

Rapid Assessment of HIV and Infant Feeding Work

Afghanistan

Report by:

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Opening

The Public Nutrition Department, Ministry of Public Health, Kabul, Afghanistan organized a meeting in collaboration with IBFAN Asia Pacific- WABA, 26 June 2005, titled '*Quick Assessment for HIV, Infant Feeding in PMTCT* programmes*', in order to carry out a rapid assessment of HIV and infant feeding work at country level, to learn the ground level situation in order to position the advocacy efforts well. It was considered important to discover as to how infant feeding is being addressed in the context of HIV under country's PMTC programme

There was active participation of all participants, involving a 2-hour session meeting. A list of participants is provided below for details.

Each question under the theme was discussed individually as it was a new topic to many of the participants; therefore the deliberations had a very excited and active participation by all concerned. Further, they were very keen to form a committee for follow up and looking after the issue.

Details of the Discussions:

Q. Do we have any apex organization at national level, which supervises HIV-AIDS program in our country?

A. MoPH has a department of HIV/AIDS by support of WHO, UNICEF & UNIFPA. This department started their activity in 2003, with 4 national staff. They are working in 2 main programs: (1) Controlling of HIV and STI, (2) Surveillance (safety, IEC/BCC). To know the extent of HIV/AIDS in Afghanistan a pilot study has been done.

Q. We have a national policy in our country dealing with prevention of mother to child transmission of HIV?

A. We have a strategic plan on HIV/AIDS, but there is no particular attention to the same issue as was described by newly appointed MOPH HIV/AIDS coordinator. He took the notes to formulate it within the National Policy on PMTCT.

Q. Is there any attempt to integrate HIV-AIDS with national health programs?

A. Yes, HIV program has considerable attention and there is work to integrate HIV/AIDS in the National health program, Reproductive health and Blood Bank.

Q. What are the components of PMTCT programs in our country? Is prevention of HIV among infants on the list?

A. Not yet, but after this meeting we are planning to formulate HIV within the program.

Q. If prevention of infant HIV is on the list what are the various strategies adopted?

A. No any activity in this regard till now.

Q. Is there a clearly documented policy on the issue of prevention of infant HIV that includes infant feeding options for HIV positive mothers?

A. For the moment we haven't any documented policy in related issue, but HIV department of MOPH have being advice some preventive measures like: mother should not smoke, no any injection during nursing period, if the mother has TB should treat and use of condom during sex. Also they are providing drugs for mother. The committee will find further answer.

Q. Is there a policy to achieve exclusive breastfeeding for all babies as a norm contained in this programme?

A. Yes in the Public Nutrition Policy and Strategy for the year 2003-2006 one objective is about continuation of exclusive breastfeeding until six months. (Increase practice of exclusive breastfeeding for infants 0-6 months from about 30% to over 60%).

Q. What is the source of information used to draft policy and program on PPMTCT? Are any of following documents consulted to do this?

A. International documents like WHO/UNICEF Global Strategy for Infant and Young Child Feeding, WHO, 2002; HIV and Infant Feeding Framework for Priority Action, WHO, 2003; HIV and Infant Feeding: Guidelines for Decision-Makers, WHO, 2003; HIV and Infant Feeding: A guide for health care managers and supervisors, WHO, 2003.

For the moment just WHO, UNICEF, UNFPA are supporting HIV program in all these aspects. Public nutrition department accept and translate the Global strategy on infant feeding in to national language Dari/ Pashto.

Q. What is the source of scientific update on the HIV and infant feeding in the country?

A. We receiving some general information from different agencies like WHO and UNICEF.

Q. Does the country have sufficient capacity to build skills of health workers on counselling on HIV and infant feeding, if yes what training materials are being used?

A. Not Yet, we will try to develop this kind of training materials through a specialized partner.

Q. What is the curriculum of training and how much time is given to Classroom teaching and skilled training?

A. No curriculum till now and it is needed to be developed.

Q. What is the level of involvement of various Professional organization and NGOs in HIV-AIDS program of your country?

A. UNFPA, Mari stop, AGFA are working. But still they are in beginning and so advanced.

Q. What role did the international agencies like WHO, UNICEF, DFID, USAID and others play?

A. WHO is working on capacity building of HIV section of the MOPH and therefore they sent 9 staff of HIV/AIDS department to Iran, 2 days workshop in Cairo. UNICEF is Technical and financial support for establishing of HIV/AIDS department.

Q. What is the status of involvement of various government agencies in HIV-AIDS program?

A. Jica Japan Government, USAID, US government, CIDA Canada Government and SIDA Swedish government.

Following extensive discussions, at the end, participants raised a question on what to do with diseases like TB, Hepatitis B etc. The participants had agreed to form a committee to give their recommendation and to provide a framework strategy in relation to HIV and infant feeding for the country.

List of Participants

HIV and Infant feeding committee in MoPH, with partners:

No	Name	Organization
1	Dr. Wahdati	PND
2	Dr. Zarmina Safi	PND
3	Dr. Anee Begum	WHO
4	Dr. Ahmadzai	HIV/AIDS department
5	Dr. Noorkhanem	Tdh
6	Dr. Alawi	CAHD / IMCI
7	Dr. Zubaida	IDGCH
8	Dr. Zakia Maroof	UNICEF
9	Dr. Engelica	Malali Hospital Pediatration
10	Dr. Marzia	CAF
11	Dr. Fakhria	NAC
12	Dr. Sohila	RH
13	Dr. G. Mohaudin Sherani	UNDP

The agenda of the meeting, presentations and photographs of the session during the meeting have been provided separately. A summary of report has been included in the 5-Country combined report, with relevant details.
