

FACTSHEET



Mother and Child Health in Afghanistan

Providing access to health and nutrition services for children and mothers is a fundamental component of UNICEF's work and is crucial to the fight against poverty. Afghanistan has the highest rate of maternal mortality in the world, with 1 out of every 11 women passing away from a complication related to pregnancy or childbirth. This staggering number means every 30 minutes a woman in Afghanistan dies. Several issues contribute to this tragedy, ranging from lack of access to medical facilities and personnel in urban and rural environments, early marriage, a scarcity of female healthcare providers to address cultural norms requiring women be cared for by other women and the near absence of family planning. These factors are complicated by the protracted conflict in Afghanistan.

Not only are mothers at dire risk, but so too are infants and young children. Afghanistan has the second highest rate of under-five mortality in the world, with thousands of children dying every year. Many of these deaths are the result of vaccine preventable diseases, including polio and measles, the lack of clean water and sanitation which directly impacts nutrition and limited access to medical care. In addition to the high mortality rate, Afghanistan also has the highest rates of stunting in the world. Stunting is primarily caused by mothers' poor nutrition during pregnancy and repeated episodes of infectious diseases in a child's early years. Children who suffer from stunting lack the necessary nutrients for their bodies to develop properly, meaning

Health and Nutrition in Afghanistan	
Under-1 mortality rate per 1,000 live births	134
Under-5 mortality rate per 1,000, live births	199
Maternal mortality ratio in 100,000 live births	1,400
Delivery care, skilled attendant at birth	14%
Under-5 children underweight	39%
1 year old immunized against Diphtheria	83%
1 year old immunized against Hib - influenza	83%
1 year old immunized against Hepatitis B	83%
1 year old immunized against tuberculosis	82%
1 year old immunized against polio	83%
1 year old immunized against measles	76%

Figures as of November 2011. Source: State of the World's Children, 2011

they will not grow to their full size, often ending up smaller and facing greater risk of death during childhood or reduced productivity in adulthood. Reduced food security of families due to destruction of crops during natural disasters, combined with the burden of infectious diseases, is increasing the rate of acute malnutrition in the country - which is now double the rate of 2004.

UNICEF's Response

Working with the Ministry of Health, the Ministry of Rural Rehabilitation and Development, the Ministry of Education and partners, UNICEF's Health and Nutrition programme includes policy development and technical advice to the government, support for the provision of maternal, neonatal and child care services, training of community and health professionals, prevention and treatment of malnutrition and health and nutrition responses in emergency situations.



A health worker feeds malnourished child a ready-to-use therapeutic food at a nutrition centre in the Khan Kalacha area of Kandahar.

Strategic approaches and results

Maternal, Neonatal and Child Health: UNICEF has assisted the Ministry of Public Health in improving Emergency Newborn and Obstetric Care (EmONC) services by establishing five regional training centres in referral hospitals. Between 2010 and 2011 over 500 health care providers have been trained in basic and comprehensive EmONC practices. Additional activities include the construction of maternity waiting homes, which are planned in each provincial hospital. These facilities will provide accommodation for high-risk patients from remote areas that lack the necessary health facilities and who do not have the resources to stay in expensive urban centres. Construction has already been completed for six maternity waiting homes in Kandahar, Badakhshan, Bamyan, Laghman, Kunar and Herat Provinces. Since opening in 2010, more than 1200 women and newborns have benefitted from this unique service. In selected Provinces UNICEF is also providing assistance in terms of basic drugs, training of Community Health Workers and operational support in order to expand health and nutrition outreach activities to under-served areas in line with the equity focus of the organization.



A woman sits with her baby who is being treated for malnutrition in the Therapeutic Feeding Centre of Mirwais Hospital that is supported by UNICEF in Kandahar, Afghanistan.

Expanded Programme on Immunization (EPI): In addition to supporting the global campaign to eradicate polio, UNICEF works to ensure children and infants receive the full range of routine vaccinations, through procurement of vaccines, support to the establishment of cold rooms and vaccine management and training of vaccinators and supervisors. Further, UNICEF utilizes EPI initiatives to deliver a minimum package of healthcare services that are needed for children to grow into healthy adults. In tandem with polio campaigns, twice a year children under five receive deworming tablets and Vitamin A supplements. UNICEF also sponsors Child Health Weeks that promote awareness on the unique needs of children, and offer opportunities for mothers and children to be vaccinated and to receive micronutrient supplementation. UNICEF supports measles and tetanus immunization drives in select Provinces and in response to outbreaks, as well as providing monitoring and evaluation of vaccine management in 21 randomly selected Provinces.

Nutrition, Emergencies and Cluster Coordination: In order to prevent and treat malnutrition, UNICEF is implementing Community Based Management of Acute Malnutrition (CMAM) in vulnerable Provinces. The CMAM programme allows families to bring severely malnourished children to receive treatment, while also serving as a channel for providing micronutrient supplementation to mothers and for raising awareness on Infant and Young Child Feeding (IYCF) care practices in a country with low exclusive breastfeeding rates. Additionally, the programme includes a referrals component that facilitates complicated cases being treated in therapeutic units established in District and Provincial hospitals.

UNICEF is currently the lead agency for the Nutrition Cluster, a consortium of government and NGO partners that coordinate emergency preparedness and response. As the Nutrition Cluster lead, UNICEF is working to identify and address cluster capacity and resource gaps in order to make sure the nutrition situation is monitored and the needs of children, pregnant and lactating women are addressed both in day-to-day and emergency situations.

For more information:

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