

Improving Maternal Health in Afghanistan



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A Decade Ago

- Fertility 6.8 children/women
- Limited access to health care services the population
- Crumbling health infrastructure
- Vast human resource needs



Afghanistan Mortality Survey (AMS) 2010



Key Findings

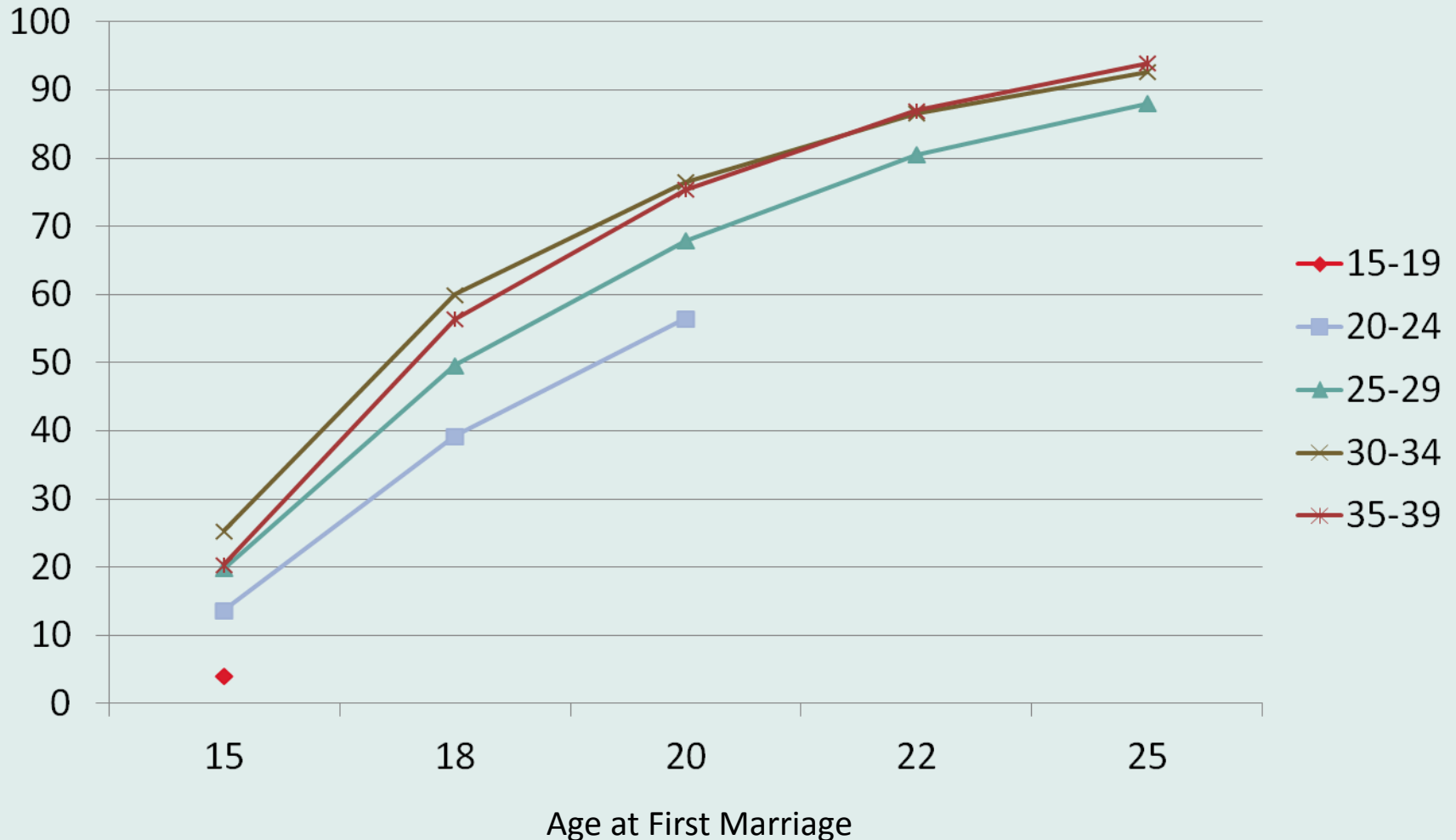
- Fertility
- Marriage
- Family Planning
- Maternal Health
- Childhood Mortality
- Maternal Mortality

Fertility

Fertility has dropped substantially among all age groups in the last fifteen years.

