



# **Successes and Challenges in SRMNCAH delivery in Afghanistan**

**Afghanistan Ministry of Health**



# Outline

- **Background**
- **Governments efforts**
- **Successes**
- **Challenges**
- **Lessons learned**
- **Next steps**

# Background



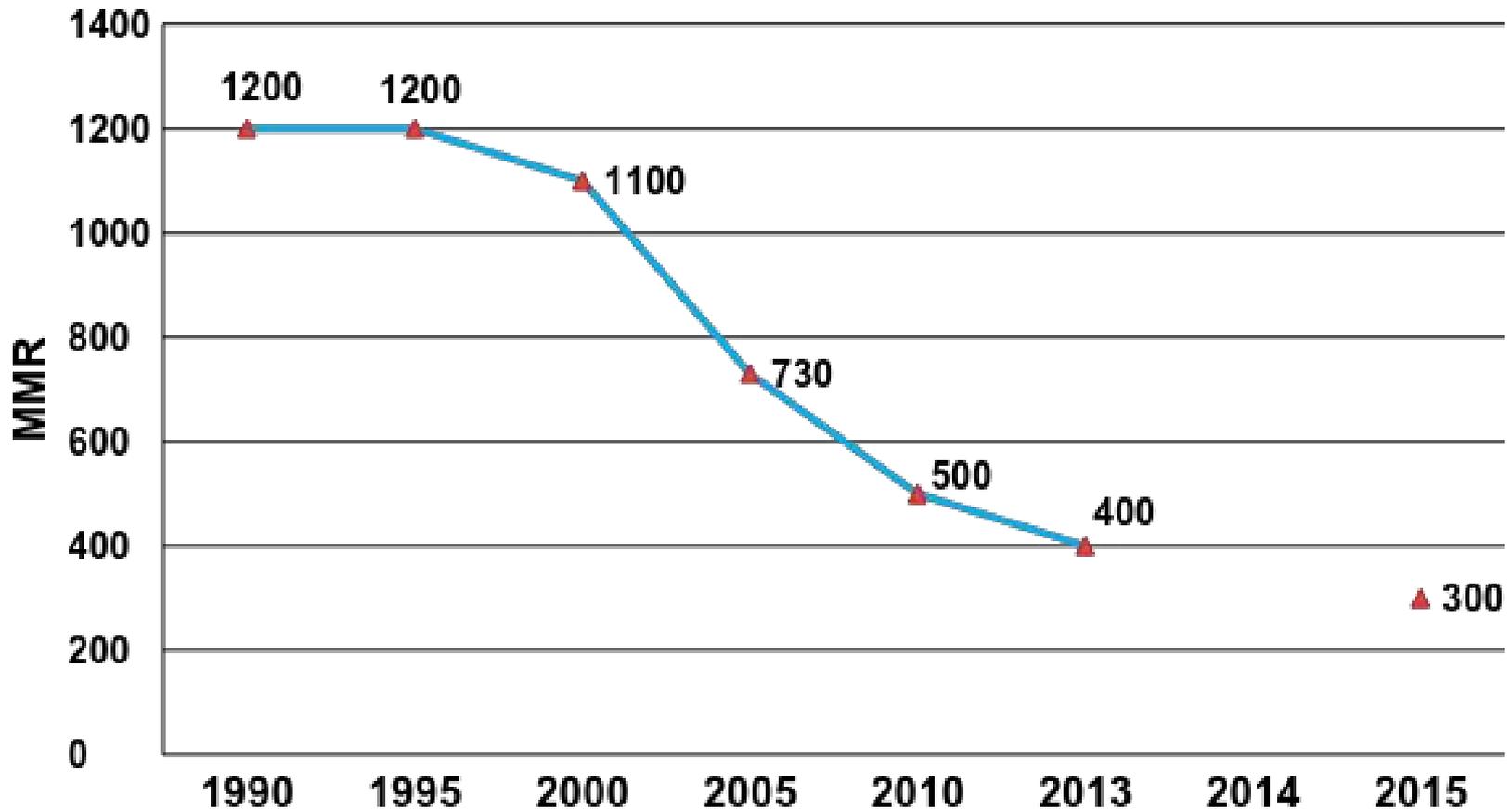
- Estimated population is around 30 million
- 76% lives in rural areas
- The average household size in Afghanistan is 7.4 persons
- Life expectancy is 62
- Total fertility rate is 5.3%
- About 40.9 % of children <5 suffering from chronic malnutrition
- About 36 % of the population is below the poverty line.

