

**Table 1. Demographic and reproductive health indicators, Afghanistan, 1993–2007**

Indicator	Parameter	Year	Source
Total population	27 million	2007	CSO
Population growth rate	1.9	2001	CSO
Crude birth rate	48	2002	CSO
Crude death rate	17.2	2002	CSO
Urban to rural population, ratio	22:78	2005	CSO
Number of women of reproductive age (15–49 years)	5.1 million	2005	MICS
Total fertility rate	6.3	2003	MICS
Pregnant women attended by skilled personnel (of all pregnant women) (%)	32	2006	JHU
Number of facilities with functioning essential obstetric care per 500 000 persons	0.48	2006	JHU
Deliveries attended by skilled personnel (of all deliveries) (%)	19	2006	JHU
Deliveries undertaken in health facilities (of all deliveries) (%)	15	2006	JHU
Caesarean sections (of all deliveries)	N/A		
Pregnant women with anaemia (of all pregnant women) (%)	55–91	2003	MICS
Newborn infants with low birth weight (of all newborn infants) (%)	20	1993	WHO/CDC/UNICEF
Maternal mortality per 100 000 live births	1600	2002	WHO/CDC/UNICEF
Perinatal mortality per 1000 live births	97	2004	NPM-MPS/HQ
Neonatal mortality per 1000 live births	60	2004	NPM-MPS/HQ
Life expectancy at birth female (years)	45	2003	WHO/CDC/UNICEF
Life expectancy at birth male (years)	47	2003	WHO/CDC/UNICEF
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	17.4	2006	JHU
<i>Traditional methods (all)</i>			
Withdrawal	N/A		
Rhythm	N/A		
Lactational amenorrhoea	N/A		
<i>Modern methods (all)</i>			
IUD	1	2006	HMIS/MOPH
Condom	2.2	2006	HMIS/MOPH
Pill	8.1	2006	HMIS/MOPH
Injectables	5.4	2006	HMIS/MOPH
Implants	N/A		
Female sterilization	0.7	2006	HMIS/MOPH
<i>Factors for not using modern methods among married women</i>			
Fear of side-effects	N/A		
Lack of knowledge	N/A		
Cost	N/A		
Lack of access	N/A		
Traditional misconceptions	N/A		
Partner opposes	N/A		
Unmet need for modern contraception	N/A		
Receipt of postpartum care and family planning counselling	N/A		
<i>Incidence of sexually transmitted infection (per 100 000)</i>			
Syphilis	N/A		
Gonorrhoea	N/A		
Chlamydia	N/A		
Trichomoniasis	N/A		
<i>HIV prevalence (%)</i>			
Number of verified HIV cases	266	2007	HIV/AIDS/MOPH

**Sources:**

CSO: Central Statistics Office  
MICS: Multiple Indicators Cluster Survey (UNICEF)  
JHU: Johns Hopkins University  
HMIS: Health Management Information Systems  
MOPH: Ministry of Public Health  
NPM-MPS/HQ: Neonatal and perinatal mortality estimates: 2004. Making Pregnancy Safer Department, WHO/HQ

# Afghanistan

## Reproductive health profile

### 2008



## Health care system

Over the last two years the health care delivery system has been steadily improving, with increasing coverage of primary health care services throughout the country (Table 1). External assistance continues to support the delivery in the form of defined packages to ensure improved access to quality services. Assistance has also addressed institutional and staff capacity development while focusing on stewardship at both national and subnational levels. Almost 96% of total health sector funding comes from international support while the Government allocates only 0.8% of its gross domestic product (GDP) to the health sector. Bilateral assistance remains the most important element in supporting primary health care delivery through contracting out services to nongovernmental organizations. The European Commission, the World Bank and USAID are major donors followed by Japan International Cooperation Agency (JICA) and others. In addition, WHO, UNICEF, United Nations Population Fund (UNFPA) and others have been generating significant resources to support the development of the Afghan health system.

The Basic Package of Health Services (BPHS) is one of the Ministry of Public Health's (MoPH) strategies to ensure wider and more equitable coverage of health services provision. The BPHS clearly delineates the services that should be provided by each type of primary health care facility, from health posts, basic health centres, comprehensive health centres to district hospitals. It also specifies the staff, equipment, diagnostic services and medications required to provide the specified services. The BPHS is offered in the districts and currently covers 82% of the population. More recently, the Essential Package of Health Services (EPHS) has been developed to create a mutually supportive delivery system and complement the implementation of BPHS. So far, the EPHS has been introduced in 11 provinces.

## Reproductive health

The *National health policy and national health strategy (2006–2009)* states that the mission of the MoPH is to “ensure the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources, especially to women and children and to underserved areas of the country, and through working effectively with communities



and other development partners.” The expansion and improvement of reproductive health has been a major activity of the MoPH and partner agencies. The main components are maternal and neonatal health and birth spacing/family planning. The MoPH is working towards having a skilled birth attendant at every delivery. Skilled birth attendants in Afghanistan include doctors (with specific clinical training and experience in maternal health), midwives and community midwives.

Overall, there has been progress in the delivery of reproductive health services, as provided in the integrated package of the Basic Package of Health Services and Essential Package of Health Services facilities. Oral contraceptive pills, condoms, injectables, intrauterine devices and counselling on natural methods (such as lactational amenorrhea and natural family planning) are offered at all levels of the health system i.e. at the health post, basic health centres, comprehensive health centres, district and provincial hospitals, as well as in the commercial sector from trained pharmacists. Tubal ligation and vasectomy are available from trained doctors in appropriately equipped district hospitals and provincial hospitals. Basic essential obstetric care services are provided at basic health centres, comprehensive health centres and district hospitals and comprehensive essential



obstetric care is available at district and provincial hospitals. The percentage of pregnant women receiving care from skilled attendants has increased from 8% to 32% between 2002 and 2006. Delivery by skilled birth attendants increased from 5% to 19% in the same period. Correspondingly, the infant mortality rate has decreased from 165 per 1000 live births to 129 per 1000 live births between 2002 and 2006. The contraceptive prevalence rate has increased from 10% to 16.4% between 2003 and 2006.

### **Reproductive health programmes sponsored by international donors**

WHO conducts capacity-building, provides pre-service and in-service training, introduces and adapts evidence-based standards, clinical guidelines and tools on making pregnancy safer, provides family planning services, community midwifery training, conducts reproductive health and adolescent reproductive health research, and promotes gender and reproductive health rights.

UNICEF conducts capacity-building, trains trainers in emergency obstetric care, strengthens training sites, conducts community midwifery training, provides service delivery support training and equipment and supplies.

UNFPA conducts strengthening of family planning services, community-based activities with regard to maternal health and family planning, service delivery support, community midwifery training, provision of equipment and supplies, adolescent health.

USAID conducts the Health Services Support Project, pre-service and in-service training in maternal health and family planning, community midwifery training, curriculum development and quality assurance.

JICA develops the capacity of MoPH/reproductive health staff, provides support to service providers and strengthens urban health systems and training sites.

