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
Trends in Childhood Mortality

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

Infant mortality

- 2001-2005: 66
- 2006-2010: 54
- 2011-2015: 45

Under-5 mortality

- 2001-2005: 87
- 2006-2010: 69
- 2011-2015: 55
Skilled Birth Attendance

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

Equity? Coverage?
Trends in Antenatal Care from a Medically Skilled Provider

Equity? Coverage?

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<th>Urban</th>
<th>Rural</th>
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<td>AHS 2006</td>
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Trends in Family Planning

Percent of married women who are using any modern method

<table>
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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 preparedness, NBC

Established accountability mechanism

Greater flexibility to adapt to changing circumstances

Rights holders

Family health house

Community midwifery and nursing training

Community outreach teams

Task shifting, rational allocation of health facilities

Health services/duty bearers
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

- Procurement
- Cash support
- Direct implementation
- Health facility infrastructure
- Training of health workforce
- Humanitarian response

- People Centered, Integrated Health services
- Universal Health Coverage (Financial Risk Protection)
- SWAp
- Strong Government Stewardship

STABILIZATION & REBUILDING

IMPROVE ACCESS

UHC & SUSTAINABLE DEVELOPMENT

2002
Beginning post-Taliban period

2015

2030
Thank You