



How Do Community Health Workers Contribute to Better Nutrition? Afghanistan



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

About APC

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Disclaimer

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SPRING

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In Afghanistan, nutrition-related health issues persist.



% children under 5

According to most recent data, **stunting** remains a major challenge in Afghanistan.



33%

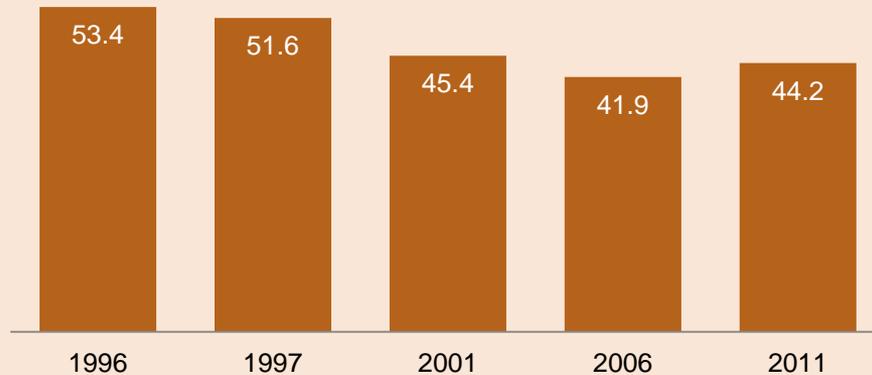
of women of reproductive age have anemia

That means **2.3 million** Afghan women have a critical micronutrient deficiency (2011)



% children under 5

Anemia also persists as a major issue for Afghanistan's children.



only 54%

of infants are exclusively breastfed for 6 months (2011)

We know **evidence-based, cost-effective interventions** can improve nutrition outcomes.

It is estimated that the following 10 evidence-based, nutrition-specific interventions, if scaled to 90 percent coverage, could **reduce stunting by 20 percent** and **severe wasting by 60 percent**.

- Management of severe acute malnutrition
- Preventive zinc supplementation
- Promotion of breastfeeding
- Appropriate complementary feeding
- Management of moderate acute malnutrition
- Periconceptual folic acid supplementation or fortification
- Maternal balanced energy protein supplementation
- Maternal multiple micronutrient supplementation
- Vitamin A supplementation
- Maternal calcium supplementation

Studies have demonstrated the effectiveness of community health workers in achieving demonstrable health benefits directly related to the Millennium Development Goals (MDGs), including reducing child malnutrition and both child and maternal mortality.

- Perry and Zulliger (2012)

Community health workers play a critical role in providing these proven, evidence-based, cost-effective interventions.

By making basic primary care available at the community level, CHWs make it possible for women and children to receive the services they need for better health outcomes.

Frequently based in the communities where they are from, community health workers (CHWs) have direct access to the community and can link with other nutrition-related community-based service providers. They can provide clients with a range of services such as medical care, information, counseling, and referral.

However, CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems – including systems for monitoring, supporting, and mentoring. Countries like **Afghanistan** must take this into consideration as they scale up and expand the services provided by CHWs.



Information on the services that community health workers provide and the systems that support them in doing their work **is often hard to find.**

To begin to fill this void, the two USAID-funded projects - **Advancing Partners and Communities (APC)** and **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING)** - collaborated to conduct a desk review of existing policies and documents related to community health systems.

Due to the diversity and magnitude of community health programs in a given country, we collected information based on individual country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale.



These are our findings:

This is what community health workers can do in Afghanistan, according to government policy.

See the Data Notes at the end for more on how data were collected and analyzed.

Community health service delivery in Afghanistan is guided by **multiple policies**.

Relevant Government Policies Reviewed	Last Updated
A Basic Package of Health Services for Afghanistan 2010	2010
Community-Based Health Care Strategy (2015-2020)	2015



Afghanistan has **one main cadre** of community health workers.

