AFGHANISTAN COMPRI-A
LITERATURE REVIEW

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A. Social and Behavior Change Communication (BCC)

1. Study Title:
   *Transitional Islamic State of Afghanistan, National Reproductive Health Survey, 2003.*

**Study Objectives:**
- To measure baseline levels of knowledge, attitudes and behaviors regarding demand for family planning.
- To investigate the key barriers to contraceptive use to be addressed by upcoming behavior change campaigns.
- To identify key target groups for the program by segmenting the population according to need and to opportunity, ability, and motivational barriers to behavior change.

**Sample/Study Methodology:**
- The sample was designed to be representative of the general population of men and women of reproductive age (15-49) in urban and rural districts of seven provinces: Kabul, Herat, Balkh, Ghazni, Jawzjan, Saripol and Paktya. A total 7,000 individuals were interviewed.

**Conclusions:**
- The PSI National Reproductive Health Survey showed much higher levels of birth spacing use than the MICS survey conducted by UNICEF in a similar time period. While several factors could account for these differences, it is likely that they are largely attributable differences in either data collection or data analysis.
- The survey found a high level of latent demand for birth spacing products in Afghanistan. About one/fifth of the sample currently use BS products, and another two-fifths are not using BS products and say they would like another child within two years. The remaining 2/5 are not using BS products and have stated that they would like to either space their births or limit their family size. This group has an unmet need for BS products.
- Those with unmet need are less knowledgeable about BS and less likely to have had contact with a health professional. Only half know where to obtain a modern method. Still, a substantial percentage (40%) of those with unmet need have discussed BS with a spouse, and the majority say the wife could influence her spouse to use BS. Significantly, women are twice as likely as men to say they’d like to space the next birth (25% vs. 13%).
- Furthermore, social support for use (support of husbands and mothers-in-law) may be higher than previously thought.

**Recommendations:**
- Communication campaigns providing information on BS could be extremely effective to those already motivated to limit or space, since many cited a lack of knowledge as a reason for not using.
- While the vast majority of respondents stated that they would seek BS information from medical personnel, most said that their source of knowledge on BS methods was friends and relatives. This indicates that CHWs, working at the village level...
could be extremely effective channels for communication in rural areas.
- Pharmacists and clinic based workers would also be important sources of information.
- Radio is a potential new channel for BCC campaigns.
- It is important to recognize gender differences in the barriers to using birth spacing. Women were more likely to report birth spacing than men, indicating both that there is some covert use among women and that men may be less inclined to admit BS use.
- Campaigns to promote BS benefits should target men as well as women, and messages that encourage discussion between spouses could greatly reduce unmet need. Messages could also be expanded to include mothers-in-law and other key social influencers in the family.
- While the results of the survey made clear that decisions about birth spacing are seen as a private family member, role models, for example community leaders, could serve as spokespersons for the benefits of small family size.

2. Study Title:
Afghanistan Reproductive Health Tracking Survey (The PSI Dashboard) 2005

Study Objectives:
To investigate reproductive health and maternal and child health as a follow-up to the reproductive health survey conducted in late 2003.

Sample/Study Methodology:
- National representative household survey of married men and women 15-49 in urban and rural Afghanistan.
- Sampling methodology is the same as that used for the 2003 Afghanistan Reproductive Health Survey.

Conclusions:
- Sharp increases in knowledge about modern contraception methods since 2003, particularly among men.
- Eighty-seven percent of men and 90% of women could spontaneously name a modern method, compared with 43% and 62% respectively in 2003.
- Use of modern method increased from 14% to 16% among women.
- Respondents who knew of PSJ’s socially marketed brands were significantly more likely to know about birth spacing methods and where to obtain them.
- For men, exposure to the Number One condom brand was significantly associated with higher levels of condom use.
- Perceptions about availability and quality of products and services were a significant determinant of contraceptive use, in addition to self-efficacy (i.e., spousal communication and decision-making).

Recommendations:
- Programs promoting affordable high-quality modern birth spacing methods and behavior change communication messages stressing openness about communication between spouses about family planning decisions would continue to increase contraceptive use.
- Programs should pay particular attention to the type of promotion media used.

Source:
PSI, Afghanistan Reproductive Health Tracking Survey (The PSI Dashboard) 2005.
Catalogue No.: 137
Men showed a much higher awareness of campaigns promoted through mass media channels such as television and radio, women received their information through word of mouth through neighbors and friends (particularly in rural areas).

3. **Study Title:**

*Overcoming Barriers to Reproductive Healthcare in Post-Conflict Afghanistan*

**Study Objectives:**

- Understand the barriers to use of family planning and other reproductive health services in Afghanistan
- Identify strategies used to overcome these barriers among couples currently using FP and RH services
- Contribute to development of effective and practical strategies to empower women and men to exercise right to FP and other RH services

**Sample/Study Methodology:**

- 29 focus group discussions split according to:
  - FP users
  - Other RH users
  - Young women in the community
  - Older women in the community
- Additionally, 72 in-depth interviews with community men and community leaders in rural and urban locations across Afghanistan including Kabul, Kapisa, Bamyan and Badakhshan.

**Conclusions:**

- Ideal family size in Afghanistan is 4-5 children, preferably with more sons than daughters.
- Current economic situation and insecurity about future is considered valid reason for limiting births.
- FP is given approval for economic and health reasons, though is often conditional on requisite number of sons born.
- There is approval from groups traditionally seen as resistant to FP, e.g., male community leaders and mothers-in-law.
- Imperative that women has permission from husband to attend clinic and use FP services; consensus between husbands and wives highly desirable.
- Men feel wives should persuade husbands with good arguments to for using RH services.
- Messages containing economic and health arguments, supported by doctor’s opinions, carry most weight for persuading people to take up FP.
- Fear of harmful side effects is as big a barrier to FP use as disapproval of FP methods.

**Recommendations:**

- Effective messaging should communicate:
  - Health dangers that exist for both mother and child when mother has “yearly” children
  - Economic advantages of smaller families

**Source:**

Marie Stopes International,
*Overcoming Barriers to Reproductive Healthcare in Post-Conflict Afghanistan*, May 2004

**Catalogue No.:** 5
o Information to dispel the myths of harmful effects of family planning methods
o Supportive advice and opinions from doctors
o The importance of discussion between husband and wife

- Messages should target both men and women, as well as decision-makers and influencers, such as mothers-in-law or community leaders.
- Activities that encourage spousal communication and discussion would be effective in facilitating couples to use FP, as women’s perceptions of husbands’ actual attitudes and beliefs do not always match.
- Community-wide education is necessary to provide accurate information on contraceptive methods and dispel common myths. Support this education with high quality, accessible service provision.
- Programs should continue to move from one-way lectures about FP and RH to those that are group discussions.

B. The Market and the Private Sector (Public Private Partnership)

1. Study Title:
The Investment Climate in Afghanistan: Exploiting Opportunities in an Uncertain Environment

Study Objectives:
To assist the government of Afghanistan to address its private sector development challenges.

Sample/Study Methodology:
Survey of 335 firms, and also incorporates the findings from numerous recent studies on Afghan private sector issues.

Conclusions:
- A stable, macro-economic environment has been established and a number of steps taken to foster trade.
- Despite rapid economic growth, the structure of Afghanistan’s economy has changed little.
- Government has clearly recognized that Afghanistan’s success will depend on its ability to quickly develop a strong and vibrant private sector.
- Government has taken a number of steps to foster private sector investment.
- Long years of conflict destroyed most of Afghanistan’s production capacity and forced the flight of many skilled workers and managers.
- End of major conflict and fall of the Taliban regime led to an increase in private investment but still investment has been limited relative to Afghanistan’s potential.
- Despite the difficult business environment, Afghan industry is steadily recovering and existing firms are coping well.
- Absence of a clear legal framework compounds the high level of uncertainty and risk facing investors in Afghanistan.
- Firms use mostly informal mechanisms, including force, to resolve disputes and enforce property rights.
- In nearly 25 years of war, Afghanistan’s government institutions were devastated;

Source:
World Bank, The Investment Climate in Afghanistan: Exploiting Opportunities in an Uncertain Environment, December 2005

Catalogue No.: 133
the new government has been working to rebuild them – however this infrastructure is nascent and many ministries still lack the capacity to provide some of the basic services.

**Recommendations:**
- Four categories of action recommended to make the private sector more amenable to investment:
  - Improve access to factors of production (notably finance, land, skilled labor and physical utilities)
  - Clarify and strengthen property rights
  - Improve the flow of information
  - Improve the provision of business services.
- Improve government capacity to analyze private sector issues.

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2. **Study Title:**
   *Afghanistan and Civil Society*

**Study Objectives:**
- To identify civil society forces in Afghanistan, including an examination of constraints and opportunities for civil society to function in relation to the present political power structure.
- To discuss enabling and restrictive factors for civil society.
- To examine the potential for international organizations to strengthen the role of civil society.

**Sample/Study Methodology:**
Not applicable.

**Conclusions:**
- Among key actors in civil society, there is heated debate about what stance is most effective in influencing the policies of the Transitional Government of Afghanistan and the international community.
- International actors are now encouraging civil society activity across the board, but many think that once the international presence is toned down.
- International community carries a huge responsibility for strengthening, rather than downgrading, its role as guarantors for civil society.

**Recommendations:**
- Funding in civil society is rarely the critical factor; the most important functions that the international community can provide is to provide protection or facilitate access for civil society actors, not massively funding them.
- Ability for external actors to work constructively with Afghan civil society hinges on its ability to understand the actors, activities and processes within civil society – the challenge is now to strengthen our knowledge by moving beyond definitional discussions to identify the strengths and weaknesses of concrete civil society organizations and activities.

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3. **Social Determinants of Health**
1. **Study Title:**
*Afghanistan National Health Resources Assessment*

**Study Objectives:**
The Afghanistan National Health Resources Assessment was conducted in April through September of 2002 to inventory existing health resources in all provinces of Afghanistan by surveying the 842 facilities then listed by the World Health Organization.

**Sample/Study Methodology:**
- Unlisted facilities and staff were identified during the survey process. GPS coordinates were recorded and plotted for all facilities, including pharmacies; photographs were taken and questionnaires administered on services, equipment, supplies, clinic workload, sources of financial support, etc.
- Population estimates at the district level were based on projections of a census done in the 1970s.

**Conclusions:**
- Some 86% of existing facilities offered “Basic Primary Health Services.”
- Access to facilities and the number of patients seen varied greatly among provinces, with 33% of all districts having a population to facility ratio greater than the MOH target ratio of 30,000 to one; the numbers of patients seen per month ranging from 500 to 1500.
- Data on referrals, made at a rate lower than 5% for all types of facilities combined, confirmed a lack of transport for emergencies.
- Some 74% of facility damage was due to war.

**Recommendations:**
- Roughly half the facilities require major repairs beyond the means local populations.
- Health facility access to safe water sources, refrigeration, and reliable electricity were also problematic throughout the country.

2. **Study Title:**
*The Battle for Access – Health Care in Afghanistan*

**Study Objectives:**
To describe the poor health care infrastructure in Afghanistan and provide examples.

**Sample/Study Methodology:**
Anecdotal evidence of the weak state of the Afghan health care infrastructure.

**Conclusions:**
- Patients with the severest illnesses in the southern part of Afghanistan end up at Mir Wais, the referral hospital in Kandahar.
- Nearly 6 percent of the patients at Mir Wais do not recover – 58% of those who die in the hospital are under 5 years old, and typically die from diarrheal disease.
- More than 20% of patients at Mir Wais traveled distances from other provinces to seek treatment – late presentation is therefore a high risk factor.
- Though important progress has been made in measles vaccinations and other
projects, the health care system faces chronic deficiencies, such as poor infrastructure and lack of trained medical professionals.

- Even if a patient manages to travel to a government clinic, there is not guarantee that he or she will find a doctor – there are only 8 doctors per 100,000 residents in Afghanistan.
- Some positive changes have happened – Médecins Sans Frontières opened a basic emergency maternity clinic in western Kabul with skilled midwives and saw its number of patients double in six months, demonstrating the high demand for the services of qualified, culturally-appropriate health care professionals.

**Recommendations:**

- Additional doctors and nurses need to be trained and allocated, preferably female professionals posted to rural areas (cultural norms dictate that women see female doctors regarding OB-GYN matters.
- Transportation infrastructure needs to be strengthened so that patients can reach health care providers and outreach can serve communities.
- Access to clean water and sanitation facilities must be improved to reduce the risk of waterborne disease.

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**3. Study Title:**

**Afghanistan National Hospital Survey – August 2004**

**Study Objectives:**

- Provide a detailed description of the public sector of hospital care.
- Provide elements of information for the ongoing process of hospital reform.

**Sample/Study Methodology:**

- Survey of all 117 public sector hospital facilities in Afghanistan; surveyed by teams of three, each containing one nurse, one doctor and one civil works expert.
- Surveyors obtained information through interview and direct observation.

