



Ministry of Public Health



Islamic Republic of Afghanistan

# National Health Promotion Strategy

2014-2020



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## LIST OF ACRONYMS

AKDN	Agha Khan Developing Network
AMS	Afghanistan Mortality Survey
ANC	Antenatal care
ANPHI	Afghanistan National Public Health Institute
BC	Bangkok Charter
BCC	Behavior Change Communication
CBHC	Community Based Health Care
CDCs	Community Development Councils
CHWs	Community Health Workers
CGHN	Consultative Group on Health and Nutrition
EU	European Union
FP	Family planning
HNSS	Health and Nutrition Sector Strategy
HiAP	Health in All Policies
HP	Health Promotion
HPD	Health Promotion Directorate
HPIC	Health Partners International of Canada (HPIC)
HSSP	Health Services Support Project
IEC	Information, Education & Communication
INGO	International Non-Governmental Organization
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitude and Practice
LMG	Leadership, Management and Governance
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MoWA	Ministry of Women Affairs

MRRD	Ministry of Rural Rehabilitation and Development
NEPA	National Environmental Protection Agency
NHNP	National Health and Nutrition Policy
NHPS	National Health Promotion Strategy
NCDs	Non-Communicable Diseases
NGOs	Non- Governmental Organizations
NTP	National TB Control Program
OC	Ottawa Charter
PNC	Postnatal care
PND	Public Nutrition Department
RHD	Reproductive Health Directorate
SCI	Save the Children
SD	Strategic Direction
SEHAT	System Enhancement for Health Actions in Transition
SHDP	Social and Health Development Program
SO	Strategic Objective
SOP	Standard Operational Procedure
TAG	Technical Advisory Group
ToR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization



## FOREWORD

Health promotion is the process of enabling people to increase control over their health and those factors, which determine health. It is an effective investment in improving health and human development.

The National Health Promotion strategy (2014-2020) provides the basis for health promoting regulations, systems and information for people to use these for their own benefit, to advocate for and encourage enablement for those who cannot.

This strategy will allow our communities to live better lives. It will be implemented across the entire population of Afghanistan and will be directed towards improving people's ability to control the factors that determine their health.

By implementing this strategy, Ministry of Public Health aims to assist in improving quality of life of Afghan citizens and encompasses educational, motivational, and economic components, including individual and group change, and social influence techniques. Together with environmental, regulative and organizational interventions, these efforts will constitute a comprehensive range of strategies for better health.

The Ottawa Charter identifies the following five essential components as the framework for Health Promotion: building up healthy public policy/ health in all policies, creating a supportive environment, re-orientation of health services, strengthening community actions and developing personal skills. The National Health Promotion Strategy will build on these five critical components of health promotion and will contribute towards the vision of 'Health for all Afghans'.

Over the years, Ministry of Public Health has had tremendous success in the implementation of public health strategies. Ministry of Public Health and the leadership of Health Promotion Department are committed to implement this strategy and bring a change in the public health status by using the available resources. The National Health Promotion Strategy will not only contribute towards further improving the quality of life of people, but will also pave a way forward for other innovative health promotion strategies that can be replicated across various public health interventions.



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## ACKNOWLEDGEMENT

The Ministry of Public Health of the Islamic Republic of Afghanistan is pleased to present the National Health Promotion Strategy (NHPS) 2014-2020. Given the need for a comprehensive, valid, and practical strategy to bridge gaps and improve healthy behaviors and lifestyles, as health promotion involves cross cutting and intersectoral issues, the Ministry of Public Health, in close coordination with representatives from other sectors, began efforts towards the development of this National Health Promotion strategy. Fortunately, this document has been developed through several meetings, such as multisectoral consultative meetings on priority setting for the health promotion strategy, consensus building workshops, and numerous technical forum meetings, including the Consultative Group on Health and Nutrition (CGHN) and the Technical Advisory Group (TAG), as well as the Executive Board of MoPH for final review and approval.

