

# AFGHANISTAN





**Islamic Republic of Afghanistan  
Ministry of Public Health**

**Safe Motherhood  
Initiatives  
in Afghanistan**

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# Background

- **Afghanistan's population, estimated at 24,5 million, is faced with major health challenges as shown by its high maternal mortality ratio, low life expectancy and high child mortality rate. At the end of 23 years of war, it had one of the highest maternal mortality ratios in the world, estimated at 1600/100,000 live births meaning that on average 1 in 9 Afghan women will die in childbirth. Life expectancy is only 46 years and under-five mortality rate is 191/1000 and infant mortality rate is 129/1000. A low contraceptive prevalence rate (6%) contributes to a high fertility rate (average of 6.6 children per woman).**

# Demographic Indicators

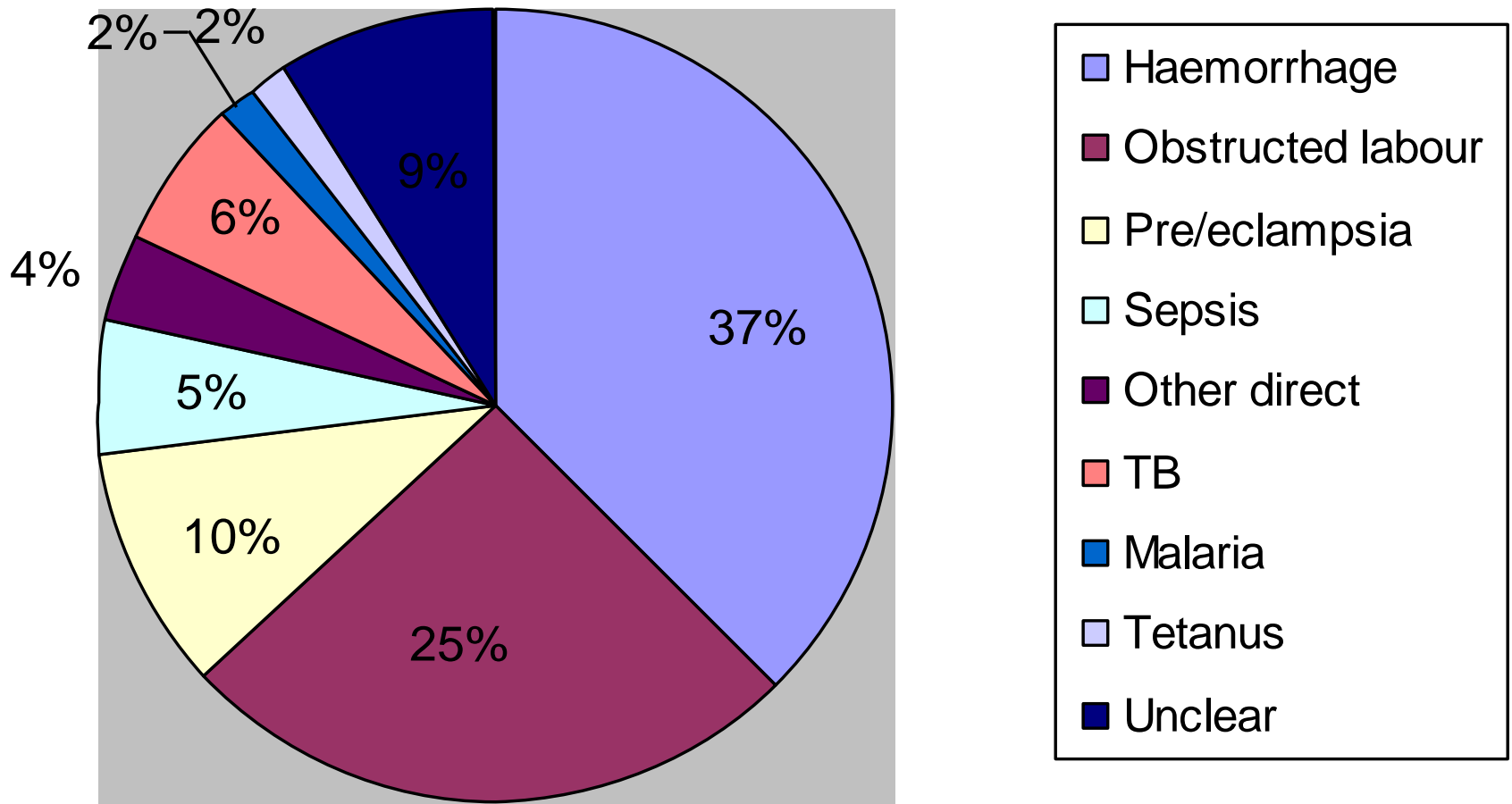
<b>Total Population</b>	<b>24.5 million</b>
<b>Population Growth</b>	<b>2.3 – 3.0%</b>
<b>Women of Child Bearing Age (15-49)</b>	<b>5.2 million</b>
<b>Literacy rate (General population)</b>	<b>29 - 38%</b>
<b>Women Literacy Rate</b>	<b>14%</b>
<b>Human Development Index (HDI)</b>	<b>0.346</b>
<b>Crude Birth Rate</b>	<b>46/1000 LB</b>
<b>Life expectancy (Average)</b>	<b>46 yrs</b>