**Conclusions:**

- Afghanistan has relatively low number of hospitals and hospital beds as compared with other countries with comparable income level – ratio of 1 bed to 1,000 residents as recommended by the WHO is not attained in any Afghan province.
- Distribution of hospital facilities and services is uneven with large parts of population unable to access referral facilities.
- Physical condition of facilities is acceptable, but often lack adequate amount of water and electricity.
- Hospitals are under-equipped and equipment not adequately maintained.
- Facilities are under-used; average occupancy rates are below 50%.
- Hospitals generally over-staffed; particularly in large urban areas – however too few facilities have enough female staff to provide services to women.
- Delivery care and emergency obstetric care particularly poor.
- Some provinces have little or no access to hospital that’s in good condition and in spite of heavy investments supported by international community, discrepancies among facilities in provinces continue to grow.

**Recommendations:**

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**Source:**


**Catalogue No.:** 19
4. **Study Title:**
*Peripheral Basic Health Care Assessment Panjab and Waras Districts (Bamyan Province, Afghanistan)*

**Study Objectives:**
- To assess the roads and the population of both districts.
- To evaluate and identify the existing medical structures.
- To describe the coping mechanisms for each area in terms of access to health.
- To evaluate security and weather conditions.
- To propose to set up a medical network.

**Sample/Study Methodology:**
- Figures and mapping investigation in Kabul
- Population interviews on site
- Medical data collection in the two existing clinics
- Assessment of the different roads, GPS localization, distance evaluation (for the summer period only)

**Conclusions:**
- Health care access is reduced because of:
  - economic difficulties,
  - road access and the communication system between villages and the main village is poor,
  - In the winter, some villages are completely cut-off for 3 to 5 months (November to March),
- Very few health facilities. In the two districts that were analyzed only two were found for roughly 170,000 inhabitants.
- For some, health facilities/workers are 5 to 9 hours away by horseback.

**Recommendations:**
- Improve the main roads from Panjab to Yakawlang, to Bishud, to Waras and from Waras to Daykundi.
- Implement 13 health facilities in Panjab and Waras.
- Develop health outreach activities within the clinics.
- More medical data collection is needed.
5. **Study Title:**
*Health Care and Hospital Referral System in Kabul*

**Study Objectives:**
- Produce an accurate report on all the hospitals in Kabul.
- Describe and analyze the current systems for referring patients between different levels of health care: primary health care, neighborhood or general hospitals, and specialized hospitals.
- Assess the current role of the hospitals in the policy for training Afghan doctors and paramedical staff.

**Sample/Study Methodology:**
- Consulted existing literature on the Afghan health system,
- Met with Afghan authorities,
- Met with international partners,
- Met with non-governmental organizations,
- Met with hospital directors and made hospital visits.

**Conclusions:**
- Afghan interim authority selected basic health care as the only way of achieving the objective of health for all, particularly in the provinces.
- Approach is encouraged by all players and donors.
- Priority areas chosen include: the control of transmittable diseases, the reduction of maternal and infant mortality, support for refugees and displaced persons, the reduction of malnutrition and the development of mental health services.
- Kabul's hospitals concentrate between 50% and 70% of the staff capacity of Afghanistan's health system.
- Given current socio-political constraints, staff numbers in Kabul's hospitals have already increased 20% in a few months.

**Recommendations:**
- Basic health care can only be fully effective if it is supported by community participation and a high quality referral system. Only an organized and properly managed system, able to dispense medical technical treatment and teaching can make this approach legitimate.
- A hospital policy, referral system, should be defined and implemented so that the Kabul hospital system stops acting under 'a law until itself'.
- The control of Kabul's hospitals is urgent and a matter of strategic importance.
- If any aid or financial measures are envisaged, they should be directed to a clear precise reorganization program with a long-term vision. Otherwise, Kabul will have a hospital system that is over funded and inefficient.

**Source:**

**Catalogue No.:** 62
### D. Legal Regulatory Issues/Policy/Advocacy

1. **Study Title:**
   *The Public Health System in Afghanistan: Current Issues*

**Study Objectives:**
This analysis of issues involved in re-building and managing Afghanistan’s health sector using a public health, rather than curative, model, specifically examines the attitude of the international assistance community toward and the efficacy in a post-conflict environment of the strategy’s basic components.

**Sample/Study Methodology:**
- Performance-based partnership agreements (PPAs)
- Content of the Basic Package of Health Services

**Conclusions:**
The result of numerous meetings and interviews, the descriptions of the approach and focus of the Afghan government, Ministry of Public Health, donors, UN agencies and NGOs at this crucial point are expected to serve as reference and orientation tools for those working in Afghanistan’s health sector over the next several years.

**Recommendations:**
- Recommendations emphasize the need to develop MoH policies and guidelines as soon as possible
- To create a forum in which major participants in the health system reconstruction effort can communicate and exchange information.
- To focus on the most vulnerable populations; to avoid promising what cannot feasibly be delivered in given circumstances.
- To prioritize primary care services at the community level, including the use of those who are not health professionals and the training of women to facilitate delivery of these services.

### F. Nutrition

1. **Study Title:**
   *Breastfeeding and Weaning Beliefs and Practices in Parts of Northern Afghanistan: Research Findings*

**Study Objectives:**
- Since 1996, SC/US has worked in partnership with the Ministry of Health to strengthen the quality and expand the coverage of primary health care services, focused on maternal and child health, in Andkhoy town, its subdistrict Qurghan, and neighboring Khancharbagh and Qaramqul districts in Faryab Province.
- In late 2000, SC/US began to respond to the drought in Afghanistan, and through late 2002 (and to a lesser extent, into early 2003) implemented food distribution,
nutrition education, income generation, and nutrition and food security surveillance activities in Faryab and Sar-i Pul provinces.

**Sample/Study Methodology:**
In conjunction with its nutrition surveillance activities, SC/US conducted qualitative and exploratory research on breastfeeding and weaning practices for children in the Andkhoy area from August 1 to 14, 2002. Through the study, the researchers sought to learn about breastfeeding and weaning beliefs and practices for children under the age of two, and if and how these practices had been affected by the drought.

**Conclusions:**
Although the findings of the study lead to additional questions and topics for investigation in addition to a series of recommendations.

**Recommendations:**
It will be important to act quickly to identify new—and re-target old—health education messages to improve the nutrition and health of children under the age of two.

### 2. Study Title:
*Summary Report of the National Nutrition Survey, Afghanistan 2004*

**Study Objectives:**
To assess nutritional status, prevalence of vitamin and mineral deficiencies, and use of iodized salt and vitamin fortified foods.

**Sample/Study Methodology:**
Pre-school and school age children, women 15 - 49 years old, and adult men between 18 and 60 years of age were surveyed in 32 clusters throughout Afghanistan.

**Conclusions:**
- Findings include a high prevalence of iodine deficiency among school age children and women of childbearing age.
- Nationally, iodized salt was found in 28% of surveyed households and in significantly more urban than rural households.
- Though a large proportion of households used cooking oil and ghee labeled as fortified by vitamin A, tests showed these products often mislabeled. Children between 6-24 months had a 50% rate of anaemia; non pregnant women, 25%; and males in the targeted age group, a 7% rate.

**Recommendations:**
Programs to heighten nutritional awareness, especially among women, and promotion of iodized salt production and vitamin fortified flour and cooking oils are strongly recommended.

### 3. Study Title:
*Anthroponotic Cutaneous Leishmaniasis*

**Study Objectives:**
No information about study objectives.

**Sample/Study Methodology:**

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**Source:**

**Catalogue No:** 116

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**Source:**
HealthNet International (no journal cited), *Anthroponotic Cutaneous Leishmaniasis, 2003*

**Catalogue No:** 61

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Incidence of disease was estimated to be 2.9% (29 cases /1000 persons per year 95% confidence interval (0.018 to 0.031) Disease was associated with age and gender ,logistic regression analyses showed significant clustering of cases.

**Conclusions:**
A prevalence survey in Kabul City showed that 2.7% and 21.9% of persons have active leishmaniasis lesions or scars respectively.

**Recommendations:**
No recommendations.

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<tr>
<th>Study Title:</th>
<th>Prevention and Control of Scurvy in Afghanistan: Rationale, Protocols and Strategies</th>
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</table>
| **Study Objectives:** | • Provide a guide for ensuring adequate vitamin C intake in Afghanistan and thereby prevent scurvy outbreak in the future.  
• Ensure appropriate treatment for clinical scurvy. |
| **Sample/Study Methodology:** | Document and guidelines were adapted from WHO: Scurvy, Its Prevention and Control and Major Emergencies, 1999. |
| **Conclusions:** | Main criteria for diagnosing scurvy are:  
• History of dietary inadequacy  
• Clinical manifestation characteristic (document provides pictures to demonstrate)  
• Biochemical indices |
| **Recommendations:** | • Recommended medium- to long-term strategy for Afghanistan is food diversification.  
• Recommended short-term strategy (winter 2002) for Afghanistan is supplementation.  
• Timing for supplementation is November and to continue for three months through February. |

<table>
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<tr>
<th>Study Title:</th>
<th>Methodology for the Livelihoods Based Food Security and Nutritional Surveillance System for Afghanistan</th>
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<tbody>
<tr>
<td><strong>Study Objectives:</strong></td>
<td>Methodology to protect and support food security and nutritional well-being of the Afghan population through the collection, analysis and use of data that is used to predict deterioration in food security and nutritional status.</td>
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<td><strong>Sample/Study Methodology:</strong></td>
<td>Methodology for the surveillance system is based on sentinel sites that will cover all districts within Afghanistan’s 32 provinces.</td>
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**Source:**
MOPH, UNICEF, Prevention and Control of Scurvy in Afghanistan (no date on document)  
Catalogue No.: 32

**Source:**
MOH, et al., Islamic Transitional Government of Afghanistan, Methodology for the Livelihoods Based Food Security and Nutritional Surveillance System for Afghanistan  
Catalogue No.: 36

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**Conclusions:**
Not applicable.

**Recommendations:**
Develop a national and coordinated National Surveillance System that in part monitors changes in food security and nutrition indicators in selected sentinel sites, and on analyzing that information within a livelihoods framework.

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<th>6. Study Title:</th>
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<tr>
<td>Nutrition and Health Survey, Badghis Province, Afghanistan</td>
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**Study Objectives:**
- Estimate the prevalence of the following:
  - Salt iodation
  - Acute and chronic malnutrition in children less than 5 years old
  - Clinically apparent anemia and vitamin deficiencies in children less than 5 years old
  - WHO breastfeeding indicators
  - Diarrhea (2-week cumulative) and acute respiratory infection in children less than 5 years old
  - Malnutrition in women 15-49
  - Iodine vitamin A deficiency in women 15-40
- Estimate crude mortality rate
- Estimate age-specific mortality rates
- Coverage of recent measles vaccination campaigns among children 9 months to 5 years old

**Sample/Study Methodology:**
Selected a sample that assumed a limit of statistical significance of 0.05, and contained 492 children under 5 with acute malnutrition, 534 children under 5 with anemia, 492 women 15-49 with malnutrition and 534 women 15-49 with anemia.

**Conclusions:**
- Overall, the accessibility of quality of water is poor for households in Badghis province, most households depend on unsafe sources for water supply.
- Food aid has not been universally received by households in this province; iodine virtually absent from households
- Acute protein-energy malnutrition is not currently an overwhelming public health problem among children under 5 years old in Badghis; infants are not at a disproportionate risk.
- Chronic malnutrition, however, is a very common problem among all age groups of children under 5.
- Lack of association between receipt of food aid and either acute or chronic malnutrition in children may indicate that one-time or sporadic food distributions have had no effect on children’s nutritional status.
- Overall, breastfeeding is widespread and prolonged in Badghis province.
- Measles vaccination is still very poor
- Prevalence of severe and moderate malnutrition among women 15-49 in this province is not greatly elevated.

**Source:**
US Centers for Disease Control, UNICEF, Nutrition and Health Survey, Badghis Province, Afghanistan, February – March 2002

**Catalogue No.:** 37
• Iodine deficiency is a serious health problem among women 15-49
• Many women 15-49 report nightblindness.

**Recommendations:**

**For children under 5:**
• In areas with food insecurity, a regular supply of food should be ensured.
• Programs implemented to address nutritional status of children should target mothers of identified children.
• All wheat flour distributed should be fortified with iron.

**For women 15-49:**
• Iodine intake of women should be increased; large producers of salt in Afghanistan should be encouraged to fortify their product with iodine.
• Prevalence of vitamin A deficiency should be investigated.
• All cooking oil distributed in emergencies should be fortified with retinol.

**Study Title:**
*Summary of Results of Nutrition Surveys Conducted by Action Contre La Faim – Afghanistan – 1995-2002*

**Study Objectives:**
Assess nutritional status of cities in which Action Contre La Faim has operations.

**Sample/Study Methodology:**
• Target population for survey was between 6-59 months, and the mothers of these children living in Action Contre La Faim operational areas.
• Two-stage cluster survey conducted; anthropometric measures collected to assess nutritional status.