We hope having this strategy will streamline and harmonize efforts to promote the health of the Afghan population and will mobilize more resources from governmental and non-governmental organizations, UN agencies, and donors. The consistent efforts of MoPH and relevant sectors aims to significantly contribute to decreases in maternal and child mortality, non-communicable diseases (NCDs) and communicable diseases, and will promote nutrition and personal and environmental hygiene and decrease disabilities, injuries and substance abuse in our country through implementation of the action strategies of the Ottawa Charter for Health Promotion (1986).

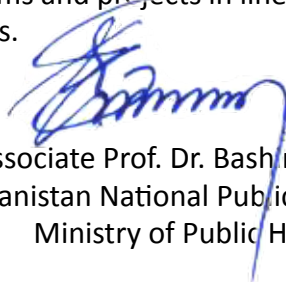
This document is the product of work by a core group through several meetings; we would like to thank in particular members of the core group: Dr. Abdul Waheed Adeb (SCI), Dr. Ahmadshah Salehi (MoPH), Dr. Ataullah Saeedzai (LMG), Dr. M. Ilyas Azimi (SCI), Dr. M. Iqbal Aman (MoPH), Dr. Matiullah Safi (AKDN), Dr. M. Hafiz Rasooli (MoPH), Dr. M. Islam Saeed (MoPH), Dr. Najibullah Safi (WHO), Dr. Nasratullah Rasa (HPIC), Dr. Noor. M. Arzoie (MoPH) and Ms. Raha (AKDN).

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Special thanks to Dr. Shafiqullah HEMAT, Director of Health Promotion-MoPH, for his enthusiasm and commitment to take the lead through his constant and effective efforts throughout the strategy completion process.

Last but not least, we would like to encourage all partners to join hands to design, implement, and support health promotion programs and projects in line with this strategy to promote the Afghan population's health and happiness.



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## Health Promotion in context of Afghanistan: Background

“Health promotion is the process of enabling people to increase control over, and to improve, their health” <sup>1</sup>. It is an effective investment in improving health and human development. Long term efforts have been made to promote health and wellbeing among the Afghan populations. The Afghanistan Health Promotion strategy has been designed with reference to the relevant international charters and declarations (the Ottawa Charter of Health 1986 <sup>1</sup>, the Jakarta Declaration on Leading Health Promotion 1997 <sup>2</sup>, the Bangkok Charter of Health Promotion 2005 <sup>3</sup>) that directly relate to the Millennium Development Goals (MDGs) and the overall health and wellbeing of communities. The strategy aims not only to promote health, but to remove or reduce the obstacles to health inherent in Afghan social structures. It aims to adopt the following actions:

- Implementation of health promotion activities across the whole population, not just those at risk of specific diseases;
- Improvement of people’s ability to control the factors determining their health; and
- Integration of a mix of individual and population level interventions from a number of stakeholders, which aim to improve health.

Health promotion is an active process of achieving better health and quality of life, encompassing educational, motivational and economic components. Health promotion includes the process of individual and social change and techniques for social influence which, together with environmental, regulatory and organizational interventions, constitute a broad strategy for better health. In Afghanistan, social structures and social support networks such as family, relatives, tribes and communities strongly affect personal health practices and behaviors. Health promotion is the most effective tool for addressing these social determinants of health.

Health promotion is emphasized in the MoPH Strategic Plan 2011-2015 <sup>4</sup> and National Health and Nutrition Policy 2012-2020 <sup>5</sup> as one of the most important strategic directions of the MoPH. As indicated in the Strategic Plan, “Strengthening Community Action” is one of the Population Health Promotion strategies originally articulated in the Ottawa Charter. The Ottawa Charter states, ‘Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies .

Based on the MoPH Strategic Plan of 2011-2015, this strategy aims to build on and recognize the valuable contribution of communities and their role in supporting the adoption of healthy lifestyles at home, at work and in their communities, as well as their participation in identifying community needs and assisting in the development and implementation of relevant health programs and services. The Strategic Plan also emphasizes the importance of prevention and health promotion as key strategies to prevent many causes of death and illness in Afghanistan.

