



Islamic Republic of Afghanistan



Maternal Mortality Ratio (AMS 2010)	327
Infant Mortality Rate (AMS 2010)	77
Under 5 Mortality Rate (AMS 2010)	97
Total Fertility Rate (AMS 2010)	5.1
Contraceptive Prevalence Rate (AMS 2010)	20
% of deliveries attended by SBA (AMS 2010)	34
% of women receiving at least once ANC (AMS 2010)	60
% of deliveries at health facilities (AMS 2010)	32.4
% of caesarean section of all births (AMS 2010)	5
% of health facilities providing 2 modern FP methods (2008)	29.0

ADDITIONAL INFORMATION

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Reproductive Health Fact Sheet

Maternal and child health is one of the core strategic areas of the Ministry of Public Health - Health Care Sector Strategic Plan (2011-2015). The expansion and improvement of reproductive health (RH) – with its main components, maternal and neonatal health (MNH) and birth spacing/family planning (BS/FP) – services has been a major commitment of the MoPH and partner agencies in the last 10 years towards the MDG 4 and 5.

The pregnancy-related mortality ratio in Afghanistan is estimated to be 327 per 100,000 births (ranging between 260 and 394) for the 7 years before the survey. This means that for every 1,000 live births, about 3 women die during pregnancy, in childbirth, or in the two months after delivery. Although the AMS 2010 survey estimates are much lower than previous estimates that were based on a very geographically limited and non-representative sample. The AMS 2010 estimates of pregnancy-related mortality are higher than the estimates for Bangladesh, Nepal and Pakistan.

Several factors impact on the health system capacity to reduce the risks pregnant women face: access and use of maternal and reproductive health services is still limited and features low quality standards due to fragile service delivery capacity, particularly among the most difficult to access rural areas.

Cultural and social features factors hamper the opportunity to promote behavioral change and health seeking behavior among women in reproductive health: The Afghanistan house hold survey showed that 19 percent of births are attended by SBAs while NRVA, 2007 shows that the overall proportion of women delivering with a skilled birth attendant is 24 per cent.

Reproductive Health's Core Values:

Human Rights: based on a human rights approach, the RH strategy promotes the rights of all people, especially women and children, to life and the highest attainable standard of health.

Gender: the strategy aims at promoting gender equality as the basis of RH programs especially maternal and newborn health programs, by addressing the lower status of women and discrimination against women.

Equity: the actions promoted within the strategy aspire to contribute towards decreasing the inequities in health in the country, with priority attention to the rural areas and poor and underserved groups.

Culture: the strategy aims at improving reproductive health, highlighting maternal and newborn health through working with women, families, communities and policy makers and uses a culturally-sensitive approach that takes into consideration the socio-cultural dimensions and specifics of the country.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Integration of Maternal and child health in EPHS and BPHS Renewed interest and commitment of donors Provincial RH and Child Health officer in structure of MoPH 	<ul style="list-style-type: none"> Insecurity affecting the outreaching capacity, particularly among rural areas High turnover of technical and trained staff Shortage of skilled birth attendants especially in the rural areas. Weak monitoring and evaluation system

PARTNERS

RH/MoPH collaborates with multiple UN and non-UN partners in a joint effort to improve the maternal and neonatal health service provision in Afghanistan. UNICEF, WHO, UNFPA, USAID, HEMAYAT, JICA, MSI-A, AFGA, and EPHS and BPHS implementers are partners in promoting reproductive health service provision in the country.

ACHIEVEMENTS YEAR 1393 (2014/15)

- Conducting RMNCH Review Workshops in all regions and revitalization of the maternal and neonatal death review committees.
- Monitoring and evaluation of health facilities in Kabul and 11 provinces and oversee the training centers in Kabul and 4 regions
- 768 health providers, Managers of maternity hospitals trained on obstetric Fistula, family planning BEmONC & CEmONC, hospital management, Newborn Care, and COC.
- Review and revision of protocols, guidelines and training packages
- Provision of supportive supervision and monitoring on RH services in central and provincial level.
- 2,670 mothers and newborns have utilized the maternity waiting homes in six provinces supported by UNICEF
- Maternal and newborn care services provided through 88 Family Health Houses in four provinces supported by UNFPA
- Distribution of over 150,000 misoprostol tablets for hospitals in 34 provinces for prevention of postpartum hemorrhage