**Conclusions:**
• **Kabul:** Percentage of global acute malnutrition cases increased from 6.2% in 1995 to 11.7% in 2002; percentage of severe acute malnutrition remained fairly steady, decreasing from 1.8% in 1995 to 1.6% in 2002.
• **Baraki Barak (Logar):** Percentage of global acute malnutrition cases was 6.3% in 1997; percentage of severe acute malnutrition was 0.8% in 1997.
• **Parwan and Kaipsa:** Percentage of global acute malnutrition cases decreased from 18.2% in 2000 to 13.4% in 2002; percentage of severe acute malnutrition also decreased, decreasing from 2.8% in 2000 to 1.6% in 2002.
• **Mazar-e-Sharif:** Percentage of global acute malnutrition cases slightly increased from 5.6% in 2000 to 7.2% in 2002; percentage of severe acute malnutrition also slightly increased, from 0.6% in 2000 to 1.0% in 2002.
• **Sang Charak District:** Percentage of global acute malnutrition cases increased throughout 2002 from 3.6% in March 2002 to 7.0% in September 2002; percentage of severe acute malnutrition remained fairly steady, increasing from 0.6% in March 2002 to 0.7% in September 2002.
• **Bamyan City:** Percentage of global acute malnutrition cases was 10.2% in 1998; percentage of severe acute malnutrition was 1.4% in 1998.
• **Herat City:** Percentage of global acute malnutrition cases was 7.3% in 2000; percentage of severe acute malnutrition was 0.5% in 2000.
• **Kandahar City:** Percentage of global acute malnutrition cases was 5.7% in 2000;
### 8. Scurvy in Afghanistan: A Review of the History, Risk Factors, Supplementation Program and Potential Food-Based Strategies to Prevent Scurvy

#### Study Title:
Scurvy in Afghanistan: A Review of the History, Risk Factors, Supplementation Program and Potential Food-Based Strategies to Prevent Scurvy

#### Study Objectives:
- Investigate causes of risk factors for scurvy.
- Assess the effectiveness of the UNICEF-led vitamin C distribution program in 2003.
- Assess community knowledge of the risk factors for scurvy.
- Investigate sustainable strategies to prevent scurvy in the future.

#### Sample/Study Methodology:
Fieldwork for the study was carried out in the provinces of Ghor, Heart and Faryab in the districts of Sharak, Churgcheran, Gulran and Kohistan in 2003. Sixteen focus group discussions and seven key informant interviews were held in the affected areas while numerous other interviews were held with implementing partners and agencies in regional capitals.

#### Conclusions:
- Individuals with higher daily Vitamin C requirements are at a greater risk for developing scurvy; including pregnant or lactating women, older adults and individuals suffering from infectious diseases and those with heavy physical activity.
- Vitamin C distribution conducted by UNICEF and implementing partners had a positive impact in preventing scurvy during the winter/spring months of 2003.
- Reported coverage and compliance were high in all regions and there were no confirmed reports of scurvy during this time from the coverage area.
- The partners conducted nutritional education through various mechanisms such as door to door counseling, community meetings and puppet shows.
- The overall knowledge of scurvy and vitamin C is low and that knowledge is dramatically lower among women.
- Not one group of women interviewed could correctly list foods containing vitamin C, while 6 groups of men could.
- Food based strategies to sustainably increase the availability and consumption of vitamin C during the winter and early spring were investigated. Potential strategies include germination and consumption of raw wheat ‘grass’ as well as increased fruit and vegetable preservation and production.

#### Recommendations:
An effective scurvy prevention strategy would be multi-sectoral, build on existing government capacities, and would include efforts and support from the Ministry of Health/UNICEF, Ministry of Agriculture, Ministry of Rural Rehabilitation and Development and Ministry of Education. By focusing on the widespread distribution and nutritional education in conjunction with interventions established to improve access and availability of fruits, vegetables, health services and agricultural inputs the strategy will

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**Recommendations:** None given in summary document.


**Catalogue No.:** 29

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attempt to address the underlying causes of scurvy.

F. Malaria

1. **Study Title:**
   Prevention of Malaria in Afghanistan through Social Marketing of Insecticide-Treated Nets: Evaluation of Coverage and Effectiveness by Cross-Sectional Surveys and Passive Surveillance

**Study Objectives:**
- To examine whether a strategy based on insecticide-treated nets (ITN) is a viable public health solution to malaria, communities were given the opportunity.
- To buy nets and then monitored to determine population coverage and disease control impact.

**Sample/Study Methodology:**
This was carried out using two contrasting methods: cross-sectional surveys and passive surveillance from clinics using a case–control design.

**Conclusions:**
- Nets were purchased by 59% of families.
- Cross-sectional surveys demonstrated a 59% reduction in the risk of Plasmodium falciparum infection among (ITN) users compared with non-users (OR 0.41; 95% CI 0.25–0.66).
- The passive surveillance method showed a comparable reduction in the risk of symptomatic P. falciparum malaria among ITN users (OR 0.31; 95% CI 0.21–0.47).
- The cross-sectional method showed a 50% reduction in risk of P. vivax infection in ITN users compared with non-users (OR 0.50; 95% CI 0.17–1.49) but this effect was not statistically significant.
- The passive surveillance method showed a 25% reduction in the risk of symptomatic P. vivax malaria (OR 0.75; 95% CI 0.66–0.85). ITN appeared to be less effective against P. vivax because of relapsing infections; hence an effect took more than one season to become apparent.
- Passive surveillance was cheaper to perform and gave results consistent with cross-sectional surveys.
- Untreated nets provided some protection. Data on socioeconomic status, a potential confounding factor, was not collected. However, at the time of net sales, there was no difference in malaria prevalence between buyers and non-buyers.

**Recommendations:**
The abundance of Anopheles stephensi, the main vector, did not appear to be affected by ITN. ITN constitute one of the few feasible options for protection against malaria in Chronic emergencies.

**Source:**
Rowland, Webster, Saleh et al., Prevention of Malaria in Afghanistan through Social Marketing of Insecticide-Treated Nets: Evaluation of Coverage and Effectiveness by Cross-Sectional Surveys and Passive Surveillance, Tropical Medicine and International Health, 7(10), October 2002

**Catalogue No:** 63

2. **Study Title:**
   A Health Facility Based Case-Control Study of Effectiveness of Insecticide Treated Nets: Potential for Selection Bias Due to Pre-Treatment with Chloroquine

**Source:**
Webster, Chandramohan, Freeman et al., A Health Facility Based Case-
Study Objectives:
To offer an effective way to assess the effectiveness of insecticide treated nets (ITN) under program conditions but have the drawback of the being susceptible to bias in the choice of controls.

Sample/Study Methodology:
Evaluated the potential for per treatment with choloquine to result in misclassification of cases and controls and effect estimates of ITN effectiveness in case control studies in urban and rural clinics in eastern Afghanistan (Wardak, Nangarhar Provinces) during the one month study.

Conclusions:
• Use of ITN showed on effect against malaria in the urban clinic (adjusted odd ratio OR 1.08; 95% CI 0.73-1.6) and the protective effect seen in the rural clinic was not significant (OR 0.62; 95% CI 0.2-2.4) levels of per-treatment were high in both clinics 24% in urban and 19% in rural clinic attendees.
• In the urban clinic attendees the level of per-treatment between bed net users was not significantly different (OR 1.07, 95% CI 0.70-1.64) therefore the misclassification of cases as controls did not introduce any selection bias amongst rural clinic attendees bed net users were less likely to per with chloroquine than users (OR 0.33, 95% CI 0.14-0.77)
• This introduced a selection bias that resulted in underestimation of the effectiveness bed nets.

Recommendations:
Case control studies using health facility data are liable to selection bias in areas of high per-treatment rates with chloroquine. Generalization of results over a wide geographic region or between urban and rural settings may not be appropriate.
Conclusions:
A composite socio-economic index was created using principal components analysis and survey household were divided into socio-economic quartiles ITN were 4.5 times more likely to be purchased by families from the richest quartile and 2.3 times more likely to be purchased from the upper middle quartile than from the lowest two quartiles.

Recommendations:
In conflict affected countries where livelihoods are compromised it is necessary to target subsidies to make ITN affordable to the most impoverished and to improve coverage.

4. Study Title:
High Altitude Epidemic Malaria in Bamyan Province, Central Afghanistan

Study Objectives:
To report an epidemic of plasmodium falciparum malaria in the remote valley of Bamyan (altitude 2250 m-2400m) in the central highlands of Afghanistan.

Sample/Study Methodology:
- A team of malaria experts from the World Health Organization and HealthNet International carried out the investigation.
- A total of 215 peripheral blood smears were obtained and 63 cases of malaria (90.5% P. falciparum, the remainder P. vivax) were confirmed.

Conclusions:
The study revealed that areas vulnerable to malaria in Afghanistan are more widespread than previously recognized. The area had been malaria-free until recently, when the disease appears to have been introduced as a consequence of protracted conflict and resultant population movement, and transmitted locally during the short summer months.

Recommendations:
The outbreak led to severe morbidity and high mortality in a province having only a few poorly-provisioned health care facilities.

Source:
HealthNet International (no journal cited), High Altitude Epidemic Malaria in Bamyan Province, Central Afghanistan, 2003

Catalogue No: 112

5. Study Title:
Subsidized Sales of Insecticide-Treated Nets in Afghan Refugee Camps Demonstrate the Feasibility of Transition from Humanitarian Aid Towards Sustainability

Study Objectives:
- Introducing sustainability and self-reliance is essential in chronic humanitarian emergencies before financial assistance is phased out. In Pakistan-based Afghan refugee camps.
- This was attempted through shifting from indoor residual spraying (IRS) to the subsidized sale of insecticide-treated nets (ITNs) for prevention of malaria and anthropoctic cutaneous leishmaniasis (ACL).
- Here we outline the strategy and document the progress to provide guidance for replication of similar approaches in other chronic refugee situations.

Sample/Study Methodology:

Source:
HealthNet International (no journal cited), Subsidized Sales of Insecticide-Treated Nets in Afghan Refugee Camps Demonstrate the Feasibility of Transition from Humanitarian Aid Towards Sustainability, 2004

Catalogue No: 114

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• The operational monitoring data presented were collected through: (1) Two surveys of knowledge, attitude and practice (KAP); (2) Routine sales reporting of health-care providers; (3) Records completed during field visits; and (5) registers used during annual re-treatment campaigns.
• From 2000 till 2003, subsidized ITN sales expanded from 17 to 44 camps.

Conclusions:
• Based on 2003 sales records, maximum coverage from subsidized sales exceeded 50% in 13 camps and 20% in an additional 14 camps.
• Free annual treatment campaigns showed that many refugees were in possession of non program nets, which were either locally made or had leaked from an ITN program in Afghanistan.
• Estimated re-treatment coverage of sold and existing nets through annual campaigns exceeded 43% in all camps and was above 70% in the majority.
• Subsidized sales of ITNs have effectively introduced the components of sustainability and self reliance to the prevention of malaria and ACL in Afghan refugee camps

Recommendations:
Similar approaches should be investigated in other chronic refugee situation to discourage expectations of continuing humanitarian donations that cannot be fulfilled.

Study Title:
DEET Mosquito Repellent Sold Through Social Marketing Provides Personal Protection Against Malaria in an Area of All Night Mosquito Biting and Partial Coverage of Insecticide Treated Nets: A Case Control Study of Effectiveness

Study Objectives:
• DEET (Dietly 3 methylbenzamide), the widely used mosquito repellent, has the potential to prevent malaria infection but hitherto there has been no study demonstrating this during normal everyday use.
• MosbarTM, a repellent soap containing DEET, was promoted through social marketing in villages in eastern Afghanistan.
• This was followed up with a case control study of effectiveness against malaria infection conducted through local clinics. Mosbar was purchased by 43% of households.

Sample/Study Methodology:
No Information about sample design.

Conclusions:
• Reported use of insecticide treated nets (ITN) was 65% among the control group. There was a strong association between Mosbar use and ITN use, as 81% of Mosbar user also possessed ITN. The use of Mosbar was associated with a 45% reduction in the odds of malaria (95% CI: -11% to 72%, P=0.08) after adjusting for ITN and other unmatched factors.
• Ownership of ITNs was associated with a 46% reduction in the odds of malaria (95% CI: 12% to 67%, P=0.013) after adjusting for Mosbar and other unmatched factors.
• The greatest reduction in the odds of malaria was associated with combined use

Source:
HealthNet International (no journal cited), DEET Mosquito Repellent Sold Through Social Marketing Provides Personal Protection Against Malaria in an Area of All Night Mosquito Biting and Partial Coverage of Insecticide Treated Nets: A Case Control Study of Effectiveness, 2004

Catalogue No: 115
of Mosbar and ITN (69% reduction, 95% CI: 28% to 87%, P=0.007).

