National Reproductive Health Strategy for Afghanistan 2003-2005

Final document, July 2003

General Directorate of Health Care and Promotion
Women’s and Reproductive Health Directorate
Reproductive Health Taskforce
National Reproductive Health Strategy for Afghanistan

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Foreword [to be added]

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PREAMBLE

The strategy Development Process has been based on a participatory approach and the National Reproductive Health Strategy has been developed in line with the National health Policy adopted by the Transitional Islamic Government of Afghanistan to outline strategic orientations.

For this purpose, in 2002, a RH Coordinating Committee lead by UNFPA drafted a conceptual paper, outlining the participatory consultative process for developing the RH national strategy and provides opportunity to all stakeholders to participate in formulation of the program (Ref. Annex 1). Besides reviewing relevant documents, different programs and options, the participatory strategy development process has been envisaged to consult with key informants, stakeholders of different origins and regions and most importantly women and women’s groups. While the task of extensive review and pursuing participatory process is daunting, it is essential that all stakeholders become owners of the strategy. In this process, the Ministry of Health has leaded the process. International and national technical assistance has been sought by the Ministry to facilitate the review and consultation process.

In April 2003, the MOH has assigned a task force committee with specific mission: “Under Ministry of Health’s leadership, the Reproductive Health Task Force (RH TF) is the body providing overall advice, guidance and coordination for reproductive health activities in Afghanistan. The main goal of the RH TF is to support the implementation of the National Health Policy and the achievement of the Government’s stated objective to reduce maternal and neonatal mortality1 (Ref. Annexe2). All stakeholders (UN Agencies, Bilateral agencies, national and international NGOs) are members in this TF. (Ref. Annex 3)

Within this TF, and based on the conceptual paper mentioned above, a working group leaded by UNFPA has develop the present strategy document. The RH task force members acknowledge that this document does not provide an exhaustive list of the reproductive health issues that Afghanistan faces. Instead the RH task force approach is to identify priorities and continue to work through problems on an ongoing basis. While developing RH strategy, the focus has been put especially on interventions to tackle maternal and child deaths- safe motherhood and family planning areas. Safe motherhood strategy has been developed in mid 2002 with support from UNICEF. Other important RH components as of STI/HIV/AIDS, are being developed in the context of transmitted diseases.

The strategy must evolve and build on the lessons learned as we go along and envisages incremental introduction of other reproductive health services in the medium and longer-term framework as appropriate.

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1 Reproductive Health mission statement document, p 2
Section I: INTRODUCTION

Chapter 1: RH: DEFINITION AND SITUATION IN AFGHANISTAN

1. DEFINITION

"Reproductive Health (RH) is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters related to the reproductive system and to its functions and processes". It is recognized that RH is a crucial part of overall health and is central to human development.

RH components include services related to:
- safe motherhood, including post abortion care,
- family planning including post abortion as well as postpartum contraception,
- STIs/HIV/AIDS,
- Reproductive tract infections, and infertility,
- Information education and counselling for adolescents and young people.

2. SITUATION IN AFGHANISTAN

Recent reviews and assessments of Reproductive Health situation in Afghanistan during 2002 have highlighted the unmet needs in this area. The National Health resources assessment has shown that availability of basic reproductive health services is extremely limited – only 17% of the basic primary health facilities provide the basic RH package related to safe motherhood and family planning services (refer box-1). Regarding the availability of family planning methods, only 29 percent of the BPH facilities provide 3 methods. Nearly 40 percent of the basic facilities have no female health care provider.

Despite lack of national data on qualitative and socio-cultural aspects particularly for family planning, a study conducted in Herat province in 2002 showed that the unmet need for family planning is 23 percent.

Table 1 below provides the available reproductive health indicators for Afghanistan which highlight the enormous challenges the MOH is facing in terms of reproductive health in the country.

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2 WHO definition
4 HERAT province MMR study by the Physicians for Human rights. 2002
Table 1. Reproductive Health Indicators in Afghanistan

<table>
<thead>
<tr>
<th>Indicator, year and source</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio (per 100,000 live births) [2002 CDC/UNICEF study ]</td>
<td>1600</td>
</tr>
<tr>
<td>Anaemia in pregnant women in Eastern and South eastern region [MICS 2000]</td>
<td>55%-91%</td>
</tr>
<tr>
<td>Basic primary health services [BPHS] facilities providing basic RH services .[National Health Resources Assessment HANDS/MSH 2002]</td>
<td>17 %</td>
</tr>
<tr>
<td>Health facilities providing caesarean section and blood transfusion BPHS facilities providing three methods of contraception [HANDS MSH 2002]</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Coverage of Antenatal Care (%) [1999 WHO Afghanistan*]</td>
<td>29 %</td>
</tr>
<tr>
<td>Births attended by trained personnel (%) [1999 WHO* ]</td>
<td>12 %</td>
</tr>
<tr>
<td>Proportion of deliveries at home</td>
<td>90%</td>
</tr>
<tr>
<td>Coverage of tetanus vaccination (% of pregnant women) [2000 WHO/UNICEF Afghanistan*]</td>
<td>16%</td>
</tr>
<tr>
<td>Total fertility rate (per woman) [1999 Source: WHO*]</td>
<td>6.9</td>
</tr>
<tr>
<td>Contraceptive prevalence (% of women 15-49) [1972-73, UNFPA]</td>
<td>2%</td>
</tr>
<tr>
<td>Contraceptive prevalence: proportion of women aged 15-49 years who are using a contraceptive method in South eastern region [MICS 2000]</td>
<td>2%</td>
</tr>
<tr>
<td>Contraceptive prevalence: proportion of women aged 15-49 years who are using a contraceptive method in Eastern region [MICS 2000]</td>
<td>8.4 %</td>
</tr>
<tr>
<td>Unmet need for family planning [HERAT PHR study 2002]</td>
<td>23 %</td>
</tr>
<tr>
<td>Unmet need for family planning [Kabul TDH study 2002]</td>
<td>98%</td>
</tr>
</tbody>
</table>