The Afghan government, along with its partners, has worked towards a significant improvement in health outcomes by rebuilding and developing a sustainable health care system. To date, a broad range of activities and a firm commitment to health promotion programs has been demonstrat-

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1 World Health Organization. Ottawa charter for health promotion: first international conference on health promotion. Ottawa, 1986

2 World Health Organization. Jakarta declaration on leading health promotion. Jakarta, 1997

3 World Health Organization. Bangkok charter of health promotion. Bangkok, 2005

4 Ministry of Public Health. Strategic plan for the ministry of public health 2011-2015. Kabul, 2011 <http://moph.gov.af/en/Documents?DID=144>

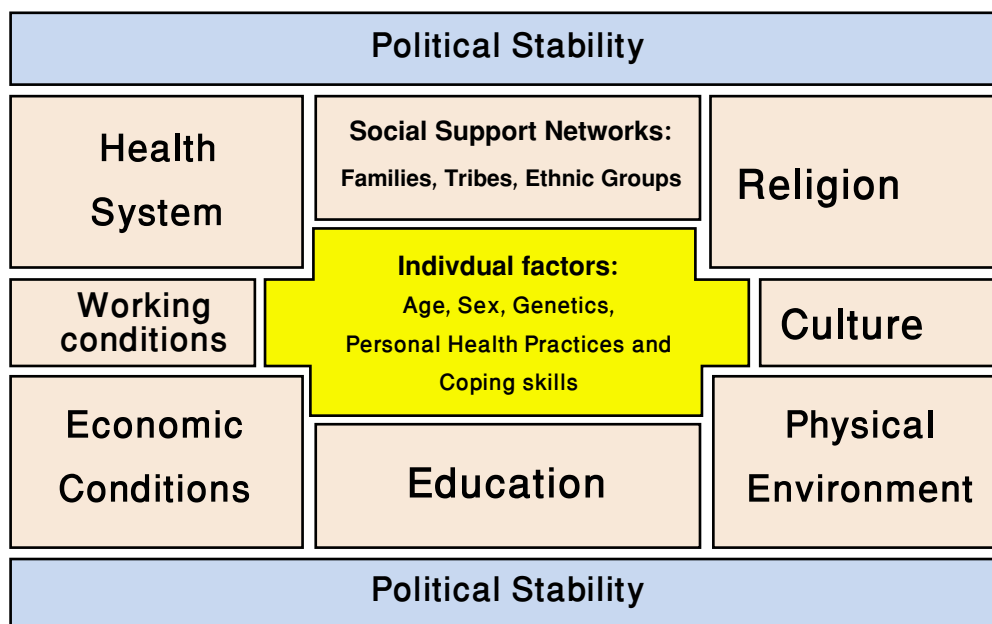
5 Ministry of Public Health. National Health and Nutrition Policy 2012-2020. Kabul, 2012

ed in both rural and urban areas. This document presents a set of activities for implementation through multi-sectoral partnerships, which are essential to create and maintain healthy lifestyle to promote good health and prevent disease and disability. Health promotion, therefore, has a significant role to play in creating not only a healthy society but also an economically strong society.

## Factors determining health in Afghanistan

Effective health promotion must actively influence the social factors determining the health of people and the range of choices available to them. Evidence shows that most of the global burden of diseases and the bulk of health inequalities are caused by the social determinants of health. Figure 1 shows the contextualization of factors that determine health in Afghanistan. In Afghanistan social structure and social support networks such as families, relatives, tribes and communities strongly affect personal health practices and coping skills. Beliefs and health practices of the Afghans are fundamentally constructed by Religion (Islam). Islam gives tremendous value to health and healthy behaviors and urges Muslims to have healthy lifestyles. By practicing its laws, Muslims all over the world not only attain spirituality but the pinnacle of all other glories and gain the wealth of health. It must be noted that political and economic instability have historically impacted the health of Afghan population.

Figure 1: Factors determining health in Afghanistan



## Situation analysis

Afghanistan is one of the world's poorest countries with poor health statistics and indicators. The country's challenging health situation has been significantly exacerbated by more than 20 years of armed conflict. An estimated six million people have no or limited access to health care. Moreover, approximately seven million Afghans rely on food aid to survive. The health indicators of the country are significantly impacted as a result of unfavorable factors such as poverty, the loss of access to productive assets, food insecurity, and poor access to basic health and social services. These problems are exacerbated by pregnancy and delivery associated complications and war-related injuries.