- The association between recalled use of Mosbar 10 days ago (nearer the time of infection) and reduction in malarial infections (adjusted odds ratio 0.08, 95% CI: 0.01-0.61, P=0.001) was significantly stronger than that shown by current use of Mosbar.

- Most purchased of Mosbar were satisfied with the product (74%), although a minority said they preferred to use only ITN (8%).

- The local mosquito vectors, Anopheles stephensi and A. nigerrimus, started biting shortly after dusk and continued biting until early morning. It was shown that Mosbar prevented biting throughout this period.

Recommendations:
In regions where mosquito vectors bite during evening and night, repellents could have a useful supplementary role to ITN and their use should be more widely encouraged.

Study Title:
Comparison of Three Pyrethroid Treatments of Top Sheets for Malaria Control in Emergencies: Entomological and User Acceptance Studies in an Afghan Refugee Camp in Pakistan

Study Objectives:
Comparison of cotton top-sheets impregnated with different pyrethroids for effectiveness against mosquitoes in a refugee camp.

Sample/Study Methodology:
Cotton sheets were impregnated using permethrin, deltamethrin, alphacypermethrin and a placebo treatment of .5% salt in water, dried in the shade, and then handed out to the control group.

Conclusions:
- All three pyrethroid treatments performed significantly better than the untreated sheets in deterrence and killing of mosquitoes.
- No significant differences were found between the three insecticides tested in terms of entomological effect.
- Washing of the treated sheets greatly reduced their effectiveness.
- In a user acceptance study conducted among 88 families six families complained of irritation of the skin and mucous membranes. Of these reports, one was from the placebo group and the other five from families using deltamethrin-treated sheets.
- All families allocated to permethrin and alphacypermethrin groups declared an appreciated for the intervention and reported no side-effects.
- Ten of the placebo group disliked the intervention, citing no prevention of mosquito biting as the reason.

Recommendations:
Side effects associated with deltamethrin indicate that alphacypermethrin and permethrin are more appropriate first choice insecticides for treatment of sheets and blankets.

Source:
Camps

Study Objectives:
Compare the insecticidal efficacy of plastic tarpaulin sprayed with deltamethrin on its inner surface, tarpaulin impregnated with deltamethrin during manufacture and a tent made from the factory impregnated tarpaulin material.

Sample/Study Methodology:
Tests done with free-flying mosquitoes on entomological study platforms in an Afghan refugee camp.

Conclusions:
• Tests done in the laboratory with Anopheles stephensi Liston showed that 1 min exposure to factory impregnated tarpaulins would give 100% mortality even after outdoor weathering in a temperate climate for 12 weeks.
• Outdoor tests produced mosquito mortality rates between 86 – 100%
• In general, if used by the majority of refugees, they have the potential to control malaria by killing high proportions of mosquitoes and reducing the life expectancy of the vectors, rather than by directly protecting the refugees from the mosquito bites.

Recommendations:
Mass coverage with deltamethrin-sprayed or impregnated tarpaulins or tents has strong potential for preventing malaria in displaced populations.

G. Tuberculosis

1. Study Title:
A Tuberculin Skin Test Survey Among Afghan Children in Kabul

Study Objectives:
Determine the prevalence and the average annual risk of infection with Mycobacterium tuberculosis (ARTI).

Sample/Study Methodology:
• Cluster sampling in sub-divisions of Kabul’s districts.
• Door-to-door visits were carried out to register the children.
• Cut off point was used to denote infection and mixture analysis.
• Average ARTI was derived algebraically from the prevalence estimates.

Conclusions:
• Tuberculin skin test was administered and read in 89% of registered children.
• Using a cut off point of >or = 8 mm in duration, the estimated prevalence rate was 4.3% and the calculated average ARTI was .61%.
• Using mixture analysis, the average ARTI was estimated to be .34%. This indicates a substantial decrease from the estimated ARTI of 2.55% calculated in the 1963 survey.
• There has been a large decrease in the risk of tuberculosis infection in Kabul since the last assessment.

Source:

Catalogue No: 139
Adverse situation in the past decades does not appear to have severely affected the epidemiological situation.

**Recommendations:**
Not applicable.

<table>
<thead>
<tr>
<th>2.</th>
<th><strong>Study Title:</strong></th>
<th>Burden of Tuberculosis in Afghanistan: Update on a War-Stricken Country</th>
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<tbody>
<tr>
<td><strong>Study Objectives:</strong></td>
<td>To review Afghans Tuberculosis Control Program and assess the impact of disruption induced by war.</td>
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<tr>
<td><strong>Sample/Study Methodology:</strong></td>
<td>National TB control program was reviewed in terms of its milestones, achievement parameters and potential barriers. Information and data were collected by review visits to the Ministry of Health and health facility survey of non-governmental organizations working for TB control. Local and international literature was consulted.</td>
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<td><strong>Conclusions:</strong></td>
<td>Current estimates show that the incidence of active TB cases is 278 per 100,000 and mortality mounts to 15,00 cases per year. Situation has worsened due to the cessation of TB control activities during the war. Compliance of patients and access to the treatment has become very difficult. TB is a major public health threat inside and outside of Afghanistan.</td>
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<td><strong>Recommendations:</strong></td>
<td>TB control activities need prompt attention of health authorities in reestablishing the TB control network. WHO guidelines and nationwide Directly Observed Treatment Short Course strategy should be adopted and sufficient resources allocated.</td>
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</table>

Source:

**Catalogue No:** 140

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<tr>
<th>3.</th>
<th><strong>Study Title:</strong></th>
<th>Measuring Tuberculosis: Lessons from Afghanistan</th>
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<tbody>
<tr>
<td><strong>Study Objectives:</strong></td>
<td>Illustrate the application of a new method of analysis for such surveys (mixture analysis) in a population additional to that in which the method of analysis was developed and reported. Provide follow-up information on tuberculosis in one of the twenty two high burden countries whose population has undergone horrific hardships since the last estimates were reported.</td>
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<tr>
<td><strong>Sample/Study Methodology:</strong></td>
<td>Not applicable (editorial).</td>
<td></td>
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<tr>
<td><strong>Conclusions:</strong></td>
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Source:

**Catalogue No:** 141
• Results from the study show both terminal digit preference as well as a frequency
distribution for the children that are quite different from that for the patients.
• Results obtained in the present study compared with the previous surveys shows
a large discrepancy.
• The previous studies have formed the basis of the current estimates of burden of
disease that place Afghanistan among the 22 high burden countries. If the current
studies data is used the country would not qualify in that group.
• The calculation of incidence rates from estimates of the average annual risk of
infection is based on a formula that is far from certain and contains flaws, both
methodological and statistical.

**Recommendations:**
Information derived from tuberculin skin test surveys is useful as one component of an
estimate of the size of the problem but it is not sufficient to draw firm conclusions, as
once was thought.

<table>
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<tr>
<th>4. Study Title:</th>
<th>Nutrition and Tuberculosis Baseline Survey</th>
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</table>
| **Study Objectives:** | Obtain information regarding the prevalence of tuberculosis (TB) in Afghanistan
and obtain prerequisites for an implementation of an appropriate TB control
program.  
Assess nutritional status of children under 5 years old in order to design an
appropriate nutrition program. |
| **Sample/Study Methodology:** | Clustered household survey of 480 families in three regions of Afghanistan. |
| **Conclusions:** | Among those surveyed, 2.5% had confirmed TB; 1.4% had suspected cases of
TB.  
Regarding knowledge of TB: 49% mentioned signs and symptoms of TB; 25%
didn’t know any symptoms; 26% mentioned other symptoms like black skin and
body pain.  
Prevalence of severe and moderate acute malnutrition is very high.  
Younger age groups severely more mahnourished than the older age groups, yet
there was no significant difference between nutritional status of boys and girls.  
Regarding knowledge of causes of malnutrition, 10% said knew short duration of
breastfeeding and long-standing and severe diseases were causes.  
Situation reflects lack of proper infrastructure for health services, as well as
education, sanitation, hygiene and impaired food supply. |
| **Recommendations:** | SCA must seek to advocate the establishment of a national TB control program,
and SCA must then be attached to program as an implementing partner.  
SCA must prioritize awareness of TB in the local communities.  
Increase community awareness regarding malnutrition.  
Train community health workers and traditional birthing assistants in giving |

**Source:**
Swedish Committee for Afghanistan, Health Technical Support Unit, 

**Catalogue No.:** 6

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### H. Diarrhea

#### 1. Study Title:

*Home Management of Childhood Diarrhea in Rural Afghanistan: A Study in Urgun, Paktika Province*

#### Study Objectives:
- Gain first hand knowledge of the incidence of diarrhea among children less than five years old.
- Understand the prevailing practices in diarrhea management.

#### Sample/Study Methodology:

Modified WHO Household Survey Questionnaire was given to parents of 338 children.

#### Conclusions:
- 103 children (30.4%) had diarrhea during the previous 2 weeks.
- Forty one (39.8%) of these children were given ORS obtained from a health worker or bought in the market.
- The parents of 49 children (56.3%) claimed that they also gave an increased amount of fluid, such as plain water, soup, yogurt mixed with water or tea during the diarrheal attack.
- Irrespective of receiving the ORS therapy, 68 children (66%) were given inappropriate medications, including antibiotics.
- Forty-eight (94.1%) of the 51 children who were on exclusive or partial breastfeeding continued to be so fed during the diarrheal episode.
- Sixty five (76.5%) of the 85 children accustomed to other additional foods continued to be fed during the diarrheal attack.
- Only a few of the parents could define conditions of diarrhea requiring referral.

#### Recommendations:

Not applicable.

### I. Family Planning/Reproductive Health

#### 1. Study Title:

*KAP Survey Regarding Reproductive Health*

#### Study Objectives:

To determine the attitudes of women of reproductive age (WRA) toward reproductive health and their own reproductive health needs.

#### Sample/Study Methodology:

Source: 
IbnSina, ICRH, University of Ghent, Belgium, *KAP Survey Regarding Reproductive Health, 2002* 
Catalogue No: 109

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• A cross-sectional study of 468 women, conducted in October 2002 in four health centers in Kabul City (two outpatient clinics and two MCH clinics).
• Sampled women had a mean age of 28, with women 15 to 19 years underrepresented.
• Questions surveyed obstetrical history; health-seeking behavior; and attitudes toward FP, as well as FP methods used.

Conclusions:
• Information was obtained on the use and frequency of antenatal care and on the subjects’ views on gender issues.
• Analysis examined the relationship between behavior related to reproductive health and the subject’s economic status as well as stated level of education and literacy.
• Though the survey found certain reproductive health indicators, such as use of emergency obstetrical care and FP services, to be influenced to some degree by socio-cultural factors, for the most part it found similar attitudes and levels of understanding across the range of the sample.

Recommendations:
Levels of knowledge on sexual and reproductive health, including STDs and FP methods, were low and the mortality rate and average number of pregnancies high even though the urban WRA sampled could be considered “privileged” as compared to their rural WRA counterparts.

2. Study Title:
Situational Analysis of Health Services

Study Objectives:
Swedish Committee for Afghanistan (SCA) performed a situational analysis of health facilities and services in Wardak Province for inclusion in its proposal to the World Bank that SCA manage health facilities in the province, in collaboration with the Afghan MOH.

Sample/Study Methodology:
• Following an initial review of previous assessments and other relevant documents, SCA visited and inventoried all health facilities in Wardak province.
• Interviewing administrators and staff.
• Evaluating existing Emergency Obstetric Services (EOC), and noting hospital needs.

Conclusions:
• The analysis describes MOH activities and those of other NGOs working in the province, prioritizes areas in which CHCs and BHCs should be established, and recommends specific hospitals for renovation and additional funding.
• Although issues such as the need to work with the MOH in establishing staff criteria, relationships with other NGOs, and an equitable recruitment policy must be dealt with.
• The analysis concludes that SCA is already well-established in the province and has the capacity, experience, and technical ability to manage healthcare in Wardak Province.

Source:
Swedish Committee for Afghanistan, Situational Analysis of Health Services, 2003
Catalogue No: 110
3. **Study Title:**
*Contraceptive Market Assessment of Kabul and Herat: Summary Report*

**Study Objectives:**
- To assess the sizes and efficiency of the contraceptive market in Afghanistan
- In preparation for a contraceptive social marketing program to be initiated by PSI

**Sample/Study Methodology:**
In April 2003, questionnaires were administered to the owners/managers of 363 urban and 158 rural outlets for contraceptive devices (oral and injectable as well as condoms).

