ACHIEVING RESULTS for Afghanistan’s children

HEALTH
Every child survives and thrives

Country Programme of Cooperation
UNICEF and the Government of the Islamic Republic of Afghanistan
2015-2021
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Context
Afghanistan remains one of the most precarious countries in the world to be a newborn, child or mother. The country has among the highest infant mortality rates globally, and thousands of Afghan women die every year from pregnancy-related causes. Most of these deaths are easily preventable.

While there has been dramatic improvement since 2002, far too many families lose their children unnecessarily, especially in rural and remote areas. Coverage of quality community-based healthcare and comprehensive emergency obstetric and newborn care at district and provincial hospitals remains low, as do rates of routine immunization which remains stagnant at around 51 per cent.

Learn more: https://www.unicef.org/afghanistan/health

Key facts
- Newborn mortality: **39** deaths per **1,000** live births (IGME 2018)
- Skilled attendance at birth: **57.5%** (AHS 2018)
- **1 in 2** children remain unimmunized (AHS 2018)

Targets
- Postnatal care within two days of birth to increase from **35.4%** to **50%** by 2021 (AHS 2018)
- Births attended by skilled health personnel to increase from **57.5%** to **65%** by 2021
- Children 12–23 months vaccinated (Penta-3) to increase from **61%** to **70%** by 2021

UNICEF has worked continuously for Afghanistan’s children for 70 years. The Country Programme guides UNICEF’s partnership with the Government of Afghanistan, identifying key issues, activities, and outcomes to realize the rights of Afghan girls, boys and women within a volatile development and humanitarian context. In 2018, the Country Programme was extended to 2021 to align with the Afghanistan National Peace and Development Framework, United Nations Development Assistance Framework and the UNICEF Strategic Plan.
UNICEF works with the Ministry of Public Health (MoPH) to strengthen primary health care services, focusing on community health and outreach for quality nutrition and healthcare, routine immunization, skilled birth attendance, and essential newborn care. Using an equity approach that aims to reach the most vulnerable, UNICEF and its partners are improving the lives and health of children and women in Afghanistan.

**Routine immunization**

Protection against vaccine-preventable illnesses saves children’s lives. UNICEF works with the Department of National Expanded Programme for Immunization (EPI) at MoPH, implementing partners and communities to immunize all eligible children and women of childbearing age with life-saving vaccines, no matter how remote or inaccessible their location. To this end, engagement in advocacy with MoPH and other partners remains critical for increasing vaccination coverage, including through new approaches, and in the delivery of integrated services, such as supplementing polio eradication with routine immunization, as well as advocacy for increases in government health budgets, especially for routine immunization.

Annually, through campaigns and routine immunization, millions of children, aged 0–5 years, and women aged 15-49 years, access vaccines for preventing life-threatening diseases, including during rapid response to outbreaks. The measles campaign in 2018 reached 13 million children. As new vaccines are approved globally, government support was provided for their introduction into Afghanistan, such as the rotavirus vaccine in 2018.

UNICEF is the primary provider of vaccine and cold chain supplies in Afghanistan, ensuring timely, temperature-controlled transportation to maintain potency and reach where they are needed. This includes supporting local training so that communities and local government work independently in the future and nationally to build local expertise in cold chain management.

**Maternal, newborn & child health**

Quality community-based healthcare and comprehensive emergency obstetric and newborn care are critical during childbirth and the first days of life. As the lead agency in the effort to address newborn babies’ health needs, UNICEF is expanding services and ensuring mothers and children in remote villages receive care through mobile health teams, trained community health workers (including midwives) and mini-ambulance services. In 2018, over 1.5 million mothers and children in conflict-affected areas and located over two hours from a health facility received critical medicines, antenatal care and treatment through 84 mobile teams.

At the national level, UNICEF convenes partners and improves the policy environment, for example through the development of a Reproductive Maternal Newborn Child and Adolescent Health Strategy and costed newborn care planning.

