



Islamic Republic of Afghanistan  
Ministry of Public Health



# Community Based Health Care Program in Afghanistan

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# Demographic Situation

- Total population: 26.8 million including 4 million people living outside the country
  - 2 million in Pakistan
  - 1.5 million in Iran
  - 500,000 people are living in Europe and North America
- Annual population growth rate: 2.6%
- Female / male ratio : 49/51
- Literacy rate: 35-40%
- Per capita GDP: 415 USD
- Life expectancy: 46 years (females) and 47 years (males)

# Health Indicators in Afghanistan

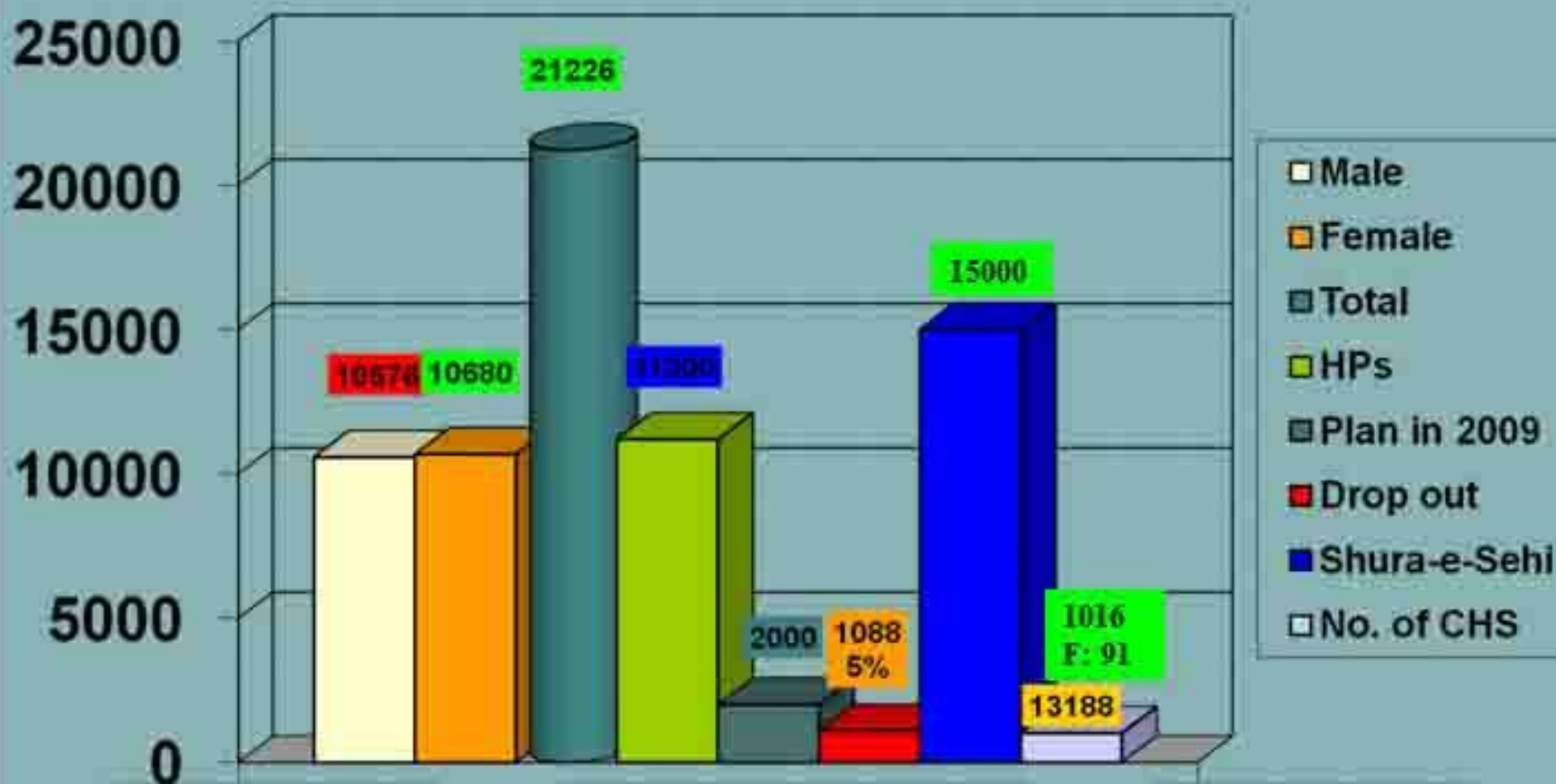
- ◆ Maternal Mortality Ratio (MMR):
  - ◆ 1,600 deaths per 100,000 live births in 2003
  - ◆ 900 (according to 2008 survey)
- ◆ Coverage of Antenatal Care: 32%
- ◆ Total fertility rate: 6.6 (2007 est.)
- ◆ Births attended by skilled birth attendants: 19 - 28%
- ◆ Contraceptive prevalence rate: 16 - 27%
- ◆ Infant mortality rate: 129 deaths/1,000 live births
- ◆ Under-five mortality rate: 191 deaths/1,000 live births
- ◆ Chronic undernutrition (children 6-59 months): 45%
- ◆ Acute undernutrition (children 6-59 months): 7%

# Community-based Health Care Program

## **Vision:**

CBHC is recognized and respected as a leading department of the MoPH empowering communities to have a strong sense of ownership of their community-based health program, promote their health status, and achieve a sense of well-being.