**Conclusions:**
- The analysis of findings includes the results of semi-structured interviews with wholesalers and retailers in April 2002 and March 2003.
- Availability, price, source, sales volume, point of sale, and market—including unmet need—were examined.
- Unlike oral and injectable contraception, available only in pharmacies, condoms were primarily sold by street vendors and in convenience stores.
- Retail condom sales were reasonably high; prices range from 1.5 to 2 Afs., with Sathi the dominant brand.
- Nevertheless, pharmacists were unsure of the legality of condom sales.
- The availability and sales of both oral and injectable contraceptives was significantly higher in Hirat than in Kabul, as was the variety of available brands.
- Both cities had a high unmet demand for contraceptive, with 80% of non-sellers in Kabul and 93% in Hirat reporting requests for contraception and a high percentage of non-sellers in both cities desiring to sell contraceptive products.
- None had been visited by salesman or distributors

**Recommendations:**
All lacked training and information on contraceptive products.

4. **Study Title:**
*Rural Expansion of Afghanistan's Community Based Health Care Program (REACH): NGO Grantees' Baseline Household Survey Report on the Results*

**Study Objectives:**
- Baseline survey designed to capture basic health services coverage information, through the collection of baseline information on 10 key health indicators.
- Key health indicators are divided into three categories: maternal health, reproductive health, and child health.

**Sample/Study Methodology:**
Using the LQAS methodology and sample size of 95 in the 13 provinces of Afghanistan as follows: Herat, Ghor, Kabul, Ghazni, Bamyan, Khost, Paktia, Paktika, Baghlan, Takhar, Badakhshan, Jawzjan and Faryab, Provinces /Afghanistan.

**Source:**
Management Sciences for Health/REACH Project. *Rural Expansion of Afghanistan’s Community Based Health Care Program (REACH): NGO Grantees’ Baseline Household Survey Report on the Results, 2004*

**Catalogue No:** 18

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Constella Futures
### Conclusions:
- Analysis of the survey data was done at four levels: (1) by supervisory area within a grant, (2) by catchment area, (3) by province (only REACH districts), and (4) by REACH overall.
- NGOs used results under each indicator to identify areas for intervention and then developed an action plan for these interventions.
- For various NGOs and provinces, the performance of community-based health services is not always correlated with the level of facility-based health services.

### Recommendations:
No Recommendations.

#### 5. Study Title: Multiple Indicator Cluster Survey – Afghanistan, 2003

**Study Objectives:**
Study survey multiple indicators for each topic, including pregnancy and delivery; breastfeeding practices; immunization and Vitamin A supplementation; incidence of diarrhea and ARI; extent of disability; educational levels; water and sanitation, access to media; extent and nature of child labor and nutrition.

**Sample/Study Methodology:**
The report presents the detailed statistical results of a two-stage cluster survey providing estimates for a total of 32 provinces (urban and rural).

**Conclusions:**
- Findings are visually displayed (graphed and mapped where appropriate) for each indicator and include attendant analyses and recommendations for action.
- The express purpose of the publication of the data and its visual mounting is to emphasize the current situation and needs rather than to showcase or highlight a comparison with previous findings that might over emphasize areas of slight or greater improvement.

**Recommendations:**
No recommendations.

#### 6. Study Title: National Policy on Reproductive Health

**Study Objectives:**
To establish and define a framework for the implementation of the national reproductive health program and to set forth clear guidance for program implementation, in order to improve health and reduce mortality and morbidity.

**Sample/Study Methodology:**
Not applicable.

**Conclusions:**
- In line with the National Health Policy, the vision of the National Reproductive Health Policy is the highest achievable standard of reproductive health for the
families of Afghanistan.
  • The mission of the MOPH, therefore, is to support and ensure the availability of, and equitable access to quality reproductive health services and to promote appropriate reproductive-health seeking behaviors by individuals and communities.
  • This policy is derived from the National Health Policy and is implemented through the National Reproductive Health Strategy.
  • The policy and strategy will guide the development/revision of national clinical guidelines and implementation tools that will be used for uniform and consistent program implementation.
  • The National Health Policy 2005 – 2009 and National Health Strategy 2005-2006 states that the mission of the Ministry of Public Health (MOPH) is “ensuring the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources especially to women and children and to underserved areas of the country, and through working effectively with communities and other development partners.”
  • The MOPH and its partners have been working diligently in recent years to implement that mission through an integrated, multi-faceted initiative to increase both the supply of and demand for reproductive health services.
  • The expansion and improvement of reproductive health (RH) – with its main components, maternal and neonatal health (MNH) and birth spacing/family planning (BS/FP) – services has been a major activity of the MOPH and partner agencies.
  • This has been under the direction of the National Reproductive Health Strategy (2003-2005) and the national priorities set by the MOPH. That strategy, written in late 2002, was in recognition of Afghanistan’s unacceptable reproductive health statistics: high maternal mortality ratio of 1600 maternal deaths per 100,000 live births; high (highest-in-the-world) neonatal mortality rate of 60 neonatal deaths per 1000 live births; and low contraceptive prevalence rate of 2 – 8%. It set a path for the initial steps of Afghanistan’s reproductive health program and through its implementation valuable lessons were learned.

Recommendations:
Not applicable.

7. Study Title:
National Reproductive Health Strategy, 2006-2009

Study Objectives:
  • To guide Afghanistan’s reproductive health directorate in developing a plan that addresses reproductive health needs in the country.
  • To build linkages between the different components of reproductive health in an integrated package. The following definition of reproductive health has been used in Afghanistan.

Sample/Study Methodology:
Not applicable.

Conclusions:
  • Vision of the national reproductive health strategy is ‘adequate quality
reproductive health and rights for all people living in Afghanistan.

- In 2002, because of the destroyed health system in post-conflict Afghanistan, prioritizing certain aspects of reproductive health was necessary. Although 4 years later this scope can be broadened somewhat to include other areas, the same primary focus of safe motherhood and birth spacing/family planning exists.
- Based on the present condition of the health system and the high levels of maternal and neonatal mortality and morbidity, the national RH strategy prioritizes the following areas during the next four years (2006-2009): (1) Maternal and neonatal health in Chapter 2; (2) Birth spacing and family planning in Chapter 3; (3) Gender and Reproductive Rights in Chapter 4.
- Document provides a template to develop specific plans and to make funding decisions. It also emphasizes that ensuring the health of women and children involves a cross-sectoral approach whereby the reproductive health department must work with sectors outside of reproductive health.

**Recommendations:**
Not applicable.

8. **Study Title:**
*National Standards for Reproductive Health Services, Family Planning for Birth Spacing, 2003*

**Study Objectives:**
To provide a national FP service guidelines for birth spacing.

**Sample/Study Methodology:**
Not applicable.

**Conclusions:**
- Provide a basic reference document for FP providers at all levels of health services.
- Provide guidance for the following key categories: policy makers, health managers, service providers.
- Contains training materials for all health providers.
- Contains appropriate material for use in the community.
- Guidelines contribute to meeting the first objective of the FP strategy, “improved access to and quality of family planning services,” as enunciated in the National Reproductive Health Strategy. While implementing the guidelines, efforts should be made to promote advocacy and behavior change communication activities. These activities are critical for increasing utilization of FP services.
- It is hoped that the document will be adapted for various levels of health care. The first priority is to adapt it for the Basic Health Services.
- FP strategy focuses on three objectives: (1) Improving access to and quality of FP services; (2) strengthening information, education, and behavior change communication for FP birth spacing; (3) and creating an enabling environment for utilization of FP services.
- Strategic approaches for achieving the above objectives are as follows: (1) Delivery of package of FP services at different levels with special focus on increasing coverage of FP services as part of the BPHS. The other approaches include use of community-based distribution of contraceptives, social marketing

**Source:**

**Catalogue No:** 125

**Constella Futures**
9. **Study Title:**  
National Standards for Reproductive Health Services, Antenatal Care Services, 2003

**Study Objectives:**  
Developing a guideline that ensures: (1) that the pregnant woman and her unborn child are in the best possible health prior to delivery; (2) that all pregnant women understand (i) the complications of pregnancies that may lead to death, (ii) the best approach to safe delivery, and (iii) the best way of bringing up their babies.

**Sample/Study Methodology:**  
Not applicable.

**Conclusions:**  
- Guidelines regarding an essential link between women and the health system and offers essential health care services in line with national policies, including:  
  - Counseling about the danger signs of pregnancy and delivery complications and where to seek care in case of emergency  
  - Counseling on birth preparedness, emergency readiness, and the development of a birth plan  
  - Providing advice on proper nutrition during pregnancy  
  - Detecting conditions that require additional care and providing appropriate treatment for those conditions  
  - Detecting complications that influence choice of birthing location  
  - Supplying Iron and Folate supplement  
  - Supplying low dose supplement of vitamin A  
- In certain settings, providing treatment for conditions that affect women’s pregnancies, such as malaria, tuberculosis, hookworm infection, iodine deficiency, and sexually transmitted infections, including HIV/AIDS  
- Providing tetanus toxoid immunization  
- Providing voluntary HIV testing and counseling  
- Providing information about breastfeeding and contraceptives

**Recommendations:**  
Not applicable.

**Source:**  

**Catalogue No:** 126

10. **Study Title:**  
National Contraceptive Logistics Guideline for Afghanistan, 2003

**Source:**  
Working Group on Logistics Management of Constella Futures
Study Objectives: To provide guidance on: contraceptive production selection; forecasting and procurement; inventory management; logistics management information; inventory control system; assessing supply status; and evaluating contraceptive logistics.

Sample/Study Methodology: Not applicable.

Conclusions:

- **Contraceptive product selection:** Although program managers and service delivery staff are good sources of information on contraceptive methods preferred by population, central level staff will likely be responsible for the actual selection of types of contraceptives on basis of the government policies and strategies to the implementation of program. Variables affecting selection of methods include: (1) client preference; (2) scope of family planning services offered and/or planned in the area; (3) availability of trained service providers; (4) local laws governing contraceptives; (5) availability of locally produced products; (6) preference of donor agencies; (7) and time required to obtain desired contraceptives.

- **Forecasting and Procurement:** At a minimum, forecasting for family planning commodities is recommended to be an annual event, and ideally should cover a three-year period and even more say like 10 year forecasting, far enough in advance to obtain funds for procurement of the commodities. After having the long-term forecast of commodities, a short-term forecasting taking into account of commodities on hand and those in transit to country. More frequently a short-term forecasting, say every six months, may increase supply chain efficiency.

- **Inventory Management:** Inventory management has two essential components—warehousing and distribution. Both components of the inventory management are depended upon how good and well functioned Logistics Management Information System (LMIS) adopted by the organization.

- **Logistics Management Information:** Logistics Management Information Systems (LMIS) is to all elements of the logistics cycle. Information is the motor that drives the logistics cycle. Without information, the logistics system would not be able to run smoothly.

- **Inventory Control Systems:** An inventory control system informs the storekeeper when to order or issue, how much to order or issue, and how to maintain an appropriate stock level of all products to avoid shortages and over supply.

- **Assessing supply status:** Assessing stock status is a management function. Stock is assessed to make a decision about how long stock will last. To assess stock status you need to know how much of each item is on hand, but also need to determine how long the supply of each item will last.

- **Evaluations of Contraceptive Logistics:** This checklist helps assess how the supply chain functions. It suggests the main questions to ask about the various components of a supply chain. More comprehensive, qualitative information about a supply chain can be obtained using an instrument such as the Logistics System Assessment Tool. Quantitative information on stock levels, storage conditions, and LMIS data can be obtained using the Logistics Indicators Assessment Tool.

Recommendations:


Catalogue No: 127

Constella Futures
11. Study Title: National Standards for Reproductive Health Services – Newborn Care Services, 2003

Study Objectives:
To provide guidance on the provision of newborn care services.

Sample/Study Methodology:
Not applicable.

Conclusions:
• The focus of newborn care provision should be on ensuring, supporting, and maintaining the well being of the newborn. In order to achieve the ultimate goal of NBC – a healthy newborn period for the baby – the skilled provider should work toward accomplishing four supporting goals: (1) early detection and treatment; (2) prevention; (3) complication readiness; and (4) health promotion.
• While focused NBC proposes a standard package of basic NBC services that all newborns should receive, it also recognizes the importance of developing a plan of care that meets each newborn’s individual needs.
• By taking into consideration all of the information known about a newborn – her/his birth, the medical history of the mother and the newborn, and specific newborn behaviors such as feeding and elimination, and any other unique circumstances – the provider can individualize both the assessment and care provision components of their care plans.

Recommendations:
Not applicable.

12. Study Title: National Standards for Reproductive Health Services – Postpartum Care Services, 2003

Study Objectives:
To provide guidance on aims and standards of postpartum care, based on needs, evidences, and challenges.

Sample/Study Methodology:
Not applicable.

Conclusions:
• The postpartum period covers a critical transitional time for a woman, her newborn, and her family, on a physiological, emotional, and social level.
• Unlike prenatal and intrapartum care, where clear standards are usually available though not always complied with, in postpartum care explicit aims and objectives are often lacking.
• The aims of care in the postpartum period are:
  o Support of the mother and her family in the transition to a new family composition, and response to their needs.
  o Prevention, early diagnosis, and treatment of complications of mother and
newborn, including the prevention of vertical transmission of diseases from mother to infant.