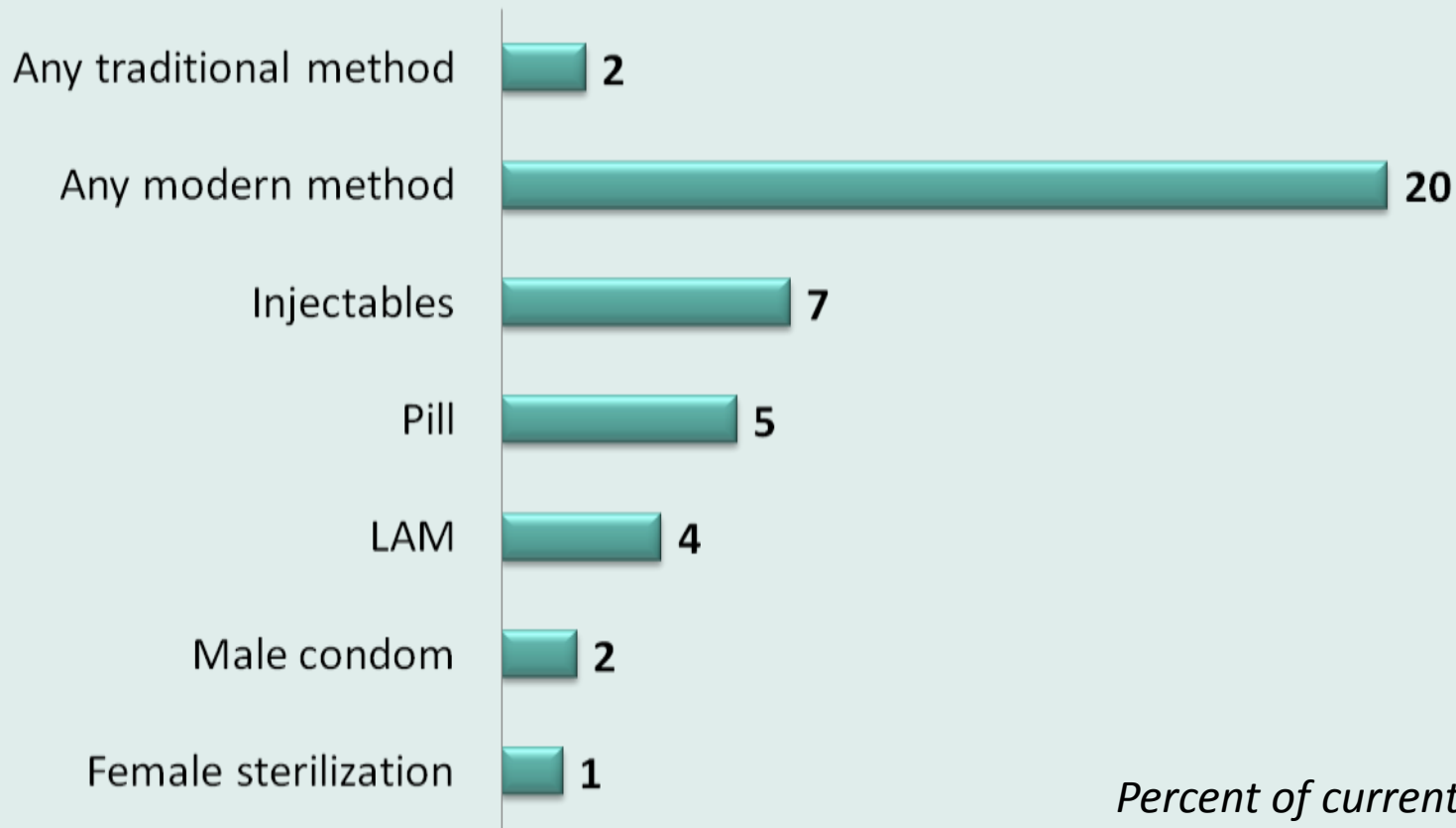
TFR is now 5.1 compared to previous estimates of 6.3.

