

# The impact of insecurity on reproductive health access in Afghanistan

Linda Bartlett MD, MHSc.

Johns Hopkins Bloomberg School of Public Health

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# Outline

- Background
- Impact of security on:
  - Reproductive health (RH) services
    - Facilities
    - Doctors
    - Midwives
    - Family Planning
- Recommendations

# Remarkable increase in number of health facilities and providers

- Number of health facilities grew nationwide from 550 in 2001 to more than 2,000 today
  - Additional almost 10,000 health posts
- Number of midwifery schools increased from 1 functional in 2002 to 34 serving all 34 provinces in 2010
- Number of midwives increased from 467 in 2002 to >3000 today.





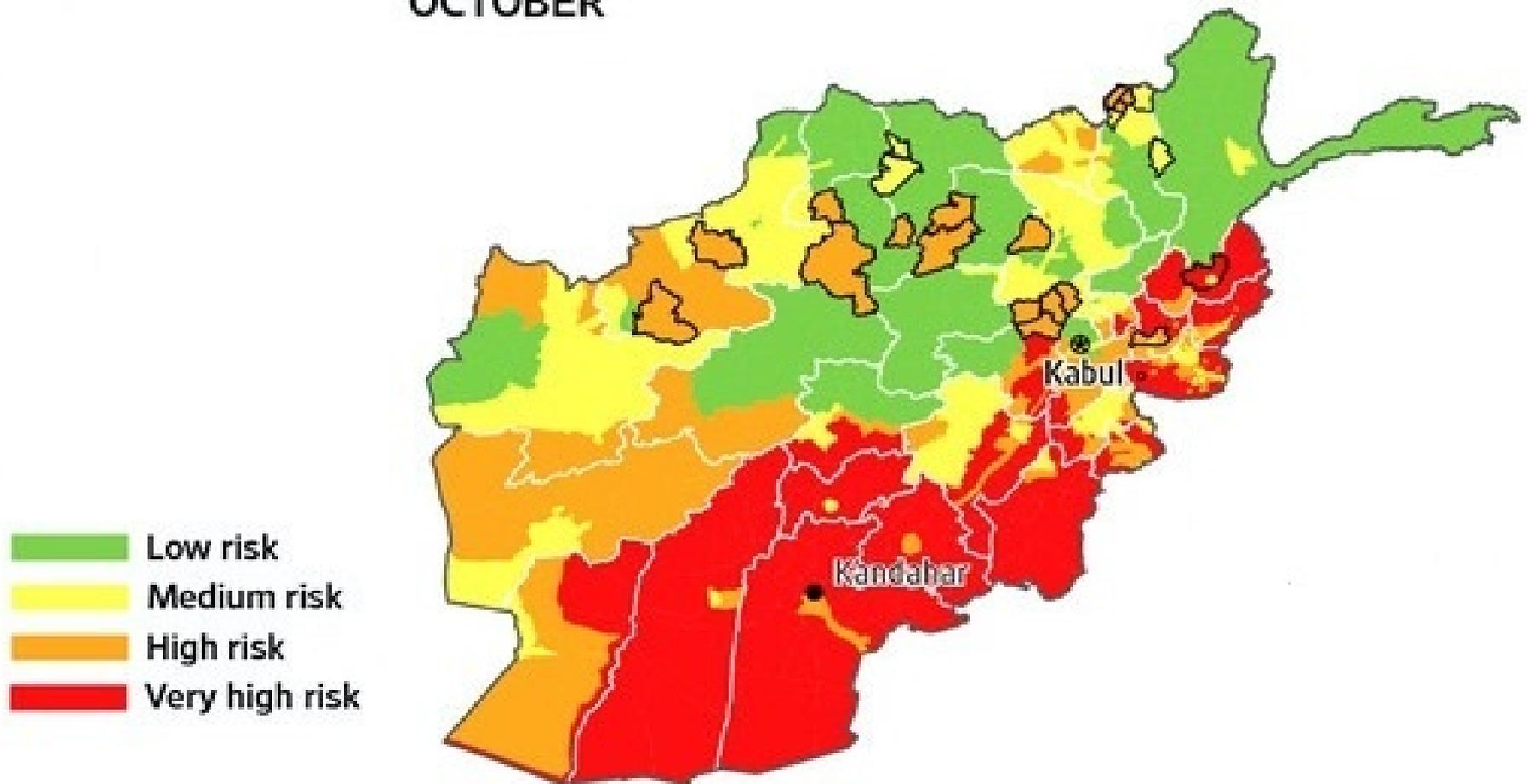
# Impact of security on Reproductive health (RH) services