- Referral of mother and infant for specialist care when necessary.
- Counseling on baby care and infant development
- Support of breastfeeding.
- Counseling on maternal nutrition, and supplementation, if necessary.
- Counseling and service provision for contraception and the resumption of sexual activity.
- Immunization of the infant.

**Recommendations:**

Not applicable.

<table>
<thead>
<tr>
<th>Study Title:</th>
<th>Mother and Child Health Program, Kabul, Afghanistan, Annual Report, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Objectives:</strong></td>
<td>Annual report for Medecins du Monde (MDM) – a medical, international NGO working in 50 countries and in France that aims to provide support to the most vulnerable population of mothers and children in poor areas.</td>
</tr>
<tr>
<td><strong>Sample/Study Methodology:</strong></td>
<td>As of 2002, MOM had 70 local teams in Afghanistan and supported four maternal and child health clinics.</td>
</tr>
<tr>
<td><strong>Conclusions:</strong></td>
<td>Problems cited with maternal and child health clinics:</td>
</tr>
<tr>
<td></td>
<td>• Total vaccination rate remains low even though people who frequent MDM clinics</td>
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<td></td>
<td>• Few women come spontaneously and ask for contraception. Growing awareness is necessary to change behavior because many women believe that contraceptives are dangerous.</td>
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<td></td>
<td>• Number of antenatal consultations is not sufficient; most pregnant women have just one antenatal consultation.</td>
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<td></td>
<td>• Coverage of postnatal care is steadily increasing, but is still weak.</td>
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<td></td>
<td>• Despite the presence of some skilled staff in MDM maternal and child health clinics, dental care provision has still not been launched.</td>
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<td></td>
<td>• There is only one facility outside Kabul, there is not other stricture to send women with pregnancy risks.</td>
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<td></td>
<td>• The Afghanistan MOH makes unilateral decisions to transfer staff, without consulting NGOs, and this is disruptive in regards to training and activity quality.</td>
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<tr>
<td>Problems cited with the MOH:</td>
<td></td>
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<tr>
<td></td>
<td>• Inadequate salaries</td>
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<td>• Lack of referral structures</td>
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<td>• Weakness in the development of some sectors, such as mental health</td>
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<td></td>
<td>• Absence of supervision</td>
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<td></td>
<td>• Lack of knowledge in public health</td>
</tr>
<tr>
<td></td>
<td>• Lack of coordination with NGOs and other donors and partners</td>
</tr>
</tbody>
</table>

**Source:**

Medecins du Monde, Mother and Child Health Program, Kabul, Afghanistan, Annual Report, 2002

**Catalogue No.:** 53

Constella Futures
Recommendations:
For MOM program and clinics:
- Set up active search for drop-out cases and consider vaccination sessions outside the clinic.
- Develop health education regarding family planning
- Increase public awareness for pediatric consultations through health education sessions and radio programs
- Improve the quality of consultation for women in MDM clinics (i.e., time factors, proper application of protocols)

14. Study Title:
Internal Evaluation of Traditional Birthing Assistant (TBA) Programme

Study Objectives:
- To review the TBA program in the light of the overall SCA health objective: to improve health among the population in under-privileged communities in rural Afghanistan, through provision of basic health service and rehabilitation, with special emphasis put on preventive health care, and mother and child health.
- To find out whether the program is achieving its objectives.
- To find recommendations suggesting areas for improvement in the present and future TBA program of the SCA.

Sample/Study Methodology:
Not applicable.

Conclusions:
- Results suggest that the criteria for selection of women for TBA training also should consider age factors.
- Priority should be given first to women 40 to 59 years of age, second to women between 30 and 39.
- Women from 30-59 are more eager to learn new things. Considering these comments WHO should revise the initial curriculum for TBA training.
- The more experienced TBAs assist at more deliveries. One reason might be that they are more established and generally respected in their communities.
- In general, the number of deliveries conducted by each TBA was less than expected.
- TBAs should be encouraged to do more home visits and health education sessions.
- Study concluded that the outputs of the TBA program were satisfactory.

Recommendations:
- Guidelines for the selection committee have been developed and should be followed.
- The study revealed profound interregional differences. The regional health units should review the findings of the evaluation and rectify the respective TBA programs accordingly.
- More refresher training should be conducted.
- The importance of the trained TBAs should be addressed in the communication with local health committees.

Source:
Swedish Committee for Afghanistan, Health Technical Support Unit, Internal Evaluation of Traditional Birthing Assistant (TBA) Programme, August – September 1998

Catalogue No: 2
15. **Study Title:**
*Health Indicators for Mothers and Children in Rural Herat Province, Afghanistan*

**Study Objectives:**
To provide baseline health status information for a proposed maternal-child health community program in Herat province.

**Sample/Study Methodology:**
- Two-stage 30-cluster household survey in Herat Province, including 622 mothers with 926 children under 5 years old.
- Outcome measures included demographic characteristics, antenatal services, immunization coverage, hemoglobin levels and nutritional status and practices.

**Conclusions:**
- Less than 5% of the mothers had ever attended school.
- Half of the women interviewed had lost at least one child before the child reached 5 years old.
- Only 29% of women had attended an antenatal clinic during their last pregnancy.
- Less than 9% of children 12-59 months had been fully immunized.
- Using mid-upper arm circumference methodology, 11% of the children were malnourished.
- More than 1/3 of the women did not start breastfeeding until the second day after delivery.
- In the previous two weeks, 45.7% of the children had experienced diarrhea, dysentery in 10% of the children.

**Recommendations:**
- An aggressive program to develop health subunits in some rural districts may improve access to antenatal treatments in the future.
- Importance of sanitation and protected water is a priority.
- Developing health services that target the household level are important, because of the limited mobility of women in the culture of Afghanistan.
- By building key maternal and child health messages into general community development programs may possibly address some of the principal causes of illness and death.

**Source:**
Ahmed, Edward and Burnham, *Health Indicators for Mothers and Children in Rural Herat Province, Afghanistan*, Prehospital and Disaster Medicine, July 2004.

**Catalogue No.:** 134

16. **Study Title:**
*Implementing a Facility-Based Maternal and Perinatal Health Care Surveillance System in Afghanistan*

**Study Objectives:**
To report the findings from the initial implementation of the “BABIES” maternal and perinatal surveillance system at the Women’s Hospital in Kabul, Afghanistan.

**Sample/Study Methodology:**

**Source:**
• Used the BABIES surveillance system, specifically designed for intervention and evaluation in low-resource settings.
• Considered the outcomes of 15,509 deliveries over a 12-month period at the Women’s Hospital in Kabul, Afghanistan.

Conclusions:
• Of the 15,509 deliveries, 28 mothers die during the perinatal period; 94% of babies were alive at the time of discharge from the hospital.
• Eleven percent of babies born during this period had low birth weight.
• Greatest reduction in perinatal mortality would be achieved by increasing access to high-quality antepartum care.
• BABIES is a valuable tool that enables clinicians and program managers to prioritize resources.

Recommendations:
Combination of data from future health management information system currently in place will enable planners to prioritize available interventions and monitor their impact.

17. Study Title:
Where Giving Birth is a Forecast of Death: Maternal Mortality in Four Districts of Afghanistan, 1999-2002

Study Objectives:
Assessment to guide the implementation of reproductive health services.

Sample/Study Methodology:
• Retrospective cohort study of women of reproductive age (15-49) who died between March 1999 and March 2002, in four select districts of Afghanistan: Maywand, Kandahar province; Kabul City, Kabul province; Alisheng, Laghman province; and Ragh, Badakshan province.
• Deaths of women 15-49 were identified through survey of all households in randomly selected villages and interviews with family members.

Conclusions:
• Of 90,816 people, 357 women 15-49 died -- 154 of those deaths related to complications during pregnancy, childbirth or the puerperal period.
• Main causes of death were antepartum hemorrhaging and complications from obstructed labor.
• In the more remote areas, maternal risks were very high.

Recommendations:
Deaths could be averted if complications were prevented through optimization of general health status and if complications that occurred were treated to reduce their severity (efforts that require a multisectoral approach to increase availability and accessibility of health care).

J. Safe Water Treatment

We did not find documents specifically pertaining to safe water treatment in Afghanistan.
### K. Communicable Disease

We did not find documents specifically pertaining to communicable diseases in Afghanistan.

### L. Social Marketing

#### 1. Study Title:
*Commercial Distribution of Contraceptives in Afghanistan: Actual and Potential Use of the Pharmaceutical Marketing System*

**Study Objectives:**
- Provide background information on the structure and operation of the pharmaceutical distribution system in Afghanistan.
- Examine retail pharmacists’ attitudes toward family planning.
- Evaluate their potential family planning workers.
- Suggest aspects of Family Planning that should be stressed in educational campaigns for pharmacists.

**Sample/Study Methodology:**
Informal interviews with seven pharmaceutical wholesalers, the detail men who work through the wholesales to promote drugs, officials in the Ministry of Public Health, the director of statistics in the Afghan Family Guidance Association, and public health officials in two rural areas.

**Conclusions:**
- Majority of pharmaceutical promotion efforts and resources are channeled into the distinctive form of selling used by drug manufacturers in most Western countries, namely the use of detail men.
- Majority of the findings are extremely quantitative and therefore may be irrelevant to the 2006 market.

**Recommendations:**
- Commercial sector appears to be a prime possibility for family guidance diffusion, as it can solve many of the distribution problems and pharmacists’ attitudes.
- True potential of the commercial sector can be determined by experimental programs which actually use pharmacies as family guidance centers.

**Source:**

**Catalogue No:** 143

#### 3. Study Title:
*Market Segmentation in Promoting Contraception*

**Study Objectives:**
- To discuss which marketing strategies should be employed in order to most effectively market contraceptives in various situations.
- Reconcile the conflicts between the advocates of “Only economic development will help” and “Campaigns are enough”

**Source:**

**Catalogue No:** 144

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38
Sample/Study Methodology:
Not applicable.

Conclusions:
Marketing analysis suggests a set of propositions about the best campaign for each of these segments with respect to fertility regulation:

- **Modern Methods**: Those currently using artificial, modern contraceptives.
- **Folk Methods and Want to Regulate**: These two segments include those who regulate fertility without artificial devices, and those who want to regulate fertility but do not now do so.
- **Suited for Regulation**: Includes people who currently do not want to regulate fertility but whose minds may change fairly readily if presented with additional information.
- **Not Ready for Regulation**: People who do not want to regulate fertility and whose minds are not likely to be changed no matter what kind of campaign is directed at them. *Rural Afghanistan is comprised mostly of people in this segment.*

Recommendations:
Best marketing strategy depends upon the place, the time, and especially the target audience.

M. Capacity Building – Training of pharmacy staff, doctors, midwives, community volunteers, and leaders

1. **Study Title:**
   *Evaluation of the Activities of the CHWs Attached to SCA Clinics*

Study Objectives:
- Evaluating the activity of community health workers (CHWs)
- Analyzing the level of the CHW activities considering factors like gender, local platform and education.
- Assessing the knowledge and practices of people reached by CHWs.
- Exploring the problems and finding ways for improvement of the CHW program.

Sample/Study Methodology:
- The three regions were considered as three strata. Each region was divided into five clusters, and then two clusters from each region were selected randomly. Four females and 8 male CHWs were selected randomly in each cluster for evaluation with a total of 36 CHWs.
- For household interviews, three households per CHW were selected randomly from those that, according to the CHWs, had been visited by the CHWs during the month before the evaluation.

Conclusions:
- Evaluation of CHWs shows that the criteria set for CHW selection has not always been followed and that there is some need of revision.

Source:

Catalogue No: 1
- CHWs who have been refresher trained have a higher level of activity as compared to those with less training.
- This could be because refresher training is all practical, conducted in the field.
- The evaluators concluded that the CHW training should be revised so that Module I-II includes much more practical work.
- Some topics should be given special attention, such as the EPI and how to practically help the households improve their level of hygiene and sanitation.
- The evaluation highlighted the need to develop specified targets for individual CHWs in order to improve the focus of CHW activities as well as facilitate future supervision.
- The number of households visited was lower than expected, on average only nine per month. The same is true for expected impact.
- Reasons for this may be inappropriate training in community mobilization, difficulties with monitoring – especially in catchment areas.

