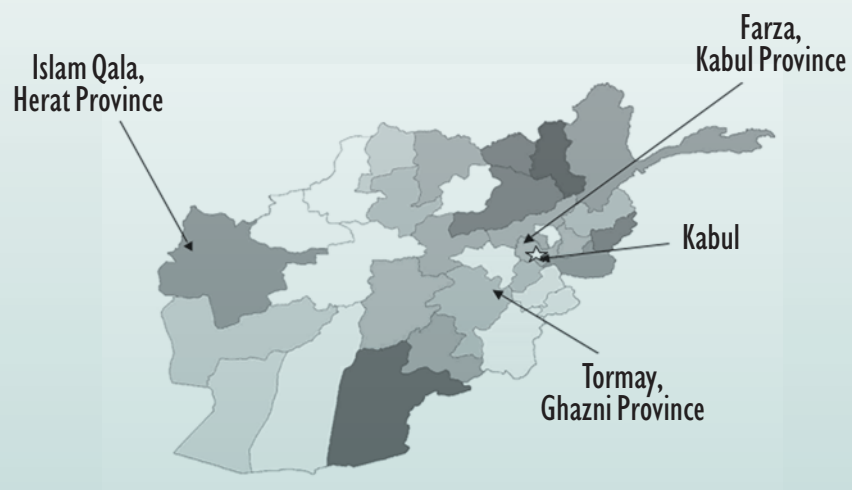




AFGHANISTAN

# Innovations in Family Planning

THE ACCELERATING CONTRACEPTIVE USE PROJECT



**PROJECT AREAS:** Islam Qala District in Herat Province, Tormay District in Ghazni Province, and Farza District in Kabul Province

**NONGOVERNMENTAL ORGANIZATIONS:**

Four Afghan NGOs provided services: STEP Health and Development Organization, the managing partner of this project; the Agency for Assistance and Development of Afghanistan (AADA); Bakhtar Development Foundation (BDF); and Coordination of Humanitarian Assistance (CHA).

**THE ACCELERATING CONTRACEPTIVE USE PROJECT  
(2004–2006)**

NGOs	Location	CHWs	Health Posts	Households in Health Post Catchment Areas	Sect	Ethnicity of the Majority of the Population Served
BDF & AADA	Tormay, Ghazni Province	20	10	732	Shi'ite	Hazara
CHA	Islam Qala, Herat Province	15	10	840	Sunni and Shi'ite	Tajik, Pashtun, and other
STEP	Farza, Kabul Province	30	15	2,136	Sunni	Pashtun
<b>TOTAL</b>		<b>65</b>	<b>35</b>	<b>3,708</b>		

# The Accelerating Contraceptive Use Project in Afghanistan

**W**ith funding from the William and Flora Hewlett Foundation, the Accelerating Contraceptive Use Project managed by Management Sciences for Health (MSH) has contributed to dramatic improvement in the acceptance of family planning services in parts of Afghanistan. MSH applied years of experience in the country—beginning in 1973—to strengthen the health system and improve access to and the quality of services.

## Innovations to Increase the Use of Family Planning

Given the country's fragile health system, increasing contraceptive use was challenging: Afghanistan lacks qualified health professionals and is experiencing an influx of returnees from neighboring countries, and the infrastructure was devastated during the Soviet occupation and the Taliban regime. Postconflict Afghanistan has a total fertility rate of 6.7, close to the highest in the world, and a maternal mortality rate of 1,600 deaths per 100,000 live births, second highest in the world. Conventional wisdom suggested that a cautious approach to family planning would be necessary for cultural and religious reasons. However, many women and men in the three rural project areas wanted family planning, and their communities were open to the idea.



