

Impact on under-5 child mortality: a case demonstration from the central highlands of Afghanistan



In two remote Afghan valleys a women's empowerment project reduced under-5 child mortality by 46% in two years. For each village a community health worker was trained to apply a new model of community-based child health care. After the training, unexpectedly, outside funding was diverted but rather than the programme closing, the women decided to continue the programme themselves. The significance of what happened is both that this intervention was able to create a 46% impact, and also that the programme was continued by the women, thereby demonstrating a level of sustainability not previously seen in the Basic Package of Health Services (BPHS) projects.

In rural areas, where 80% of the national population lives, BPHS was not so successful and significant lack of coverage continues. The training of community health workers had been planned to reach village homes working out of the established clinics in a process designed for geographical extension. However, the alternative model developed within this project extended primary and preventative services much more rapidly by building the capacity of the women, rather than just health infrastructure. Extension into the lives of people, using education and behaviour change sustained the impact for the two-year period.

This project crafted itself around trying to investigate how to strengthen the ongoing design of the BPHS. It did so by developing

a basic curriculum for training community health workers, one that covered the content of the current system of BPHS. A major component added to this new curriculum was to demonstrate not only the impact, but how social interventions such as organizing mothers into volunteer "women's action groups" it was able to expand very rapidly and cover all village households; their continuing work was supported informally by a local mullah who had been a staff member of a local nongovernmental organization called Future Generations. Because of the reports of continued progress two years later, he led a team back to these villages to investigate results.

Using a new version of retrospective pregnancy history surveys developed by Johns Hopkins Professor Stan Becker a baseline was created for health status prior to the intervention to show that the declines had held during the two-year absence of formal assistance. By assessing gaps in the pregnancy histories reported by mothers it is possible to retrospectively calculate infant and under-5 child mortality rates. Initial studies suggest the trend lines may have accuracy going as far back as seven years.

The empowerment process spread rapidly as the action groups generated a momentum involving nearly all the women with careful attention to keeping decision-making voluntary. Change occurred because health improvements were tangible. The spread of ideas differed; for example the spread of family planning was gradual based on decisions by each couple in contrast to community decisions



about child immunization and cleanliness of water and sanitation, which were adopted almost immediately.

The reduction in mortality among children under the age of 5 showed an overall reduction of 46% (Figure 1). An important observation is that this drop in mortality occurred after the training had stopped, when the formal intervention period by outsiders was over. The women were conducting implementation through their empowered action groups. The projected sustainability of this health intervention may be very cost effective and promote more effective methods of participatory community-based primary health care.



Figure 1. Reduction in under-5 mortality through women's action groups in Afghanistan