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MCH PROGRAM DESCRIPTION

Afghanistan



Overall MCH and health sector situation

Afghanistan has an estimated population of 26 million people, with more than 43 percent of the population under the age of 15; 28 percent of adults are literate; 53 percent of Afghans live below the poverty line; and 40 percent are unemployed. Decades of war and misrule have resulted in a country with a demolished infrastructure and some of the highest maternal and child mortality rates, as well as infectious disease rates, in the world.

MMR is estimated at 1,600 deaths per 100,000 live births. U5MR is also high at 191/1,000, but this represents a 26 percent decline since the fall of the Taliban. Prenatal care coverage has increased to 32 percent, and DPT-3 coverage has increased to 35 percent. The contraceptive prevalence rate is currently 16 percent. The quality of care in publicly financed facilities, as measured by independent health facility assessments, increased by about 22 percent from 2004 to 2006. Administrative data indicate that the number of functioning primary health care facilities has increased 39 percent, from 912 in 2002 to 1,485 in 2008, and that the proportion of

facilities with at least one skilled female health worker has increased from 39 percent in 2002 to 73 percent in 2007.

The most significant challenges to Afghanistan's health care system are insecurity, lack of female health care providers, and cultural and geographical inaccessibility. However, the most significant opportunities are the use of community "shuras" and CHWs and the strength and public health orientation of the health leadership in the country.

MCH interventions at the Mission level

The Ministry of Public Health's main strategy is to deliver a BPHS through NGOs working throughout the country, primarily in rural areas. The BPHS includes antenatal care, including tetanus toxoid immunization, iron folate supplementation, and treatment of intestinal parasites; delivery care, including infection prevention, monitoring of labor, and prevention of postpartum hemorrhage; recognition, referral, and treatment of obstetric complications; postpartum care, including family planning, breastfeeding, and micronutrient supplementation; and childcare, including essential newborn care, treatment of newborn complications, immunization, vitamin A supplementation, and case management of diarrhea and acute respiratory infection. Since 2003, coverage of these basic services has increased from 9 percent to 82 percent of the population (66 percent of the population is within 2 hours walking distance to the nearest service delivery point).

More than 7 million people (out of a target population of 12 million) use services provided through USAID-supported implementation of the BPHS and Essential Package of Hospital Services (EPHS) in 13 provinces.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The USAID strategy to support the MOPH in rebuilding the health sector has been a balanced approach to expand services through the BPHS, to strengthen human and systems capacities at central and provincial levels, and to improve infrastructure. The main component of this strategy has been the rollout of the BPHS, delivered primarily through a network of primary care facilities run by NGOs. USAID also supports improving quality of care; strengthening the engagement of the private sector; building human, institutional, and infrastructure capacities at all levels; and scaling up implementation of cutting-edge and proven clinical and community-based interventions. Additionally, USAID provides contraceptives and essential drugs for primary health care and supports a program of social marketing of contraceptives and health products linked with a BCC program. Ongoing infrastructure improvements include repair of existing facilities and construction of one 50-bed maternity hospital, two 100-bed hospitals, two comprehensive health clinics, and three midwife training centers for preservice and in-service training.

Specific actions supported as part of the MCH approach

USAID is supporting the preservice training and supervision of community health workers and midwives to meet the primary health care needs of a substantial portion of the Afghan population. USAID provides management training and technical assistance to provincial health authorities, establishes continuous quality improvement and quality assurance systems for health services, strengthens health management information systems, improves medical laboratories, and supports the creation of a national coordinated procurement and distribution system for contraceptives and drugs. In addition, USAID is supporting social marketing to increase access to and use of health products for women of reproductive age and children under 5 by working through the private sector in Afghanistan. USAID is also supporting the development of policies and partnerships between the public and private sectors to create an environment for the delivery of quality health services and products in the private sector.

The USAID program's geographic focus

USAID supports the delivery of the BPHS and EPHS in 13 of the country's 34 provinces, which represents a 38 percent geographic coverage and almost 50 percent population coverage. Other donors cover the remaining provinces. USAID supports provincial networks of care in more than 4,300 community health worker posts, more than 380 health facilities and district hospitals, and five provincial hospitals. In addition to supporting BPHS and EPHS, USAID is piloting implementation of cutting-edge, high-impact, proven interventions, such as community-based use of misoprostol to limit postpartum hemorrhage, and is facilitating a nationwide rollout. Through its projects, USAID is providing technical assistance to the central MOPH, supporting policy formulation and strategy development for nationwide impact.