Marriage: Trends in Age at First Marriage



Percentage of women age 15-39 who were first married by specific exact ages

Family Planning :Current Use

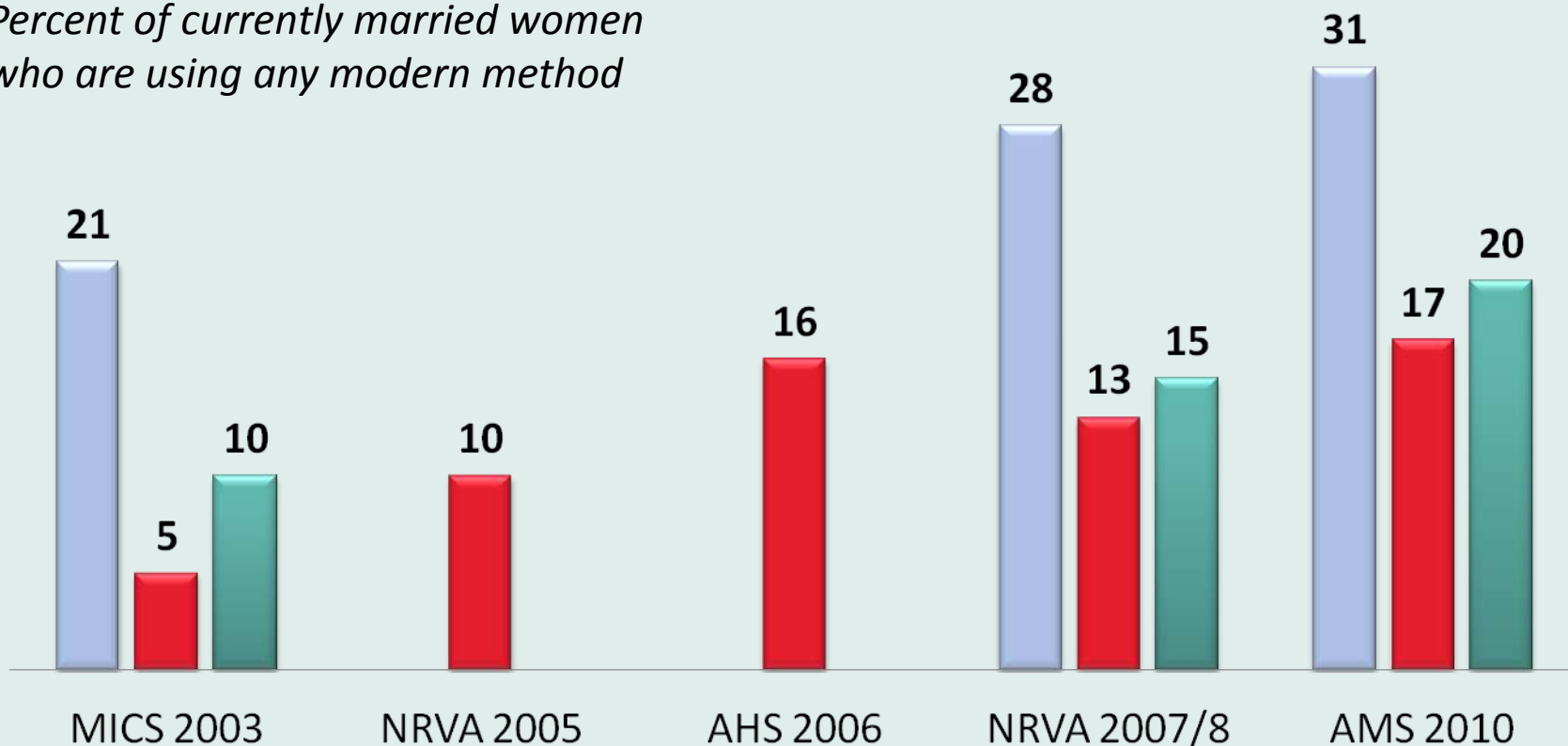


Percent of currently married women 15-49

Trends in Family Planning

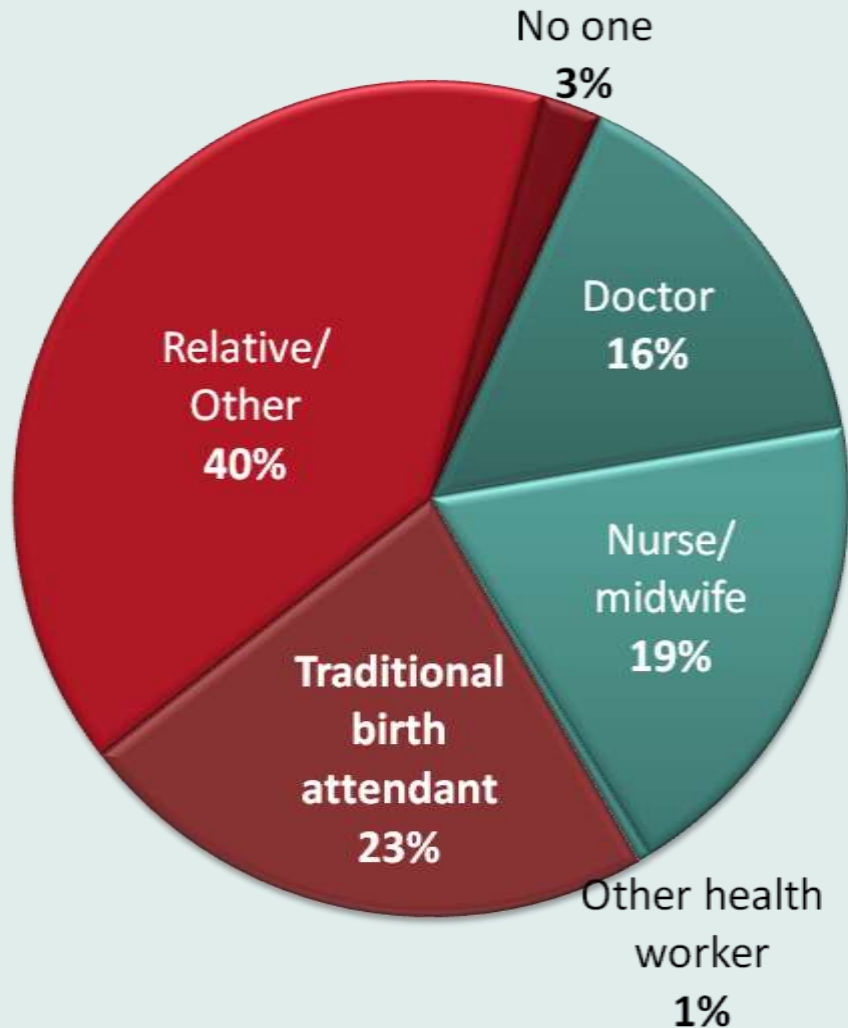
Urban Rural Total