\* Source: Central Statistic Office 2004, MICS 2004

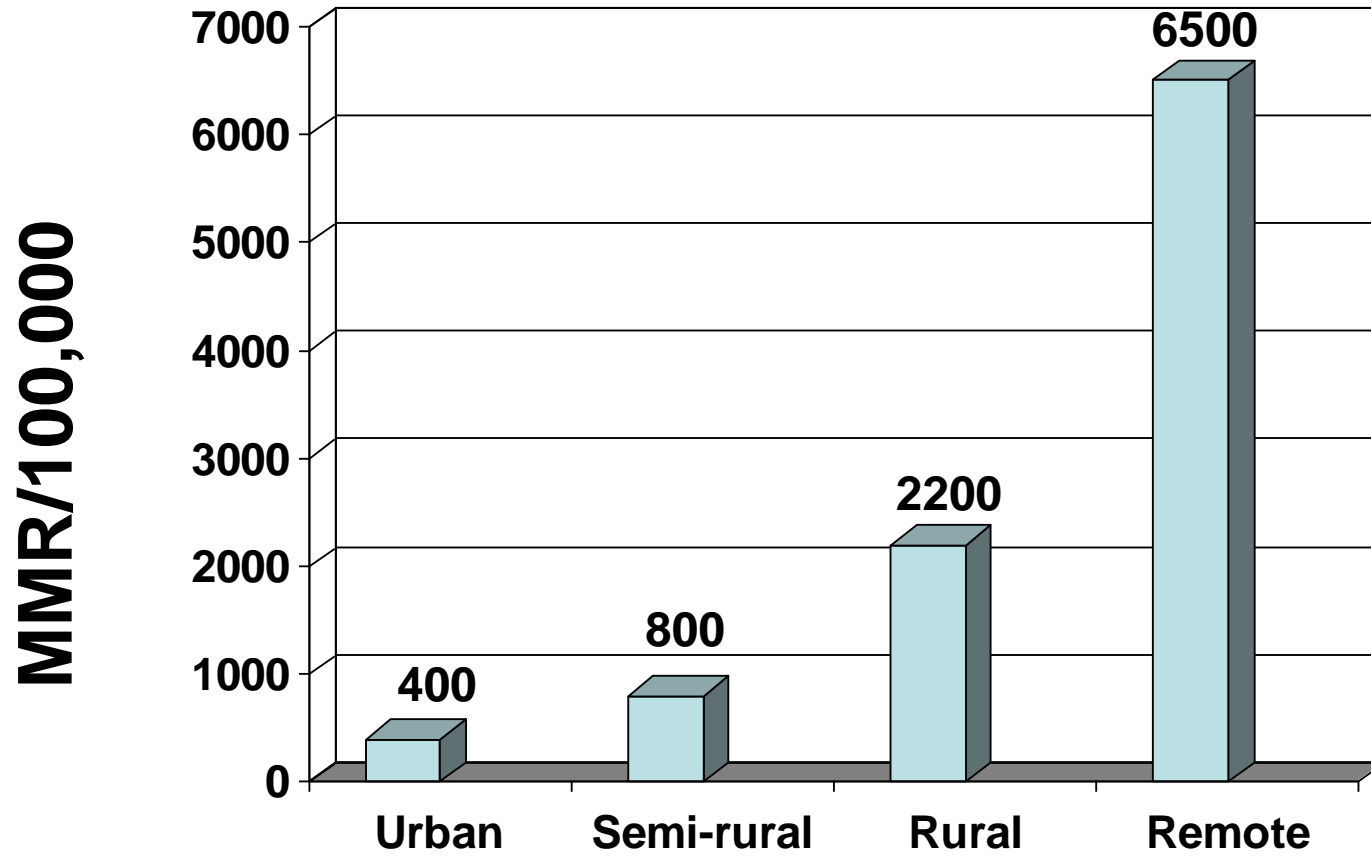
## ***Reproductive Health Indicators***

	<b>2002/2003 MICS</b>	<b>2006/AHS</b>
<b>Maternal Mortality Ratio</b>	<b>1600/100,000 LB</b>	<b>No data</b>
<b>Infant Mortality Rate</b>	<b>140/1000 LB (64% of the under-five mortality)</b>	<b>129/1000</b>
<b>Neonatal mortality rate</b>	<b>60/1000 live births (23% of under-five mortality)</b>	<b>No data</b>
<b>Total Fertility Rate</b>	<b>6.3</b>	
<b>Contraceptive Prevalence Rate (Modern Methods)</b>	<b>12%</b>	<b>18.9</b>
<b>ANC coverage (National)</b>	<b>16% (2003)</b>	<b>32.3</b>
<b>Deliveries by skilled birth Attendants (National)</b>	<b>9%</b>	<b>14.6</b>

# Main causes of maternal death in Afghanistan



\* Source: Afghanistan MICS in 2002 by UNICEF and CDC



## Afghanistan

# **Barriers to Maternal & Neonatal Health Care**

- **Lack of skilled birth attendants**
- **Geographic disparity in health provision**
- **Literacy**
- **Cultural factors**
- **Barriers to health care internationally classified three delays exist in Afghanistan**

# National Health Policy Goal

Develop the health sector to improve the health of the people of Afghanistan, especially women and children through implementing the basic package of health services and the essential package of hospital services as the minimum of health care to be provided at each level of the health system.”