**Recommendations:**
- Guidelines for the selection of CHW trainees should be revised
- Elaborate minimum standards in various fields of CHW activities
- Job description of CHWs should be revised
- Reporting format of CHWs should be revised
- Training scheme should be modified

### N. Gender and Gender Equity

#### 1. Study Title:
*A History of Women in Afghanistan: Lessons Learnt for the Future (or Yesterdays and Tomorrow: Women in Afghanistan)*

**Study Objectives:**
- Understand the importance of rural Afghanistan in the shaping of the nation and on women’s status.
- Trace the history of women in Afghanistan for three reasons:
  - To show that women in Afghanistan were not always oppressed by fundamentalism;
  - To show that women’s issues were an integral part of national construction agendas even as early as the 1920s;
  - To highlight the power of tribal/community leaders in defining the role of women and in successfully resisting any modernization that would challenge their patriarchal authority.

**Sample/Study Methodology:**
Not applicable (qualitative research paper).

**Conclusions:**
- Most Afghan women in rural areas have been oppressed through tribal customs and dictates.
- Women who have been historically visible belonged to the royalty or elite and represented a very tiny population of the country. These women act as role models for other women in the community. The impact of their status and influence on the community cannot be underestimated.

**Source:**

**Catalogue No:** 145
models and provide a window into the possibility that social change can occur.

**Recommendations:**
- Democracy and women’s rights can occur when the state is in an economically and politically stable condition, assisted by men and women inside and outside of Afghanistan.
- Basic (fundamental) need is to ensure that women, like men, have access to resources for survival like education, jobs, mobility and public visibility.
- For women, participation in the economic reconstruction is essential to realize the dream of a cohesive society.

### 2. **Study Title:**
*Afghan Women: Recovering, Rebuilding*

**Study Objectives:**
To explore the status of women in Afghan society – past and present and outline a way forward.

**Sample/Study Methodology:**
Not applicable.

**Conclusions:**
- Success of rapid development schemes in Afghanistan hinge on the formal rehabilitation and active protection of women’s equal status in Afghan society.
- Women, being more than half of the population, are an essential participant in political and economic life.

**Recommendations:**
- Conduct an up-to-date and accurate analysis of gender equality.
- Women must be integrated into all sectors of Afghan society, including public life as paid government employees.
- Multinational peacekeeping forces must be expanded beyond Kabul to provide security for women and all Afghans and to train Afghan security forces.

### 3. **Study Title:**
*Women in Afghanistan: Passive Victims of the Barga or Active Social Participants?*

**Study Objectives:**
To articulate the voices of women in Afghanistan with the goal of incorporating their views and demands in the agenda for reconstruction.

**Sample/Study Methodology:**
Qualitative participatory research, involving six days of detailed observational study and 126 interviews.

**Conclusions:**
- Many women believe there is real danger that a large number of women will be socially excluded because they are beggars, sex-worker or household heads.
- Low social status of women, and the consequent power imbalances between women and men that it generates, are the underlying reasons for harmful and
discriminatory practices and physical and sexual abuse against girls and women in Afghanistan.

- To ignore women and their organizations in the process of reconstruction would deny women in Afghanistan the right to rebuild and solidify their new reality.

**Recommendations:**

- Research was confined to six days in Kabul, further research is needed.
- Provision of resources and opportunities for women to tell and share their experiences as part of a healing process is a vital element in the reconstruction effort.
- It is vital for policy makers and aid workers not to ignore economic and social issues when the interim government and the West seem to be so preoccupied with political and military issues.

### 4. Study Title:

*The Politics of Gender and Reconstruction in Afghanistan*

### Study Objectives:

To put the discussion of women’s rights in Afghanistan in the context of multiple transitions entailed by the process of post-conflict reconstruction: a security transition, a political transition, and a socioeconomic transition.

### Sample/Study Methodology:

Not applicable.

### Conclusions:

- Sustained efforts have been made by the international community, the government of Afghanistan and local women’s NGOs to ensure that legal and governance reforms address gender equity issues.
- Security and socioeconomic conditions have not kept pace with political and juridical reforms, resulting in a growing gap between women’s formal right and their ability to avail those rights.
- Women’s rights in Afghanistan have historically gone through phases of reform followed by violent backlash.
- In the absence of a process of national consolidation and reconciliation, there is a growing risk that women’s rights issues will remain hostage to factional struggles, and that Islam will be deployed as a political tool rather than a universal faith.

### Recommendations:

- Types of investment that can increase the demand for skilled and semi-skilled female labor in the industrial and service sectors, which is responsible for the growth of female employment worldwide, will only materialize once the security environment is conducive.
- Imperative that the international community and the government of Afghanistan equip the women with the organizational capacity to form the broadest possible political alliances, to work creatively with opinion leaders and power holders in different regional contexts.
<table>
<thead>
<tr>
<th>O.</th>
<th>Private Provider Network and Social Franchising</th>
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<tbody>
<tr>
<td>We did not find documents specifically pertaining to private provider networks or social franchising in Afghanistan.</td>
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<thead>
<tr>
<th>P.</th>
<th>Medical Practice in a Social Marketing Context</th>
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<tr>
<td>We did not find documents specifically pertaining to medical practice (in a social marketing context) in Afghanistan.</td>
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<tr>
<th>Q.</th>
<th>Quality Assurance in Private Sector</th>
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<td>We did not find documents specifically pertaining to quality assurance in Afghanistan.</td>
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<tr>
<th>R.</th>
<th>Child Survival</th>
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<table>
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<tr>
<th>1. Study Title:</th>
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<tbody>
<tr>
<td>Changing Lives: Children in Afghanistan - An Opportunity Analysis</td>
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<tr>
<th>Study Objectives:</th>
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<tr>
<td>To provide an overview of the effects of war and political instability on Afghan children as well as of the problems they face and projections on the potential course of their future</td>
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<th>Sample/Study Methodology:</th>
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<tr>
<th>Conclusions:</th>
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<tr>
<td>• Provides background on recent political events and examines an Afghan child's risks at birth, including the mortality rate, the status of immunization against infectious diseases; nutritional deficiencies; and the status of the economy as it relates to food and nutrition.</td>
</tr>
<tr>
<td>• Presents statistics on and discusses the implications of the low level of sanitation throughout the country as well as the exploitation of children as soldiers during the war and their resultant disabilities.</td>
</tr>
<tr>
<td>• Examines the educational system, parental attitudes toward education, and the legal system as it pertains to children and women. In examining the family dynamics that effect children, explores the status of women and female adolescents.</td>
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<th>Recommendations:</th>
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<th>2. Study Title:</th>
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<tr>
<td>“Cut Nails Soon” – Learning and Teaching in the SC/US Child Focused Health Education Programme in Haripur Refugee Villages</td>
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<th>Source:</th>
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<tr>
<td>Save the Children, “Cut Nails Soon” – Learning and Teaching in the Constella Futures</td>
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</table>
### Study Objectives:
One of the primary objectives was to assess what children know about the health messages contained in the six modules of the Save the Children/United States (SC/US) curriculum in the Haripur refugee villages.

### Sample:
- Used qualitative data collection and analysis, interviewing a group of 31 children (30 girls and one boy) at homes, and using 15 children (13 girls and 2 boys) as a control group.
- Surveyors interviewed facilitators using an interview tool, and also observed as they taught one of their regular groups.
- Surveyors interviewed children at home using a prepared questionnaire or as a group in class, and were asked to respond to two stories – one which focused on clean water and the other on diarrhea.

### Conclusions:
- Survey activities demonstrated the children’s considerable knowledge of good health practices.
- Method of learning and teaching appears to rely heavily on transmission of knowledge (e.g., repetition, low order questions, telling and re-telling), rather than transformation of knowledge (e.g., relating what they know to their lives and to use knowledge in new situations).
- One of the most important aspects of the group for the children is its image as “school” – in other words, the children liked the SC/US groups because they learned in those groups.

### Recommendations:
Not applicable.

### Study Title:
**Disease Profile of Children in Kabul: the Unmet Need for Health Care**

### Study Objectives:
To assess the morbidity and mortality pattern of illness in pediatric population.

### Sample/Study Methodology:
Examination of medical records from pediatric emergency department of a tertiary care teaching and referral hospital in Kabul, Afghanistan, of 17,850 children during a one-year period from September 2002 to September 2003.

### Conclusions:
- Most common illnesses were diarrhea and respiratory infections.
- Infectious diseases, neonatal illnesses, and cardiac diseases were other important causes of morbidity.
- Neonatal deaths formed the major proportion of all deaths.
- Morbidity and mortality attributable to easily preventable and curable diseases was quite high.

### Recommendations:
There is an urgent need to develop an integrated and effective health care system in the

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**Source:** Amarendra Narayan Prasad, *Disease Profile of Children in Kabul: the Unmet Need for Health Care*, Journal of Epidemiology and Community Health, (60) 2006.
| country. |
|---|---|
| **4. Study Title:**  
*Integrated Management of Childhood Illness* |
**Study Objectives:**  
To provide guidance integrated management of childhood illness.

**Sample/Study Methodology:**  
Not applicable.

**Conclusions:**  
Contains guidelines and tools to assess and classify the sick child, treatment of child, and counseling mothers.

