A project of USAID in 2007
- National Media Survey 2005 – conducted by Altai Consulting
- KAP survey on Safe Motherhood Initiative (SMI) –by Altai Consulting in 2004 with technical and financial support of UNICEF
- KAP survey on avian influenza –by Sayara Media and Communications in 2007 with technical and financial support of UNICEF
- KAP survey on fortified flour –by Sayara Media and Communications in 2007 with technical and financial support of WFP
- KAP survey on polio uptake –by Polio Eradication Initiative in 2007 with technical and financial support of UNICEF
- KAP survey on newborn care –by Save the Children US and MoPH in 2008 with financial support of UNICEF
- KAP survey on gender conducted by ACTD in 2008 with technical support of MoPH/GRR Unit, HSSP, UNFPA and financial support of HSSP, and UNFPA (ongoing)

The Health Promotion Department will conduct secondary analysis based on these studies to determine household level behaviors and practices to inform decision making of communication partners.

### **SO 1.2 Conduct new studies to determine household level practices and barriers to health service utilization**

The Health Promotion Department, in coordination with GAVI/HSS project and Gender and Reproductive Rights unit of RH Directorate will commission new KAP survey to better understand household level health behavior and real and perceived barriers preventing families to access and utilize existing health services.

## **Strategy 2: Facilitate development and dissemination of standard guidelines for preventive behaviors at community level**

### **SO 2.1: Collect and analyze existing MoPH technical guidelines and recommendations and adapt them for use at community and household level**

Many health guidelines are available on high impact health issues. Guidelines and standards for hand washing, infection prevention, and harm reduction are widely available for health facilities.

The Health Promotion Department will analyze these guidelines, and adapt them for use by the community for prevention of health issues like diarrhoea, malnutrition, etc.. The Health Promotion Department will also collect the existing community focused guidelines and use them for message development.

### **SO 2.2: Facilitate development of guidelines on emerging and neglected health issues and outbreaks that affect communities and households**

Currently, guidelines for emerging health issues, like mental health, disability, pandemic flu, etc are being developed. Health Promotion Department will maintain close coordination to ensure that the updated recommendations and guidelines are incorporated in all messages and materials.

### **Strategy 3: Develop clear, simple, easy to understand messages and materials focusing on the community**

#### **SO 3.1: Assess existing messages and materials in terms of ease of understanding, ease of use and cultural appropriateness**

Many organizations have developed messages and materials on various health and nutrition issues over past couple of years. These messages and materials have been targeted toward various ethnic groups in different geographic areas in various languages and representing specific concerns of those communities. The existing materials will be reviewed to ensure that the messages and materials are clear, contains up to date health information, and are culturally appropriate.

#### **SO 3.2: Standardize existing messages and materials so that they can be used by any health communicator at household and community level**

Existing health messages will be standardized, and easy-to-use pictorial materials will be produced in all major languages and adapted for use in all communities. Annex-1 outlines the various health issues, and identifies the communication objectives.

#### **SO 3.3: Develop guidelines for developing messages and materials and standardize the process of ministry endorsement of IEC materials**

Health Promotion Department will develop standard guidelines for developing messages and materials. These guidelines can be used by any NGO or media production agency to produce materials according to their own requirement.

In addition, the ministry endorsement process of IEC materials will also be standardized. IEC task force could be one avenue, so that any partner can access the technical expertise of Health Promotion Department, the partners and relevant programmatic department through the IEC task force.

#### **SO 3.4: Develop simplified pictorial messages for emerging and neglected health issues**

Currently, messages and materials on emerging issues (disability, mental health, child injury, pandemic flu), non communicable diseases (diabetes, heart disease) new technologies (zinc for diarrhoea) and new approaches (Islam and health) are not widely available.

Health Promotion Department will work with relevant programmatic department to develop state of the art messages and materials on these issues.



## **Strategy 4: Strengthen utilization of health message delivery channels to reach families and communities**

### **SO 4.1: Establish a repository of IEC materials and an inventory system within MoPH**

A clearinghouse will be established to store IEC materials centrally and an inventory system will be developed to ensure that the stakeholders have access to all the available materials.

### **SO 4.2: Produce adequate IEC materials focusing the community**

Health Promotion Department, in collaboration with different programmatic departments will produce and reprint IEC materials to ensure that the health facilities and communities have adequate IEC materials.

### **SO 4.3: Establish a distribution system of IEC materials to ensure adequate supply at health facility and health post level**

Following the establishment of the IEC clearinghouse and inventory system, Health Promotion Department will also work with NGOs and other partners to establish a distribution system of new IEC materials. Currently, the NGOs are responsible for collecting materials and distributing through their network. The provincial staff will monitor the process to ensure that the materials reach the appropriate levels.

### **SO 4.4: Establish partnership with print and electronic media to ensure timely and appropriate dissemination of health messages**

At present, TV and radio spots are produced by various partners and media buying is conducted by individual programs or organizations. Health Promotion Department, with support from PR Directorate will establish partnership with TV, Radio and Newspapers so that any partner is able to use the Health Promotion Department's partnership to promote messages in a strategic and cost effective way.

### **SO 4.5: Build capacity of journalists and health education programs to incorporate appropriate state-of-the-art health messages.**

Health Promotion Department will conduct training for journalists and officials of other ministries to ensure that up to date state of the art messages are disseminated rapidly and widely through all available channels. This will be done in partnership with different departments of MoPH.

#### **SO 4.6 Observation of special days to raise awareness on specific health issues**

At present, various special days are observed by the MoPH to raise the public visibility of specific issues (World health day, population day, hand washing day, NIDs, safe motherhood day, breastfeeding week, world AIDS day, National CHW day, etc.). Health Promotion Department, with support from PR Directorate will collaborate with various departments of MoPH to ensure proper promotion and media coverage of these days.

#### **SO 4.7 Targeted Local Campaigns to promote issues like Avian Influenza, Pandemic Flu, EPI, HIV/AIDS**

In specific provinces, the MoPH has been implementing targeted campaigns to ensure intensive and rapid promotion of health messages. Health Promotion Department will support these campaigns by providing technical expertise and management support.

## **Strategy 5: Build capacity of existing service providers to motivate service providers and advocate for ensuring adequate service providers**

### **SO 5.1: Strengthen interpersonal communication, counselling and motivation skills of frontline service providers of BPHS**

Health Promotion Department has developed training curriculum on behavior change communication (BCC), interpersonal communication and counselling (IPCC), community mobilization (CM) and participatory learning and action (PLA). These curricula have been field tested by training frontline health workers (CHS, NGO officers, RH officers, etc) from BPHS and non BPHS services. These training will be rolled out in all provinces to build the capacity of all service providers in planning and undertaking behavior change activities.

### **SO 5.2: Build capacity of Health Promotion Department to ensure state-of-the-art interventions in health communication**

Health Promotion Department staff capability will be developed to ensure that the behavior change and community mobilization are state-of-the-art and meet international standards. This could be accomplished by international technical assistance, exposure visits, training and workshops and participation in conferences.

### **SO 5.3: Develop BCC skills of EPHS hospitals, MoPH staff, NGO management Provincial Public Health Directorates and other Ministries**

The stakeholders of BPHS and EPHS will be trained on behavior change communication (BCC) to ensure effective planning and implementation of community focused interventions. Provincial hospitals under EPHS, MoPH departments, management staff of various NGOs and Provincial Public Health Directorate staff will be covered by this activity.