JANE SCHULER-REPP

**Eight months ago, talking about contraception was a taboo. Nowadays people easily talk about birth spacing. Birth spacing has become a value and people know it's the most effective and quick way to reduce maternal and child death.**

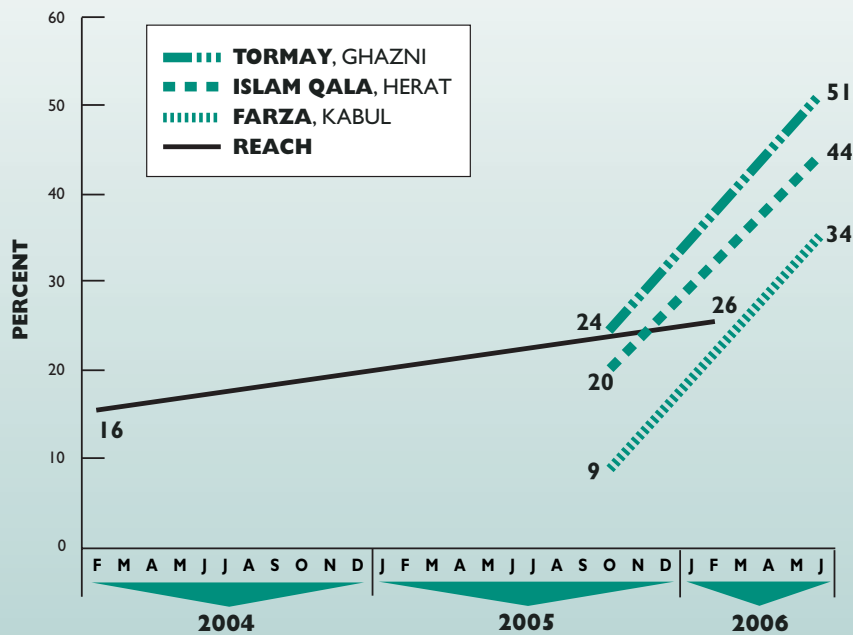
—The *woleswal* (mayor) of Farza in rural Kabul Province, Afghanistan



DOUGLAS HUBER

Figure 1.

Project Sites and REACH Program Sites  
**CONTRACEPTIVE USE**



Before and during the Hewlett-funded project, the MSH REACH (Rural Expansion of Afghanistan's Community-based Healthcare) Program achieved an impressive increase in contraceptive use in 13 provinces covering about one-third of the country. Building on those achievements, the Accelerating Contraceptive Use Project worked at three sites. Over eight months, the contraceptive prevalence rate increased by 24–27 percentage points in each of the sites.

# Expanding Services

## PROJECT ACHIEVEMENTS IN CONTRACEPTIVE USE

Most women in the distant areas where the Accelerating Contraceptive Use Project worked cannot access health services outside their communities. To address this obstacle, the Ministry of Public Health adopted a policy to deploy 2 community health workers (CHWs), 1 male and 1 female, for every 100–150 households. More than one-half of the 6,300 CHWs who are operating health posts in the communities are female. Contraceptives are provided almost exclusively by CHWs, whose presence has increased access to contraceptives in rural Afghanistan.

**Preventing maternal deaths.** The project forestalled an estimated one-fourth of maternal deaths by preventing unintended births in the project areas. Considerable time and resources are needed to develop the clinical skills and infrastructure to treat the major causes of maternal death: postpartum hemorrhage, obstructed labor, eclampsia (seizures), postpartum infection, and unsafe abortion. Preventing unintended pregnancies, therefore, is a vital part of safe motherhood strategies.

Better spacing of births leads to major improvements in children's health as well: compared with children born less than 2 years after a previous birth, children born 3 to 4 years after a previous birth are 2.4 times more likely to survive to age 5 (Setty-Venugopal and Upadhyay, "Birth Spacing: Three to Five Saves Lives," *Population Reports* 2002).

**Meeting needs through diverse methods.** The three project sites showed surprising diversity in use of modern contraceptive methods, given the similar

services in each. The lesson for health programs in Afghanistan is to be aware of the contraceptive preferences of different communities and be flexible in the methods offered and commodities provided.