The health status of maternal, newborn and child health (MNCH) in Afghanistan is among the worst in the world. Achieving a reduction of child and maternal mortality are two of the top national health priorities for Afghanistan<sup>6</sup>. Improvement in children's and mothers' survival has thus been highlighted as one of the most pressing goals of all major national policy documents, including the 'Afghanistan Millennium Development Goals Country Report 2005-Vision 2020'<sup>7</sup>. Afghanistan's infant mortality rate is 74 per 1,000 live births and the under-five mortality rate is 102 per 1,000 live births<sup>8</sup>. Acute respiratory infections (mainly pneumonia) account for almost a quarter (23%) of all under-five deaths. Only 18% of children aged 12-23 months have received the full series of eight recommended vaccinations and only 15% have not been vaccinated at all<sup>9</sup>.

In addition to the above mentioned health issues, malnutrition is a serious problem in Afghanistan. According to a recent report by UNICEF, Afghanistan was ranked as having the world's worst childhood stunting, 59%<sup>9</sup>. In addition to stunting, millions of children suffer from other forms of malnutrition such as low birth weight, underweight, vitamin A and iodine deficiency, and anaemia. Despite significant reduction in maternal mortality during the last decade, it still remains high at 327 maternal deaths per 100,000 live births<sup>8</sup>. While approximately 60% of women received antenatal care (ANC) during pregnancy from a skilled birth attendant, only 16% of women attend all four recommended visits. Only one-third of women deliver with the assistance of health personnel and less than a quarter of women receive postnatal care (PNC) from a medically trained professional in the 48 hours following birth<sup>8</sup>. Despite relatively good awareness of contraceptives among women (91% of women have heard of at least one type of contraceptive methods) only 22% of women use some forms of family planning (FP) method.

According to AMS results<sup>8</sup>, three major causes of death in Afghanistan are non-communicable diseases, communicable diseases and injuries. About 35% of deaths in Afghanistan are due to non-communicable diseases (NCDs) like cardiovascular diseases, cancers and diabetes. Non-communicable diseases presently result in 37% of all female deaths of which 18% are due to cardiovascular diseases<sup>8</sup>. Obesity, a major risk factor for NCDs, is now prevalent in Kabul<sup>10</sup>. As the Afghan economy develops in and population become more urban, the burden of NCDs could become enormous due to the increasing rates of obesity and tobacco use that usually accompany such developments.

6. Ministry of Public Health. National health policy 2005-2009 and national health strategy 2005-2006: A policy and strategy to accelerate implementation. Kabul, 2005 <http://moph.gov.af/en/Documents?DID=144>

7. Islamic Republic of Afghanistan. Afghanistan Millennium Development Goals Country Report 2005

8. Ministry of Public Health. Afghanistan Mortality Survey, Kabul, 2010, <http://moph.gov.af/en/documents?DID=516>

9. CSO and UNICEF (Central Statistics Organisation and United Nation Children's Fund). Afghanistan Multiple Indicator Cluster Survey 2010-2011: Final Report. Kabul, 2012

10. Saeed KMI, Rasooly MH. Prevalence and Risk Factors Associated with Obesity among adult Kabul Citizens (Afghanistan), 2012. Iranian Journal of Diabetes and Obesity. 2012; 4(4): 152-161

Access to primary health care services with the potential to improve MCH and prevent NCDs is prevalent but limited to certain regions of the country. Access to any public health facility within one hour of walking distance is possible for 57% of the population. However, utilization of health services is dependent on the affordability, physical accessibility and acceptability of services and not merely on adequacy of service supply. In spite of the MoPH's efforts, the utilization of services remains low. Access and utilization of health services is even more constrained for women because they usually prefer a female service provider for cultural reasons and usually must be accompanied by a male, doubling any travel costs, which is in itself a sign of health inequity. In addition, there are regions that are too dangerous for the collection of data, where service provision is hampered and some NGO's must work tirelessly to provide basic medical care, making health promotion interventions even more challenging.