# Key Achievements

- The number of functioning health facilities increased from 496 in 2002 to more than 2,200 by now.
- Number of registered Midwives increased from < 500 before 2000 to over 5,000 in 2015
- Standard Package of health services introduced in 2003-2005
- Commitments made to the MDGs, SDG and the Global Strategy for women's, children's and adolescents' health, FP 2020

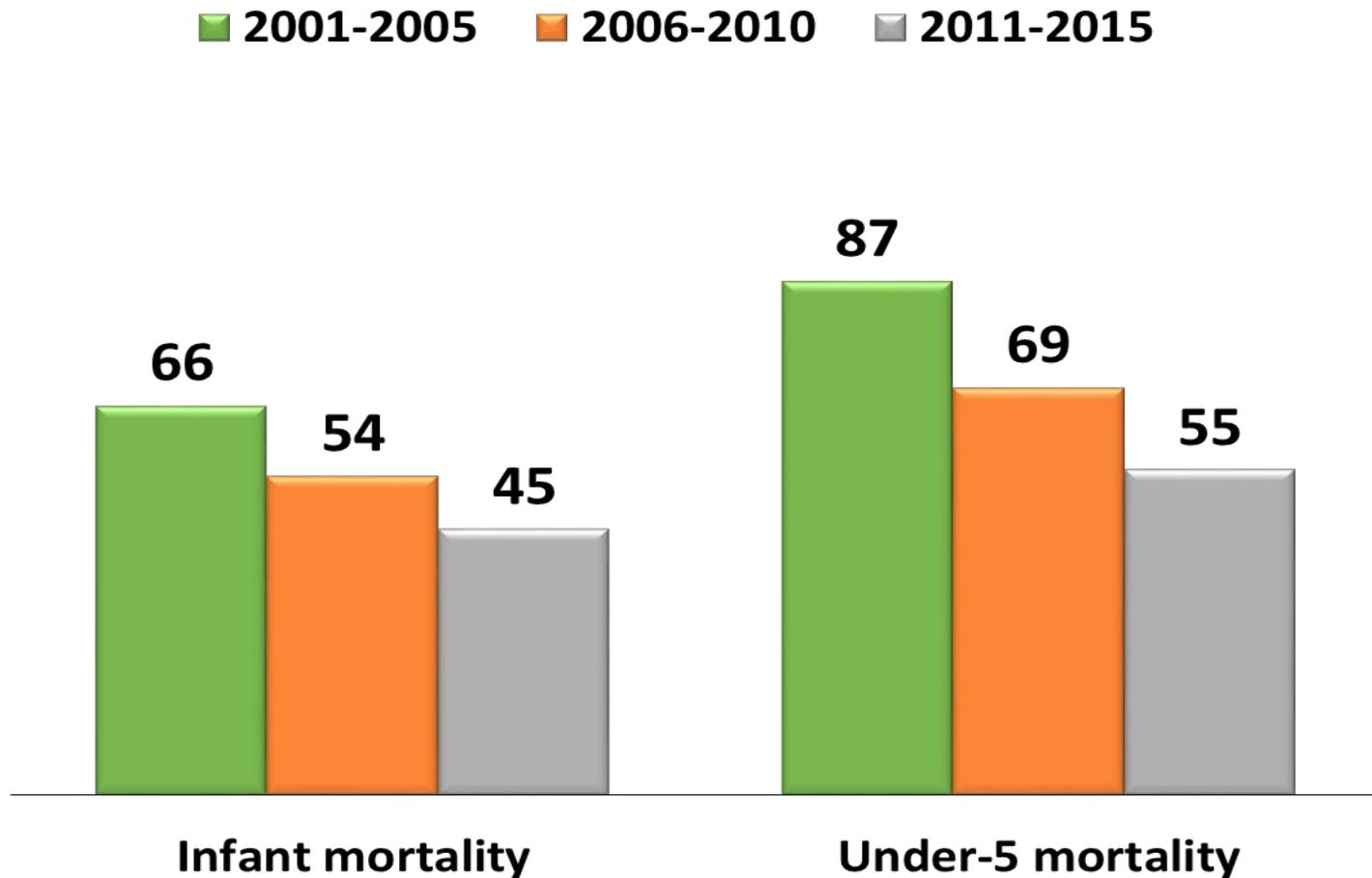


# Afghanistan, Trends in Maternal Mortality 1990-2015



Source: Trends in Maternal Mortality 1990 to 2013. WHO, UNICEF, UNFPA, WB, UN 2014