## The fastest, easiest, cheapest way to reduce maternal deaths in Afghanistan is with contraception.

—Dr. Qudratullah Mojadidi  
Afghan Obstetrician/Gynecologist, CURE Hospital

The use of the injectable contraceptive Depo-Provera increased dramatically in each of the three sites over eight months (Figure 2). This increase was attributable to CHWs initiating the use of injectables and being prepared to explain common changes that women experience when using injectables. Women, their husbands, and community leaders welcomed the

innovation of starting the injection at home, rather than going to the clinic, which could be a two-hour walk each way. Injectable contraceptives were also welcome because of their high effectiveness and the need for a repeat injection only every three months.

Oral contraceptive use showed diverse changes, decreasing in one area (Tormay) and increasing substantially in another (Farza). See Figure 3. In Islam Qala there was little change, this area being the one where injectables showed the greatest increase, with 27% of married women using injectables by June 2006.

Condom use increased dramatically in Tormay but remained low in the other areas (Figure 4). This increase can be explained by this population's experience with condoms in Iran, which was an asylum for many Hazara during the Taliban regime. Some religious leaders used condoms and set an example for others. Tormay was the area where the use of pictorial instructions for condom users was most acceptable. ■



DOUGLAS HUBER

### ABOVE:

CHW demonstrating the correct use of condoms. Both male and female CHWs received training on how to use condoms using pictorial instructions developed by the project.

### LEFT:

Typical winter scene in Farza District. Heavy snow prevents many clients from getting to health facilities, making the role of CHWs especially important.



Figure 2.

Married Women of Reproductive Age Using **INJECTABLE CONTRACEPTIVES**

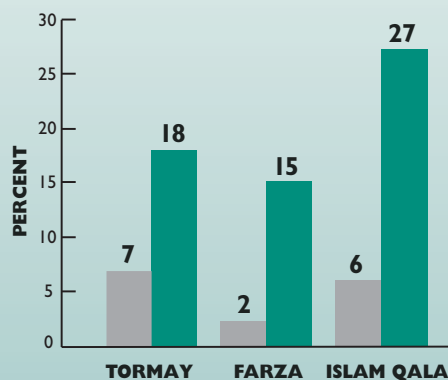


Figure 3.

Married Women of Reproductive Age Using **ORAL CONTRACEPTIVES**

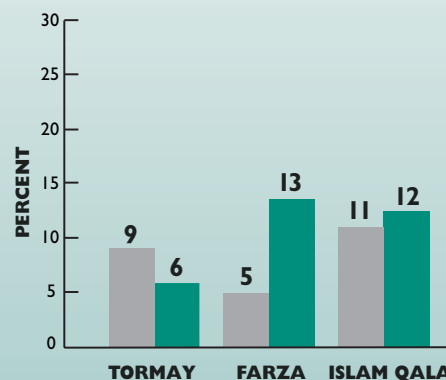
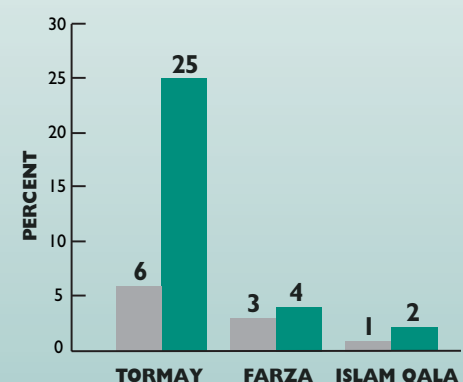


Figure 4.

Married Women of Reproductive Age Whose Husbands Are Using **CONDOMS**



# Applying New Approaches

Three components helped the project achieve success at both the community and policy levels:

- contraceptive technical expertise in designing safe and effective approaches to meeting birth-spacing needs;
- knowledge gleaned from multiple international programs about the elements of success;
- understanding of the community, which allowed the project to design activities to break down barriers to contraceptive use, fit the sociocultural and religious context, and engender trust in and support from community and religious leaders.