# Reproductive Health

The **Vision** of the National Reproductive Health Policy is the highest achievable standard of reproductive health for the families of Afghanistan.

The **Mission** of the MOPH, therefore, is to support and ensure the availability of, and equitable access to quality reproductive health services and to promote appropriate reproductive-health seeking behaviors by individuals and communities.

# **Seven major maternal and newborn health objectives**

- 1. Increase the proportion of births attended by a skilled provider**
- 2. Increase access to, availability of essential obstetric care services (especially basic EOC)**
- 3. Increase the number of appropriately staffed and equipped health facilities that are able to provide (EOC) services**
- 4. Improve the quality of essential and emergency obstetric care services, according to national clinical and managerial standards**
- 5. Increase community participation in the provision of (MNH) services**
- 6. Strengthen the referral system**
- 7. Increase demand for MNH services**

# Maternal Health Services At Community Level

Focus on things that make difference:

- Messages ANC (TT, Iron/folate), Birth planning, Knowledge of danger signs
  1. Initiate pilot projects of community-based PPH
  2. Establish maternity waiting homes, referral system, community-based DMPA
  3. Provision of contraceptives by CHW
  4. BCC and IEC campaign at community level
  5. IFC

# Quality approach for Health care Delivery

**To ensure equitable access to and provision of basic, essential, good quality Health services :**

- **Fully Functional Service Delivery point (FFSDP)**
- **Standard base Management Recognition (SBMR)**
- **Two methodology for quality assessment is used**
  - **SBM**
  - **Balance Score Card**

# Strategies and key outputs ( Maternal and newborn health)

1. **Improve availability of quality MNH services**
  - **Develop policy and technical guidelines**
  - **Improve the function of existing health facilities**
  - **Strengthen referral mechanism at facility and community**
  - **Increase number of qualified providers**
  - **Improve management and quality of care at all level**
2. **Increase accessibility and utilization of MNH services**
  - **Increase community awareness of MNH services**

# Strategies and key outputs ( Birth spacing and family planning)

1. Improve availability of quality FP services
  - Strengthen capacity of service provider
  - Improve quality of care for FP
  - Ensure adequate supply and equipment
2. Increase accessibility and utilization of FP services
  - Promote involvement of males, religious and community leaders, and communities to achieve higher demand for use of FP
  - Strengthen BCC to increase demand and social mobilization

# Strategies and key outputs (Gender & Reproductive Health Rights)

1. Increase general awareness of Gender and RH and Rights
  - Develop manuals & organize workshop
  - Coordinate with other parts of health and other sectors
2. Enhance women decision making role in relation to health seeking practice
  - Establish women health committee
  - Involve men in activities of RH and Rights

# Main achievement with partners

## (1. RH Program management)

1. Develop RH policy and strategy (2006-2009) and technical guidelines.
2. RH program formulation
3. Develop program action plan (2006-2009)
4. Capacity building program for central and provincial RH officers
5. Program monitoring and supervision started

# Main achievement with partners (2. Supply creation)

- 1. Coordinate partners for upgrading BPHS/EPHS facilities for MNH and FP.**
- 2. EOC, FP, and COC training program for service provider including TOT.**
- 3. Start pilot projects of community-based PPH, maternity waiting home, referral system, community-based DMPA, IFC**
- 4. Provision of contraceptives**
- 5. MW/CMW education program and accreditation board**

# ACHIEVEMENTS...3

- **Adaptation and implementation of appropriate evidence-based guidelines (including making pregnancy safer, FP,PCPNC,DMT and STI guidelines) to enhance the quality of health care provided for women and newborns**
- **Translation into local languages, printing and distribution of adapted DMT ,PCPNC, Gender and reproductive right guidelines and MISP guideline**
- **Conducting training workshop on DMT 157 health care providers for four provinces and 25 people trained on PCPNC.**

# Main achievement with partners

## **MISP TOT - 4**

- **MISP TOT at Central level for the Policy makers and Planners, RH managers and public health specialists.**
- **This was undertaken in close collaboration with WHO, UNFPA and MOPH- 20 participants trained**
- **Regional and Provincial level training workshop are planned**
- **MISP module translation completed in local language**

# Main achievement with partners (3. Advocacy & demand creation)

1. Launch Safe motherhood campaign, Safe Motherhood Day
2. Develop and disseminate posters, brochures, and magazines for MNH, FP, and gender

# Challenges

- **Insecurity – coverage and delivery of services**
- **Coverage VS accessibility**
- **Sustainability – BPHS is a donor driven program**
- **Aligning strategies of BPHS NGOs toward achieving the MDGs.**
- **Strengthening monitoring and evaluation to fill missing information**



# Thank you