In partnership with MoPH, UNICEF trains health workers to provide quality care and supports community midwifery education programmes and health management training.

**Data for policymaking**

When national and subnational governments gather, analyse and use data effectively for policymaking and service delivery, the most marginalized children benefit from healthy behaviour and proper care. Research and evaluation encourage equity, influence long-term funding and resource allocation, and builds local capacity.

In 2018, the largest-ever study of quality of care in Afghanistan’s health facilities provided data to improve quality of obstetric and newborn care, while a study of early childhood development provided an evidence base for intersectoral action. Through support to MoPH, scorecards were developed to assess programme performance. UNICEF also supported a knowledge attitude and practice study on EPI, which informed the development of the MoPH-EPI communication strategy.
Health in emergencies

In Afghanistan the effectiveness of development support depends on ensuring that the families that suffer most in humanitarian situations have the support needed to withstand shocks and maintain positive coping strategies. Thus, in its advocacy for a humanitarian-development nexus, UNICEF argues that balancing humanitarian actions with development concerns is essential to build durable health solutions and achieve value for money. In health this means focusing on communities and families affected by humanitarian situations, such as targeting mobile health teams to areas affected by conflict and drought, or by conducting large-scale measles campaigns to prevent outbreaks in fragile contexts.

Social protection

UNICEF aims to position itself as an influential partner in social protection in humanitarian and development situations. An initiative providing cash transfers to reimburse women for transportation costs for health services, increased facility delivery rates by 5–10 per cent. This is now being scaled up to all provinces.

Challenges & opportunities

Immunization coverage remains low in Afghanistan, and there are recurring measles outbreaks. There is heavy reliance on UNICEF for vaccine supply chain management, pointing to a need for long-term capacity development and increased contribution from domestic resources. Generally, there is a high dependence on external support for healthcare provision, with insufficient funds to recruit key personnel such as vaccinators. With maternal, newborn and child mortality remaining high, there is ongoing debate on how community and primary healthcare workers can contribute effectively in the face of multiple demands, a debate in which UNICEF’s global experience provides important inputs.

Amidst a fluid national context that includes conflict, drought and displaced populations, UNICEF must rely on flexible target setting and building local resilience, in addition to strengthening systems for long-term development.

As the MoPH takes its role as a coordinating body for health, there is an opportunity for local ownership and prioritization. UNICEF also notes an opportunity through intersectoral action, finding that breaking silos leads to shared ownership catalytic action, for example, by providing lifesaving health and nutrition services in polio high-risk districts.

Budget

UNICEF Afghanistan’s 2015–2021 budget for health is about US$ 180 million. This excludes the humanitarian response budget.
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Farzana, from Badghis province

In a tiny tent lies Farzana, a 25-year old woman from Badghis province, with her two toddlers and a newborn son. “I had no choice but to leave my hometown with my two children, because of insecurity and severe drought,” says Farzana. “Our crops and livestock were dying because of lack of water.” Due to the intensified fighting the local health service provider reduced services. “We had no doctor in our village, we had to walk for six hours to reach the closest district clinic,” recalls Farzana. “Some of the children in the village passed away en route to the clinic, before reaching a doctor.”

Thousands of people like Farzana have fled their homes and moved to camps for internally displaced people. Here, UNICEF and its partners are providing services like immunization for all children under one and women of child-bearing age.

“I was worried about my son and daughter’s health, because they did not receive their vaccines,” says Farzana.

Now, I am happy that all my children including myself received the needed vaccines, including my newborn baby who is only 25 days old.

Farzana, from Badghis province

Key alignments
National Health and Nutrition Policy 2012–2020
National Reproductive, Maternal, Newborn and Child Health Strategy 2017–2021
National Health Promotion Strategy 2014–2020

♂️ SDG-3 Good Health and Wellbeing
♀️ SDG-5 Gender Equality
♀️ SDG-10 Reduced Inequalities
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