## CREATING POSITIVE IMAGES OF FAMILY PLANNING

The project used a variety of approaches tailored to different audiences to broaden the understanding and acceptance of family planning.

**Promoting birth spacing in ways consistent with Islamic teachings.** Health messages supporting use of contraception were consistent with teachings in Islam, a critical factor in our success. Religion became a positive force in efforts to promote birth spacing and the health of women and children. Using Koranic sayings directly in relation to the education of men, women, and community leaders was acceptable and helpful.

Discussions with mullahs—Islamic teachers and leaders—and the Ministry of Religious Affairs showed that their concerns about contraception were generally not related to religion, but rather to safety,

### CENTER INSET:

Dialogues with religious leaders informed the project's strategy and implementation.

We need to think about quality over quantity. According to the Holy Quran, a right to at least two years between another pregnancy will stop women from helping mothers avoid pregnancy.

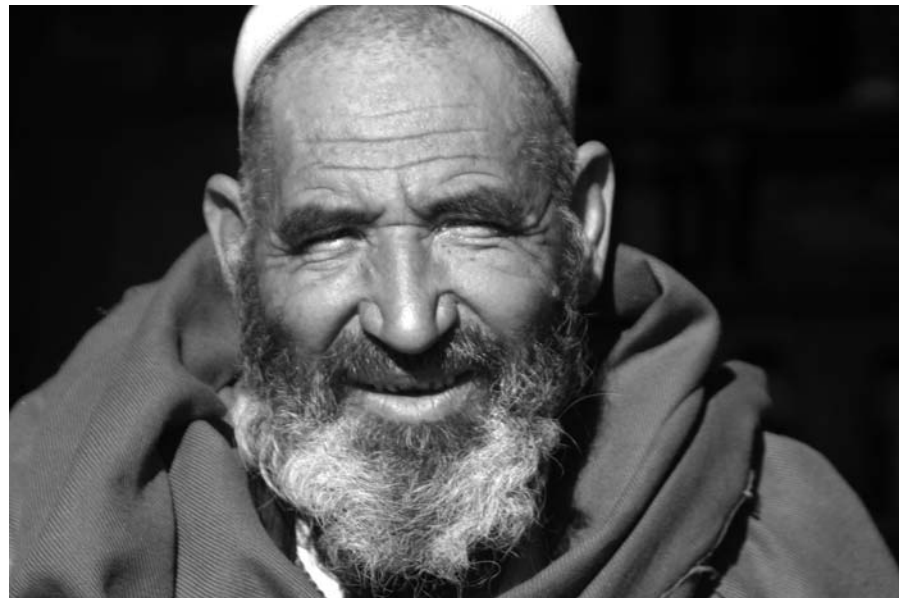
—Muhammad



ity of life rather than  
oly Koran, every child has  
of breastfeeding. Because  
of breastfeeding, we must  
y during breastfeeding.  
ullah in Tormay, Ghazni Province



DOUGLAS HUBER



CARMEN URDANETA

based on misinformation and misunderstandings pervasive among providers and the rest of the community. When given accurate information, the 37 mullahs interviewed by project staff agreed with the project's efforts to promote birth spacing using modern contraceptives. This 100% concurrence was achieved through dialogue; however, it does not mean that all mullahs in Afghanistan will quickly endorse modern contraceptives.

**We need contraceptives, but the people do not know about them and do not have access. I will use the time after Friday prayers to educate the community. If you make a cassette about family planning, I will play it from the mosque.**

—Mullah in Tormay, Ghazni Province

**Using dialogue to understand communities and misconceptions about family planning.** The project assessed the communities through informal discussions with community leaders, families, clinic staff, and religious leaders. These dialogues provided a solid understanding of the people, health care providers,



DOUGLAS HUBER



NIKA SAEEDI

#### ABOVE:

A CHW prepares the first Depo-Provera injection for a client at her health post. Injectable contraceptives became the most popular method in two out of three project sites.