### **SO 5.4: Advocacy training for senior leadership of the ministry, and other ministries**

Advocacy skills of senior ministry officials and other ministries will be developed through training and workshops to ensure that key health messages, issues and needs can be articulated to public forums such as parliament briefings, media seminars, donor consultations and inter-ministerial meetings.

### **SO 5.5: Assign BCC focal point for each department within and outside MoPH**

Appropriate focal points will be identified in each department of MoPH and other ministries so that each department are regularly updated on upcoming campaigns, study results, new IEC materials, messages and planned interventions. In turn, these BCC focal points will also inform Health Promotion Department on the respective department's activities.

**SO 5.6: Build capacity of private sector and non formal providers in health issues and health communication**

Private sector, such as private clinics and hospitals, pharmacies, and other charitable organizations will be included in BCC campaigns and messages and materials will be shared with them. Additionally, Health Promotion Department will advocate for funding to build capacity of these institutions in behavior change and interpersonal communication and counselling.

Similarly, the Health Promotion Department will reach out to non formal providers, such as homeopaths, drug sellers, TBAs and other providers to ensure timely detection of danger signs and effective referral to health facility.

**SO 5.7: Advocate for adequate service providers**

Health Promotion Department will advocate for filling of vacant positions at community level, particularly CHWs, the cadre directly involved in health promotion. In addition, it will also explore potential for recruiting and deploying provincial level IEC officers to ensure more intensive health communication activities.

## **Strategy 6: Strengthen monitoring and supervision of communication activities**

### **SO 6.1: Standardize and prioritize IEC-BCC indicators**

Behavioral indicators have been used by various surveys and HMIS systems. These indicators will be standardized through a systematic review and stakeholder consultation. The Health Promotion Department will advocate for prioritization of these indicators.

### **SO 6.2: Advocate to incorporate IEC-BCC indicators within routine HMIS**

Health Promotion Department will advocate to incorporate behavioral indicators within routine HMIS to ensure that data on health service utilization, including referral, are collected and reported.

### **SO 6.3 Standardize pre- and post- campaign assessments**

Health Promotion Department will advocate for standardized guidelines for pre- and post- campaign assessments so that the effectiveness of the communication campaigns can be measured.

### **SO 6.4 Standardize tools for supervision of communication activities**

Health Promotion Department, in consultation with all stakeholders, will standardize tools used by NGOs and MoPH staff to supervise communication activities.

## **Strategy 7: Develop a system to disseminate programmatic lessons and incorporate them in communication activities**

### **SO 7.1: Utilize existing forums for disseminating programmatic lessons from communication activities**

Health Promotion Department will facilitate sharing of lessons from different projects and campaigns with various stakeholders through different forums. Presently, IEC task force, MoPH roundtable, CGHN meetings, press conferences are being used to share programmatic lessons. Health Promotion Department will ensure timely sharing of information.

Public Relations directorate is responsible for sharing information with senior ministry officials through technical advisory group, as well as preparing external briefing for parliament update, donor briefing and media briefing. Health Promotion Department will support the PR directorate's activities by preparing summary briefs of lessons from implementers and campaign reports.

### **SO 7.2: Support PR Directorate in sharing MoPH successes and lessons in health communication with mass population**

Health Promotion Department will prepare briefing materials for PR Directorate to facilitate sharing MoPH successes and lessons with mass population through print and electronic media.

**Strategy 8: Coordinate with all existing partners within and beyond the MoPH and develop strategic partnership to ensure health promotion at all levels**

**SO 8.1: Strengthen the IEC task force by regular sharing meetings and by including a broad group of stakeholders**

IEC task force will be regularly conducted and Health Promotion Department will advocate to ensure participation of stakeholders in the task force meetings. Health Promotion Department will also advocate for funds to build capacity of IEC task force and produce joint operational plans with all stakeholders.

**SO 8.2: Establish strategic partnership with Ministry of Education, Ministry of Women Affairs, Ministry of Religious Affairs, Ministry of Information and Culture, Ministry of Rural Rehabilitation and Development in evaluating and strengthening inter-sectoral programs**

Health Promotion Department will work with the aforementioned ministries to evaluate current programs and future opportunities for collaboration.