Photo: credit - UNICEF

# Hostile territory, UN security Risk Assessment, UNDSS, October 2010

OCTOBER

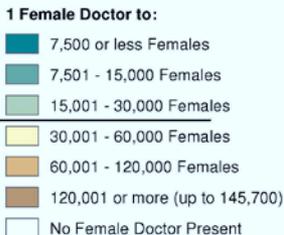
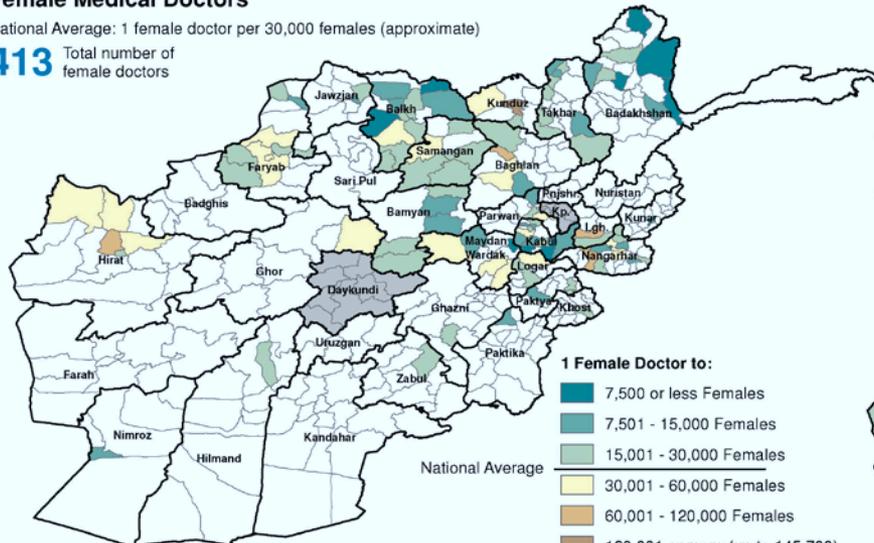


Source: United Nations

**Female Medical Doctors**

National Average: 1 female doctor per 30,000 females (approximate)

**413** Total number of female doctors



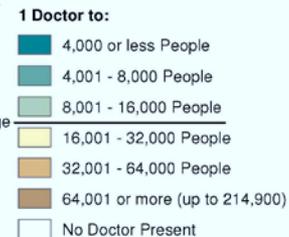
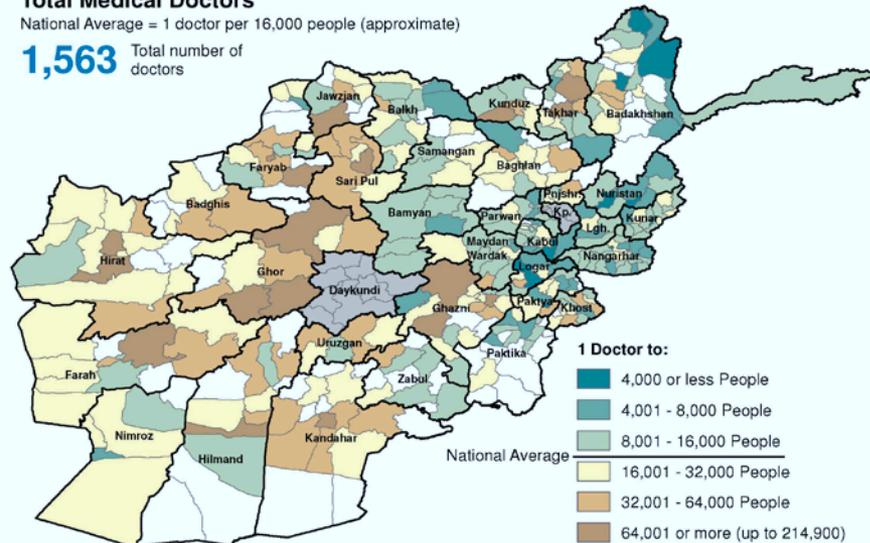
Purpose of map: to utilize the number of doctors as a proxy for the overall access to basic services.