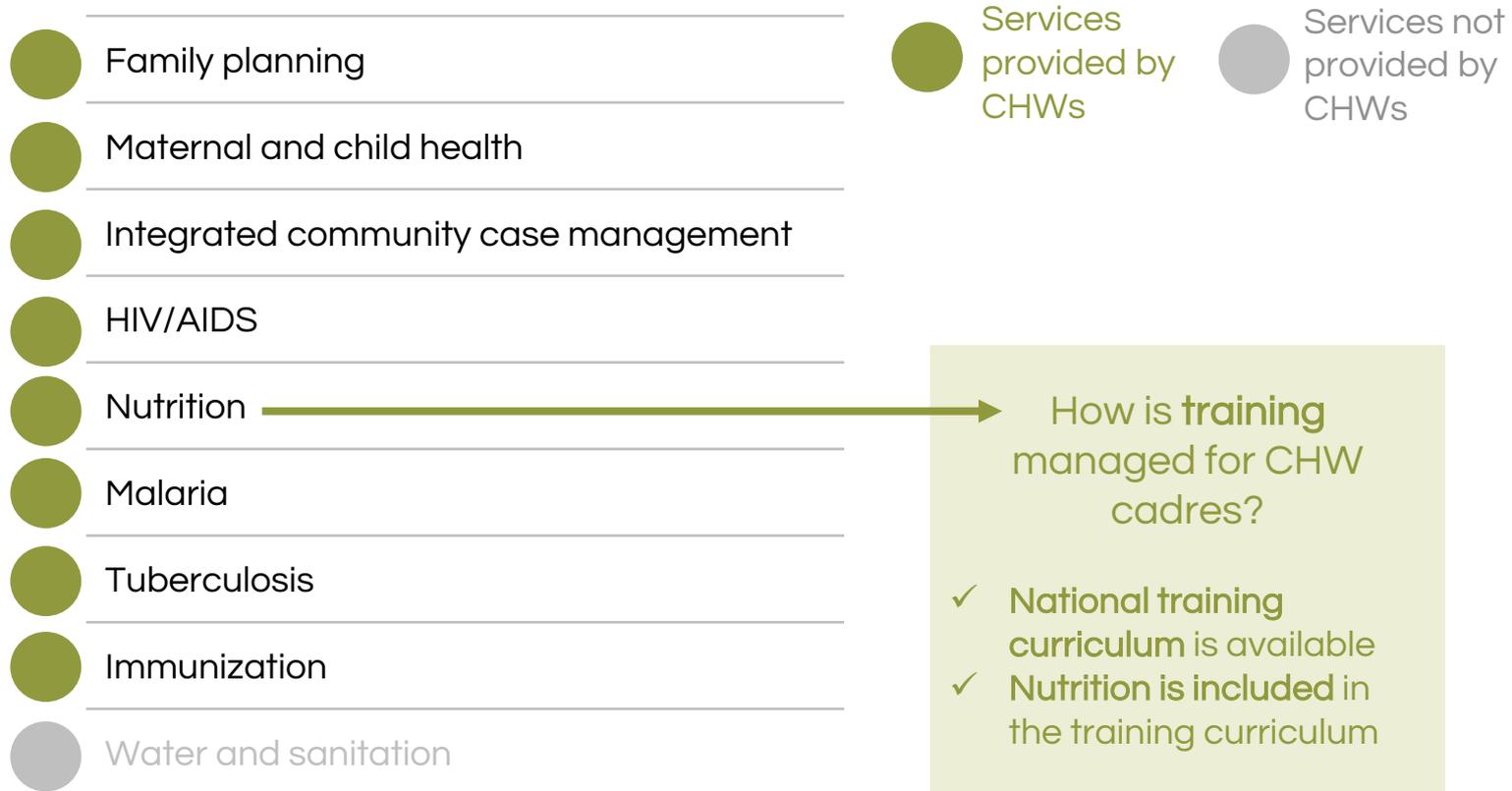
Community Health Workers (CHW)– the community-level arm of the CBHC program. CHWs conduct health education sessions, promote healthy behaviors, facilitate community mobilization, and provide basic health care services for common and simple illnesses, with a general focus on maternal and child health, FP, and WASH.

28,000 in country
1: 1,000-1,500 people*

*Equivalent to approximately 100–150 families



Community health workers in Afghanistan provide services in **multiple health service delivery areas.**



Community health workers
in Afghanistan support
improved nutrition
outcomes throughout the
continuum of care.



How we present our findings on nutrition services provided by community health workers.

Services, listed in tables, are categorized as nutrition **assessment**, **counseling**, or **support** actions.

Assessment	
<i>Activity / action to be taken</i>	●
	●

Counseling	

Support	

The tables presented for each stage of life across the continuum of care include specific nutrition-related services queried as part of the Community Health Systems Catalog Assessment.

For each stage of life, we indicate if the service is provided by community health workers and which cadres have the responsibility to provide that service.



Services provided by CHWs



Service not provided by CHWs or not clearly specified in policy

For adolescents

Counseling

Provide information/education/counseling (IEC) on iron/folate for women who are not pregnant and adolescent girls



Support

Provide/administer iron/folate for women who are not pregnant and adolescent girls



For pregnant women

Assessment

Monitor weight gain during pregnancy

Measure mid-upper arm circumference (MUAC) screening for pregnant women

Give information on hemoglobin testing for women who are pregnant

Test blood for hemoglobin levels

Counseling

Provide IEC on nutrition/dietary practices during pregnancy

Provide IEC on iron/folate

Provide IEC on insecticide-treated net use

Support

Provide/administer insecticide-treated nets

Provide/administer iron/folate



For breastfeeding women

Assessment

Monitor nutritional status of women who are breastfeeding (e.g., using MUAC)