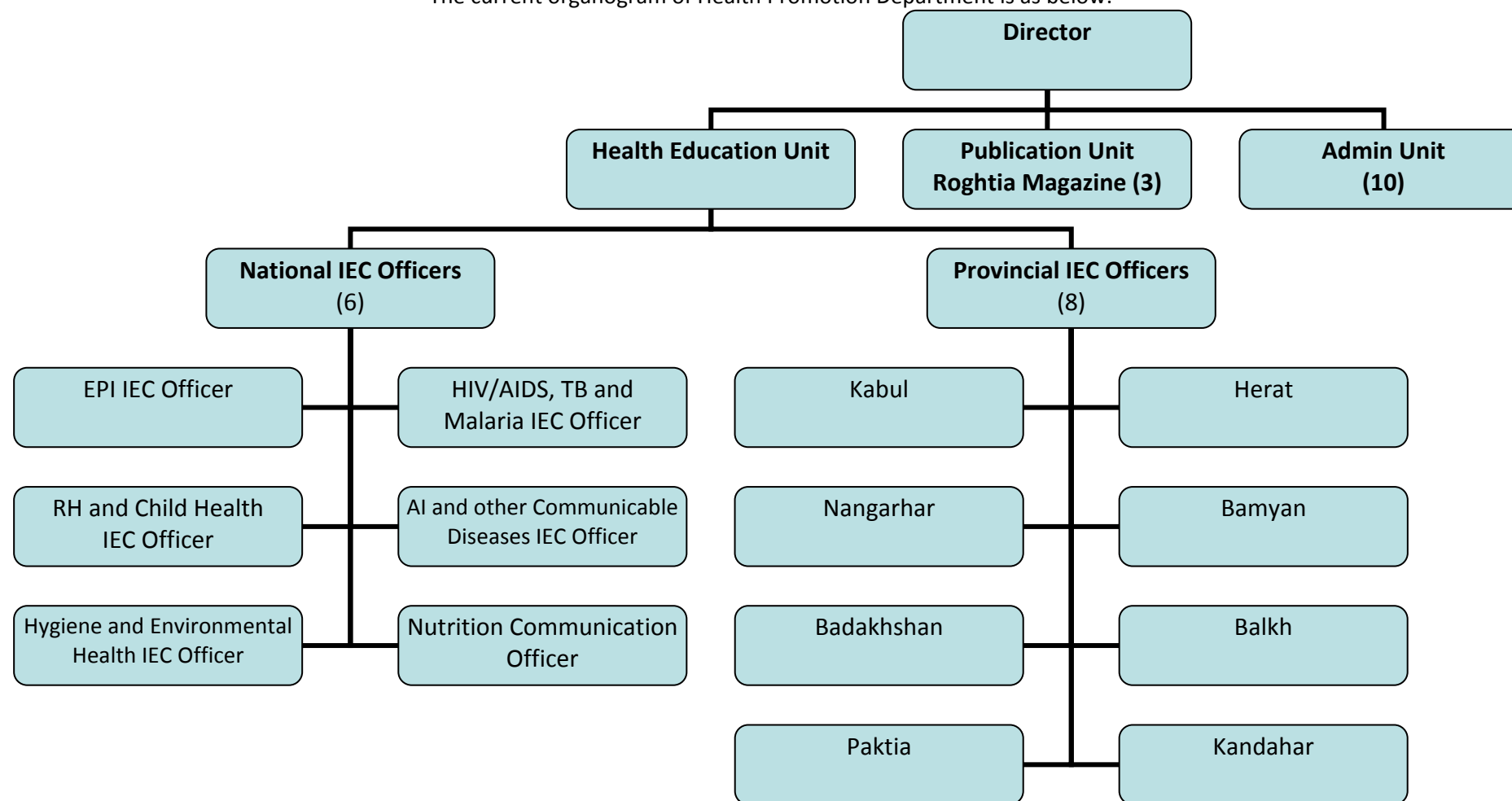




## CHAPTER 4: IMPLEMENTATION CONSIDERATIONS OF THE STRATEGY

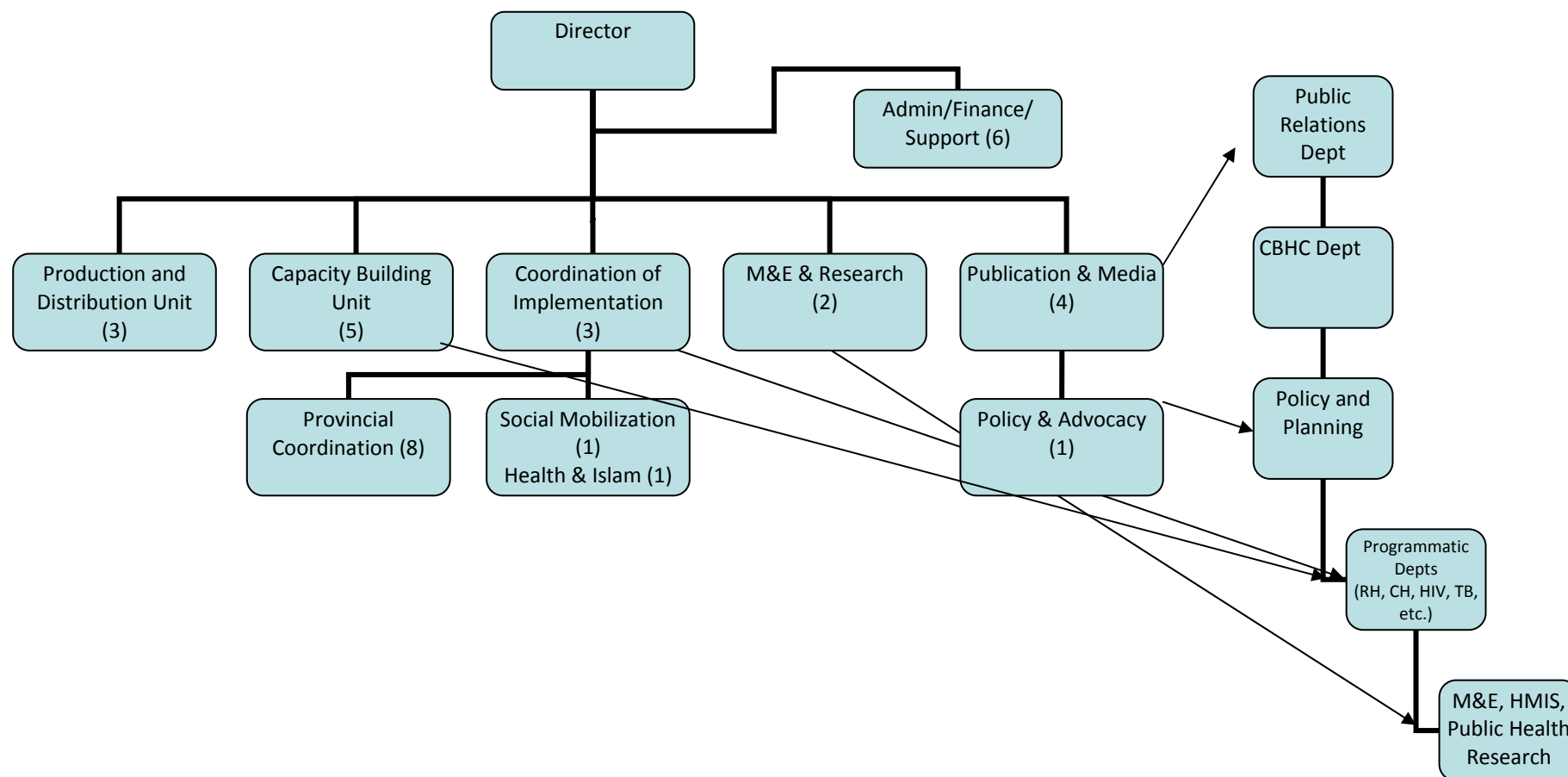
### Capacity of Health Promotion Department and Other Partners

The current organogram of Health Promotion Department is as below:



Additional positions would need to be added in order to effectively implement the strategy.

The revised organogram of MoPH Health Promotion Department will look like as follows:



Other MoPH Departments

## The Partnership for Implementing the Strategy

The partners who support the Health Promotion Department have been categorized according to different strategy components, and the nature of the partnership has been outlined below:

### Strategy 1: Produce information on knowledge, attitude and practices of families and communities on demand for health services

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>MoPH Research Unit</li> <li>MoPH M&amp;E Unit</li> <li>MoPH HMIS</li> </ul>	Producing regular reports based on monitoring and survey data	<ul style="list-style-type: none"> <li>Designate one focal point in IEC to collect, analyze and disseminate data and study results</li> </ul>
<ul style="list-style-type: none"> <li>Johns Hopkins University</li> <li>IIHMR</li> <li>London School of Hygiene and Tropical Medicine</li> <li>Altai Consulting</li> <li>Inter News network</li> </ul>	Conducting research on various health issues	<ul style="list-style-type: none"> <li>Designate one focal point in health promotion to collect, analyze and disseminate data and study results</li> <li>Provide opportunity to disseminate study results to all relevant partners</li> </ul>
<ul style="list-style-type: none"> <li>Other research organizations</li> </ul>	Conducting research on various health issues	<ul style="list-style-type: none"> <li>Provide opportunity to disseminate study results to all relevant partners</li> </ul>

### Strategy 2: Facilitate development of standard guidelines for preventive behaviors at community level

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>MoPH Policy and Planning Directorate</li> <li>MoPH Programmatic Departments</li> </ul>	Develop community focused guidelines	<ul style="list-style-type: none"> <li>Facilitate/Instigate development of these guidelines</li> </ul>

### Strategy 3: Develop clear, simple, and easy to understand messages and materials focusing on the community

Institution	Role	How Health Promotion Department can collaborate/support the strategy
<ul style="list-style-type: none"> <li>MoPH Programmatic Departments</li> <li>MoPH Policy &amp; Planning Directorate</li> <li>BPHS Implementers</li> </ul>	Develop messages and materials relevant to their respective technical areas and as appropriate to their respective communities and channels	<ul style="list-style-type: none"> <li>Develop standard guideline for development of messages and materials</li> <li>Standardize the review and MoPH endorsement process through IEC task force</li> </ul>
<ul style="list-style-type: none"> <li>Ministry of Religious Affairs</li> <li>Ministry of Women's Affairs</li> <li>Ministry of Rural Rehabilitation and Development</li> <li>Ministry of Education</li> <li>Ministry of Information &amp; Culture</li> </ul>	Develop messages and materials relevant to their respective technical area	<ul style="list-style-type: none"> <li>Develop standard guideline for development of messages and materials</li> <li>Standardize the review and MoPH endorsement process through IEC task force</li> </ul>