Percent of currently married women who are using any modern method



Note: MICS 2003 urban and total refers to all methods.

Delivery Care: Assistance During Delivery



34% of births were delivered by a medically skilled provider.

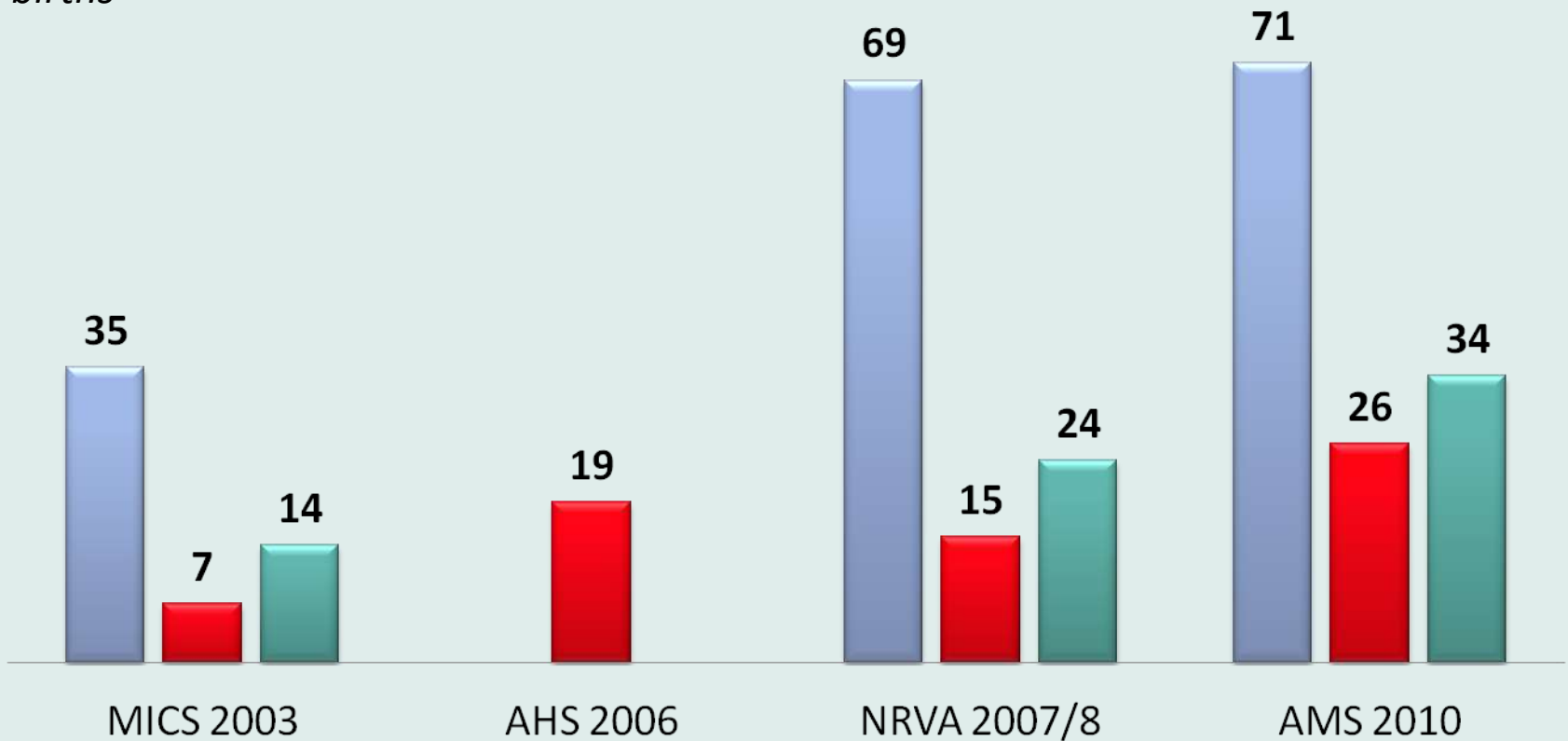
Percent distribution of births in the past 5 years