* Routine data collected by WHO in 1999
* Through analysis of nationwide routine programme in Afghanistan (WHO 2000)

CDC (Centre for Disease Control)  
MICS (Multiple Indicator Cluster Survey)  
PHR (Physician Human Rights)  
Tdh Terre des hommes
Chapter 2: RH, NEED FOR A NATIONAL STRATEGY; CONTEXT

The international community has emphasised Reproductive Health in the global millennium development global goals in health for achievement by States by the year 2015:

- Reduce by two thirds between 1990 and 2015 the under-five mortality rate
- Reduce by three quarters between 1990-2015 the ratio of maternal mortality
- Attain universal access to safe reliable contraceptive methods by 2015
- Have halted by 2015, and begun to reverse, the spread of HIV/AIDS
- Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases

The Transitional Islamic Government of Afghanistan has endorsed those goals. The Ministry of Health has put in its agenda, RH and women’s health among the top priorities of this department. As reflected in the Ministry of Health policy documents:

- "The Ministry of Health will lay the foundations for equitable quality health care for the people in Afghanistan, especially mothers and children. Priority emphasis will be on provision of good quality care to mothers and children including essential obstetric care."

- "The Ministry of Public Health will work to ensure access to a full range, affordable reproductive health services, especially maternal care and treatment of obstetric emergencies to reduce deaths and disabilities. Safe motherhood initiative including Family Planning (child-spacing) and mother baby package will be used. Appropriate services to adolescents and to young adults will also be provided."

- The safe motherhood services package which includes: Community education, antenatal care, counselling and promotion of maternal nutrition, skilled assistance during childbirth, family planning counselling, information and services, reproductive health education and services for adolescents.

- The working principles include ‘promotion of women in health care provision, ‘lay the foundations for (i) an increase in the number of female midwives, OBGYN doctors, trained birth attendants together with other health professional staff and (ii) the promotion of health education towards empowerment in issues such as child spacing.

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5 Transitional Islamic Administration of Afghanistan, Ministry of Health, Health Strategy, p 10, Box 2
7 National Health Policy, Policy statement, final draft, P 8
8 Policy Statement document, Annexes, p 5
It is also mapped out with reference to Afghanistan’s National Development Framework\(^9\) that the ‘first set of nationally owned policies, strategies, required institutional structures and implementation mechanisms in each sector’ are needed and that “the country should have the capacity to design programs and projects that are part of a coherent developmental strategy”.

In such enabling environment, the National Reproductive Health Strategy is envisaged to provide strategic directions to translate the above endorsed statements and stated goals into specific strategic plans in order to meet the critical unmet reproductive health related needs for all Afghan people.

- To outline strategic axes/plans that will be established to meet the reproductive health needs of people.
- To identify the human resource development and management plan for establishing these RH strategic axes/plans
- To provide a guidance for quality assurance, management, communication and community mobilisation
- To provide estimation basis for the financial investment needed to put the plan in place
- To provide direction and basis for preparation of annual operational plans

Section 2: REPRODUCTIVE HEALTH STRATEGY FOR AFGHANISTAN

Chapter 1: VISION, STRATEGIC AXIS, AND GUIDING PRINCIPLES

1. Vision

The vision of the national reproductive health strategy is `Reproductive health and rights for all people living in Afghanistan.

The purpose of the strategy is to guide the country’s response as a whole in the reproductive health sector and build synergies between the implementation of the different components of reproductive health [namely safe motherhood, family planning, nutrition, others] as an integrated package by the different partners.

2. Strategic axes

As Reproductive health issues affect different communities and at different periods in people’s lives, a successful strategy must focus on population-specific actions. The basic package of health services as defined in MOH framework should guide interventions in Safe motherhood and Family Planning- primarily birth spacing areas.

The national reproductive health strategy has been developed based primarily on two Strategic axis in conjunction with the two reproductive health priority areas: Safe motherhood and family planning identified as such, based on the fact of high maternal mortality ratio, high fertility rate versus limited access to family planning services and counselling in the country.

Strategic focus is to strengthen and/develop quality delivery care including Emergency Obstetric care in Afghanistan during the next three years [2003-2005].

This strategy document provides the Ministry of Health and other organisations across the health sector with a basis to develop specific plans and to make funding decisions. It provides strategic directions and approaches to improve health outcomes for all Afghans, particularly women. Other sectors beyond the health sector, can contribute to the improvement of reproductive health. The education sector, for example, and families and communities influence reproductive health outcomes. Also reproductive health aspects affect people and sub-populations differently, so one model does not fit all.
3. Guiding principles

The guiding principles of the strategy are based on those of the Ministry of Health’s mission and vision and the National Development Framework of the Transitional Islamic Government of Afghanistan. These include:

- Stewardship of the health sector by the Ministry of Health to ensure transparency, accountability, advocacy and regulation
- Provision of service primarily through an essential package of health services designed to reduce inequalities in access to health care and address the priority causes of mortality and morbidity.
- A focus on vulnerable groups such as the displaced, disabled and nomads, Women in remote areas without access to midwives, doctors or hospitals,
- Community participation and involvement in order to maximize sustainability.
- Commitment to the ethical concepts of human rights, equity, solidarity and social justice and to the incorporation of a gender perspective in reproductive health
- Local Afghan capacity building
- Inter-sectoral cooperation and active and effective participation
Chapter 2: FAMILY PLANNING STRATEGY

1. OVERALL OBJECTIVE & FRAMEWORK

The overall objective is to improve women’s health and reduce maternal risk through meeting the unmet needs for family planning and increasing access to quality FP services. The three specific objectives of the strategic framework for family planning include:

- Objective 1: Improve access to quality family planning services for men and women, especially to methods which are preferred and will be used by largely illiterate women in underserved rural areas of Afghanistan.