### Strategy 4: Strengthen utilization of health message delivery channels to reach families and communities

Institution	Role	How Health Promotion Department can collaborate/support the institution
<b>At household level</b>		
<ul style="list-style-type: none"> <li>BPHS cadres (CHWs)</li> <li>Non BPHS NGOs</li> <li>Campaign staff (AI, EPI, SMI)</li> <li>Other health cadres of MoPH</li> </ul>	Disseminate messages through respective channels	<ul style="list-style-type: none"> <li>Provide messages and materials for dissemination</li> <li>Undertake capacity building activities</li> </ul>
<b>At health facility and community level</b>		
<ul style="list-style-type: none"> <li>BPHS staff (CHS, midwives, etc)</li> <li>Health Shuras</li> <li>Religious leaders</li> <li>Teachers</li> </ul>	Disseminate messages through respective channels	<ul style="list-style-type: none"> <li>Provide messages and materials for dissemination</li> <li>Undertake capacity building activities</li> </ul>
<b>At provincial level</b>		
<ul style="list-style-type: none"> <li>Provincial Public Health Directorate</li> </ul>	Disseminate messages through respective channels	<ul style="list-style-type: none"> <li>Provide messages and materials for dissemination</li> <li>Undertake capacity building activities</li> </ul>
<b>At national level</b>		
<ul style="list-style-type: none"> <li>NGOs,</li> <li>Radios,</li> <li>TVs</li> </ul>	Disseminate messages through respective channels	<ul style="list-style-type: none"> <li>Provide messages and materials for dissemination</li> <li>Undertake capacity building activities</li> </ul>

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>• Newspapers</li> <li>• Parliament</li> </ul>		
<b>At policy level</b>		
<ul style="list-style-type: none"> <li>• Ministry of Religious Affairs</li> <li>• Ministry of Women's Affairs</li> <li>• Ministry of Rural Rehabilitation and Development</li> <li>• Ministry of Education</li> <li>• Ministry of Information &amp; Culture</li> <li>• Parliamentarians</li> </ul>	Disseminate messages through respective channels	<ul style="list-style-type: none"> <li>• Provide messages and materials for dissemination</li> <li>• Undertake capacity building activities</li> </ul>

**Strategy 5: Build capacity of existing service providers to motivate service recipients and advocate for ensuring adequate service providers**

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>• MoPH Public Health Training Department</li> <li>• MoPH Human Resources Development Department</li> <li>• MoPH M&amp;E Department</li> <li>• MoPH Programmatic Departments</li> </ul>	Build capacity of MoPH cadres of workers	<ul style="list-style-type: none"> <li>• Provide training curriculum and undertake joint training activities</li> </ul>
<ul style="list-style-type: none"> <li>• CBHC Dept</li> <li>• BPHS Implementers</li> <li>• Tech Serve/MSH</li> <li>• COMPRI-A</li> <li>• HSSP</li> <li>• GAVI/HSS,</li> <li>• UN Agencies (UNICEF, UNFPA, WHO)</li> <li>• bilateral donors</li> <li>• London School of Hygiene and Tropical Medicine</li> </ul>	Build capacity of BPHS and other cadres of workers	<ul style="list-style-type: none"> <li>• Provide training curriculum and undertake joint training activities</li> </ul>
<ul style="list-style-type: none"> <li>• Specialized Magazines: Roghtia, Salamati and Neda-i- Sehat</li> </ul>	Build capacity of MoPH staff and other cadres	<ul style="list-style-type: none"> <li>• Share information and tools for publication</li> </ul>

### Strategy 6: Strengthen monitoring and supervision of communication activities

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>MoPH M&amp;E Department</li> <li>MoPH HMIS Unit</li> <li>MoPH Programmatic Departments</li> <li>MoPH Policy &amp; Planning</li> </ul>	Collect, analyze and disseminate behavioral and service utilization data	<ul style="list-style-type: none"> <li>Support the respective department in collection, analysis and dissemination of data and results</li> <li>Develop tools for supervision</li> </ul>

### Strategy 7: Develop a system to disseminate programmatic lessons and incorporate them in communication activities

Institution	Role	How Health Promotion Department can collaborate/support
<ul style="list-style-type: none"> <li>MoPH PR Directorate</li> <li>MoPH Policy &amp; Planning Directorate</li> </ul>	Provide opportunities for sharing programmatic lessons	Support the respective department's activities by facilitating sharing of campaign assessment results

### Strategy 8: Coordinate with all existing partners within and beyond the MoPH and develop strategic partnership to ensure health promotion at all levels

Institution	Role	How Health Promotion Department can collaborate/support the institution
<ul style="list-style-type: none"> <li>MoPH Policy &amp; Planning Directorate</li> <li>MoPH PR Directorate</li> </ul>	Coordinate different programs within and outside MoPH	<ul style="list-style-type: none"> <li>Provide regular updates from IEC task force</li> <li>Develop strategic partnerships</li> </ul>

## CHAPTER 5: MONITORING AND EVALUATION

The Health Promotion Department will maintain a database on the health & nutrition communication strategy, including inventory of materials, inventory of implementers and strategies, and training programs.

### A. Process Indicators

SI	Indicator	Frequency of Update
Strategy 1: Knowledge		
1	No of new studies commissioned	Annually
2	No of secondary analysis on existing studies conducted	Annually
Strategy 2: Guideline		
3	No of community focused guidelines and standards developed <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Annually
Strategy 3: Messages and materials		
4	No. of IEC Materials available in inventory <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
5	No of new materials developed <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
Strategy 4: Utilization of Channels		
6	No. of IEC Materials distributed <ul style="list-style-type: none"> <li>• By province</li> <li>• By technical area</li> <li>• By organization</li> </ul>	Quarterly
7	No. of people participating in health campaigns <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
8	No of TV spots aired <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
9	No of Radio spots aired <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
10	No. of advocacy meetings conducted in the community	Quarterly
11	No. of community focused activities conducted <ul style="list-style-type: none"> <li>• By type of activity</li> <li>• By technical area</li> </ul>	Quarterly
12	No of community leaders oriented on health messages <ul style="list-style-type: none"> <li>• By type of leader (Shura, Teacher)</li> <li>• By technical area</li> </ul>	Quarterly
13	No. of religious leaders oriented on health messages <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
14	No of women's groups oriented on health messages <ul style="list-style-type: none"> <li>• By technical area</li> </ul>	Quarterly
Strategy 5: Personnel and Capacity Building		
15	No. of MoPH staff trained on BCC/IPC	Quarterly

SI	Indicator	Frequency of Update
	<ul style="list-style-type: none"> <li>• By province</li> <li>• By gender</li> <li>• By department</li> </ul>	
16	No. of BPHS implementer trained on BCC/IPC <ul style="list-style-type: none"> <li>• By province</li> <li>• By gender</li> <li>• By organization</li> </ul>	Quarterly
<b>Strategy 6: Monitoring and supervision</b>		
	No. of behavioral indicators used in routine MIS and population surveys	Annually
	Supervision checklists developed for monitoring communication activities	Once
<b>Strategy 7: Translating programs lessons into action</b>		
	Funds committed for implementing communication campaigns and programs	Annually
<b>Strategy 8: Overall stakeholder coordination</b>		
	No of IEC task force meeting held	Annually
	No of joint inter-ministerial campaigns held	Annually

The Health Promotion Department will also work with M&E working group to identify quality indicators that could be tracked to ensure effective implementation of the activities.