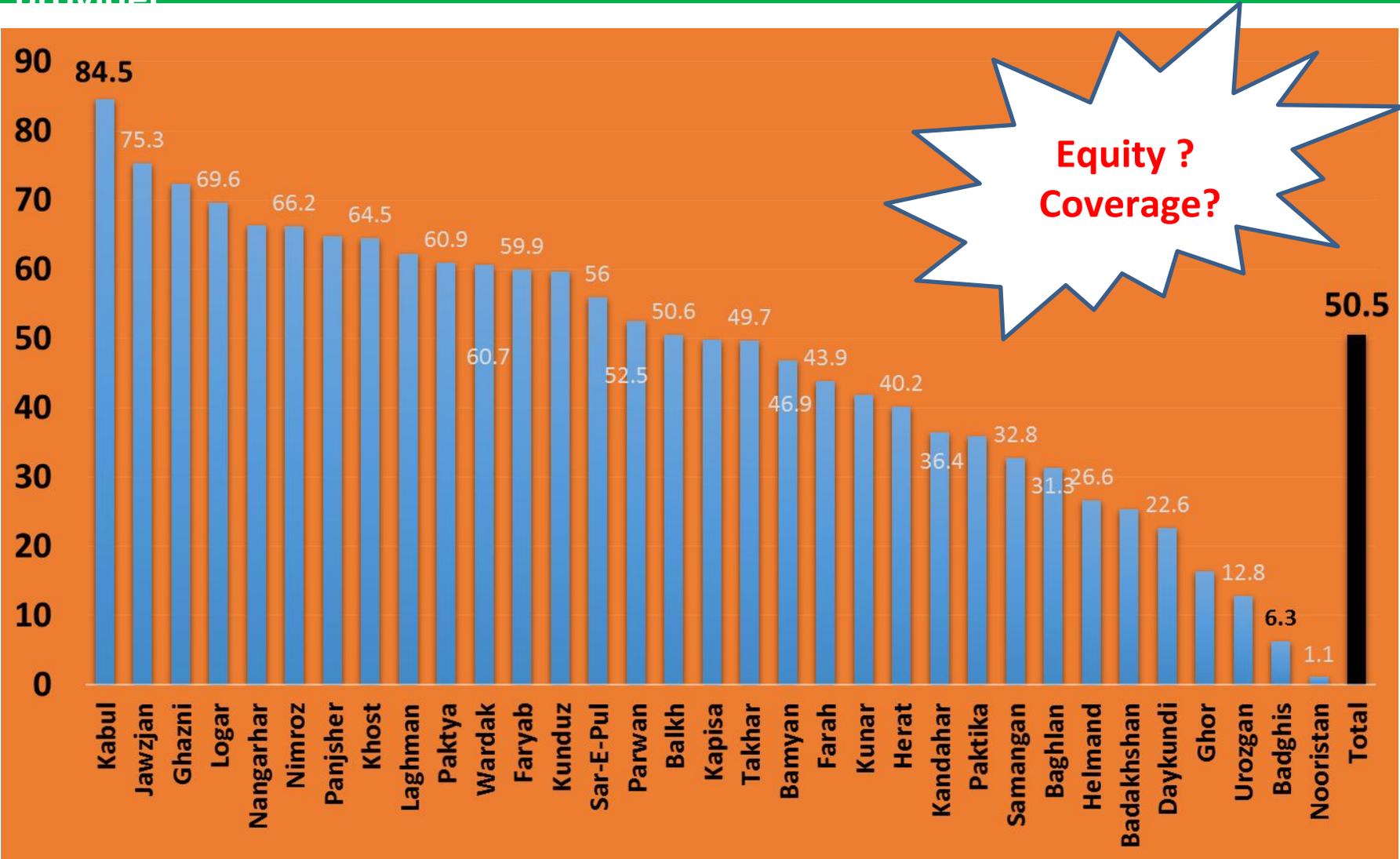
# Trends in Childhood Mortality



*Deaths per 1,000 live births for the 5-year period before the survey*