- Objective 2: Strengthen information, education, behaviour change communication for Family Planning/ birth spacing for men and women.

- Objective 3: Create an enabling environment for utilisation of FP services

The approaches and strategic directions in each of the above three objectives are discussed below. These specific directions have been suggested because they have high potential to produce broad based, durable changes in the family planning service delivery. Mainstreaming gender and inter sectoral linkages are cross cutting issues to be addressed in each objective.

In the entire process, technical and financial support should be provided to the Afghan Family Planning Guidance Association (AFGA) that has been revitalized after several years and work under the MOH. AFGA would be the key partner in all related activities related in the country.
2. **STRATEGIC APPROACHES**

**Objective 1:** Improve access to quality family planning services

The Ministry of Health will ensure that women and men have access to quality family planning information and services and integrate the family planning services into the national primary health care system.

(i) Package of family planning services at different levels: Define a package of family planning services -as component of the BPHS at each level of the health system. Table 1 below provides a suggested package of services for FP at the community level, basic primary health services, district/provincial levels, others. At the family/community level the focus will be more on information, education and behaviour change communication as well as community based distribution of contraceptives. At higher levels clinical and specialised services will be available. Develop plan for increasing coverage of the FP package as part of integrated basic health services.

<table>
<thead>
<tr>
<th>Service delivery level</th>
<th>Family planning package of interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td>Information, education and behaviour change communication (IEC/BCC) based in the socio-cultural context including gender for youth men and women, benefit of child spacing, avoid early marriage teenage pregnancy, infertility, and preconception care through various media. Cultural issues make the popularity of condoms for men and pills for illiterate women in rural areas unlikely here in Afghanistan. We therefore feel that since depo provera injections are likely to be the most convenient method chosen in Afghanistan, the training for TBAs and CHWs should include this method (this will also help with the anaemia problem which is present in at least 50% of women). Since CHWs Community based contraceptive distribution [condoms /pills] via TBA, community health workers [Male and female], community volunteers, Community health committees or other related groups Social marketing of condoms and re-supply oral pills through community sources in rural areas Community –based Ante/Postnatal care effective intervention via TBAs, Community health workers e.g. Family education about danger signs, birth preparedness, maternal nutrition, breastfeeding, clean delivery, hygiene practice, immunization etc.</td>
</tr>
<tr>
<td><strong>Basic/comprehensive primary health centre</strong></td>
<td><em>All the above plus</em> Service delivery of injectables and IUDs, post abortion care and contraception as well as post partum contraception particularly in remote areas for those who have history of obstetric life threatening complications. Supervision and support to community level activities Counselling, management, referral for side effects, method related problems, change of method where indicated</td>
</tr>
<tr>
<td><strong>District/provincial level hospital</strong></td>
<td>In addition to service provided at the basic/comprehensive centre following will be provided: Performing tubal ligation and vasectomy All other contraceptive methods as per national guidelines Management of FP complications Postpartum and post abortion contraception</td>
</tr>
</tbody>
</table>
(ii) Establish National Service Delivery Protocols: Develop protocols and guidelines for quality family planning service delivery of the defined package of services. These protocols will ensure service providers at all levels offer the standardized quality of care to ensure access of clients to good services, improved client provider interactions, non-judgmental, responsive to diversity and based on international evidence.

(iii) Contraceptive Distribution channels: Promote community based distribution of contraceptive through innovative channels including using community health workers, TBAs, volunteers and others as depot holders. Expand condom distribution through non-traditional outlets.

(iv) Contraceptive Social Marketing: Formulate and implement innovative social marketing schemes to provide subsidised products and services in areas where there is limited access.

(v) Contraceptive Commodities and logistics: Streamline contraceptive logistics through product specification in the service delivery guidelines including quality assurance, capacity building in forecasting commodity requirements on an annual basis. In addition the streamline agreed logistics plan for distribution and procurement of the contraceptive commodities with external partners supporting this component and NGO implementing partners. A three-year rolling plan for uninterrupte supply of contraceptives to be developed.

(vi) Capacity building and training in family planning
- Development of training modules in FP for different categories of staff (from TBA to medical officer) in family planning counselling and package of services. The national FP service delivery guidelines will form the basis for all in-service orientation and training. Several existing FP service delivery protocols are available from Afghan NGOs who have been implementing these services. These protocols are available to be reviewed and updated as technically accurate and culturally appropriate and standardized at national level.
- Training of trainers from different training institutions on family planning component.
- Training of different categories of staff in family planning counselling and service delivery for implementing the package of family planning services;
- Integration of FP training into other MCH, midwifery, CHW and other on-going trainings. The family planning training and orientation will be designed to complement the training under the safe motherhood, community midwives training currently being developed/implemented in Afghanistan.
- International, South-South training and observation study tours on effective family planning programs particularly in the Muslim countries [such as Indonesia, Iran, Egypt, Bangladesh] for capacity building of training institutions as well as others.
- Develop technical Assistance program with international family planning institutions and experts. Fellowships to Afghans for short term as well as long
term training in aspects of family planning such as behaviour change communication, contraceptive logistics, qualitative research and others.