## **B. Output Indicators: Pre- and Post-campaign Assessments**

For individual campaigns, the Health Promotion Department will also preserve records of pre- and post- campaign assessments, if they are conducted. The Health Promotion Department will also encourage campaign planners to budget for campaign assessments.

## **C. Outcome Indicators: Results from HMIS data**

The following indicators are already included in HMIS system, and are being tracked.

Name	Definition	Data collection method
Knowledge about danger signs in pregnancy and childbirth	Proportion of adults that know 3 danger signs in pregnancy and childbirth	HHS
Knowledge about modern contraceptives	Proportion of women (married?) who can identify at least two forms of modern contraceptives	HHS
Knowledge of contraceptive users of where and when to obtain new supplies of contraceptives	Proportion of clients informed of timing and source for resupply/visit	HHS, HFA
Knowledge about signs for seeking care immediately	Proportion of caregivers of children who can identify at least 2 signs for seeking care immediately.	HHS
Knowledge of TB signs and symptoms	Proportion of adults knowing key signs and symptoms of TB	HHS



The Health Promotion Department will work with the M&E working group to identify simple indicators that could be tracked through regular HMIS and household surveys. These new indicators, once incorporated, could be used by any stakeholders to analyze national and provincial performance.

#### **D. Impact Indicators**

There is no existing mechanism for the Health Promotion Department and HMIS to evaluate impact of this strategy document. Health Promotion Department will advocate for funding to assess periodic impact of health and nutrition communication programs, which would provide an assessment of the implementation of this strategy.

Several other studies could provide information as proxy. The National Rural Vulnerability Assessment (NRVA) 2007 and Afghanistan Household Survey could provide baseline information, and subsequent surveys for both could document progress on some behavioral indicators. Similarly, UNICEF Multiple Indicator Cluster Survey, currently planned for 2009/2010 (source: UNICEF via telephone consultation) could also provide a measure of progress towards the MoPH goals and targets.

World Bank is also planning to commission new surveys within the timeframe of implementation, which can be used to measure progress toward goal as well.



## **ANNEX 1: HEALTH ISSUES AND COMMUNICATION OBJECTIVES**

The areas analyzed are as follows:

1. Safe Motherhood
2. Newborn Health
3. Infant, Child and Adolescent Health (including IMCI)
4. Expanded Program on Immunization (EPI)
5. Birth Spacing
6. Public Nutrition
7. Communicable (TB, Malaria) and Non Communicable (Diabetes, heart disease) Diseases
8. Environmental Health and Personal Hygiene
9. Disability
10. Mental Health
11. Gender Equality
12. Islam and Health



## 1. Safe Motherhood

Health Issue	Current Status	National Target	Key Factors	Communication Objective
ANC	32.3% (at least 1 ANC)	80% by 2010	<ul style="list-style-type: none"> <li>• Low awareness</li> <li>• Norms prevent women from going to health facility alone</li> <li>• Mothers often not decision makers</li> <li>• Pregnancy identification delayed</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of mothers</li> <li>• Motivate families to support mother in receiving ANC</li> <li>• Build Community support to encourage ANC</li> <li>• Recruit support of religious leaders</li> <li>• Improve community perception of services</li> </ul>
Birth & delivery preparedness	N/A	N/A	<ul style="list-style-type: none"> <li>• Low importance attributed to birth preparedness</li> <li>• Low awareness of needed preparations (money, transport, delivery kit, skilled attendance, clean delivery place, matched blood donor)</li> </ul>	<ul style="list-style-type: none"> <li>• Motivate mothers and families to prepare a birth plan</li> <li>• Build community support for transport, money, delivery kit availability</li> </ul>
Knowledge on Danger Signs	N/A	N/A	<ul style="list-style-type: none"> <li>• Low awareness of danger signs during pregnancy, delivery and postpartum periods</li> <li>• Lack of knowledge of appropriate health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge of mothers and families on danger signs</li> <li>• Increase knowledge on appropriate health facilities</li> </ul>
Skilled Attendance at Birth	19%	40% by 2010	<ul style="list-style-type: none"> <li>• Low awareness of benefits of SBA</li> <li>• Trust on TBAs</li> <li>• Perceived cost of SBA</li> </ul>	<ul style="list-style-type: none"> <li>• Promote benefits of SBA</li> <li>• Increase knowledge on possible complications at birth</li> <li>• Promote availability of SBAs</li> </ul>
PNC within 6 weeks	N/A	50% by 2010	<ul style="list-style-type: none"> <li>• Low awareness of benefits of PNC</li> <li>• Norms preventing mothers to leave home after childbirth</li> <li>• Husbands primary decision makers</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing knowledge of families, particularly husbands</li> <li>• Build community support, particularly religious leaders</li> </ul>
Prevention of Postpartum Hemorrhage	N/A	N/A	<ul style="list-style-type: none"> <li>• Low awareness of importance of preventing PPH</li> <li>• Low awareness of misoprostol</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge on PPH prevention</li> <li>• Increase demand for Skilled attendance</li> </ul>
Care-seeking and referral	N/A	N/A	<ul style="list-style-type: none"> <li>• Lack of knowledge of appropriate facilities</li> <li>• Negative perception of service quality</li> <li>• Perceived cost</li> </ul>	<ul style="list-style-type: none"> <li>• Improve community perception of services</li> <li>• Promote the low cost of services</li> </ul>

## 2. Newborn Health

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Immediate breastfeeding within 1 hour	74.3% within 6 hours	N/A	<ul style="list-style-type: none"> <li>Low knowledge on importance of immediate breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on importance of immediate breastfeeding</li> </ul>
Colostrums feeding	N/A	N/A	<ul style="list-style-type: none"> <li>Lack of knowledge</li> <li>Community norms prevent colostrums feeding</li> </ul>	<ul style="list-style-type: none"> <li>Promote nutritional benefits of colostrum</li> <li>Change attitude about colostrums feeding</li> </ul>
Exclusive breastfeeding up to 6 months	25%	60%	<ul style="list-style-type: none"> <li>Awareness level moderate</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of mothers</li> </ul>
1+ Postnatal Care visit at HF within 28 days	N/A	60%	<ul style="list-style-type: none"> <li>Low knowledge on importance of PNC visit</li> <li>85% home birth</li> <li>Cultural norm preventing taking newborn out of the household</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of families on benefits of early PNC</li> <li>Advocate to Health shuras to change the norm and promote PNC</li> </ul>
Essential Newborn Care	N/A	70% HF ready to provide ENC by 2010	<ul style="list-style-type: none"> <li>Low awareness of ENC components (Cleanness, thermal protection, breastfeeding, newborn resuscitation, eye care, immunization, vitamin K, routine PNC)</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on appropriate household practices</li> <li>Promote services that are trained on providing essential newborn care</li> </ul>
Knowledge on Newborn Danger Signs	43% knowledge of 2 dangers signs <sup>1</sup>		<ul style="list-style-type: none"> <li>Low awareness of newborn danger signs</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness of newborn danger signs</li> </ul>
Appropriate care-seeking and referral	N/A	N/A	<ul style="list-style-type: none"> <li>Reliance on non-formal providers (homeo, herbal, mullahs, pharmacists)</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of appropriate referral facilities and danger of traditional medicine</li> </ul>