*Skilled provider includes doctor, nurse, or midwife.

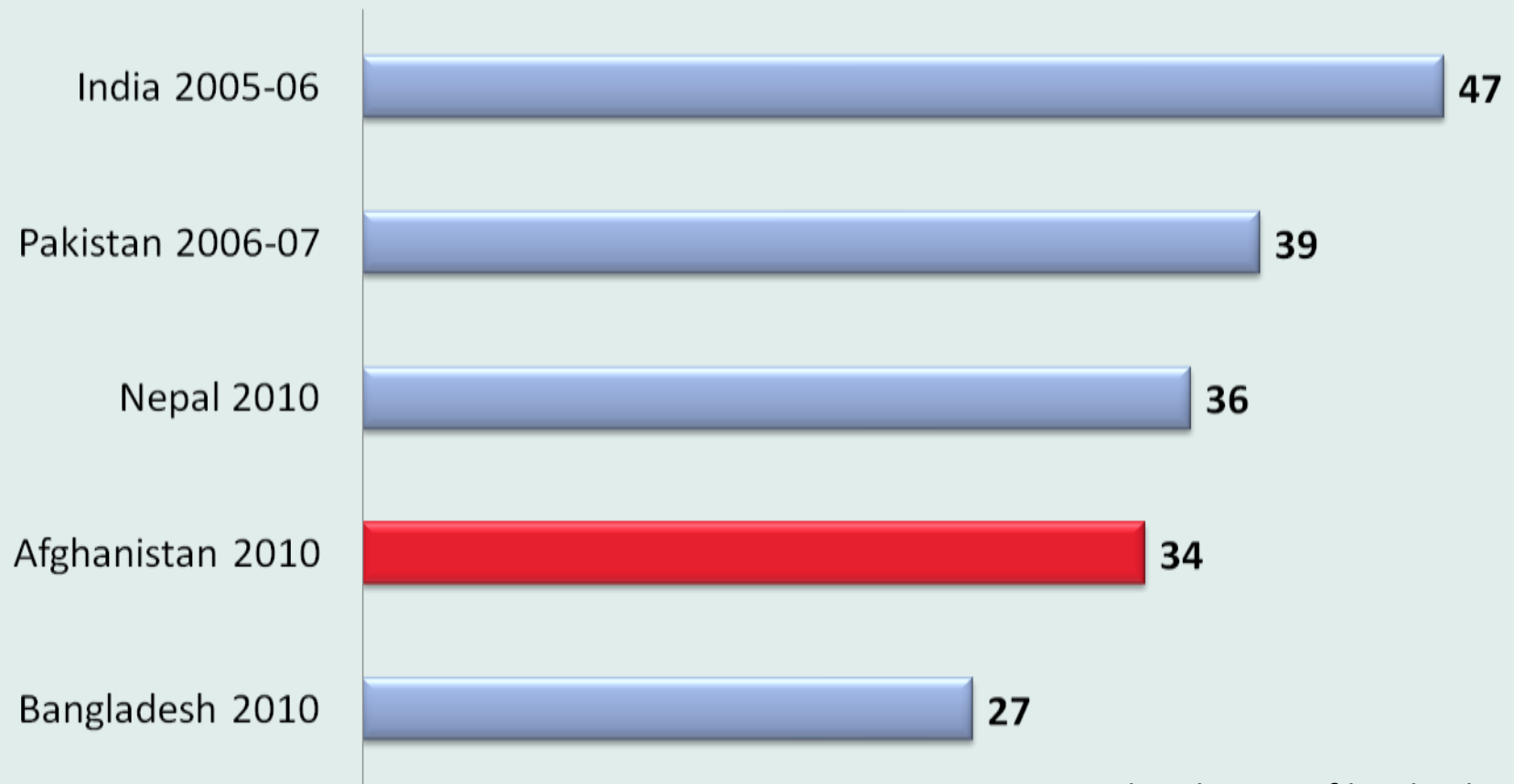
Trends in Delivery Care from a Medically Skilled Provider

Percent of last live births

■ Urban ■ Rural ■ Total



Skilled Birth Attendance- How Does Afghanistan Compare?