Article 54 of the Constitution of Afghanistan stipulates that "family is the fundamental unit of society and is protected by the state. The state shall adopt necessary measures to ensure physical and psychological well being of family, especially of child and mother." Moreover, article 22 states, "any kind of discrimination between and privilege among the citizens of Afghanistan is prohibited. The citizens of Afghanistan have equal rights and duties before the law"<sup>11</sup>. This new strategy will inform the future direction and focus for the MOPH. Additionally, it will provide a resource and guide for relevant partners, statutory and non-statutory, concerned with promoting positive health in the new millennium. The National Health Promotion Strategy will provide a platform to foster an inter-sectoral approach for addressing the major determinants of health. This National Health Promotion Strategy for Afghanistan provides the strategic direction to contribute to the global health improvement agenda.

## Policy Statements

The MoPH recognizes the role of health promotion as one of the most cost effective strategies to promote a healthy nation. The Health Promotion Department will work with other sectors to make the health promotion a core responsibility for both public and private sectors and put health promotion at the center of national development agenda.

MoPH is committed to promote the health of individuals, families and communities throughout their life course by working on social determinants of health through strengthening institutional and organizational capacity, community actions, adopting health in all policies approach, creating supportive environments and re-orienting health services with a focus on healthy lifestyles. Health promotion and disease prevention will form an important part of the daily practice of each health worker.

MoPH will strengthen effective mechanism for collaboration and coordination with public, private, nongovernmental and international organizations and civil societies for creating and supporting sustainable health promotion actions.

MoPH will work with Ministry of Finance (MoF) to develop a sustainable financial system using dedicated taxes on tobacco and other hazardous goods for health promotion to ensure long term sustainability of the health promotion program in the country.

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<sup>11</sup> Ministry of Justice. The Constitution of Afghanistan: Official Gazette 818. Kabul, 2004, <http://moj.gov.af/en/page/1684>

## Priority Health Issues

The targeted areas for health promotion were identified by reviewing related literature, including policies, strategies and plans of MoPH (e.g. Health and Nutrition Sector Strategy, National Strategic Plan) and through several consultative meetings with relevant stakeholders. In addition, a national consultative workshop was conducted with representatives of Line Ministries, donors, UN agencies, INGOs, NGOs and civil societies. Based on the recommendations of the workshop, desk review and consultation with relevant stakeholders the following areas were identified for health promotion:

1. Maternal and newborn health including family planning
2. Child health
3. Public Nutrition
4. Sanitation and Hygiene
5. Non-communicable diseases
6. Communicable diseases
7. Disability, injury prevention and road safety
8. Environmental health
9. Population growth
10. Mental health
11. Occupational health
12. Substance abuse
13. Pharmaceutical affairs

## Vision

A healthy nation, where all individuals and communities are enabled and supported to lead healthier life through having control over their health and well-being, throughout their lifecycle. This vision will contribute to the achievement of the health sector's common vision of "Health for All Afghans" as envisioned in the National Health and Nutrition Policy 2012-2020.

## Mission

To promote health and well-being of the people of Afghanistan by increasing knowledge, informed decision making and positive behavior change through working with other sectors for formulating healthy public policies, advocating, mobilizing, empowering and supporting for active participation in health promotion activities.

## Goal

Support individuals, families and communities to actively participate in health promoting activities and adopt healthy behaviors and lifestyle.



## Core values and principles of MoPH

The core values of the Ministry of Public Health have been highlighted in National Health and Nutrition Policy 2012-2020, which includes: right to health, partnership and collaboration, equity, community participation and ownership, evidence-based decision-making, promoting results-oriented culture, quality, transparency, sustainability, dignity and respect.

## Target population

In order to target specific health issues, population based approach will be adopted for planning health promotion initiatives. Priority will be given to the most vulnerable groups including women, children, youths, disabled people, Internally Displaced People, returnees and nomads.