**Total Medical Doctors**

National Average = 1 doctor per 16,000 people (approximate)

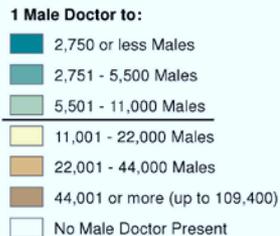
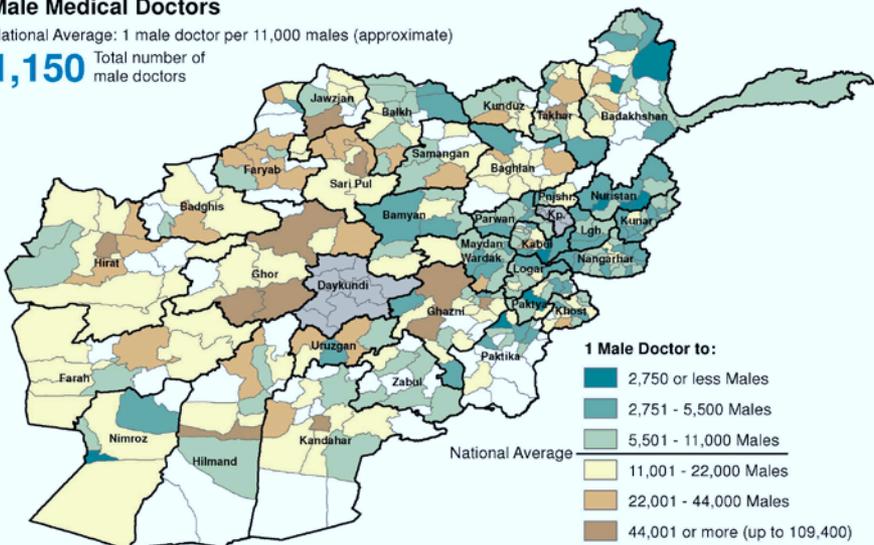
**1,563** Total number of doctors



**Male Medical Doctors**

National Average: 1 male doctor per 11,000 males (approximate)

**1,150** Total number of male doctors



**Legend**

- Provincial Boundary
- District Boundary
- No Data Available

0 125 250 km



**Disclaimer and Source:**

Date & Time Printed: 04 Dec 2011 11:02:32 AM

Administrative Boundaries: AIMS  
General Content: Ministry of Health (MoH) / Health Cluster

Datum/Projection: WGS-84 / Geographic

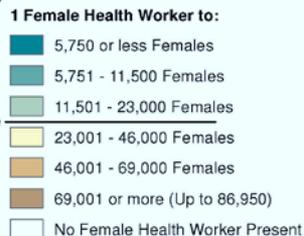
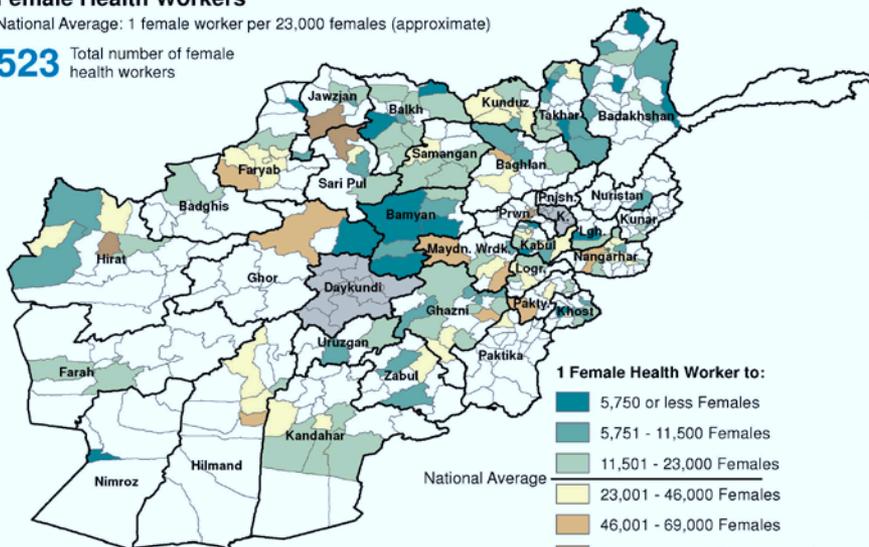
- Notes:**
- 1) Population figures based on CSO 2011/2012 Projection
  - 2) The classification of doctor may include General MD, MD Specialist, Surgeon, Hospital Director, ObGyn etc.
  - 3) The number of doctors is based on MoH records of health professionals at the health facility level and hospital level.
  - 4) No records available for Daykundi and Kapisa provinces.