The Mission program's relationship to the country's health sector and development plans and strategies

USAID and other donors' support are aligned with the national priorities set in the Public Health Strategy of the Afghanistan National Development Strategy (ANDS). USAID is supporting the MOPH to rebuild the health sector by focusing government efforts on stewardship of the health sector (opting to contract-out service delivery to NGOs), developing the BPHS and EPHS, prioritizing poor women and children, and coordinating donor support. The MOPH has established, and USAID sits on, both the Consultative Group for Health and Nutrition (CGHN) and Technical Advisory Group (TAG), which meet on a regular basis to coordinate activities of implementers, donors, and policymakers.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID is the main USG agency implementing foreign assistance in the health sector, working with Health and Human Services (HHS) and Department of Defense (DOD). HHS/CDC supports Afghanistan's Public Health Institute (APHI) in the areas of disease surveillance and collection and use of epidemiological data, as well as quality improvement and an advanced obstetrics and gynecology training program at Rabia Balki Hospital (RBH) in Kabul. HHS is collaborating with DOD on a Quality Assurance C-section collaborative in Kabul. DOD has an Inter-Agency Agreement with HHS to assign U.S. public health service officers to advise and coordinate health activities by the Command Surgeon Directorates at CSTC-A and Regional Command (RC)-East to provide health care for members of the Afghan National Security Forces (ANSF) and their beneficiaries by integrating the ANSF with the civilian health care system. At the RC-East level, health activities that are supported are identified at the provincial level through the provincial development plans (PDPs) and coordinated with MOPH, USAID, and other donors at central and field levels. The Mission entered into an agreement with the Army Corps of Engineers to provide support

for the design and construction of hospitals, clinics, midwife training centers, and provincial teacher resource colleges. More recently, a new multisectoral program to prevent and control diarrheal disease is being developed to address household drinking water and sanitation issues with MCH, OFDA, and DA resources.

Investments and initiatives of other donors and international organizations

The main donors supporting the MOPH are the USG, the World Bank, and the European Commission. The European Commission is supporting NGO delivery of BPHS in nine provinces, and the World Bank is supporting NGO delivery in eight provinces. The World Bank is also supporting MOPH delivery in three provinces as a pilot to study the effectiveness of direct service delivery by MOPH. Combined, these two donors cover the provinces not covered by USAID for BPHS implementation. Both donors also provide management assistance to the central level of MOPH. Other donors in the health sector include various United Nations organizations, the Japan International Cooperation Agency (JICA), the French Government, the Asian Development Bank, the Italian Government, privately funded NGOs, and other governments through their respective provincial reconstruction teams. Coordination of activities occurs at the provincial level through the provincial health coordination committees (PHCC), led by the provincial health director and through various working groups, steering committees, the CGHN, and TAG, at the national level.

Planned results for the Mission's MCH investments over the next 5 years

The goal of the USG is to support the national efforts to meet Afghan National Development Strategy objectives and MDGs by reducing the MMR by 15 percent, the U5MR by 20 percent, and the IMR by 20 percent from 2000 baseline levels. In addition, type 1 polio transmission will be stopped, and the number of cases of type 3 polio will be reduced, with the ultimate goal of eradicating all types of polio from Afghanistan.

MCH COUNTRY SUMMARY: AFGHANISTAN	VALUE
MCH FY08 BUDGET	38,074,000 USD
Country Impact Measures	
Number of births annually*	1,285,000
Number of under-5 deaths annually	245,000
Neonatal mortality rate (per 1,000 live births)****	60
Infant mortality rate (per 1,000 live births)	129
Under-5 mortality rate (per 1,000 live births)	191
Maternal mortality ratio (per 100,000 live births)*****	1,600
Percent of children underweight (moderate/severe)***	39%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	32%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	19%
Percent of women receiving postpartum visit within 3 days of birth	N/A
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	37%
Immunization	
Percent of children fully immunized before their 2 nd birthday	27%
Percent of DPT3 coverage	35%
Percent of measles coverage	63%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	29%
Percent of children receiving adequate age-appropriate feeding	28%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	80%
Percent of children under 6 months exclusively breastfed*****	83%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	N/A
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care***	28%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	22%
Percent of population with access to improved sanitation**	30%
<p>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** Multiple Indicators Cluster Surveys (MICS) 2003 **** State of the World's Children Report 2008 ***** WHO Maternal Mortality Report 2007 ***** Linda A Bartlett, et al. Maternal Mortality in Afghanistan: Magnitude, Causes, Risk Factors and Preventability, Afghanistan Ministry of Public Health, CDC, UNICEF 2002 MMR 1,600 Unless otherwise noted, the data source is the 2006 Afghanistan Health Survey)</p>	