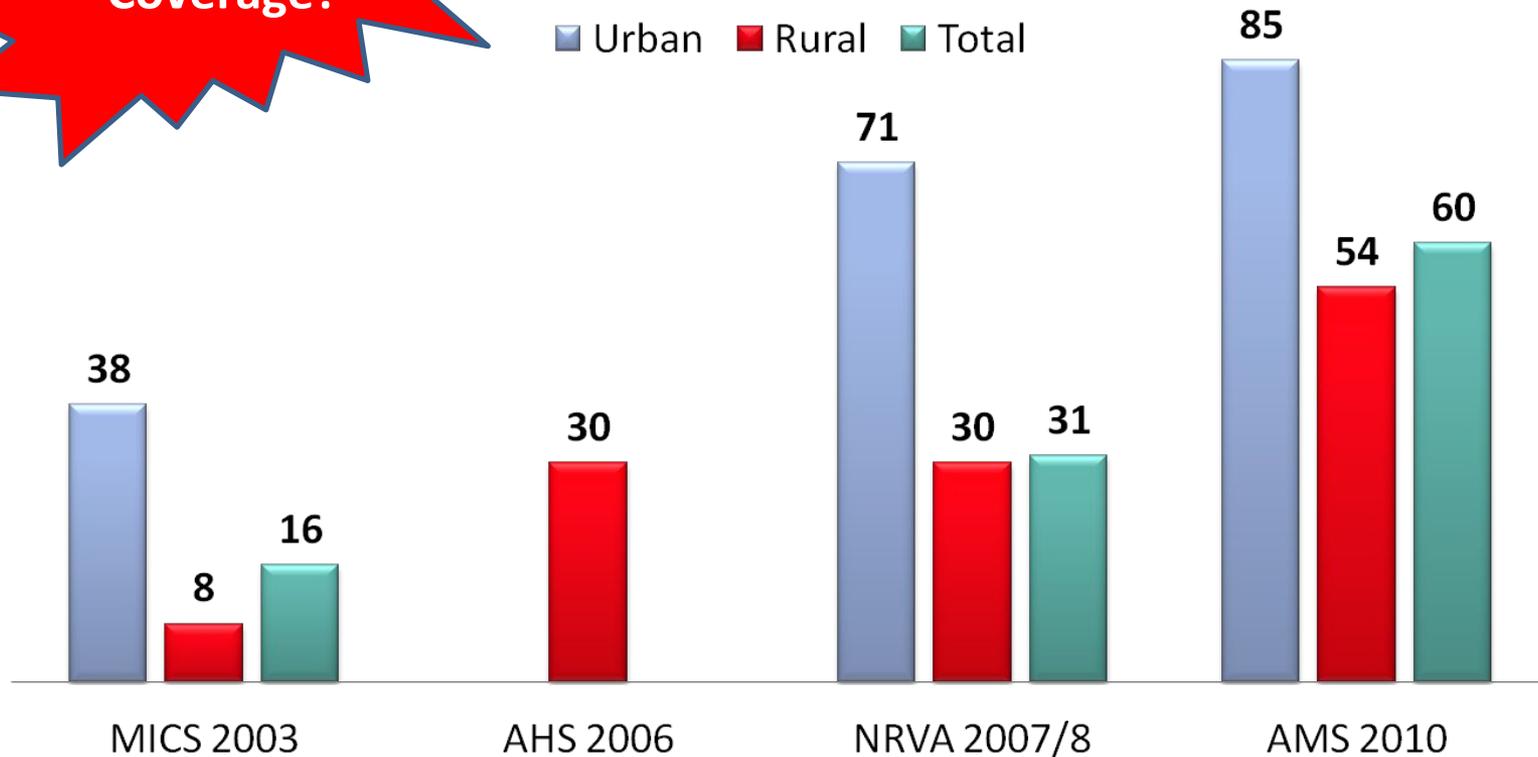
# Skilled Birth Attendance

Delivered in a health facility : 48.1 which 51% of births are delivered by a skilled provider