# CBHC Programs of the MoPH of Afghanistan



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# Main Elements of CBHC in Afghanistan

- Community Health Workers (CHWs)
- Community Health Supervisors (CHSs)
- Community Health Shura (Councils)
- Family Health Action Group members (FHA Groups)

# What about Urban CHWs?

- ◆ Recently we have started working on Urban CBHC Strategy, it is still in draft form
- ◆ Urban CBHC will be piloted in the city of Kabul first
- ◆ All of Afghanistan's 21,000 CHWs work in rural areas; there are currently no urban CHWs
- ◆ The MoPH intends to have urban CHWs
- ◆ The role of urban CHWs in Afghanistan will be similar in many respects to the current role of rural CHWs, but there will also be some differences

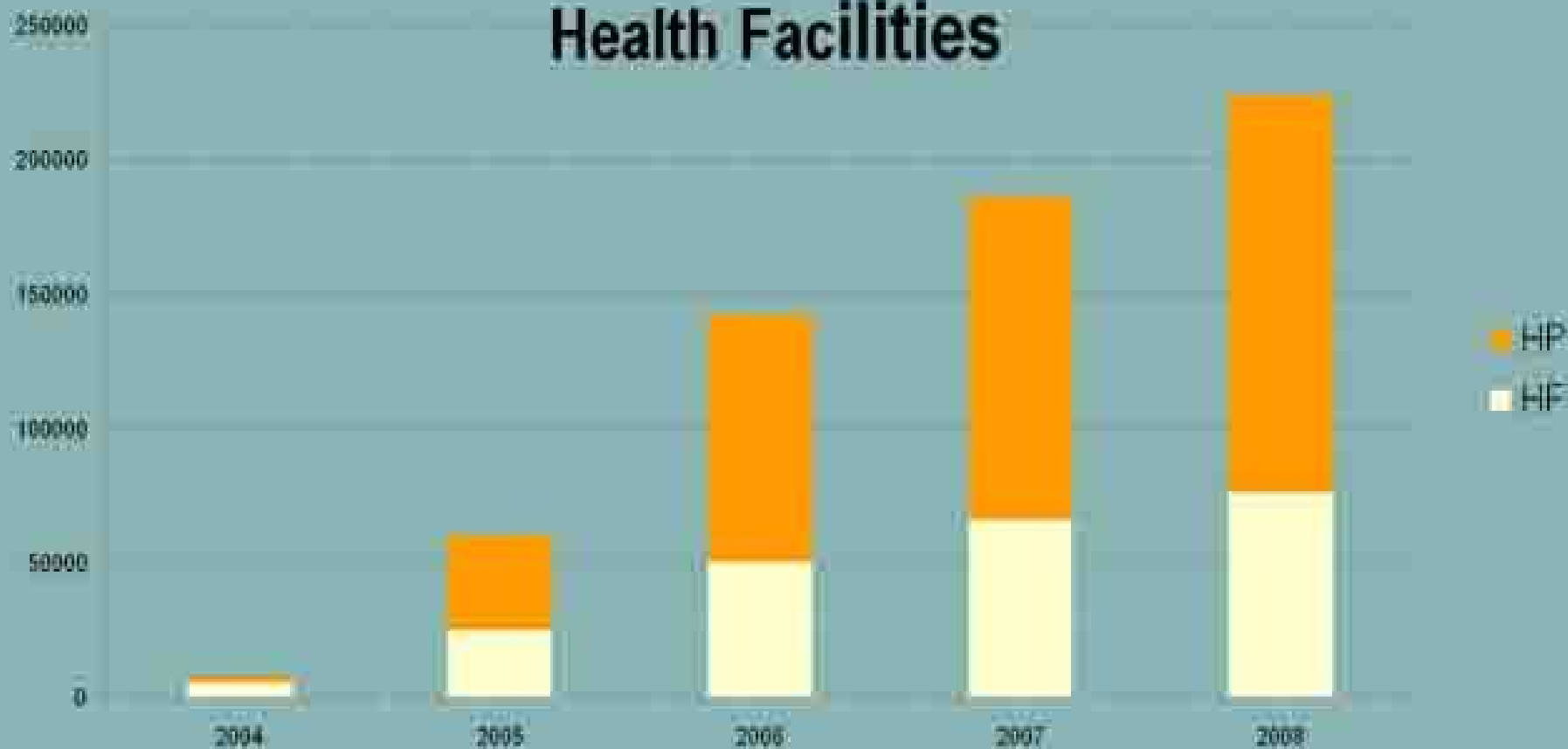
# How will Afghan Urban CHWs Differ from Rural CHWs?