(vii) **Family planning related indicators for monitoring access and quality**: Suitable indicators related to family planning to be included by the HMIS working group under the Ministry of Health, Afghanistan. The earlier HMIS did not include any family planning related indicators. Accurate and timely information is increasingly viewed as an essential health tool for improving programs and for ensuring that messages and delivery systems are working as intended. HMIS information can also assist in the development of best practice guidelines and in ensuring that overseas experience is made relevant to the issues particular to Afghanistan.

| Objective 2: | Strengthen information, education and behaviour change communication [BCC] for birth spacing |

This component of strengthening IEC/BCC would contribute towards increasing the knowledge of individuals and couples on their right to make free and informed choices regarding the number and timing of children and regarding the use, safety and health benefits of modern family planning methods.

(i) Since most international research and foreign experts have concluded that behaviour change communication happens only when there is engagement of women and children in small group dialogue involving discussion and question and answer time, our strategy will necessarily involve training TBAs and CHWs to become health educators and facilitators of frequent village peer group meetings and one on one discussions.

(ii) **Develop behaviour change communication plan and materials**: A comprehensive communication plan will be developed. There is paucity of communication materials for use by different categories of health workers in counselling for family planning and health benefits of spacing activities. Specific materials, identified as appropriate, would need to be developed for the information education and communication activities. It is imperative that the materials be developed as part of a comprehensive BCC plan for utilisation and dissemination.

(ii) **Identify communication channels and audience segments**: Development of BCC messages to create a favourable attitude within the public [as well as provider community] planning based on formative research and the socio-cultural and religious sensitivity. The research to also identify appropriate channels for the behaviour change communication activities including media, local radio Afghanistan, community channels, others. An effective communication strategy for target groups is developed with their involvement in all phases of development and implementation.
(iii) **Cooperation with related Ministries:** Structures of other Ministries such as the Ministry of Women’s affairs ‘Women Centres’ being developed will be utilised for interpersonal communication and counselling and referral for family planning emphasising child spacing for safer motherhood as well as distribution of the communication materials. Women from the centre to also be considered for training to be peer educators and be provided with IEC materials for community activities. Training of personnel for health promotion, community education from other sectors such as education and rural development.

(iv) **IEC for male involvement:** Effort to increase the active participation and responsibility of men in informed decision making on RH issues and to promote use of male contraceptive methods [condoms] will also be introduced in appropriate contexts with involvement of the community health volunteers [a large cadre of these has been trained by NGOs already in the country]. The IEC activities will also be linked with community based distribution of contraceptives as given in above section.

(v) **Family life education and life skills in schools, include family life education and life skills training in school curriculum.** The Ministry of Health will liaise with Ministry of Education to develop and strengthen a family health education programme and appropriate materials [teachers guides, teaching learning material]. This would initially be pilot tested sensitively in the first phase in the appropriate age group of secondary students. Much experience has been accumulated globally in introducing reproductive health education in schools and this would be adapted as appropriate to the Afghan context.

<table>
<thead>
<tr>
<th>Objective 3:</th>
<th>Create an enabling environment and for utilisation of family planning</th>
</tr>
</thead>
</table>

This third important component includes creation of an enabling environment through advocacy and social mobilisation, which targets the relevant communities, policy makers and all key stakeholders. Communities should be empowered to set priorities, make decisions, plan and implement strategies which help them achieve optimum reproductive health.

(i) **Community involvement/ participation:** These could include in different contexts-
- Information education activities to local community groups [such as shuras] on health benefits of birth spacing and safer motherhood. Husband wife teams from the villages to be identified to volunteer as depot holder for selected contraceptives and provide information education following training in selected villages as available.
- Involvement of civil society organization for disseminating information, counselling and education about the benefits of birth spacing and later marriage for women to women’s health and benefits of high female literacy to women’s and children’s health and its benefit to the entire family.
Sensitisation of community and religious leaders on women’s health benefits of child spacing. This would enhance social commitment to improvement of efforts to empower for health and facilitate collective and popular actions that help people to lead healthy lives. The sensitisation to facilitate information on the priority of women’s health in the National Solidarity Program and implementation of community programs to address these concern locally. Strengthen, energise and make publicly accountable the health infrastructure at the village and primary health centre levels. Community groups and health committees [as developed by some NGO programs] could also be of assistance in monitoring availability of products such as contraceptives.

(ii) Strengthening data for policy and programming: Data and research studies related to family planning community attitudes, social and cultural values, social support which have a significant impact, both positively and negatively on people’s reproductive behaviour are limited in Afghanistan. Developing a national data and research agenda on reproductive health is another critical area. A Demographic and Health Survey or DHS type survey to be planned as well as selected critical operational research in response to emerging policy, planning and management of reproductive health. Also dissemination and utilisation of research information, including a commitment towards implementing strategies that use evidence-based practices will be strengthened. Data is also important for policy advocacy related to RH, empowerment of women for improved health and mainstream gender considerations in program planning.
Chapter 3: SAFE MOTHERHOOD STRATEGY

The Safe Motherhood Working Group of the Ministry of Health developed a strategic framework for reduction of maternal mortality in Afghanistan. That was endorsed at the Safe motherhood planning workshop held in September 2002 is given below. Three axes of focus have been suggested in this framework.

1. Strategic axis

Axis 1. Improve the coverage, quality and utilisation of emergency obstetric care

- Ensure that every provincial hospital can provide comprehensive emergency obstetric care according to agreed standards;
- Ensure that every district hospital or primary health care centre can provide basic EmOC;
- Develop creative and sustainable ways for women living in the remotest areas to access health facilities as described above.

Axis 2. Improve the coverage of skilled attendance at birth

Train a sufficient number of midwives and auxiliary midwives is a mandatory path to reducing maternal mortality in Afghanistan. Woman’s right to quality care at delivery imposes that every woman should have access to a skilled attendant at delivery; including innovative ways to ensure their availability for women at the community level.