# Trends in Antenatal Care from a Medically Skilled Provider

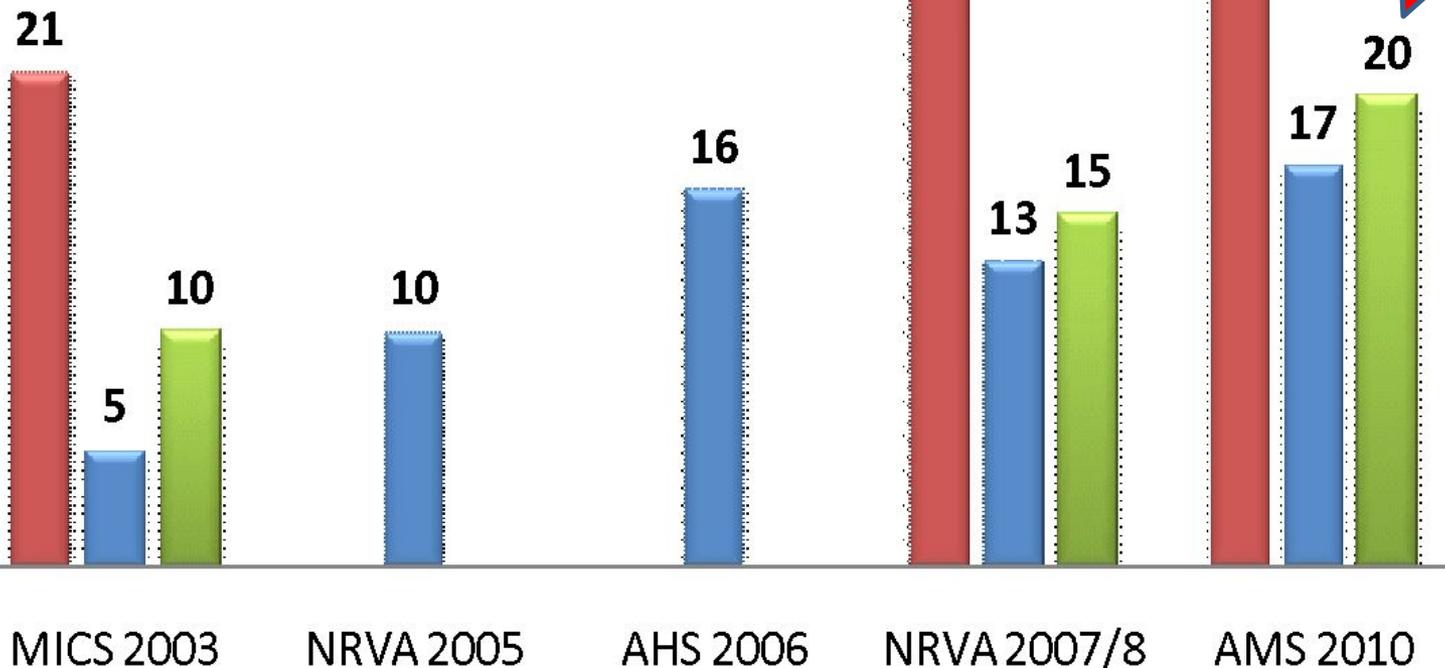
Equity ?  
Coverage?