## Strategic Directions

**SD1: Building Healthy Public Policy/ Health in All Policies**

**SD2: Creating Supportive Environment**

**SD3: Strengthening Community Actions**

**SD4: Developing Personal Skills**

**SD5: Reorienting Health Services**

**SD6: Capacity Building**

**SD7: Coordination and Partnership**

## Strategic Objectives

**SD1: Building Healthy Public Policy/ Health in all policies**

SO 1.1: To work with other sectors to raise awareness of the health consequences of their policies and to accept responsibilities for health

SO 1.2: To advocate for a legislative setting to ensure safer and better goods and services, increase prices and controls on the marketing of unhealthy products, incentives for health behaviors, and a less hazardous environment.

**SD2: Creating Supportive Environment**

SO 2.1: To work with other sectors to systematically assess the health impact of a rapidly changing environment (urbanization, technology, and growing food, beverage and tobacco industries) and take steps to minimize the negative impact on health.

SO 2.2: To engage with communities to promote cultural and social norms towards improving public health and tolerance for programs that empower women to improve their own and their children's health.

**SD 3: Strengthening Community Action**

SO 3.1: To enable communities and their leaders to take the ownership and control of their population's health and wellbeing by being engaged in setting priorities, making decisions, planning, and implementing strategies.



## **SD 4: Developing Personal Skills**

SO 4.1: To enable individuals and families to take ownership and control of their health through a comprehensive media and face to face communication approach for provision of information, health education, and life skills to support personal and social development.

## **SD5: Reorienting Health Services**

SO 5.1: To work with health professionals and institutions, and various government departments towards a health care system, which promotes health beyond its traditional responsibilities for the provision of clinical and curative services: increase screening, promotive and preventive services, assessment of health status and risk factors at the population level, and assignment of responsibilities for health of entire populations.

## **SD6: Capacity Building**

SO 6.1: To enhance institutional and organizational capacity for health promotion at all levels of MoPH

## **SD7: Coordination and Partnership**

SO 7.1: To work closely with various departments of MoPH to make sure that communication work plans/campaigns are developed in a consultative manner.

SO 7.2: Strengthen the Health Promotion Taskforce by regularly conducting meetings and involving a broad range group of stakeholders.

SO 7.3: Establish strategic partnership with key line ministries including Ministry of Education, Ministry of Higher Education, Ministry of Labour, Social Affairs, Martyrs and Disabled, Ministry of Agriculture, Livestock and Irrigation, Ministry of Women Affairs, Ministry of Hajj and Religious Affairs, Ministry of Information and Culture, Ministry of Rural Rehabilitation and Development in planning, monitoring and strengthening inter-sectoral health promotion programs.

## **Priority Interventions**

In order to achieve the stated objectives, the following interventions will be executed for each strategic direction;

### **SD 1: Building Healthy Public Policy/Health in all policies**

#### **Priority interventions:**

- Establish a multi-sectoral National Health Promotion Board. The board will be responsible to make policy decisions, oversee and coordinate all the relevant interventions with stakeholders including mass media and private business.
- Develop and strengthen a legislative environment to make relevant sectors responsible to consult MoPH during their policy development process in accordance with the Health in All Policies (HiAP) approach.

- Review existing relevant laws, regulations and policies, and recommend required adjustments to respond to the current needs.
- Advocate for and work with law enforcement authorities to ensure the implementation of rules and regulations for promoting health

## **SD2: Creating Supportive Environment**

### **Priority Interventions:**

- Share knowledge, skills, experiences, ideas and lessons learnt at national and international level regarding mitigation of potentially negative health impacts of economic development and urbanization.
- Identifying physical and social problems and challenges through community based research/assessments for formulating new interventions towards adopting healthy behaviors and cultural norms.
- Gather evidence or compile experiences from other countries on harmful impacts of changing environment.
- Advocate for creating supporting environment for adopting healthy behaviors and positive social norms and challenging harmful traditions and practices.
- Mobilize individuals, families, communities, civil society groups, public and private sectors and development partners in order to promote, support and protect health.

## **SD3: Strengthening Community Action**

### **Priority Interventions:**

- Establish a national health promotion network, with a leader in each province and district to promote coordination and collaboration among health facility and structures including community shuras, Community Development Councils (CDCs) and family health action group to appropriately address prevalent health problems in diverse target populations.
- Within each provincial and local network, organize teams of volunteer community health and family health workers based on diverse community settings, including schools, to carry out two-way communication between health program leaders and targeted populations, as well as, to advocate for healthy public policies and supportive environments as outlined above.
- Support existing community based health care programs to enhance community ownership for better health.
- Provision of required information to individuals and communities enabling them to make informed decisions to improve their health status.