Counseling

Provide IEC on correct positioning and attachment of the newborn during breastfeeding



Provide IEC on managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)



Provide IEC on nutrition/dietary practices during lactation



For newborns

Assessment

Weigh newborns



Counseling

Provide IEC on skin-to-skin contact
between baby and mother/caregiver



Provide IEC on breastfeeding within
1 hour of birth



For children

Assessment

Scales to measure weight of children up to 2 years of age ●

Use length boards to measure length of children up to 2 years of age ●

Measure MUAC of children ●

Screen children for bilateral edema ●

Support

Provide/administer Vitamin A supplementation for children 6–59 months of age ●

Provide/administer micronutrient supplementation ●

Provide/administer deworming medication ●

Treating moderate acute malnutrition for children under 2 years of age ●

Treat severe acute malnutrition with ready-to-use therapeutic foods (RUTF) or ready-to-use supplementary foods (RUSF) ●

Counseling

Provide IEC on Vitamin A for children 6–59 months of age ●

Provide IEC on general micronutrient supplementation ●

Provide IEC on de-worming medication ●

Provide IEC on complementary feeding practices and continued breastfeeding (6–23 months of age) ●

Provide IEC on exclusive breastfeeding (first 6 months of age) ●

Provide IEC on introduction of soft, semi-solid foods at 6 months of age ●

Provide IEC on continuing breastfeeding for children less than 6 months of age who have diarrhea ●

Provide IEC on increasing fluids and continuing solid feeding for children over 6 months of age with diarrhea ●



For all stages of life

Counseling

Provide IEC on handwashing with soap



Provide IEC on community-level total sanitation

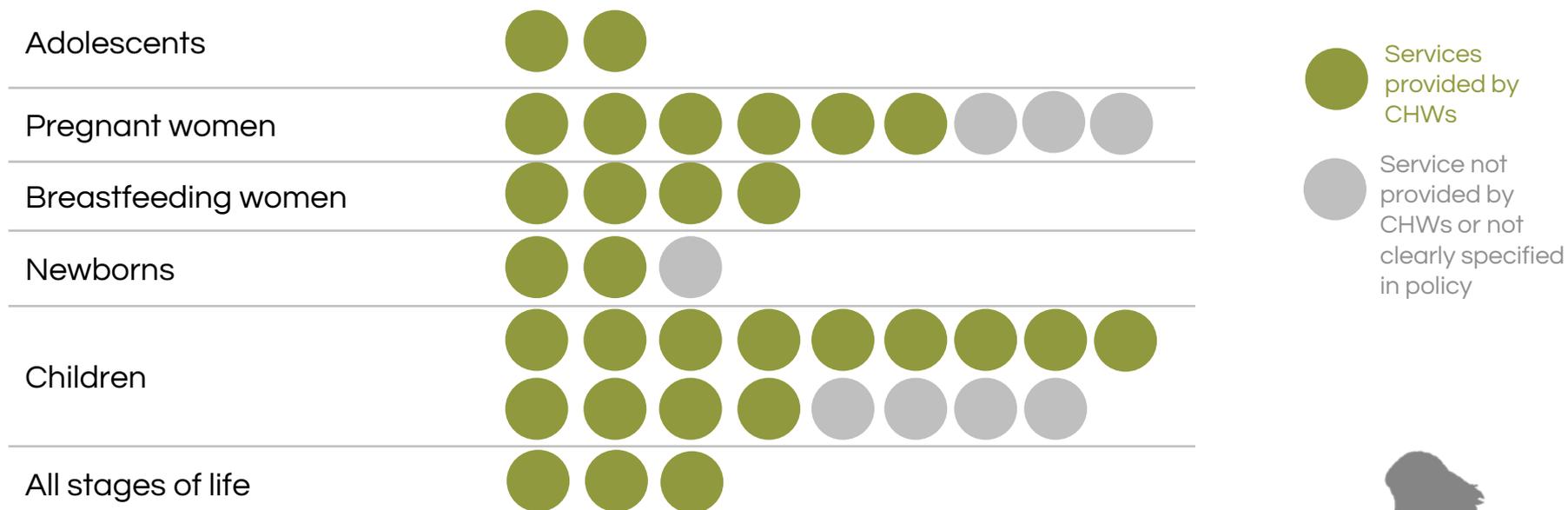


Provide IEC on household point-of-use water treatment



Our key takeaways

In Afghanistan, CHWs provide **30** of the recommended **38** nutrition services discussed in this assessment.



How to use this information

We invite in-country stakeholders to use this information to:



Identify which nutrition-related services CHWs can provide, according to policies;



Prioritize and/or reassign responsibilities to avoid overburdening CHWs;



Build a stronger foundation of policies, tools, and systems for CHWs to conduct their work;



Plan additional support to CHWs;



Design and conduct other in-depth assessments of community nutrition programs;



Inform program implementers to strengthen community health interventions.