# Trends in Family Planning

Percent of married women who are using any modern method

Urban Rural Total

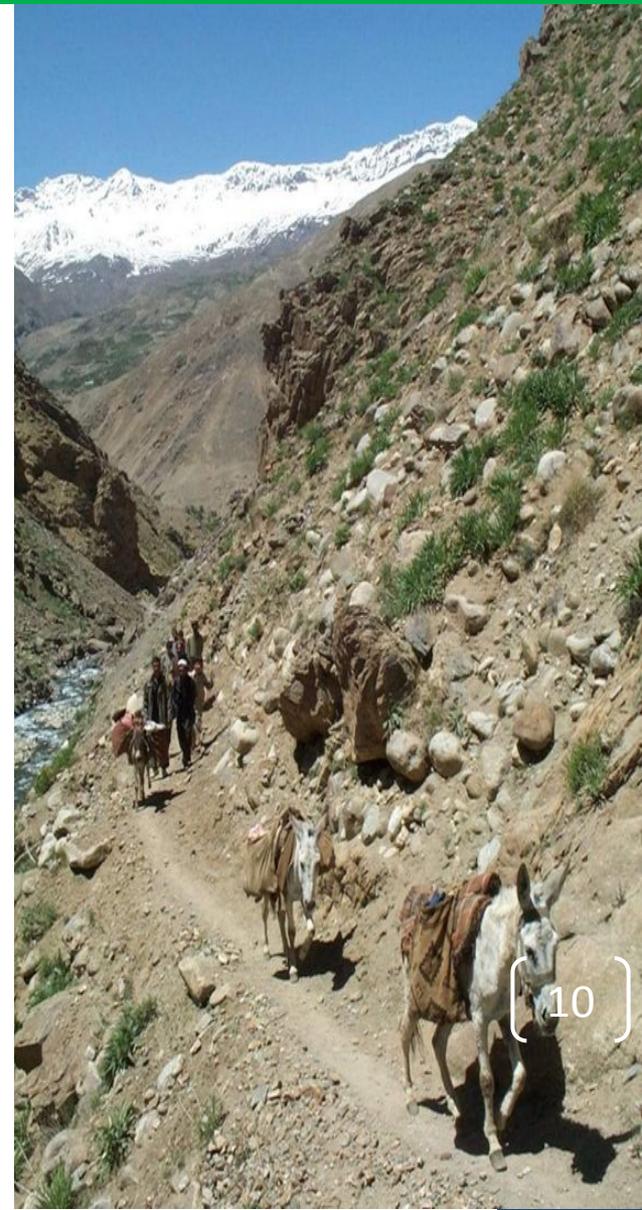


Equity ?  
Coverage ?

Note: MICS 2003 urban and total refers to all methods.

# Challenges

- Declining aid environment
- Insecurity
- Geographical access
- Maintaining momentum and commitment
- Demand-side barriers
- Improving quality of care
- HR gaps (quantity and quality), lack of female staff
- Gap between translating policy into action
- Ensuring equitable access