#### TOP:

Male community health workers receive training on the injection of Depo-Provera. After the training, the number of injectable users doubled.

and social and religious dimensions of the settings. This understanding supported the introduction of innovations in messages and services, which, once accepted, were then applied in several areas.

Discussions with clinic staff and public officials revealed the need for updated, accurate information about contraceptive methods. The project team provided clinical updates and public education to overcome misconceptions such as the following:

- Injectable contraceptives cause infertility and should be used only by women who have more than 4–6 children and are over 35 years of age.
- Injectable contraceptives decrease breast milk.
- Breastfeeding women should wait until they have menstrual bleeding before starting injectable contraceptives.
- IUDs should not be given to women who have had 6 or more pregnancies.

- Women who work hard should not use the IUD.
- Women who have never been pregnant should not use contraception.
- The minipill (progestin-only pill) can be used interchangeably with the standard pill (combined oral contraceptive).

**I know about family planning. In fact my wife has been using injectable contraceptives for six months. See, here in my notebook I keep the date for her next injection to help remind her.**

—Senior imam in Islam Qala, Herat Province

The project generated clear messages with quotations from the Koran and guidance for women and men about the safety of contraceptives, their correct use, and how to deal with common side effects. Written materials on oral contraceptives and injectables were provided to all 3,700 households in the project areas. The cost of the flier was low (four cents per household), so it will require minimal resources to expand this activity. If a woman could not read, she found a family member or neighbor who could help. Similar materials with additional guidance for managing side effects were provided to CHWs and facility-based providers.

#### Providing accurate information to service providers.

For providers, contraceptive technology updates with the clinical staff of NGOs and the leading maternity hospital in Kabul promoted a proactive and positive approach to family planning. The updates emphasized the safety of contraceptives in relation to the risk of pregnancy: contraceptives are 300 times safer than pregnancy in Afghanistan. The updates also stressed the nonharmful nature of common side effects and

their management, encouragement of women to continue contraceptive use, and the obligation of health care providers to enable all women to have an adequate and healthy birth interval of 3 or more years by using 24 months of contraceptive protection (breastfeeding and modern methods combined).

#### Adapting pictorial instructions for using condoms.

Because many of the health care providers in Afghanistan did not give correct instructions about using condoms, the project adapted pictorial instructions from the World Health Organization. Simple diagrams of male anatomy were acceptable in two project sites, provided that the diagrams were used by the health worker only in discussion with the husband or his wife. Sensitive use of the pictures—with individuals rather than groups, in separate groups for women and men, and by female CHWs with women—was important for their acceptance. In one area the pictures were considered culturally inappropriate and were not used. Where they were used, particularly in Ghazni, condom use increased rapidly and health workers found the instructions very useful.

**I believe in family planning because it will improve the health of children and women. I teach the people about birth control pills, injections, and condoms during Friday prayers. I will lead our local action plan to educate all the people in this area about family planning in the next two months.**

—Mullah in Farza, Kabul Province

**Using television for public advocacy: The first Afghan programs on contraception.** The clinicians who received contraceptive technical updates from the project participated in two widely viewed 30-minute national TV programs, providing information for the public by answering common questions about contraception. The second program featured a mullah, who delivered a compelling message on the positive aspects of family planning in relation to Islam.

The feedback to the TV station was so positive that the project was offered an additional 30 minutes of prime time to do a drama on contraception topics. These TV programs were the first time a contraceptive topic was shown in Afghanistan. The programs, which could be seen in most of Afghanistan and parts of Pakistan and Iran, were watched by about 70% of TV viewers. ■

#### BELOW:

Project manager explains the difference between combined oral contraceptive pills and progestin-only pills to providers. This information on not interchanging the two types of pills illustrates how the project addressed common misconceptions.





FARDIN WAEZI

## Fostering Sustainability

Public acknowledgment of the elements of success in each community empowered community members, both men and women, and helped them to believe in themselves. Instead of focusing on what they lacked, they started to see their progress and their ability to change. In postconflict Afghanistan, these people began to believe that they could plan for their lives and their families.