This product was developed using information collected by APC, with input from SPRING, through a desk review of existing policies and documents related to community health systems. Due to the diversity and magnitude of community health programs in a given country, we collected information based on country policies/strategies that comprise the key areas of a community health system and not the realities of program implementation. Due to funding and timing, we focused on national public sector programs, and only when possible, captured community-based private sector health programs operating at scale. We encourage updates and validation to specific local contexts.

Data Notes

This document includes rich information about community-level nutrition policies and services in Afghanistan. The data represented here are based on a detailed analysis of survey responses and a review of select policies related to nutrition responsibilities of community health workers.

The data come with their own caveats. Policies do not always specify which particular actions CHWs are allowed or expected to perform, nor do they give any real indication of what actions CHWs actually do perform. Policies can be general, ambiguous, and/or contradictory. For instance, a policy might list "referral for antibiotics" but it doesn't specify which antibiotics.

Furthermore, Afghanistan is a highly decentralized country. In some states the policies and guidelines reviewed may not be adopted at all, may be adapted, and/or may be integrated into other documents.

You can learn more about how to map health workforce activities with the SPRING Nutrition Workforce Mapping Toolkit, available at spring-nutrition.org/publications/tools/nutrition-workforce-mapping-toolkit

This effort was undertaken as part of the wider Community Health Systems Catalog data collection effort.

You can find more details on the Community Health System in Afghanistan and data on other countries at: www.advancingpartners.org/resources/chsc

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Additional Resources on CHWs

[Community Health Systems Catalog](https://goo.gl/N1QKYK) - An innovative and interactive reference tool on country community health systems intended for ministries of health, program managers, researchers, and donors interested in learning more about the current state of community health systems. (<https://goo.gl/N1QKYK>)

[Essential Package of Health Services Country Snapshot Series](https://goo.gl/2M6FXr) - A series of country profiles that analyzes the governance dimensions of Essential Packages of Health Services (EPHS), including how government policies contribute to the service coverage, population coverage, and financial coverage of the package (<https://goo.gl/2M6FXr>)

[Community Health Worker \(CHW\) Central](https://goo.gl/dacnl5) - An online community of practice for sharing resources and experiences and discussing questions and ideas on CHW programs and policy. (<https://goo.gl/dacnl5>)

[The Community Health Framework](https://goo.gl/VZlmbm) - A framework developed for government decision makers to structure dialogues, answer questions, develop recommendations, and foster continuous learning about community health. (<https://goo.gl/VZlmbm>)

[Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems](https://goo.gl/5G0Vbc) - A systematic review of CHW programs and their impact on health-related Millennium Development Goals (MDGs) as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). (<https://goo.gl/5G0Vbc>)

[How Effective Are Community Health Workers? An Overview of Current Evidence with Recommendations for Strengthening Community Health Worker Programs to Accelerate Progress in Achieving the Health-related Millennium Development Goals](https://goo.gl/jKx2Zg) - An update and supplement to the previous paper on the effectiveness of CHWs in providing a range of health services and improving health and nutrition outcomes. (<https://goo.gl/jKx2Zg>)

Additional Resources from Afghanistan

We were unable to find resources on the provision of nutrition services by CHWs in Afghanistan; however, some of these may be useful:

[Islamic Republic of Afghanistan Ministry of Public Health Reproductive Health Directorate Safe motherhood Initiative Guidance Note For Scaling Up Coverage of Maternal and Newborn Care Intervention At The Community Level](https://goo.gl/bo5dKv) - Guidance intended to provide a framework to support consistent and coordinated implementation of initiative to improve maternal and newborn care practices at household and community level, guide actors working at community level to initiate and scale-up coverage of community based newborn care interventions, and provide opportunity for generating further evidence for strengthening of newborn care in Afghanistan at both facility and community level in a coherent manner. This document serves as a tool for providers of the Basic Package of Health Services (<https://goo.gl/bo5dKv>)

[Toward universal coverage in Afghanistan: A multi-stakeholder assessment of capacity investments in the community health worker system](https://goo.gl/rnVROa) - This paper outlines the results of a mixed-methods study intended to determine systemic constraints in the CHW system and stakeholders' perspectives and investments at the national, facility and community levels. It discusses a variety of aspects of the health system in Afghanistan, and discusses potential improvements in health policy, structure, and the support system for increased CHW performance. (<https://goo.gl/rnVROa>)

[Community health workers of Afghanistan: a qualitative study of a national program](https://goo.gl/iZ7WhV) - Armed conflicts leave behind devastating health and social system impacts. Community Health Workers serve as both health organizers and community developers in this multiethnic and multilingual country. This paper aims to examine the CHW program post-conflict in Afghanistan, to identify facilitators and challenges that workers face. (<https://goo.gl/iZ7WhV>)

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