<sup>1</sup> Mazar-i-Sharif, 2003, study conducted by Save the Children

### 3. Infant, Child and Adolescent Health (including IMCI)

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Knowledge of at least 3 danger signs for under-5 children and appropriate care seeking	N/A	50% increase over baseline among parents of U-5 children by 2010	<ul style="list-style-type: none"> <li>Lack of awareness</li> <li>Use of non-formal providers (mullahs, hakims, herbal, homeopaths)</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on danger signs</li> <li>Promote awareness of appropriate care-seeking</li> </ul>
Immediate care seeking from health worker/health facility at signs of ARI	N/A	Knowledge among parents of U-5 children 70% by 2010	<ul style="list-style-type: none"> <li>Reliance on non-formal providers</li> <li>Cultural barriers</li> <li>Harmful practices</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on danger signs</li> <li>Promote awareness of appropriate care-seeking</li> </ul>
Immediate care seeking from health worker/HF at signs of diarrhoea and dehydration	N/A	Knowledge among parents of U-5 children 60% by 2010	<ul style="list-style-type: none"> <li>Prevalence of Home remedies</li> <li>Use of non-formal providers</li> <li>Stopping food, drink, breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on danger signs</li> <li>Promote awareness of appropriate care-seeking</li> </ul>
Immediate care seeking from health worker/HF at onset of fever	N/A	Knowledge among parents of U-5 children 90% by 2010	<ul style="list-style-type: none"> <li>Poor awareness</li> <li>Perceived low access to health services</li> <li>Cultural barriers</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on danger signs</li> <li>Promote awareness of appropriate care-seeking</li> </ul>
Use of ORS & Zinc in diarrhoea	N/A	Over 95% access to zinc	<ul style="list-style-type: none"> <li>Confusion on proper use of ORS</li> <li>Harmful practice of stopping food and fluid</li> <li>Low awareness on availability of new ORS</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of proper use of ORS</li> <li>Increase knowledge on importance of regular food and breastfeeding</li> <li>Promote availability of ORS</li> <li>Promote availability of new formula of ORS</li> </ul>
Access to information on AH by Adolescents (10-24 yr)	N/A	N/A	<ul style="list-style-type: none"> <li>Information materials not available for wider dissemination</li> <li>Cultural barrier</li> </ul>	<ul style="list-style-type: none"> <li>Produce AH materials in collaboration with Ministry of Education</li> <li>Increase demand for AH information</li> </ul>
Wait until 18 years of age to engage to be married	N/A	N/A	<ul style="list-style-type: none"> <li>Social norm dictates early marriage</li> <li>Low knowledge on biological consequences of early marriage</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on the legal age of marriage</li> <li>Increase knowledge on harm of early marriage</li> </ul>

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Refrain from tobacco, drugs and alcohol			<ul style="list-style-type: none"> <li>Awareness about the dangers of drug and alcohol low</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on dangers of addictive substances, drug and alcohol addiction</li> </ul>
Knowledge about sexually transmitted infections			<ul style="list-style-type: none"> <li>Cultural barrier to speak openly about STIs</li> <li>Appropriate referral centers are not identified</li> </ul>	<ul style="list-style-type: none"> <li>Promote health services providing STI services</li> <li>Motivate adolescents to seek out information about prevention of STIs</li> </ul>



#### 4. Expanded Program on Immunization (EPI)

Health Issue	Current Status	National Target	Key Factors	Communication Strategy
Full immunization of all under one year children	27% full (2006), 83% DPT3, 70% measles	90% by 2010 (80% under-1 by 2010)	<ul style="list-style-type: none"> <li>Low awareness about importance of vaccination</li> <li>High drop out because side effects of vaccination are not explained</li> <li>Missed opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of benefits of vaccination</li> <li>Strengthen EPI counselling to include side effects</li> </ul>
TT vaccination of all Child bearing age women	60% TT2+ among pregnant women	N/A	<ul style="list-style-type: none"> <li>Low awareness on importance of TT</li> <li>Misconception about injection and side effects</li> <li>Reluctance to be vaccinated by male vaccinators</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on the importance of TT</li> <li>Clarify benefits of TT injection and potential side effects</li> <li>Promote female vaccinators where available</li> </ul>
Immediate and on time reporting of AFP cases	N/A	100% cases to be reported	<ul style="list-style-type: none"> <li>Low awareness on AFP symptoms</li> <li>Low knowledge of sentinel and reported facilities</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on AFP symptoms</li> <li>Promote sentinel and reporting facilities</li> </ul>
All families should vaccinate their children with OPV during NIDs	15% OPV0, 70% NID immunization	Over 90% immunization, (ANDS)	<ul style="list-style-type: none"> <li>Misconception about vaccines</li> <li>Distance and insecurity in some regions</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge about OPV0 among families</li> <li>Promote OPV0 services where available</li> </ul>
All families should vaccinate the newborns against polio	70-80% (2006)	50% OPV0 by 2010	<ul style="list-style-type: none"> <li>Distance and insecurity</li> </ul>	<ul style="list-style-type: none"> <li>Promote OPV0 services</li> <li>Mobilize support for delivery notification at community</li> </ul>
Retention of immunization card and bringing it to the health facility	N/A	N/A	<ul style="list-style-type: none"> <li>Families don't know to bring the card when coming for referral</li> </ul>	<ul style="list-style-type: none"> <li>Promote card retention and importance of continuity</li> </ul>

## 5. Birth Spacing

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Maintain at least 3 years between two births	TFR 6.6 (MICS)	TFR 4.0	<ul style="list-style-type: none"> <li>Low awareness on benefits of birth spacing</li> <li>Misconceptions about birth spacing</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on birth spacing</li> <li>Eliminate misconception about birth spacing</li> </ul>
Use of modern contraceptives	N/A	N/A	<ul style="list-style-type: none"> <li>Low knowledge of modern contraceptives and side effects</li> <li>Misconceptions about contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on modern contraceptives</li> </ul>
Utilization of FP services by both men and women	N/A	N/A	<ul style="list-style-type: none"> <li>Focus on women for modern methods</li> <li>Husbands are not often reachable</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of men on modern contraceptive methods</li> </ul>
Discrimination by parents based on the sex of the children	N/A	N/A	<ul style="list-style-type: none"> <li>Preference for male child</li> <li>Continuing to produce children to produce male heir</li> </ul>	<ul style="list-style-type: none"> <li>Build support for gender equality from Islamic point of view</li> <li></li> </ul>

## 6. Public Nutrition

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Complementary feeding and continuation of Breastfeeding for children up to 2 years	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness about continuation of breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on the benefits of breastfeeding and complementary feeding</li> </ul>
Breastfeeding and regular food for sick child	N/A	N/A	<ul style="list-style-type: none"> <li>Misconception about food intake</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness on the need for continuing to feed regular food and breast milk during illness</li> </ul>
Use of fortified flour			<ul style="list-style-type: none"> <li>Low awareness of benefits and availability of fortified flour</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on benefits</li> <li>Promote availability of fortified flour</li> </ul>
Detection of malnutrition and use of therapeutic food	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness on symptoms of malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on how to recognize malnutrition and where to refer</li> </ul>
Use of iodized salt			<ul style="list-style-type: none"> <li>Low awareness of need for iodized salt</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of benefits of iodized salt</li> </ul>
Supplementation of Iron folic acid during pregnancy and three months after delivery	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness</li> <li>Low ANC care-seeking</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on the importance of iron/folic acid</li> <li>Promote free availability of the supplements at the community level</li> </ul>
Consumption of diverse food	N/A	N/A	<ul style="list-style-type: none"> <li>Misconception about food items</li> <li>Wrong food beliefs</li> </ul>	<ul style="list-style-type: none"> <li>Clarify misconceptions of food</li> <li>Increase knowledge on different types of food items needed in a balanced diet</li> </ul>