## **SD4: Developing Personal Skills**

### **Priority Interventions**

- Conduct community needs assessment to identify the current levels of skills and knowledge.
- Develop guidelines, approaches, SOPs and strategies for comprehensive awareness raising and behavior change campaigns tailored to different population groups.
- Review and assess current health messages to ensure they are based on the best available

evidence (including being appropriate, understandable and actionable by communities)

- Standardize the health messages and materials for health workers to enable them to deliver consistent and appropriate health messages to the target communities and households
- Use different communication channels (printed materials, workshops, and mass media, television, radio, mobile phones) to raise awareness and teach skills to promote health.
- Increase people's access to health information and life skills through innovative mechanisms such as health hotlines and mobile text information services.

## **SD5: Reorienting Health Services**

### **Priority Interventions**

- Advocate strengthening health promotion and integrating it into the function and working of the private and public healthcare service units at all levels, with regular assessment of health and health risks of entire populations and assignment of responsibility to a formal public health leader responsible for population health.
- Strengthen and integrate health promotion protocols in the existing curative guidelines at the private and public health care service unit's levels.
- Conduct Knowledge, Attitude and Practices (KAP) surveys to broaden the information base to design and implement health promotion initiatives.

## **SD6: Capacity Building**

### **Priority Interventions**

- Develop guidelines and training materials for health promotion and organize trainings for health personnel at various levels in close coordination with the Human Resource Department.
- To advocate for strengthening health promotion and integrating it into the function and working of the other relevant ministries and stakeholders.
- Review current staffing structures in order to roll out capacity building at an institutional level.
- Develop guidelines or adapt existing ones for preparing messages and materials for health promotion and ensure these are integrated into the training curricula of all community-based health workers (e.g. community midwives, CHWs, community nurses, etc.)
- Organizing short and long term capacity building programs including study tours in order to gain insights into the international best practices for structuring the Health Promotion Department and overall health promotion activities.
- Design a human resource development plan for health promotion and seek opportunities of capacity building for the staff of Health Promotion Department.
- Strengthening the Health Promotion Department by providing equipment's and facilities to produce relevant health related IEC materials.

## **SD 7: Coordination and Partnership**

### **Priority Interventions**

- Revise the current terms of reference (ToR) of communication officers of various departments and include reporting to Health Promotion Director.
- Develop integrated communication workplans on annual basis.
- Expand and strengthen engagement with national and international NGOs, especially with those having community-based presence in implementing HP and BCC interventions
- Conduct monthly HP Taskforce meeting and share minutes with all.
- Work with Line Ministries in joint planning, implementation, and monitoring of communication plans and strategies.

## Outcome Indicators

Priority area	indicators	Baseline	Target (%)	Means of verification	Remarks
Reproductive, Maternal, Newborn and Child Health	Proportion (%) of pregnant women and their husbands know the importance of and agree to have deliveries by skilled birth attendants	TBD	70	Survey	
	Pregnant women use Skilled Birth Attendance (%)	34	50	Survey	
	Proportion (%) of pregnant women know the importance of antenatal care visits	TBD	90	Survey	
	Pregnant women receive at least 4 antenatal care visits (%)	16.1	70	Survey	
	Proportion (%) of pregnant women know the importance of postnatal care visits	TBD	50	Survey	
	Pregnant women receive at least 4 postnatal care visits (%)	TBD	40	Survey	
	Proportion (%) of married couples know at least two types of modern family planning methods	TBD	95	Survey	
	Couples use any family planning methods (%)	22	40	Survey	
	Proportion (%) of parents/caretakers understand the importance of fully immunizing their children and know which childhood diseases they prevent	TBD	85	Survey	
	Parents/caretakers fully immunize their children by routine vaccine schedule (%)	54	70	Survey	