Percent distribution of live births in the past 5 years assisted at delivery by a skilled provider

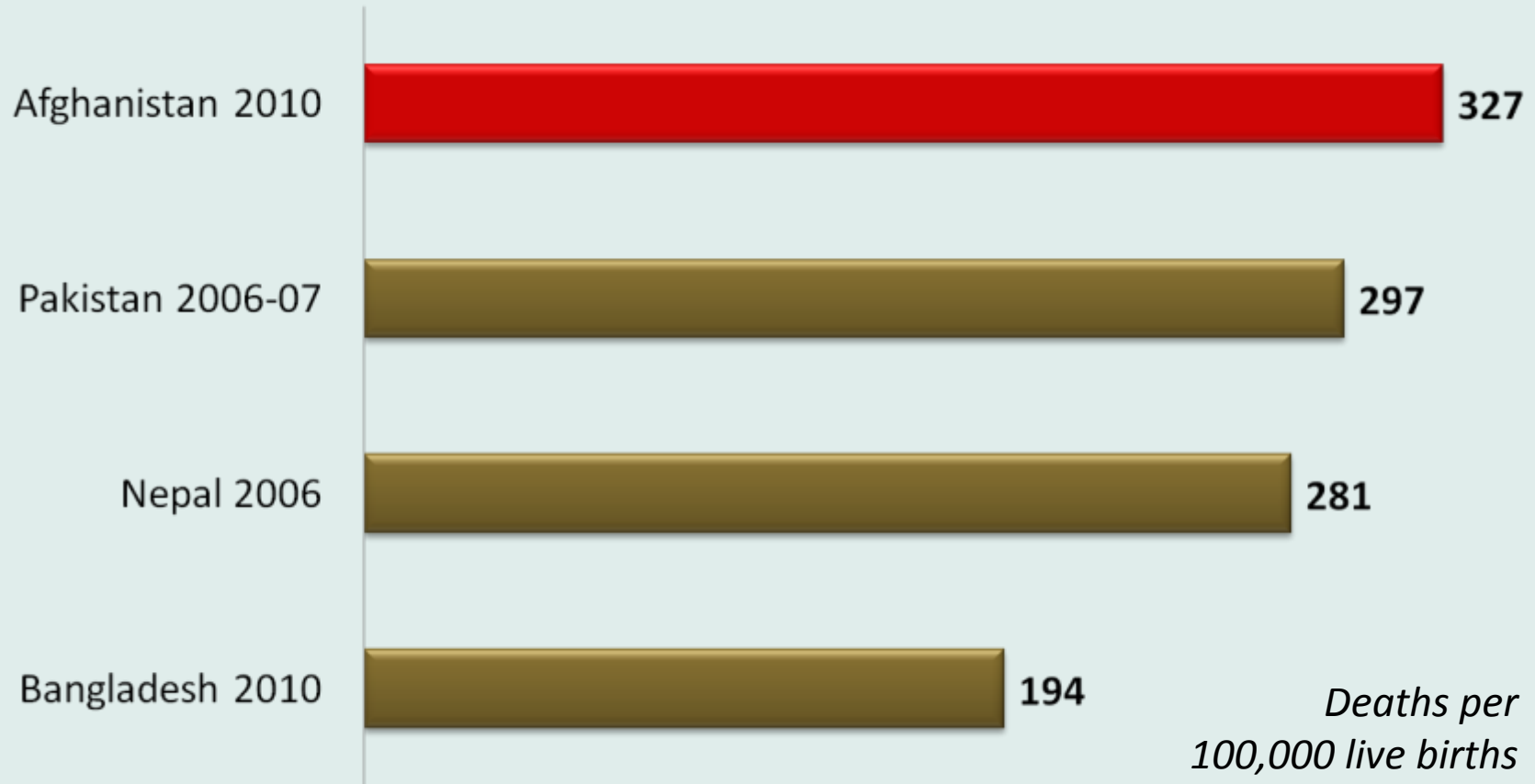
Maternal Mortality

The maternal mortality ratio calculated from the AMS is 327 deaths per 100,000 live birth

Pregnancy-related Mortality

- 1 in every 50 women in Afghanistan will die from a pregnancy-related cause during her lifetime
- In other words, 1 Afghan woman will die about every 2 hours from a pregnancy-related cause

How does Afghanistan compare?