## 7. Communicable (TB, Malaria, AI) and Non Communicable (Diabetes, Heart Disease) Diseases

Health Issue	Current Status	National Target	Key Factors	Communication Objective
TB consultation in case of coughing more than 2 weeks with sputum	N/A	80% knowledge, 100% DOTS coverage by 2010	<ul style="list-style-type: none"> <li>Low awareness</li> <li>Social Stigma</li> <li>Reliance on private clinics without DOTS coverage</li> <li>Geographical barrier</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on symptoms of TB</li> <li>Promote the fact that TB is treatable</li> <li>Identify appropriate referral facilities</li> <li>Promote community DOTS where available</li> </ul>
TB diagnosis and treatment services accessible by all women receiving MCH services	N/A	N/A	<ul style="list-style-type: none"> <li>DOTS services not linked to MCH services</li> <li>Women using MCH services not aware of need for TB screening</li> </ul>	<ul style="list-style-type: none"> <li>Promote DOTS availability during routine MCH services where available</li> </ul>
Use screening in living areas to protect from mosquitoes	N/A	N/A	<ul style="list-style-type: none"> <li>Low motivation for using screening</li> <li>Perception of cost</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on benefits of screening</li> <li>Increase awareness of importance of malaria prevention</li> </ul>
ITNs or LLINs use in living places	N/A	80% in malaria prone areas (5 million LLINs)	<ul style="list-style-type: none"> <li>Low awareness of ITN and LLINs</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on benefits of ITN/LLIN</li> </ul>
Removing possible existing breeding sites to prevent the promotion of mosquito larva in their living places	N/A	Reduce 40% of breeding sites	<ul style="list-style-type: none"> <li>Low awareness of mosquito breeding sites and how to remove them</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on how to remove breeding sites</li> </ul>
Prevention and treatment of malaria during pregnancy	N/A	N/A	<ul style="list-style-type: none"> <li>Low knowledge on need for immediate referral and treatment of malaria during pregnancy</li> <li>Low knowledge on how to prevent malaria</li> </ul>	<ul style="list-style-type: none"> <li>Increase awareness about the risks of malaria during pregnancy</li> <li>Increase knowledge on how to prevent malaria at home</li> </ul>

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Outbreak (AI, chronic hemorrhagic fever, gulran (lever) disease)	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness about risk of outbreaks</li> <li>Low knowledge on what to do in an outbreak</li> </ul>	<ul style="list-style-type: none"> <li>Promote health messages to vulnerable localities</li> <li>Explain what to do in actual outbreaks</li> </ul>
Prevention of Type II Diabetes	N/A	N/A	<ul style="list-style-type: none"> <li>Exercise and diet can prevent weight gain that typically results in Type II diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Promote controlling weight gain through exercise and restricted diet</li> </ul>
Prevention of heart disease	N/A	N/A	<ul style="list-style-type: none"> <li>High fat diet and lack of exercise contributes to heart disease</li> </ul>	<ul style="list-style-type: none"> <li>Promote low fat diet and moderate exercise</li> </ul>

## 8. Disability

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Harm Reduction from landmines	N/A	N/A	•	• Inform communities how to identify potential landmines and how to avoid
Harm Reduction from Unexploded Ordnance (UXO)	N/A	N/A	•	• Inform communities on how to identify UXOs and how to avoid them
Child injury prevention from sharp instrument, heat, choking, etc	N/A	N/A	• Low awareness about how to prevent child injuries at home	• Promote the steps families can take to prevent child injuries at home
Immediate care of injured persons to prevent disability	N/A	N/A	• Often people wait for police before taking injured persons to health facility	• Promote first aid and emergency support to stop bleeding before taking injured person to police station
Long term rehabilitative care for persons with disabilities	N/A	N/A	• Services are available in 19 provinces •	• Promote specific locations and types of services available
Accessibility to health services for persons with disabilities	N/A	N/A	• Most facilities do not have wheelchair access, interpreter for the hearing impaired, or guide for the visually impaired	• Advocate for health facilities to be physically accessible for persons with disabilities, particularly wheelchair users
Prevent contractures and deformities after burns	N/A	N/A	• Low awareness of health staff and family members from the occurrence of contracture after every burn incidence	• Promote awareness to apply mobilize and keep the burn limbs in a natural and anatomical position and allow physiotherapist to provide daily exercise
Prevention of contracture and limitation of movement in their joints after fractures			• Most of the rural area people take their patients to the traditional bone-setter instead of health facility	• Raising awareness among the health and community members in regards to the secondary problems (limitation of movement in joints and paralyze the whole limbs) after fracture
Prevent those disabilities which have genetics roots			• Low awareness of families and societies in regards to the disabilities caused by close marriages	• Raising awareness of community and bringing the attention of health staff from the prognosis of close marriages • Prevent pregnancy in the age above 40 and below 18 years

## 9. Mental Health

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Prevention of conflicts between family members leading to anxiety, depression and physical problems	N/A	N/A	<ul style="list-style-type: none"> <li>Women particularly affected because of lack of skills to cope and lack of opportunity to discuss with others</li> <li>Early marriage leads to daughters-in-law not being mature enough to cope</li> </ul>	<ul style="list-style-type: none"> <li>Encourage women, particularly daughter in laws to speak up about their feelings and seek support from friends, neighbors or family members instead of internalizing feelings</li> </ul>
Prevention of domestic violence	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness and enforcement of laws on domestic violence</li> <li>Low sensitivity of community as domestic violence is regarded as a private matter</li> </ul>	<ul style="list-style-type: none"> <li>Promote negative impact of domestic violence on society, punishment for perpetrators, and advocate for proper enforcement of laws</li> <li>Encourage communities to intervene in domestic violence as a moral responsibility</li> </ul>
Access to services for domestic violence	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness of services available</li> </ul>	<ul style="list-style-type: none"> <li>Promote protection shelters and legal services where available</li> </ul>
Access to psychosocial counselling services on mental health	N/A	N/A	<ul style="list-style-type: none"> <li>Only 16 psychosocial counselling services are available in Kabul and Herat</li> </ul>	<ul style="list-style-type: none"> <li>Promote services where they are available</li> </ul>
Child abuse including sexual abuse leading to depression, suicide and other health problems	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness on child rights, particularly right for food, shelter, education</li> <li>Often community consider child abuse a private matter and do not intervene</li> </ul>	<ul style="list-style-type: none"> <li>Promote the basic rights of a child</li> <li>Encourage communities to intervene in child abuse cases and report to proper authorities</li> </ul>
Post traumatic stress disorder from conflict, insecurity,	N/A	N/A	<ul style="list-style-type: none"> <li>Individuals more likely to dissociate during a traumatic event are more likely to develop chronic PTSD</li> <li>Family support, higher education acts as a protective factor</li> </ul>	<ul style="list-style-type: none"> <li>Promote enabling individuals to express their feelings – either through verbal or non verbal (painting) methods</li> <li>Encourage families to extend support to trauma victims</li> </ul>
Addiction to alcohol, narcotic substances	N/A	N/A	<ul style="list-style-type: none"> <li>Service availability is not widely known</li> <li>Family abandonment has negative effect</li> </ul>	<ul style="list-style-type: none"> <li>Promote recovery services where available</li> <li>Encourage families to support a recovering person</li> </ul>