**Developing trust.** Regular visits to the project sites and to homes and meetings with religious and other community leaders, including the health committees (*shura-e-sehi*), were important for developing trust and proposing innovations, such as CHWs introducing injectable contraceptives. These visits also allowed us to verify the level of acceptance before introducing practices based on lessons learned from other countries.

### ABOVE:

Dr. Nadera Hayat Burhani, Deputy Minister for Reproductive Health, addressing the dissemination seminar on the project's outcomes, October 2006

**Involving both men and women.** The increase in contraceptive use was made possible by working with both men and women. We found that men were receptive to involving women in promotion of birth spacing. Although women had been excluded from public gatherings until now, the NGO partners actively engaged women throughout the project. The project NGOs organized women's committees as a forum to discuss issues about contraceptives.

**Facilitating changes in national policies.** The project fostered changes in national policies and practices related to oral contraceptives and injectables, for example, giving six rather than one cycle of pills per visit and allowing CHWs to initiate the use of injectables. Our approach started at the grassroots level, by assisting the Ministry of Public Health to pilot-test the use of CHWs for injectables. Then the project's results led to changes in national policies, which providers in turn carried out at the community level.

**Devoting time to supportive supervision.** CHWs required a great deal of supportive supervision to perform tasks associated with contraception. They were far more comfortable with promoting child health—identifying and treating diarrhea and respiratory infections and making referrals for immunizations. The NGOs could not provide all the supervision and coaching necessary to enable the CHWs to rapidly progress in skills and competence for birth spacing. Project staff invested considerable time assisting NGOs in strengthening the performance of these tasks.

On-site support of a CHW by project staff resulted in a surprising acceptance of injectables in several households. The CHW rapidly gained confidence and immediately provided injections to several other women. Through such experiences, we learned what CHWs needed to improve their performance.



CARMEN URDANETA

**Using role models.** Women were happy to share their positive experiences with contraception. Other women became interested in using contraception after hearing the stories of these satisfied users, who were very important for the community dynamic. On the community maps, it was easy to find patterns of users, such as clusters of injectable users, pill users, and condom users. These clusters showed that neighborhood discussions were influential and can be used in expanding contraceptive use.

**Developing the capacity of NGOs and the Ministry of Public Health.** Field visits to NGOs included Ministry staff members, which gave them a firsthand view of effective programmatic initiatives. The Ministry of Public Health was pleased to expand the emphasis on the health benefits of contraceptive use, and some of the staff became advocates for birth spacing and increased contraceptive use.

## LOOKING AHEAD: NEW MSH PROJECT TO EXPAND CONTRACEPTIVE USE

MSH has support from the William and Flora Hewlett Foundation to continue this work in Afghanistan through November 2008. The emphasis will be on expanding and replicating these early successes for other NGOs and the Ministry of Public Health. The MSH team will continue to identify and implement innovations that will further expand contraceptive use. ■

# Using Community Maps

In Afghanistan, both REACH and the Accelerating Contraceptive Use Project adapted the MSH eligible couple (ELCO) map approach to track the services covered by CHWs. The community maps indicated each house and key health measures, such as immunization status and contraceptive method used.

The maps also served as the source of data on contraceptive use for the project evaluation. To verify the contraceptive use rates reported by the CHWs, 150 users from each of the three NGO sites (a random sample of 10-15 contraceptive users for each CHW) were individually interviewed. Interviewers asked if the woman was using oral contraceptives (had supplies on hand and could accurately explain how she used the pills), injectables (had her return appointment card available and was not late for her injection), or condoms (had supplies and confirmed that the couple were using them). Based on the verified findings from these samples, we applied a correction factor to the data from the community maps to determine the end-of-project contraceptive use rates in June 2006.



SALLIE CRAIG HUBER

**COMMUNITY MAPS:** CHW explains the community map. The map was designed so that nonliterate health workers can record essential information.



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