Data source: AMS 2010; Streatfield et al. (2011) for Bangladesh 2010; and DHS Survey reports for Nepal and Pakistan

5 Key Success Factors

- Expanding access to basic, life-saving primary care
- Increasing human resources, especially skilled midwives
- Scaling –Up Emergency Obstetrical Care
- Introducing Key Community-based Interventions
- Improving Quality



Basic Package of Health Services

Standardized Package of Care

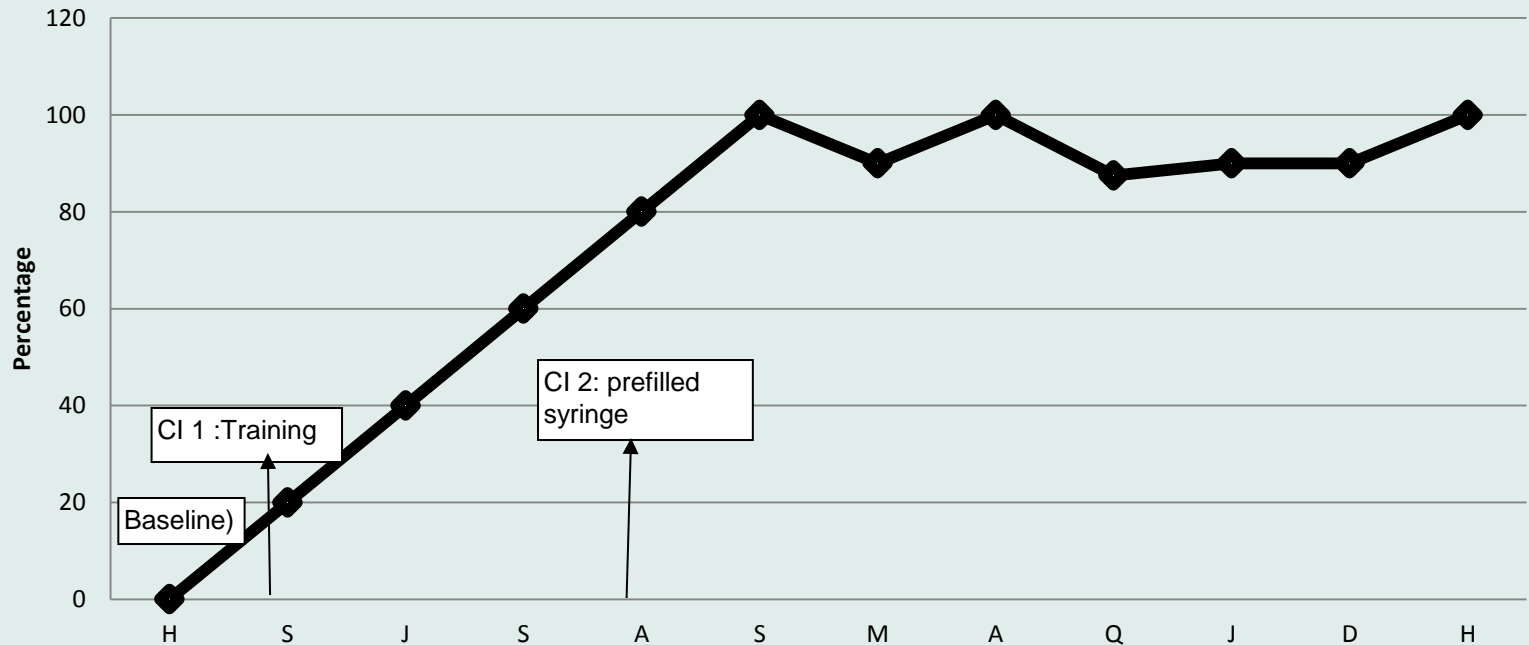
- Specific services offered
- Type and number of staff
- Facility features
- Equipment and supplies required
- Essential drugs and dosage offered