Axis 3. Ensure Effective Antenatal and Post Natal Care through services and community-based interventions

- Implement evidence based antenatal care through routine basic health services and community services, focusing on: anaemia prevention and control, malaria prevention, specific nutritional interventions, infection prevention, clean delivery, birth preparedness including information and education of the pregnant woman and her family to recognize the symptoms of complications and to know when, how and where they should seek care, as well as provision of transportation and financial resources to seek care.

The three axes will be implemented in a way which ensures the link with the family planning services, so that women have access to a continuum of RH care allowing avert maternal death. Effective postnatal care and newborn care will be streamlined through the main strategic axes.

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10 Skilled birth attendants are defined by WHO as trained midwives, nurses, nurse/midwives or doctors who have completed a set of course of study and are registered or legally licensed to practice. Where as TBAs including those who have been trained are not defined by WHO as skilled attendants.
As health sector is not a unique sector to develop interventions for reducing maternal mortality, inputs from other sectors other than health will make important contributions to this strategic framework.

2. Objectives

(i) Short term objectives [18 months]

- The Ministry of Health owns the safe motherhood initiative and works closely with the donors and implementing partners.
- Set rights and gender based policy framework for Safe Motherhood.
- Set evidence based standards for clinical care [antenatal and EmOC], for training programs and for blood banks. MOH and partners will work to ensure standards are set and maintained also for related services critical to safe motherhood, i.e. blood bank, laboratories and pharmacies.
- Begin implementation of the strategy by developing five centres of excellence. Five regional hospitals will be upgraded to perform as resource/excellence centre both in terms of quality services as well as enabling/learning environment for the trainees (midwives and doctors). The Centres of Excellence are Malalai Maternity of Kabul, Mazar, Heart, Kandahar and Jalalabad.
  - Facility renovation
  - Input with supplies and equipment according to the agreed standards
  - Training of trainers in EmOC, infection prevention and management
  - Development of related services
- Pre-service training for midwives, auxiliary midwives and physicians.
  - Curriculum development consistent with agreed standards and job description
  - Upgrade of clinical training facilities
  - Up grade IMEI
  - Start expansion of auxiliary midwife programme
- Develop communication plans for safe motherhood and innovative programs for reaching the hard to reach.
- Provide direct support to maternal health service delivery and start expansion beyond the Centres of Excellence, based on existing capacities and opportunities. The support will consist in provision of supplies, equipment and training of service providers. Given the current option for service delivery through performance based partnership agreements (PPAs) in the next two years, priority will be given to ensure full support to the service providers to meet the requirements of the agreements and provide full package of maternal health services according to the agreed standards.
- Endorse roles and responsibilities of the community health workers and traditional birth attendants and take appropriate measures for enabling them with the necessary knowledge.

(ii) Medium term Goals [18 months to 3 years]
Continue expansion beyond the centres to existing hospitals in every provincial capital (provide training, supplies, renovation) and continue to enhance existing district hospitals and PHCs; provide training, supplies, renovations, in order to meet the standard indicators for availability and use of EmOC;

- Expand communication strategies to beneficiaries in more remote areas
- Encourage and support implementing partners to develop community-based solutions to affordable and safe transport to EmOC providers.
- Continue training midwives, auxiliary midwives, and obstetricians
- Continue providing support to service delivery in the frame of reconstruction of the health system.

(iii) Long term objectives [3 to 10 years]
- With the MOH and other donors, plan sitting and construction of new facilities in areas with insufficient coverage.
- Expand developed strategies for reaching the hard to reach
- Include safe motherhood information in school curricula for health education
- Continue training midwives and women obstetricians
- Continue providing support to service delivery in the frame of reconstruction system.
Chapter 4: INSTITUTIONAL MECHANISMS

The Ministry of Health has established in its new organogram a structure named Women’s and reproductive health. The structure is under the leadership of the general directorate of health care and promotion. It will provide policy direction, and guidance for all RH components. Within women’s and RH department, Safe Motherhood Unit will ensure coordination, planning including monitoring and evaluation of RH programs within the context of the overall basic package of health services (Ref. Annexe 3).

The RH task force committee already established under the leadership of the Ministry of Health and chaired by the director of MCH department will ensure technical and managerial support for the implementation of the NRH Strategy. The Rh TF will (i) identify concrete terms of reference and membership criteria, (ii) define plans of action related to the RH components described in this document, (iii) raise funding to ensure sustainability of different RH interventions, (vi) reviewing, monitoring, evaluating RH interventions (Ref. Annexe 4). Linkages with related activities in the Ministry of Health, such as the Human resource development plan, community based health care as well as the Health Management Information Systems work will be ensured for synergy and coordination of efforts.

Ideally the strategy will be programme funded, that is, pooled resources and/or earmarked contributions, to provide required resources. The future management and implementation structures will be designed to

- Support and strengthen the leading role of government, and the MOH as the technical line ministry as regards policy, strategy, monitoring and evaluation, including quality assurance and quality control
- Provide flexibility accountability and results oriented management of a larger programme at the central and peripheral level

The shift from individually funded projects to a programme; from outputs to results orientation, from donor interest to national priorities, from capacity building of central structures to strengthening of implementation capacity and from health sector response to a multi sector approach is envisaged but will require time and resources. This however is a precondition for an effective and efficient national response to RH unmet needs.