Doc Name: CAP2012\_HEALTH\_DOCTORS\_2011NOV26\_A3

**Female Health Workers**

National Average: 1 female worker per 23,000 females (approximate)

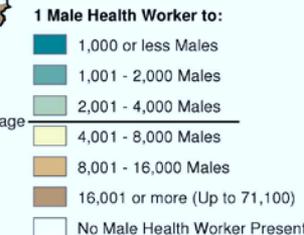
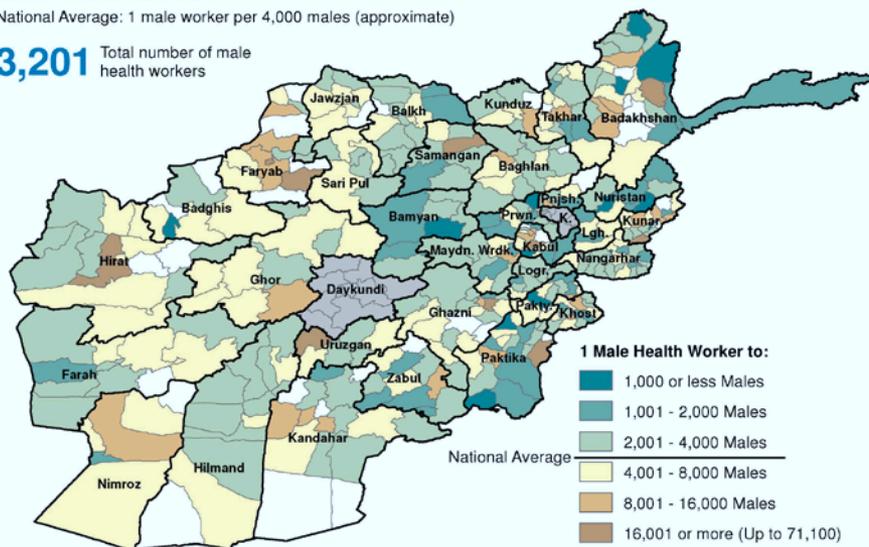
**523** Total number of female health workers



**Male Health Workers**

National Average: 1 male worker per 4,000 males (approximate)

**3,201** Total number of male health workers



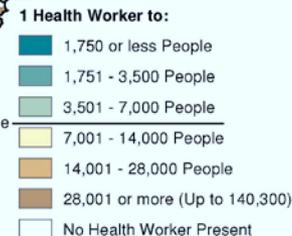
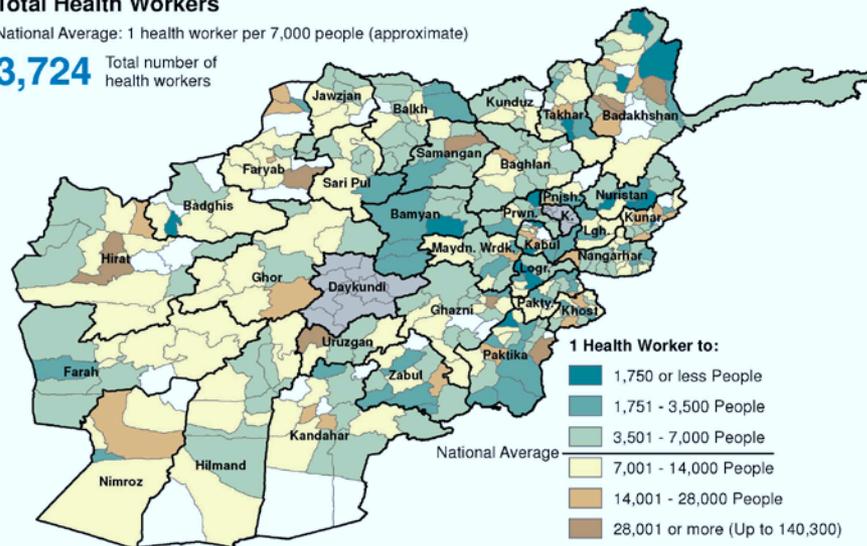
Purpose of map: to utilize the number of professional health workers as a proxy for the overall access to basic services.



**Total Health Workers**

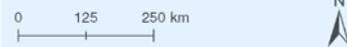
National Average: 1 health worker per 7,000 people (approximate)

**3,724** Total number of health workers



**Legend**

- Provincial Boundary
- District Boundary
- No Data Available



**Disclaimer and Source:**

Date & Time Printed: 04 Dec 2011 11:09:28 AM

Administrative Boundaries: AIMS  
General Content: Ministry of Health (MoH) / Health Cluster

Datum/Projection: WGS-84/ Geographic

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations, IMAP & USAID/OFDA concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Doc Name: CAP2012\_HEALTH\_WORKERS\_2011NOV26\_A3

**Notes:**

- 1) Population figures based on CSO 2011/2012 Projection.
- 2) Average number of health workers based on national figures.
- 3) Health workers may include: nurses, mid-wives, pharmacists, technicians (x-ray, dental, lab etc).
- 4) The number of health workers is based on MoH records of health professionals at the health facility level and hospital level.
- 5) No records available for Daykundi and Kapisa Provinces.