## 10. Personal Hygiene and Environmental Health

Health Issue	Current Status	National Target	Key Factors	Communication Strategy
Hand Washing before cooking	N/A	N/A	<ul style="list-style-type: none"> <li>Low awareness about hand washing</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge about potential germs and how to prevent them from spreading</li> </ul>
Practice good food hygiene (food storage, reheating, washing, protection from flies)	N/A	N/A	<ul style="list-style-type: none"> <li>Low knowledge on how to maintain hygiene</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge on good food hygiene</li> </ul>
Prevention of water pollution	N/A	N/A	<ul style="list-style-type: none"> <li>Washing clothes and open toilets near water sources are responsible for water pollution</li> <li>It is uncommon to disinfect water</li> </ul>	<ul style="list-style-type: none"> <li>Promote proper water and sanitation facilities</li> <li>Promote methods (boiling, chlorine) to clean water before using as drinking source</li> </ul>
Prevention of food poisoning by proper storage and preparation of food	N/A	N/A	<ul style="list-style-type: none"> <li>Hygiene needs to be maintained during food preparation</li> <li>Food isn't typically covered and stored properly</li> </ul>	<ul style="list-style-type: none"> <li>Promote hygienic preparation of food</li> <li>Demonstrate proper storage of food</li> </ul>
Prevention of injury by proper disposal of waste and sharp objects	N/A	N/A	<ul style="list-style-type: none"> <li>Waste products are disposed of in open areas, leading to flies, germs and diseases</li> <li>Sharp objects (glasses, syringes) are also disposed of carelessly from hospitals and homes</li> </ul>	<ul style="list-style-type: none"> <li>Promote proper use of waste bin</li> <li>Sensitize health facilities and communities about the dangers of sharp objects and proper disposal method</li> </ul>
Noise pollution	N/A	N/A	<ul style="list-style-type: none"> <li>Workers in factory are subjected to level of noise above acceptable limits</li> <li>Children are vulnerable to exposure to noise</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for protective equipment for noise related damage</li> <li>Promote safeguarding children against noise pollution</li> </ul>
Clean home and environment for personal hygiene	N/A	N/A	<ul style="list-style-type: none"> <li>Dust and soot at home could be health hazard, leading to asthma, lung disease</li> </ul>	<ul style="list-style-type: none"> <li>Promote removal of dust from surface and proper ventilation at home</li> </ul>
Prevention of traffic injury	N/A	N/A	<ul style="list-style-type: none"> <li>Traffic signals and looking both ways before crossing the road can prevent some traffic injury</li> </ul>	<ul style="list-style-type: none"> <li>Promote following traffic signals and paying attention to traffic before crossing the road</li> </ul>

Health Issue	Current Status	National Target	Key Factors	Communication Strategy
Prevention of occupational diseases (landmines, brick, bakeries, radioactivity from x-rays)	N/A	N/A	<ul style="list-style-type: none"><li>• Following proper guideline can prevent occupational diseases</li></ul>	<ul style="list-style-type: none"><li>• Promote guidelines for dealing with landmines, brick, bakeries and x-rays</li></ul>

## 11. Gender Equality

Health Issue	Current Status	National Target	Key Factors	Communication Objective
Confidential identification, treatment, and counselling patients who are victims of Gender Based Violence (GBV)	N/A	N/A	<ul style="list-style-type: none"> <li>Support services are scarce at community level</li> <li>Health workers are not skilled to recognize and counsel GBV</li> <li>People are not aware of the laws</li> </ul>	<ul style="list-style-type: none"> <li>Promote services where available</li> <li>Mobilize resources to build the skills of health workers to</li> <li>Promote legal consequences of GBV</li> </ul>
Equal access and control over resources for men and women	N/A	N/A	<ul style="list-style-type: none"> <li>Attitude that gender is only a women's issue</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for building community support for equal access and control of resources</li> <li>Advocate for gender neutral policies</li> </ul>
MoPH policy and programs are reviewed to ensure that they address health issues and concerns of both men and women (gender mainstreaming)	N/A	N/A	<ul style="list-style-type: none"> <li>Attitude that gender is only a women's issue</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for conducting gender analysis of MoPH policies and programs</li> <li>Build support for campaigns to promote gender sensitive services</li> </ul>
Utilization of FP services by both men and women	N/A	N/A	<ul style="list-style-type: none"> <li>Focus on women for modern methods</li> <li>Husbands are not often reachable</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of men on modern contraceptive methods</li> </ul>
Availability of female staff in MoPH programs	N/A	30% female staff in decision making positions	<ul style="list-style-type: none"> <li>Security problems in certain areas restrict movement of women</li> </ul>	<ul style="list-style-type: none"> <li>Promote availability of female workers where feasible</li> <li>Advocate for community support in ensuring safety for female health workers</li> </ul>

## 12. Islam and Health

Reference: Amman Declaration on health promotion (WHO, 1996)

Health Issue	Current Status	National Target	Key Factors	Communication Strategy
Altruism – care for family, neighbors and community to adopt healthy lifestyles	N/A	N/A	<ul style="list-style-type: none"> <li>Sense of network and support promotes mental health</li> </ul>	<ul style="list-style-type: none"> <li>Promote duty toward family, neighbors and community</li> </ul>
Preservation of the blessing of health through good nutrition, hand washing and daily hygiene	N/A	N/A	<ul style="list-style-type: none"> <li>Good nutrition, hand washing and daily hygiene directly contributes to reduce malnutrition and diarrhoea and other diseases</li> </ul>	<ul style="list-style-type: none"> <li>Promote nutrition and hygiene by preservation of blessing of health</li> </ul>
Prevent pollution of still water	N/A	N/A	<ul style="list-style-type: none"> <li>Pollution of still water contribute to communicable diseases, diarrhoea</li> </ul>	<ul style="list-style-type: none"> <li>Discourage pollution of still water by referring to Islamic sermon</li> </ul>
Prevent sexually transmitted diseases through limiting sexual encounter within marriage	N/A	N/A	<ul style="list-style-type: none"> <li>Limiting sexual encounter within marriage prevents unwanted pre-marital pregnancy, HIV and STD transmission, and prevents violence against women through rape or child abuse</li> </ul>	<ul style="list-style-type: none"> <li>Promote protecting oneself by limiting sexual encounter within marriage by mentioning health benefits as well as Islamic compliance</li> </ul>
Prevent violence against women by granting women their rights and ensure complete health care	N/A	N/A	<ul style="list-style-type: none"> <li>Islam dictates responsibility toward wife which would include health service utilization, and prevention of violence against women</li> </ul>	<ul style="list-style-type: none"> <li>Promote rights of women in Islam, and how that translates into rights to reproductive health, maternal services and nutrition</li> </ul>
Prevention of addictive behavior including smoking, drug use and alcohol abuse	N/A	N/A	<ul style="list-style-type: none"> <li>Clear doctrine from Islam to refrain from addictive substances</li> </ul>	<ul style="list-style-type: none"> <li>Promote doctrines and sermons of addictive substances like tobacco, drugs and alcohol</li> </ul>
Care for own life and other people's life, Traffic Injuries	N/A	N/A	<ul style="list-style-type: none"> <li>Paying attention to protect oneself from harm</li> </ul>	<ul style="list-style-type: none"> <li>Promote Islamic doctrines about preserving life of oneself and others</li> </ul>

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