

Decades of conflict and instability have disrupted Afghanistan's basic health infrastructure. Women in particular have suffered from a lack of access to health services. As a consequence, maternal mortality among Afghan women is extremely high, standing at 1,800 deaths per 100,000 live births in 2005, according to the latest inter-agency estimates.

Women in Afghanistan face a lifetime risk of death from causes related to pregnancy or childbirth of 1 in 8, the second highest rate in the world. More women die in Afghanistan from these causes than from any other, with haemorrhage and obstructed labour the most common. The proportion of maternal deaths ranges from 16 per cent of all deaths of women of childbearing age in Kabul (the largest urban center in Afghanistan) to 64 per cent in the Ragh district of Badakhshan.

The high rates of maternal death reflect several factors, including limited access to quality maternal health care, particularly in rural parts of Afghanistan; a lack of knowledge of maternal health and safe delivery; and the scarcity of qualified female health providers, since there is a strong cultural preference for women to be cared for by other women. It is estimated that 9 out of 10 rural women deliver their babies at home, without skilled birth attendants or access to emergency obstetric care. Sociocultural factors that inhibit women's mobility without the permission or escort of male relatives can also limit their access to essential services. Other factors contributing to maternal mortality are the low social status of women and girls, poverty, poor nutrition and lack of security.

Improving the survival rates of mothers in Afghanistan is an issue of immense importance. Midwives can provide crucial care. The World Health Organization recommends one midwife or other skilled birth attendant for every 175 women during pregnancy, childbirth and the post-natal period. Using this estimate with the estimated number of births, Afghanistan should have 4,546 midwives to cover 90 per cent of pregnancies. The country actually had only 467 trained midwives in 2002. Fewer than half of health facilities had any female staff. In rural Nooristan, the ratio of male to female health personnel was as high as 43 to 1.

Although much remains to be done to improve maternal and newborn health in Afghanistan, many successful efforts to date have focused on expanding and strengthening midwifery.

Afghanistan's Government is collaborating with local and international partners, including UNICEF, to develop a comprehensive approach that includes strengthening and expanding midwifery education, creating policies to ensure the pivotal role of midwives in providing essential obstetric and newborn care, supporting the establishment of a professional association for midwives, and developing initiatives to increase access to skilled care during childbirth.

The Community Midwifery Education (CME) programme, an 18-month, skills-based training programme that has less stringent entry requirements than previous midwifery programmes, is considered an appropriate approach to scaling up training and deployment of skilled birth attendants. In 2008, there were 19 CME programmes, each with 20–25 trainees. This represents a marked increase in training capacity over 2002, when there were only six nurse midwifery training programmes run by the Institute of Health Science at regional centres, and one community midwifery programme in Nangahar province. The number of midwives available in the country has increased rapidly, from 467 in 2002 to 2,167 in 2008.

The CME encourages applications from women in districts with shortages, with the understanding that they will work in those districts once they are trained. This policy has resulted in a sharp increase in facilities having skilled female health personnel (doctors, nurses or midwives), from 39 per cent in 2004 to 76 per cent in 2006. It is also having a tangible impact on maternal care; the number of deliveries attended by skilled workers has risen from roughly 6 per cent in 2003 to 19.9 per cent in 2006. The success of the skills-based training approach has resulted in the existing midwifery programmes adopting the CME curriculum and certification process.

*See References, page 109.*