**Recommendations:**  
Not applicable. | **Source:**  
WHO, Afghanistan MOPH, and UNICEF, *Integrated Management of Childhood Illness*  
**Catalogue No:** 130 |
<table>
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<tr>
<th>No.</th>
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<td>Evaluation of the Activities of the CHWs Attached to SCA Clinics</td>
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<td>Yes</td>
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<td>Capacity Building</td>
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<td>2</td>
<td>113</td>
<td>Changing Lives: Children in Afghanistan - An Opportunity Analysis</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Child Survival</td>
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<td>&quot;Cut Nails Soon&quot;: Learning and Teaching in the SCA/US Child Focused Health Education Programme in Haripur Refugee Villages</td>
<td>2000</td>
<td>Yes</td>
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<td>Child Survival</td>
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<td>4</td>
<td>130</td>
<td>Integrated Management of Childhood Illness</td>
<td>Unknown</td>
<td>Yes</td>
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<td>131</td>
<td>Disease Profile of Children in Kabul: the Unmet Need for Health Care</td>
<td>2006</td>
<td>Yes</td>
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<td>Child Survival</td>
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<td>6</td>
<td>142</td>
<td>Home Management of Childhood Diarrhea in Rural Afghanistan: A Study in Urgun, Paktika Province</td>
<td>1993</td>
<td>Yes</td>
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<td>Diarrhea</td>
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<td>7</td>
<td>111</td>
<td>MICS</td>
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<td>8</td>
<td>53</td>
<td>Mother and Child Health Program, Kabul, Afghanistan Annual Report</td>
<td>2002</td>
<td>Yes</td>
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<td>Family Planning/Reproductive Health</td>
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<td>Internal Evaluation of TBA Programme</td>
<td>1998</td>
<td>Yes</td>
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<td>Family Planning/Reproductive Health</td>
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<td>10</td>
<td>58</td>
<td>Contraceptive Market Assessment, Kabul and Herat: Summary Report</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
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<td>11</td>
<td>107</td>
<td>National Policy on Reproductive Health (Draft)</td>
<td>2006</td>
<td>Yes</td>
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<td>13</td>
<td>109</td>
<td>KAP Survey Regarding Reproductive Health</td>
<td>2002</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
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<td>14</td>
<td>18</td>
<td>Rural Expansion of Afghanistan’s Community Based Health Care Program (REACH): NGO Grantees’ Baseline Household Survey Report on the Results</td>
<td>2004</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Family Planning/Reproductive Health</td>
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<td>15</td>
<td>110</td>
<td>Situational Analysis of Health Services</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
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<td>125</td>
<td>National Standards for Reproductive Health Services, Family Planning for Birth Spacing, 2003</td>
<td>2003</td>
<td>Yes</td>
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<td>National Standards for Reproductive Health Services, Antenatal Care Services</td>
<td>2003</td>
<td>Yes</td>
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<td>National Standards for Reproductive Health Services – Newborn Care Services, 2003</td>
<td>2003</td>
<td>Yes</td>
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<td>National Standards for Reproductive Health Services – Postpartum Care Services, 2003</td>
<td>2003</td>
<td>Yes</td>
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<td>Health Indicators for Mothers and Children in Rural Herat Province, Afghanistan</td>
<td>2004</td>
<td>Yes</td>
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<td>Implementing a Facility-Based Maternal and Prenatal Health Care Surveillance System in Afghanistan</td>
<td>2005</td>
<td>Yes</td>
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<td>24</td>
<td>145</td>
<td>A History of Women in Afghanistan: Lessons Learnt for the Future (or Yesterdays and Tomorrow: Women in Afghanistan)</td>
<td>2003</td>
<td>Yes</td>
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<td>Gender and Gender Equity</td>
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<td>25</td>
<td>146</td>
<td>Afghan Women: Recovering, Rebuilding</td>
<td>2002</td>
<td>Yes</td>
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<td>Gender and Gender Equity</td>
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<td>26</td>
<td>147</td>
<td>Women in Afghanistan: Passive Victims of the Borga or Active Social Participants?</td>
<td>2003</td>
<td>Yes</td>
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<td>27</td>
<td>148</td>
<td>The Politics of Gender and Reconstruction in Afghanistan</td>
<td>2005</td>
<td>Yes</td>
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<td>Gender and Gender Equity</td>
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<td>28</td>
<td>57</td>
<td>The Public Health System in Afghanistan: Current Issues</td>
<td>2002</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Legal/Regulatory Issues</td>
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<td>29</td>
<td>4</td>
<td>A health facility based case-control study of effectiveness of insecticide treated nets: potential for selection bias due to pre-treatment with chloroquine</td>
<td>2003</td>
<td>Yes</td>
<td>Very technical study that introduces the concept that &quot;case-control studies&quot; of bed net effectiveness may have the potential of selection bias</td>
<td>Malaria</td>
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<td>30</td>
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<td>Comparison of three pyrethroid treatments of top-sheets for malaria control in emergencies: entomological and user acceptance studies in an Afghan refugee camp in Pakistan</td>
<td>2002</td>
<td>Yes</td>
<td>Pertain to Afghan refugees in Pakistan</td>
<td>Malaria</td>
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<td>31</td>
<td>67</td>
<td>Insecticide treated plastic tarpaulins for control of malaria vectors in refugee camps</td>
<td>2002</td>
<td>Yes</td>
<td>Pertain to Afghan refugees in Pakistan</td>
<td>Malaria</td>
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<td>32</td>
<td>112</td>
<td>High altitude epidemic malaria in Bamyan province, central Afghanistan</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Malaria</td>
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<td>33</td>
<td>114</td>
<td>Subsidized sales of insecticide-treated nets in Afghan refugee camps demonstrate the feasibility of transition from humanitarian aid towards sustainability</td>
<td>2004</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Malaria</td>
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<td>34</td>
<td>115</td>
<td>DEET mosquito repellent sold through social marketing provides personal protection against malaria in an area of all night mosquito biting and partial coverage of insecticide treated nets: a case control study of effectiveness</td>
<td>2004</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Malaria</td>
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<tr>
<td>35</td>
<td>63</td>
<td>Prevention of Malaria in Afghanistan through Social Marketing of insecticide treated nets: evaluation of coverage and effectiveness by cross-sectional surveys and passive surveillance</td>
<td>2002</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Malaria</td>
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<td>36</td>
<td>66</td>
<td>Socio-economic factors associated with the purchasing of insecticide treated nets in Afghanistan and implications for social marketing projects</td>
<td>N/A</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Malaria</td>
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<td>37</td>
<td>133</td>
<td>The Investment Climate in Afghanistan</td>
<td>2005</td>
<td>Yes</td>
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<td>Market and Private Sector</td>
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<td>38</td>
<td>138</td>
<td>Afghanistan and Civil Society</td>
<td>2002</td>
<td>Yes</td>
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<td>Market and Private Sector</td>
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<td>39</td>
<td>50</td>
<td>Breastfeeding and Weaning Beliefs and Practices in Parts of Northern Afghanistan: Research Findings</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Nutrition</td>
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<tr>
<td>40</td>
<td>32</td>
<td>Prevention and Control of Scurvy in Afghanistan: Rationale, Protocols and Strategies: DRAFT</td>
<td>2002</td>
<td>Yes</td>
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<td>41</td>
<td>36</td>
<td>Methodology for the Livelihoods Based Food Security and Nutritional Surveillance System for Afghanistan</td>
<td>2002</td>
<td>Yes</td>
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<td>Nutrition</td>
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<td>42</td>
<td>37</td>
<td>Nutrition and Health Survey Badghis Province, Afghanistan</td>
<td>2002</td>
<td>Yes</td>
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<td>No.</td>
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<td>43</td>
<td>116</td>
<td>Summary Report of the National Nutrition Survey</td>
<td>2004</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Nutrition</td>
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<td>44</td>
<td>61</td>
<td>Anthroponotic Cutaneous Leishmaniasis, Kabul, Afghanistan</td>
<td>2003</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Nutrition</td>
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<td>45</td>
<td>7</td>
<td>Summary of Results of Nutrition Surveys Conducted by Action Contre La Faim: Afghanistan</td>
<td>2000</td>
<td>Yes</td>
<td></td>
<td>Nutrition</td>
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<tr>
<td>46</td>
<td>29</td>
<td>Scurvy in Afghanistan: a review of the history, risk factors, supplementation program and potential food based strategies to prevent scurvy</td>
<td>2003</td>
<td>Yes</td>
<td></td>
<td>Nutrition</td>
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<td>47</td>
<td>5</td>
<td>Overcoming barriers to reproductive healthcare in post-conflict Afghanistan: a participatory study</td>
<td>2004</td>
<td>Yes</td>
<td>Dr. Rahim has a short description of this document</td>
<td>Social and Behavior Change Communications (BCC)</td>
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<td>48</td>
<td>106</td>
<td>National Reproductive Health Survey 2003 FINAL REPORT</td>
<td>2004</td>
<td>Yes</td>
<td>KAP Survey</td>
<td>Social and Behavior Change Communications (BCC)</td>
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<td>49</td>
<td>137</td>
<td>Afghanistan Reproductive Health Tracking Survey (The PSI Dashboard)</td>
<td>2005</td>
<td>Yes</td>
<td>Follow-on to 2003 Reproductive Health Survey</td>
<td>Social and Behavior Change Communications (BCC)</td>
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<td>50</td>
<td>19</td>
<td>Afghanistan National Hospital Survey (Volume 1 of 3)</td>
<td>2004</td>
<td>Yes</td>
<td>Document is 675 pages long</td>
<td>Social Determinants of Health</td>
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<td>51</td>
<td>56</td>
<td>Afghanistan National Health Resources Assessment</td>
<td>2003</td>
<td>Yes</td>
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<td>52</td>
<td>132</td>
<td>The Battle for Access -- Health Care in Afghanistan</td>
<td>2004</td>
<td>Yes</td>
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<td>Social Determinants of Health</td>
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<td>53</td>
<td>59</td>
<td>Peripheral Basic Health Care Assessment, Panjab and Waras Districts</td>
<td>2003</td>
<td>Yes</td>
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<td>54</td>
<td>62</td>
<td>Health Care and Hospital Referral System in Kabul</td>
<td>2002</td>
<td>Yes</td>
<td>Social Determinants of Health</td>
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<td>55</td>
<td>143</td>
<td>Commercial Distribution of Contraceptives in Afghanistan: Actual and Potential Use of the Pharmaceutical Marketing System</td>
<td>1974</td>
<td>Yes</td>
<td>Social Marketing</td>
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<td>56</td>
<td>144</td>
<td>Market Segmentation in Promoting Contraception</td>
<td>1974</td>
<td>Yes</td>
<td>Social Marketing</td>
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<td>57</td>
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<td>Nutrition and Tuberculosis Baseline Survey: Kabul, Nangarhar, Ghazni, Wardak, Takhar and Badakhshan</td>
<td>1998</td>
<td>Yes</td>
<td>Tuberculosis</td>
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<td>58</td>
<td>139</td>
<td>A Tuberculin Skin Test Survey Among Afghan Children in Kabul</td>
<td>2004</td>
<td>Yes</td>
<td>Tuberculosis</td>
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<td>59</td>
<td>140</td>
<td>Burden of Tuberculosis in Afghanistan: Update on a War-Stricken Country</td>
<td>2002</td>
<td>Yes</td>
<td>Tuberculosis</td>
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<td>60</td>
<td>141</td>
<td>Measuring Tuberculosis: Lessons from Afghanistan</td>
<td>2004</td>
<td>Yes</td>
<td>Tuberculosis</td>
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<td>61</td>
<td>3</td>
<td>Isolation and characterization of microsatellite loci in the mosquito Anopheles stephensi Liston (Diptera Culicidae)</td>
<td>2002</td>
<td>No</td>
<td>Extremely technical document about the epidemiological importance of a particular type of mosquito (Anopheles Stephensi) Really several articles all part of one PDF file - all malaria-related and all from HealthNet International; all technically difficult to read.</td>
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<td>62</td>
<td>52</td>
<td>Refugee Health in the Tropics: Malaria control in Afghan refugee camps, novel solutions</td>
<td>2001</td>
<td>No</td>
<td>Pertains to Afghan refugees in Pakistan</td>
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<td>63</td>
<td>64</td>
<td>Afghan refugees and the temporal and spatial distribution of malaria in Pakistan</td>
<td>2001</td>
<td>No</td>
<td>Summarized in one ACF summary document (Catalogue No. 7)</td>
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<td>64</td>
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<td>Nutritional Survey: Kabul City, Afghanistan</td>
<td>2000</td>
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<td>ACF Nutritional Survey: Kabul City, Central Region</td>
<td>2000</td>
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<td>Nutrition Anthropometric Survey, Summary Report: Kabul City, Afghanistan</td>
<td>2002</td>
<td>No</td>
<td>Summarized in one ACF summary document (Catalogue No. 7)</td>
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<td>Nutritional and Mortality Survey: Panjshir Valley, Shamal Plains</td>
<td>2002</td>
<td>No</td>
<td>Summarized in one ACF summary document (Catalogue No. 7)</td>
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<td>Nutrition Anthropometric Survey Report: Centre Parwan &amp; Northern Kapisa Afghanistan</td>
<td>2003</td>
<td>No</td>
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<td>Nutrition Anthropometric Survey Report: Southern Kapisa Afghanistan</td>
<td>2003</td>
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<td>Summarized in one ACF summary document (Catalogue No. 7)</td>
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<td>73</td>
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<td>Good Practice Guidelines on the Use of BP-5 Biscuits in Afghanistan</td>
<td>N/A</td>
<td>No</td>
<td>Guidelines</td>
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<td>74</td>
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<td>Use of Mid-Upper-Arm Circumference for Targeting Pregnant and Lactating Women for Supplementary Feeding in Afghanistan, Recommendations</td>
<td>2002</td>
<td>No</td>
<td>Guidance for using MUAC to target pregnant and lactating women for supplemental feeding centers</td>
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<td>75</td>
<td>22</td>
<td>Ministry of Public Health Protocols for Supplementary Feeding Programmes Afghanistan: Draft 1</td>
<td>2002</td>
<td>No</td>
<td>Protocol for supplementary feeding programs</td>
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<td>Attachment for the Circular on the Protection, Promotion and Support of Optimal Infant and Young Child Feeding</td>
<td>N/A</td>
<td>No</td>
<td>Circular</td>
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<td>Circular on the Protection, Promotion and Support of Optimal Infant and Young Child Feeding</td>
<td>2003</td>
<td>No</td>
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<td>25</td>
<td>Quality Control and Monitoring of F75 and F100 for TFUs Prov. Rec.</td>
<td>2003</td>
<td>No</td>
<td>Quality control document for monitoring TFUs</td>
<td>Quality Control and Monitoring</td>
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<td>79</td>
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<td>Training of the Management of Severe Malnutrition in a Hospital Setting in Afghanistan</td>
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<td>No</td>
<td>Training agenda for management of severe malnutrition in hospital setting</td>
<td>Training Agenda for Management of Malnutrition</td>
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<td>Standard Budget for Planning and Proposal Preparation for MOH TFUs</td>
<td>2003</td>
<td>No</td>
<td>Budget document for MOH therapeutic feeding units (TFUs)</td>
<td>Planning and Proposal</td>
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<td>82</td>
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<td>Anemia Treatment and Prevention Protocol: Draft</td>
<td>2001</td>
<td>No</td>
<td>Protocol</td>
<td>Anemia Treatment and Prevention</td>
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<td>83</td>
<td>31</td>
<td>Protocol for Treatment and Prevention of Vitamin A Deficiency and Xerophthalmia: Draft</td>
<td>2002</td>
<td>No</td>
<td>Protocol</td>
<td>Treatment and Prevention</td>
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<td>84</td>
<td>33</td>
<td>Nutrition Training for Community Health Worker: Draft 1</td>
<td>2003</td>
<td>No</td>
<td>Training curriculum for Community Health Workers</td>
<td>Nutrition Training</td>
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<td>A health facility based case-control study of effectiveness of insecticide treated nets: potential for selection bias due to pre-treatment with chloroquine</td>
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<td>Subsidized sales of insecticide-treated nets in Afghan refugee camps demonstrate the feasibility of transition from humanitarian aid towards sustainability</td>
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**Cross-Reference Legend**

- Social and Behavior Change Communication: BCC
- The Market and the Private Sector: PS
- Social Determinants of Health: SDH
- Legal Regulatory Issues/Policy Advocacy: LI/PA
- Nutrition: NU
- Malaria: MA
- Tuberculosis: TB
- Diarrhea: DR
- Family Planning/Reproductive Health: FP/RH
- Safe Water Treatment: SWT
- Communicable Diseases: CD
- Social Marketing: SM
- Capacity Building: CB
- Gender and Gender Equity: GE
- Private Provider Network and Social Franchising: PPN
- Medical Practice in a Social Marketing Context: MP
- Quality Assurance in the Private Sector: QA
- Child Survival: CS