# Learnings & Way forward

Maternity waiting home

Community ambulance

CHW involvement in birth prepared-ness, NBC

Established accountability mechanism



Greater flexibility to adapt to changing circumstances



Family health house

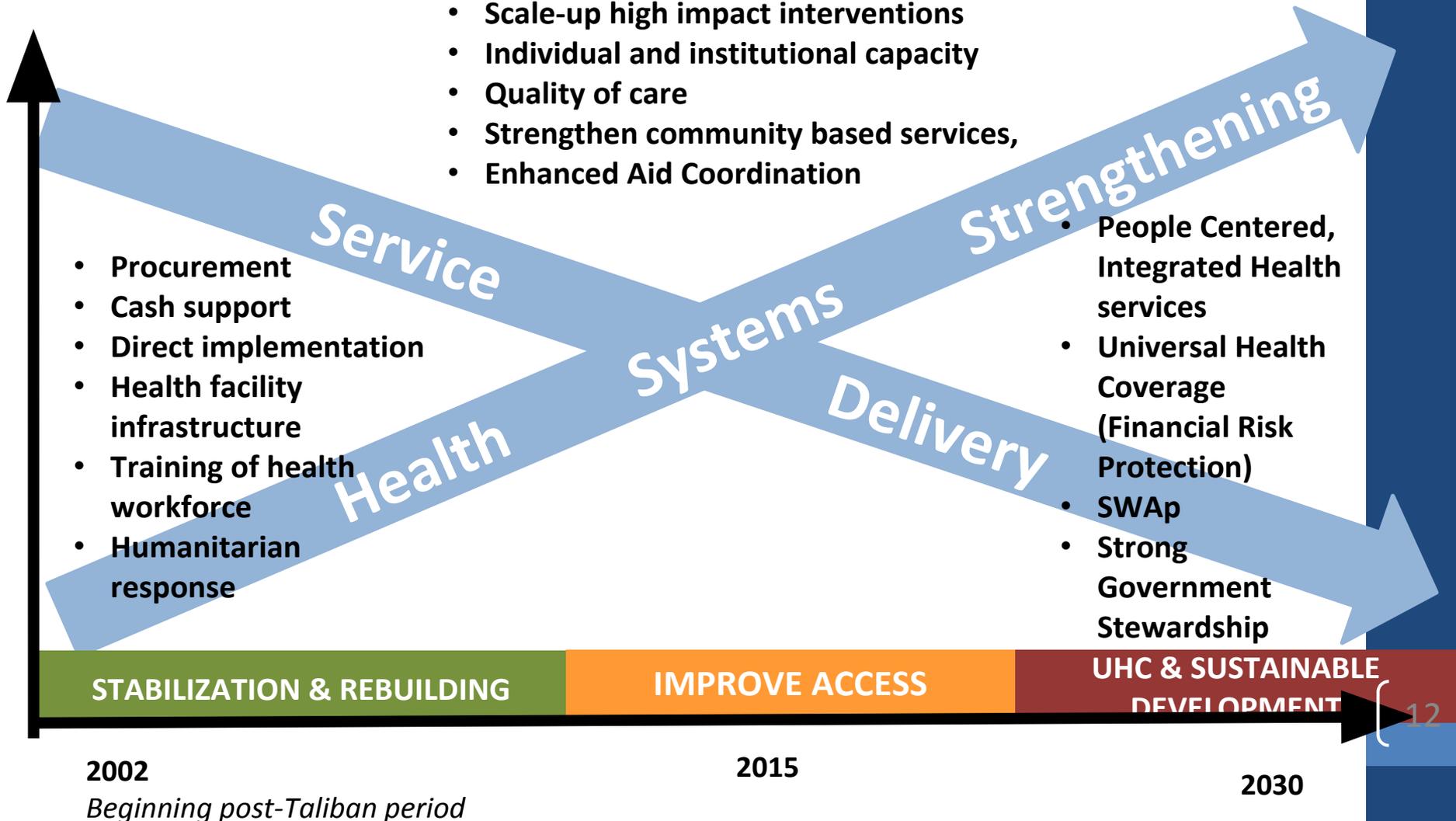
Community midwifery an nursing training

Community outreach teams

Task shifting, rational allocation of health facilities

# Health system

- Equity focus (target provinces based on deprivation analysis)
- Scale-up high impact interventions
- Individual and institutional capacity
- Quality of care
- Strengthen community based services,
- Enhanced Aid Coordination



# Thank You