Public Nutrition	Proportion (%) of pregnant women and new mothers know the importance and benefits of exclusive breastfeeding their babies IMMEDIATELY after delivery to 6 months	TBD	85	Survey	
	Mothers exclusively breastfeed their children 0-6 months (%)	56	70	Survey	
	Proportion (%) of mothers and care givers know the importance of providing nutritious complementary feeding to their children aged 6-24 months	TBD	85	Survey	
	Mothers complementary feed their children aged 6-24 months (%)	30	70	Survey	
	Proportion (%) of mothers and care givers know the importance of measuring their children weight	TBD	60	Survey	
	Children measured for weight (%)	TBD	40	Survey	
	Proportion (%) of mothers and care givers know the importance of measuring their children height	TBD	60	Survey	
	Children measured for height (%)	TBD	40	Survey	
	Proportion (%) of pregnant women and mothers breastfeed their children know the importance of iron-containing micronutrient supplies	TBD	60	Survey	
	Proportion (%) of pregnant women and mothers breastfeed their children receive iron-containing micronutrient supplies	TBD	40	Survey	
	Proportion (%) of households know the importance of iodized salt	TBD	60	Survey	
	(%) Households use iodized salt	TBD	40	Survey	
	Sanitation and Hygiene	Proportion (%) of population know the importance of washing hands with soap before eating and after using toilets	TBD	80	Survey
Individuals wash hands with soap before eating and after using toilet (%)		TBD	30	Survey	
Proportion (%) of population know the importance of using sanitary toilets		TBD	80	Survey	
Households use improved sanitation facilities (%)		31	60	Survey	

Healthy life-style	Proportion(%) of population know importance of doing regular physical exercise	TBD	70	Survey	
	Individuals do regular physical exercise (%)	TBD	35	Survey	
	Proportion (%) of drivers know the importance of using seat belts to prevent injuries during vehicle accidents	TBD	80	Survey	
	Drivers regularly use seatbelts (%)	TBD	20	Survey	
Communicable diseases	Proportion (%) of mothers and care givers know danger signs of ARI in children	TBD	60	Survey	
	Proportion (%) of mothers and care givers seek timely referral for ARI	TBD	50	Survey	
	Proportion (%) of mothers and care givers know danger signs of diarrhoea in children	TBD	60	Survey	
	Children receive continued breast-feeding and/or feeding during diarrheal episode (%)	TBD	50	Survey	
	Children receive Oral Rehydration Salt (ORS) during diarrhoeal episode (%)	TBD	50	Survey	

## **Annex I:**

### **Participants of intersectoral meeting for prioritization of health issues for the strategy development. May 07, 2012**

1. Colonel Abdul Rahman, Traffic Department
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4. Dr. Qasim Sharafmal, Ministry of Rural Rehabilitation and Development
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6. Dr. Najibullah Safi, WHO
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8. Dr. Kawsar Salehi, SCI/HSSP
9. Nora Barkar, HSSP
10. Abdul Waheed Adeeb, SCI/HSSP
11. Ibrahim Shinwari, Micronutrient Initiative
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14. Dr. Mohammad Nafi Kakar, UNICEF
15. Asso. Prof. Bashir Noormal, ANPHI, MoPH
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17. Dr. Habib Arwal, CBHC, MoPH
18. Sayed Masood, CBHC, MoPH
19. Zain-ul-Abedeem, Ministry of Religious Affairs and Pilgrimage
20. Dr. Marghalarey Khara, Ministry of Women Affairs
21. Dr. Nasratullah Rasa, HPIC
22. Dr. Rangina Aziz, HPD, MoPH
23. Dr. Mir Islam Sayeed, DEWS, MoPH
24. Dr. Nasser Manal, HPD, MoPH



## **Annex II:**

### **Participants of Consultative Workshop on Health Promotion Strategy Development Dated: May 16, 2012**

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13. Dr. Noorita,
14. Dr. Roya Hasaizada, MoPH
15. Zainulabudin Koshan, MoRA
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26. Dr. Zekria, M&E, MoPH
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35. Admasso Tassew, UNICEF
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37. Dr. M. Tahir, UNFPA
38. Dr. Noor, UNFPA
39. Dr. Hidayat, MoPH
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