Chapter 5: MONITORING AND EVALUATION OF RH PROGRAMS

The national HMIS strategy should be the backbone for monitoring performance in the area of Reproductive Health. HMIS tools will include indicators as necessary to provide appropriate information to plan, monitor, supervise, and review the national RH components. Box 1 below provides suggested indicators in reproductive health.
Box 1: Preliminary short list of national level reproductive health indicators

1. Total fertility rate
2. Fertility rate of women 15-19 years old
3. Contraceptive prevalence rate
4. Percentage of eligible couples who access to family planning services
5. Maternal Mortality Ratio
6. Percentage of women attended at least once during pregnancy for reasons related to pregnancy
7. Percentage of births attended by trained health personnel.
8. Number of Basic Emergency Obstetric Care (BEmOC) facilities per 500,000 population 11
9. Number of Comprehensive Emergency Obstetric Care (CEmOC) facilities per 500,000 population
10. Meet need for Emergency Obstetric Care.
11. Case fatality rate in Comprehensive EmOC facilities
12. Proportion of babies under four months old who are exclusively breast fed
13. Prenatal mortality rate
14. Percentage of live births with low birth weight (Under 2Kg)
15. Percentage of pregnant women routinely screened for haemoglobin levels who are anaemic

Source: Adapted from WHO

Chapter 6: NEXT STEPS

Once the strategy is finalised, the RH Coordinating Committee under the Ministry of Health will move forward on costing of the strategy and development of a detailed reproductive health sector plan of activities for the short term [next 18 months] as well medium term [3 years] in synergy with the national health plan of Afghanistan (refer to timetable). Costing of the strategy will be done based on year-wise targets and average unit cost of specific interventions as available from Afghanistan and the region. Development of an interim management plan to bridge the time necessary to establish regular defined management and financial mechanisms is suggested and finally the development of a first result oriented annual sector work plan. Initiatives will be taken to facilitate resource mobilisation for this sector to meet the critical reproductive health needs of our women.

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Section 3: ANNEXES AND REFERENCES

ANNEXES:

ANNEX 1: Conceptual Paper: Consultative and Participatory development of a national reproductive health strategy. 27 Jan 03

I. Introduction
Several reviews and assessments on the Reproductive Health situation in the country during 2002 12 have highlighted unmet needs in Reproductive Health and this area as a priority for the health sector in Afghanistan. Reproductive Health including family planning and maternal and child health has also been included in the Basic package of services for Afghanistan. The Transitional Islamic Administration of Afghanistan Ministry of Health’s mission and vision statement also articulates the priority area of women’s health. The Ministry of Health has identified the need for a National Reproductive Health Strategy to facilitate and guide a systematic response in meeting this critical need particularly for Afghan women. This brief suggests a participatory consultative strategy development process.

II. Participatory Consultative Strategy Development Process
The Ministry as chair of the strategy development process would ensure the participation of key stakeholders and resources partners at all stages of the National Reproductive Health Strategy Development Process. It is imperative that a diversity of skills and expertise be bought together for the strategy formulation and as many of the actual and potential partners are involved: from different government sectors; community organisations and NGOs, academia and medical institute, private sector, international donors. Such breadth of participation enriches the reflection. Importantly it also ensures ownership of the process and of the output. By the same token, involvement of the key stakeholders in the strategic plan formulation is a major step towards mobilising the financial and human resources of the different partners towards implementation.

- The Afghanistan Ministry of Health Reproductive Health Coordinating Committee chaired by the Director MCH would lead and guide the RH strategy development process. A specific working group from among the RHTF membership as well as from other relevant departments of the Government [such as Ministry of women’s Affairs]; NGOs, community organisations, international donors and UN partners is envisaged specifically on the National Reproductive Health Strategy development.

- UNFPA has been identified as the focal agency for the Reproductive Health Coordinating Committee by the Ministry of Public Health and would provide technical and logistical backstopping to the national strategy development process as requested.

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A first preliminary draft of the Reproductive Health Strategy paper based on a situational analysis and identified reproductive health needs and priorities in Afghanistan and a rights-based approach would be developed to initiate the consultative process. The RHTF chair would then initiate the review and participatory consultative process. The preliminary draft would build up on existing knowledge as available of the sector from the needs assessments and other reviews and learning lessons from other parts in the world as appropriate.

First RHTF strategy development meeting would be organised to discuss the National RH Strategy development process and agree on a timeline for the strategy development process. A preliminary draft for discussion will be shared at the meeting to initiate the consultative process.

Sub-groups may be formed as agreed by the RHTF members to work on different components of Reproductive Health such as family planning, adolescent/youth reproductive health as appropriate. The strategic framework developed by the Safe Motherhood Initiative working group would be considered for incorporation in the broader national reproductive health strategy since safe motherhood is an essential component of reproductive health [see box 1 below] and provide a comprehensive national document. An important premise of the collaborative planning process is that information from a variety of disciplines and perspectives is essential in developing comprehensive strategies that work and the consultative process would include inputs from other relevant committees and task forces of the MOH.

Box 1. Reproductive Health, within the context of Primary Health Care, includes the following essential components for adaptation as appropriate in country priorities and contexts:

- Family Planning counselling, information, education, communication and services
- Safe Motherhood; education and services for healthy pregnancy, safe delivery and post natal care including breast-feeding
- Care of the new born
- Prevention and management of the complications of abortion
- Prevention and management of RTIs/STIs/HIV/AIDS and other reproductive health conditions
- Information education and counselling for adolescent and young people
- Prevention and management of sub-fertility/infertility
- Life cycle reproductive health care including breast cancer, cancer of the reproductive system
- Nutrition.
Comments from the working group would be incorporated to revise the draft RH strategy document. The copies of the draft would be disseminated to stakeholders and developmental and NGO partners [besides the working group members] for wider participation and comments. Involvement of other ministries, Ministry of finance, Planning, Women’s Affairs, senior politicians, involvement of health care providers, local academic institutions, and women’s groups will be sought proactively by the working group chaired by the Ministry.

'Call-for-comments' Consultations will be done through the website, by email and by posting the background situational analysis papers as well as the draft national reproductive health strategy to individuals and institutions who would like to express their views but may not be able to attend the meetings. Written submissions to be invited on the draft national RH strategy.