- ◆ Urban CHWs will need to link the families they are responsible for to available services which are more widely accessible than in rural areas, though the location or even existence of these services may not be known to the urban poor
- ◆ Urban CHWs will not be as important a source of medicines as rural CHWs
- ◆ Urban CHWs will be crucial for promoting behavior change

# Nomad CHW ?

- ◆ Afghanistan has a nomad population of 2 million people
- ◆ Recently MOPH/CBHC Department drafted a strategy for training and selection of CHWs for nomads
- ◆ We plan to train around 390 CHWs for nomads in the next 6 months

# Number of Consultations for Family Planning Provided at Health Posts (by CHWs) and in Health Facilities

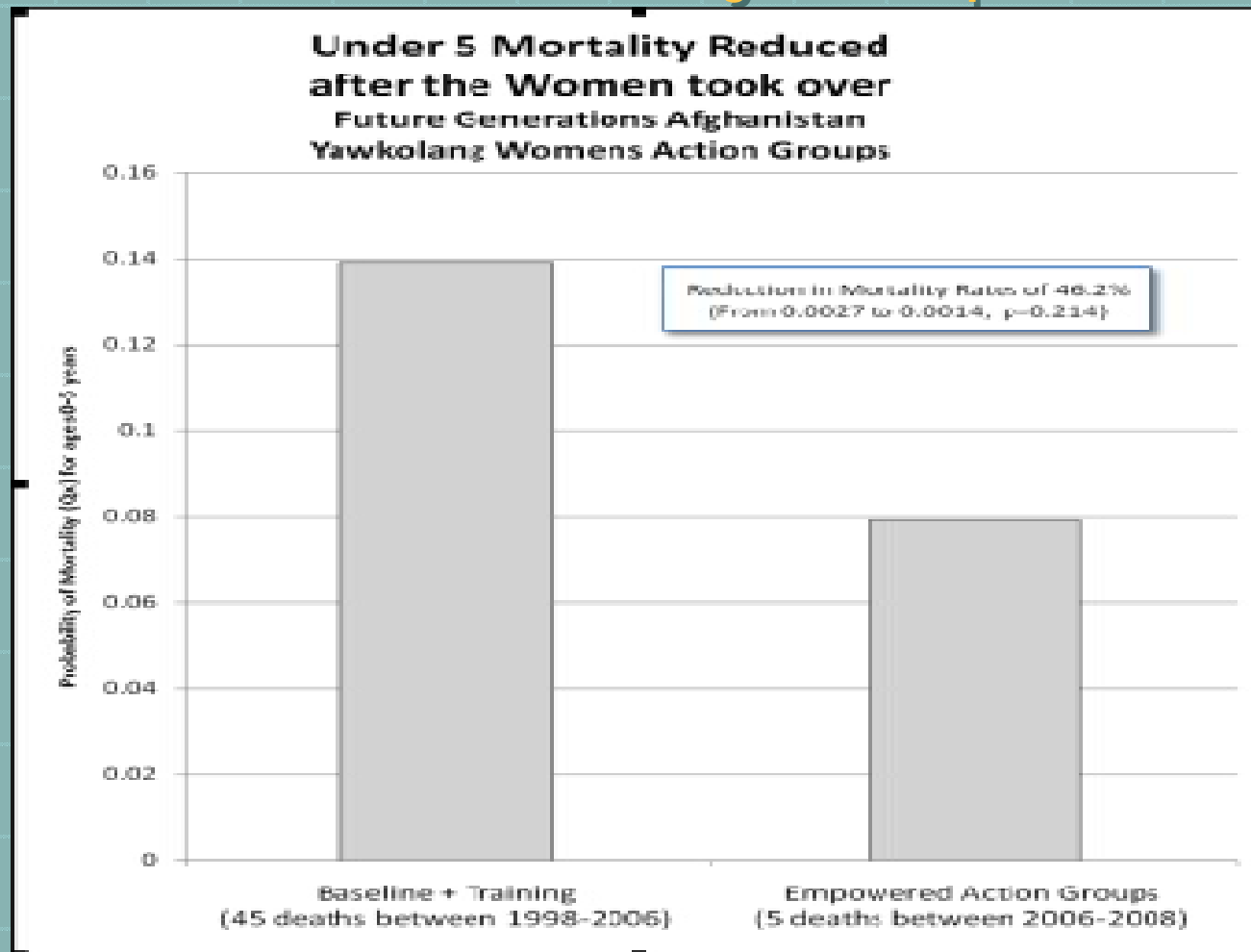


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## Contribution of Future Generations to Strengthening CBHC in Afghanistan

- ◆ Future Generations implemented a community-based health care pilot project funded by USAID in 2005-2006
- ◆ CHWs and Women's Action Group were trained in Bamian Province, Yakawlang District
- ◆ A systematic household survey was done in 2008 using Professor Stan Becker's retrospective reproductive health history methodology

# Demonstration of Project Impact in 2008



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## Extension by MoPH/CBHC of the Future Generations Approach (using Women's Action Groups)

- ◆ In 2009 CBHC started scaling up the pilot Future Generations project in 5 other provinces .
- ◆ Because of cultural barriers it was decided to change the name of Women's Action Group to Family Health Action Group
- ◆ It has been accepted as the fourth element of CBHC in Afghanistan(CHWs ,CHSs, Shura-e-sehi, and Family Health Action Group)