Community Midwifery Education



Emergency Obstetrical Care



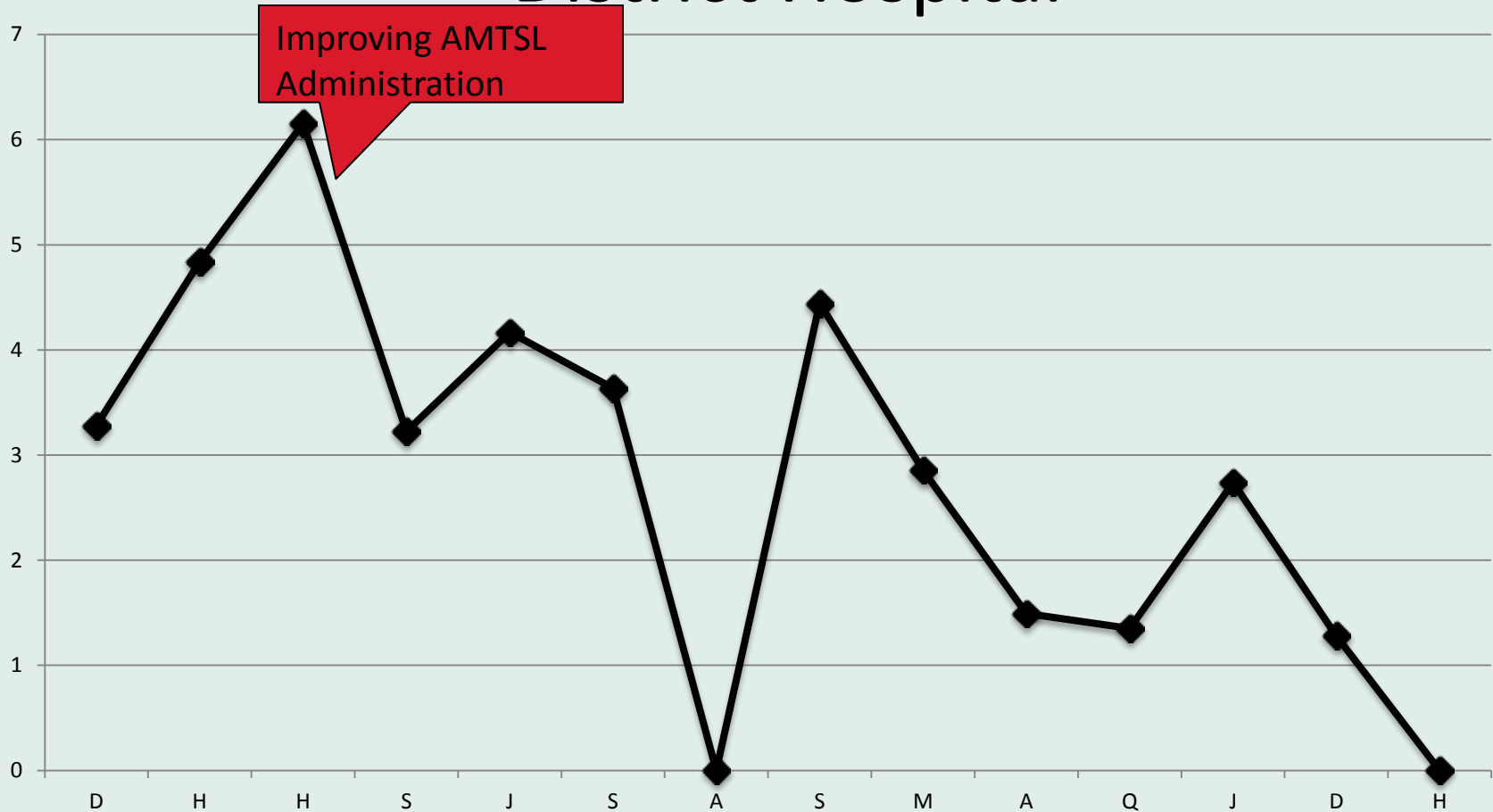
Proportion of compliance with AMSTL in Khair Khana Hospital

Numerator: # of delivery cases in which 3 AMTSL standards performed

Denominator: Total # of sample (10 cases) observed


Data Source: direct observation

Improving AMTSL Administration Results from PPH Reduction in DehDadi District Hospital












Community Based Health Care





Prevention of PPH at Home Birth in Afghanistan
CHW Form

1. CHW's Name	2. Village/Health post	3. District		
4. Name of the pregnant woman	5. Name of the husband	6. Drug serial #		
 	 	<hr style="width: 80%; margin: 0 auto;"/>		
7. CHW visiting Homes (j)	8. Women with no menstruation	9. Counting number of months	10. Education on BP CR and PPH	11. Participants ID card
 1				 Prevention of Postpartum Hemorrhage Participants No: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Improving Quality and Performance

- Developed of quality assurance standards
- Engaged communities to define quality
- Introduced quality improvement collaborative method to accelerate improvement in health outcomes
- Annual Balanced Scorecard to Monitor Performance



Challenges Ahead

- Despite our gains, there is still a long way to go.
 - Two-thirds of women still give birth at home without a midwife or skilled attendant;
 - more than half of the women under age 20 have no formal education;
 - maternal mortality is still unacceptably high.
- Addressing the health inequities between rural and impoverished women and their urban and wealthier counterparts.
- The gains are fragile and donor resources are declining. Substantial investments must be maintained to safeguard these hard-won gains.

Thank You