The draft RH strategy paper will be translated in dari and the MoH will particularly seek the inputs from Afghan women’s groups through regional consultation[s]. The RHTF will endeavour towards a truly inclusive participatory process. Transformative potential of participation as a process through which those who are otherwise excluded from decisions and institutions that affect their life can exercise rights to voice and choice: as agents rather than as instruments or objects is well recognized. Participation with sensitive facilitation, longer-term process of engagement, recognizing participation as a basic human right, prior to and indivisible from other rights opens up new possibilities for engagement. Effective engagement depends on building respect, recognition and new ways of relating. This call for new roles: working with rather than on and for, the people to be assisted which is envisaged in the strategy finalisation process.

Finally a national consultation will be organised to share the final draft RH national strategy paper. After the consultation the working group would integrate the feedback into the draft strategy. An annex to the strategy would report on the entire consultative process and comments received from this participatory approach. The final strategy document will be printed and disseminated to partners and stakeholders.

III. Costing the Strategy and Resource Mobilization
Once the strategy is finalised, the Ministry of Health RHTF will move forward on costing of the strategy and development of a sector reproductive health plan in synergy with the national health plan of Afghanistan to facilitate resource mobilisation for this sector which will then be initiated to meet the critical needs of our women and men.

IV. Suggested Timeframe
1. RHTF to meet, discuss and finalise the strategy development process as well as time frame, setting up of sub-groups [as required] and linkage with the safe motherhood strategy development [February 2003]
2. A preliminary draft to be tabled to the RHTF by the Chairperson for discussion [February 2003]
3. RH Working Group/sub groups to review preliminary draft incorporate comments and suggested strategies relevant for regional contexts [March 2003]
4. Consultative process at national and regional levels including web-based (as agreed by the RHTF) [May-June 2003]
5. National workshop on the final draft of the strategy (July 2003)
7. Costing of the strategy and resource mobilisation (July 2003 onwards)
Mission statement

Membership and modus operandi

Priorities for 2003

FINAL DOCUMENT
1. Mission statement

Under Ministry of Health’s leadership, the Reproductive Health Task Force (RH TF) is the body providing overall advice, guidance and coordination for reproductive health activities in Afghanistan. The main goal of the RH TF is to support the implementation of the National Health Policy and the achievement of the Government’s stated objective to reduce maternal and neonatal mortality. As stated in the National Health Policy, “the Ministry of Health will work to ensure access to a full range of affordable reproductive health services, especially maternal care and treatment of obstetric emergencies to reduce deaths and disabilities”.

The mission of the RH TF is fourfold:

- To contribute to policy dialogue in areas related to RH and advocate for promoting RH as well as Reproductive Rights;
- To ensure sound technical input in the conception and implementation of reproductive health programmatic activities
- To facilitate the coordination and convergence of interventions of different stakeholders in the area of reproductive health.
- To ensure the development of national capacity to deliver effective, affordable, quality health information and services, focusing on reproductive health and newborn care.

2. Specific tasks comprise, but are not limited, to:

- Raise awareness on women’s rights to health and the social and economic burdens of maternal and neonatal mortality, and promote the development of specific activities addressing socio-cultural determinants of reproductive health;
- Ensure inter-sectoral links with relevant areas within the health sector and between the health sector and other sectors, such as advocating for creating an Interministerial Steering Committee for reproductive health;
- Promote and facilitate participatory development of a comprehensive Reproductive Health strategy;
- In consultation with relevant partners, oversee the preparation of policies, national guidelines and protocols for relevant areas of reproductive health (Family planning information and services, antenatal care, post natal care, delivery care/emergency obstetric care, newborn health, adolescent and youth reproductive health);
- Promote evidence-based policies, planning and service delivery through development of databases, surveys, operational research on RH, and ensure their link with other population and development issues;
- Ensure the set up of monitoring and evaluation mechanisms for reproductive health services;
- Encourage and support the implementation of national standards and guidelines by the service providers;
- Facilitate information exchange among stakeholders;
- Advocate and mobilise national and international resources for RH in Afghanistan.
3. Membership and modus operandi

The Task Force is co-chaired by MoH with support from UNICEF, UNFPA and WHO as focal points.

Member institutions are:

- Ministry of Health - MCH department (SMI advisory team);
- Other Task Forces and working groups constituted within the MoH - Nutrition, Child Health, HIV/AIDS);
- Ministry of Women’s Affairs;
  - UN Agencies: UNAMA, UNFPA, UNICEF, UNIFEM, WHO;
  - Professional associations: Afghan Society of Obstetricians and Gynaecologists, Afghan Family Guidance Association;
  - Other relevant government departments and agencies
  - Donors: USAID, JICA
- NGOs involved in women’s health and women’s rights activities: IbnSina, SCA, International Human Rights Law Group, MSH.

The TF may request that, temporarily, representatives of different institutions / organizations join the TF for reporting or supporting the debates.

In order to ensure the achievement of its mission, the TF may nominate working groups for completion of specific tasks. The working groups will be given a specific scope of work and they will develop a timeline for completion of their assigned tasks. They will report periodically to the TF on the level of implementation of their work and will cease their existence once the expected output has been obtained.

The TF will meet monthly. Working groups meet as often as necessary to meet their agreed upon timelines.

Between the monthly meetings, the operational issues are addressed by a Secretariat consisting of: MoH, UNFPA, UNICEF, USAID, WHO, SCA, JICA, which meets regularly, on a weekly basis.
The Secretariat:

- ensures that the Task Force members are updated about ongoing activities;
- maintains the consultative process with the stakeholders;
- supports identification of programmatic and geographic gaps related to policy and service delivery;
- organises the meetings of the TF and follows up the implementation of their recommendations;
- Facilitates the technical support to the partners.

4. Reporting lines

As per the Ministry of Health’s decision, the Task Force reports to the General Director for Health Care and Promotion and, through this reporting line, to the NTCC.

