

# Save the Children in Afghanistan

*fact sheet: 2009*



*Afghanistan's turbulent modern history is a result of decades of regional and internal conflict and extreme natural disasters, especially drought. With an estimated population of at least 25 million, this landlocked country at the historical crossroads of Central Asia is extremely poor and highly dependent on foreign aid as it struggles to rebuild. While agriculture, carpet weaving and trade with neighboring countries are Afghanistan's main legal economic activities, illicit poppy cultivation is both a major concern and a major source of income for some families.*

## Save the Children in Afghanistan

Since 1985 Save the Children has been responding to the needs of Afghan children and families, whether in Afghanistan or refugee sites in Pakistan, by working to help them improve their lives through programs in health, education and child protection. We have done this throughout years of war, sociopolitical turmoil, drought and oppression. The challenges are daunting, especially for children and women. Even though political and economic uncertainty and personal and community insecurity still prevail in much of Afghanistan, Save the Children is committed to helping Afghan families and communities.

## Challenges for Children

In the past eight years progress has been made, but Afghanistan still faces many challenges. It has high infant, child and maternal mortality rates; low immunization rates; chronic nutritional deficiencies among children that are becoming more acute in the face of the current global food crisis; low literacy levels; low school enrollment and high drop-out rates, especially among girls; difficulty protecting children and promoting their rights.

## Our Responses

**Health:** The health care system in Afghanistan was largely destroyed by decades of conflict – particularly services for women and children. In partnership with the Ministry of Public Health (MoPH), Save the Children works with families, communities and health care workers in homes, health posts, clinics and hospitals to promote basic health, well being and survival, particularly for children younger than five and for women of childbearing age.

## Numbers at a Glance

- One Afghan child in four dies before her or his fifth birthday, many of preventable causes.
- About 85% of women give birth at home with untrained attendants; the number is much higher in rural areas.
- 30% of healthcare facilities are without any women health professionals: doctors, nurses and midwives.
- 100,000 teachers are needed in Afghanistan, including 48,000-plus new women teachers, if there is to be an essential increase in girls' enrollment and retention in school.
- Only one woman teacher in three has the required education; some 27,000 current teachers will need support to increase their knowledge and teaching skills.
- The vast majority of rural parents do not understand child development. According to a recent Save the Children survey, only 19% of mothers believe play is useful to promote learning and only 4% believe that it readies a child for school; no fathers understood that play helped their children's cognitive development. Almost all adults think corporal punishment and verbal berating are acceptable ways to discipline children.

Each year, four million babies die in the first 28 days of life – the neonatal period. Most of these deaths occur in developing countries. In response in Afghanistan, Save the Children partners with the MoPH, WHO, UNICEF and other health service delivery providers with a focus on improving the access of mothers and newborns to low-cost, low-tech interventions. Recently, we led a qualitative research study in partnership with the MoPH and UNICEF to learn about practices during pregnancy, delivery, postnatal period and for newborn care.\* Based on these findings and in consultation with the MoPH Technical Advisory Group, Save the Children is developing a demonstration project focused on extending postnatal care to mothers and newborns at home through the existing Community Midwives and Community Health Workers.

In all health initiatives we encourage people – from school children to health officials – to take part in improving the health of Afghan children, mothers and families. In addition to government healthcare leaders and administrators, Save the Children supports doctors, nurses, community midwives and other clinicians. As importantly, we support community health workers, who staff home-based health posts in some of the poorest and most rural areas of northern Afghanistan.

**Education:** In partnership with the Ministry of Education, Save the Children is increasing access to education through school support, teacher training and community mobilization in poor, remote districts. Support for parents – to promote education for girls as well as boys and to encourage them to take part in decision-making about their children’s education – is also key to our education initiatives. Teacher training is helping communities improve the quality of education children receive by helping teachers improve knowledge of child development – physical, nutritional and emotional development as well as intellectual. By leading community-based early childhood development programs that increase community and parental awareness of the importance of child development – including play – in children’s lives, we are strengthening communities’ ability to prepare their children for success once they reach school. Since 2006, we have been part of a consortium to design an approach to school administrator training that improves teaching and learning, and is now part of Ministry of Education-approved national training.

***Supporting Children and Communities to Find their own Solutions***

*As part of Save the Children’s education activities, children carry out Child-friendly Services Surveys. These surveys are a way for children to identify barriers to accessing quality health and education services; plan how to address these problems; enlist the help of their parents, teachers, mullahs, and community leaders; follow their action plan; and finally, monitor whether their actions worked. This process has proven to be very successful in Afghanistan, with a wide range of issues being resolved. Examples of barriers to attending school that were identified and resolved or improved ranged from wild dogs on the road to physical punishments in school.*

*Given the success of this methodology, we provided training to other organizations and government bodies such as the Ministries of Education and Public Health so that they could work with children in other areas to similarly identify and address issues. Now, we are working with these partners to ensure that they have the support needed to assist children in other areas to address issues of importance to them. One fourth grader in Faryab province told us, “Save the Children helped us to start a kind of children’s club where do spot checks in schools and ask other children to identify issues in schools. We then make a presentation to adults on what other children said and then with the adults we come up with an action plan on how to make things better.” Save the Children is now part of a small consortium that will use analyzed information from these child-led surveys to form a basis for an advocacy initiative for increased support for girls’ education and more female teachers.*

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\* In Afghanistan 85% of deliveries occur at home and most are attended by untrained birth attendants and/or relatives.

In addition, Save the Children constructs schools in areas where large numbers of children – especially girls – are out of school due to a lack of facilities. Similarly, we construct latrines and wells, and provide much-needed health, nutrition and hygiene education through community-based, child-led health classes. These classes held are in homes outside of school hours, with volunteer child/adolescent facilitators. Both students and out-of-school children attend, leading to improved health outcomes for all children.

**Child Protection:** Afghanistan is an unsafe place for children – and there are many girls and boys who are subjected to corporal and psychological punishment in schools and homes. Building on past successes, Save the Children now leads child protection initiatives through community-, school- and pre-school-based activities to mobilize communities to respond to child-identified protection issues – ranging from child survival health topics and home safety to complex issues such as the fear of kidnapping. Together with our Save the Children Alliance partners, UNICEF, other child-focused organizations and relevant ministries, we facilitate the *Child Protection Action Network*, which aims to address child protection issues with action and follow-up. We are especially active in helping children raise their voice to community, regional and national leaders, and in helping raise awareness of government responsibility to child rights and well being.

### Looking Forward for Children

Despite ongoing challenges, including reignited civil and military unrest in many parts of Afghanistan, Save the Children is committed to supporting and sustaining humanitarian and development efforts for Afghan children and families, especially mothers, by continuing to:

- Deliver integrated, community-based education and protection programs, especially for girls and preschool children.
- Partner with communities and local public health professionals to improve young children's nutritional status and offer opportunities for their mental, emotional and physical development.
- Support the Ministry of Education to further strengthen and improve school leadership, management, environments and instruction for child-centered teaching and children's learning.
- Support the Ministry of Public Health's ability to innovate, expand and deliver services, including those to meet the emerging challenges of acute malnutrition for children and of HIV/AIDS prevention education.



*Mahbooba, one of our Maternal Child Health Promoters, teaches mothers and other caregivers simple but important hygiene practices for young children when preparing and eating nutritional meals.*