5. Priority domains for 2003

While reproductive health is a broad area, in the context of Afghanistan some of its components need to be specifically focused. In Afghanistan, half of deaths among women at reproductive age are related to pregnancy and childbirth. It is also known that almost half of the infant deaths occur during the neonatal period. Thus, the main focus will be on core components, as Family Planning, Delivery Care / Emergency Obstetric Care, Antenatal & Postnatal Care, Newborn Care, Adolescent and youth reproductive Health.

Main priorities will be:
- Elaboration of national reproductive strategy as well as guidelines and standards for the implementation of the BPHS, in the above mentioned areas (Family Planning, Delivery Care / Emergency Obstetric Care, Antenatal & Postnatal Care, Newborn Care);
- Harmonisation of action plans of stakeholders;
- Development of contraceptive logistics and distribution system, in order to increase their availability at the services and community level;
- Provision of support to MoH and NGOs for upgrading and expanding the provision of reproductive health services across Afghanistan;
- Capacity development and training in the relevant areas of RH of a critical mass of health workers, particularly females;
- Development of an appropriate monitoring and evaluation system of reproductive health services;
- Development of advocacy and social communication strategies for reproductive health, from a gender – and rights-based perspective;
- Integration of STI/HIV/AIDS in reproductive health; I don’t think we should keep this as priority
- Addressing issues related to Adolescent and youth reproductive health.
ANNEXE-3  RH TF members who contributed to the Strategy development:

Ministry Of Health (MOH):
2. Dr. Abdullah Fahim General Director of Health Care and Promotion Department
3. Dr. Abdullah Sheirzai General Director of Policy and Planning
4. Dr. Mehrafzoon Mehrnessar Director of MCH Department
5. Dr. Razia SMI Officer MCH Department
6. Dr. Halima Mouniri, Safe Motherhood senior advisor

United Nation Population Fund (UNFPA):
1- Dr. Farah Usmani RH Advisor Country Support Team (CST) UNFPA/Nepal
2- Morteza Mir-Motahari Assistant Representative UNFPA/ Afghanistan
3- Dr. Bashardost Project Advisor UNFPA/ Afghanistan
4- Dr. Zibulnessa MCH Advisor UNFPA/ Afghanistan

United Nation Children’s Fund (UNICEF)
1- Dr. Denisa Ionete MCH Project Officer
2- Dr. Suraya Dalil SMI Project Officer

World Health Organization (WHO)
1- Dr. Anne Begum RH Officer
2- Dr. Friba H. Hayat MCH Officer

MSH:
1- Dr. Steve Moore Senior Advisor MOH
2- Miho Sato Gender Specialist

JICA:
1- Dr. Norika Fujita
2- Dr. Hidechika Akashi MOH Consultant

IFRC/ARCS:
1- Dr. Jean Gilardi Health Coordinator
2- Dr. Nabi Deputy Health Coordinator
3- Dr. Fatima Nasir MCH Supervisor

Swedish Committee for Afghanistan (SCA):
1- Ms Kathey Carter-Lee MCH Advisor
2- Dr. Fazila MCH Advisor
3- Dr. Malalai MCH Advisor

Marie Stopes International (MSI):
1- Dr. Lisa Thomas Medical Advisor

AHDS:
1- Dr. Nabila Osmani MCH Coordinator
ANNEXE-4 OPERATIONAL TEAM FOR SMI UNIT

Mission Statement

The Operational Team has been appointed to ensure the achievement of SMI as of enhancing progressive move toward reduction of maternal and neonatal mortality and morbidity in Afghanistan.

Accountability and Reporting relation:
The Operational Team is accountable to the director of Care and Promotion Department and should report to him. The director oversees all the team activities and facilitates its relations with all MoH structures involved in SM strategy implementation.

Job Description
In line with the interim strategy and overall policy of MoH, and under the guidance of Health Care and Promotion Department, the operational team has been assigned a leading role in the implementation process of safe motherhood strategy. Hence, within this frame, and with the assistance of the international senior advisor, the OT should provide leadership in ensuring the following tasks:

1. Develop appropriate mechanisms to ensure smooth and efficient coordination among all SM stakeholders. Since the implementation of SM is a multifactor process, the OT should develop cross cutting management skills to establish appropriate bridges with particularly, MoH structures involved in SM implementation; as of:
   - Secondary/tertiary and diagnostic health services which mandate includes Emergency Obstetric Care delivery;
   - PHC, Essential Drugs, IEC departments regarding the implementation of ante as well as postnatal services package;
   - Policy and Planning directorate particularly Human resources department (with regards to training and staffing), Planning, and HMIS department (with regard to monitoring and evaluation of all safe motherhood strategy axes;
   - Management and Administration directorate in order to follow up on renovation activities as well as supplies and logistics.
2. Develop annual work plan and follow up its implementation.
3. Act as technical reference structure within the MoH for all Safe Motherhood components: antenatal care, obstetric care, including EmOC, and postnatal care.
4. Develops and/or contributes to the development of guidelines and protocols for Safe Motherhood related components and ensure the adoption/use of those guidelines and protocols by all SM implementing partners (MoH, Agencies, NGOs,..)
5. Provide technical guidance to service providers and managers at different levels of intervention (local, provincial, and central level).
6. Identify training needs and set up training programs in accordance with training related partners.
7. Develop mechanisms and tools to ensure efficient supervision for capacity building among service providers and managers.

8. Ensure monitoring and evaluation of Safe Motherhood related activities and develop related recommendations;

9. Develop operational researches on Safe Motherhood issues.

10. Lead advocacy and social communication interventions at all levels on Safe Motherhood from a gender- and rights-based perspective.

11. Gather and disseminate information related to Safe Motherhood issues at national and international level.