# Geographical distribution of deployment midwives by health facilities, Afghanistan, 2010

Note: The dots account for 1562 out of 1584 midwives; GPS readings for 22 midwives were unavailable.

## Legend

 No deployment data available



IHS

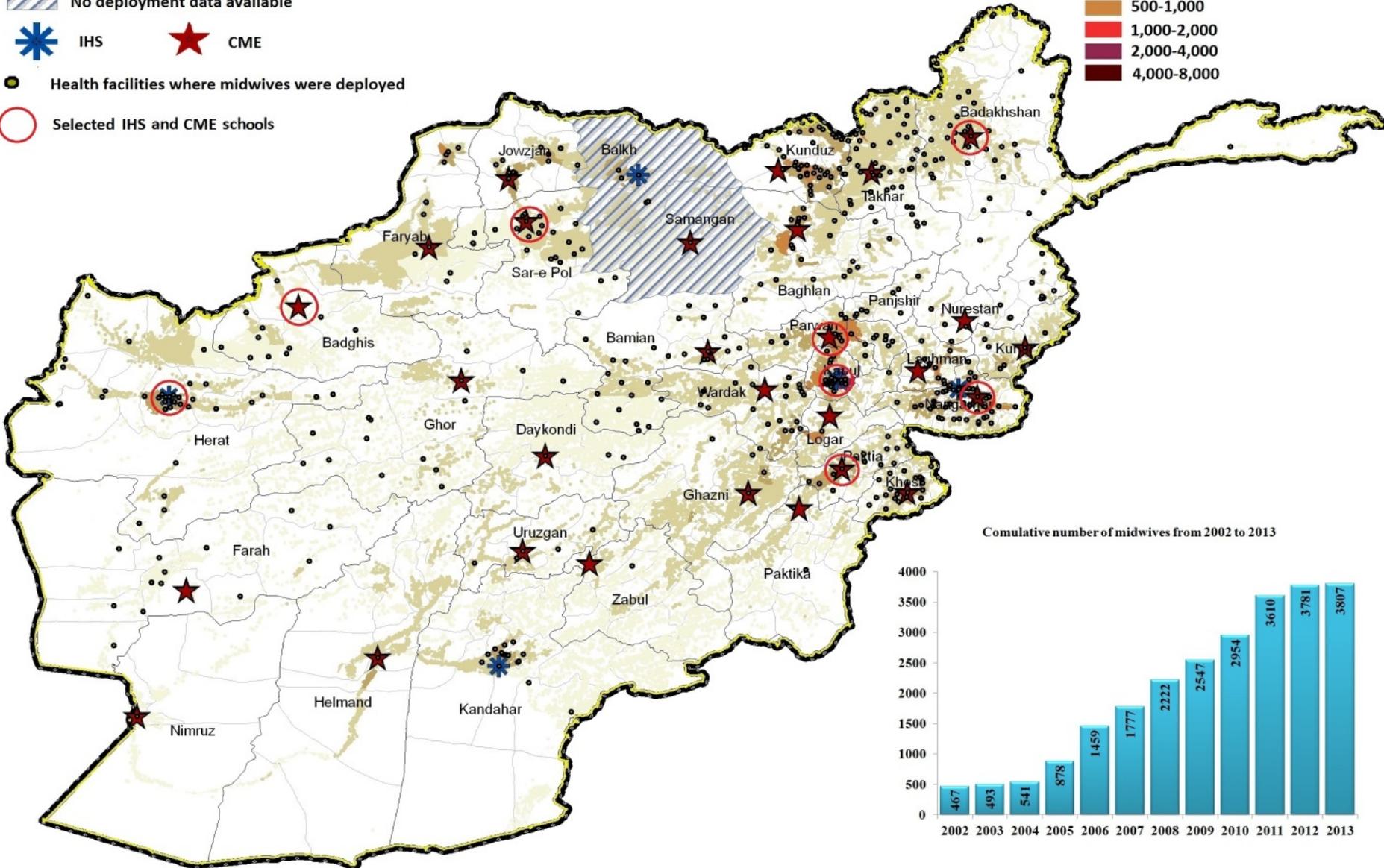
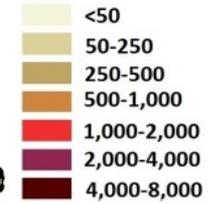


CME

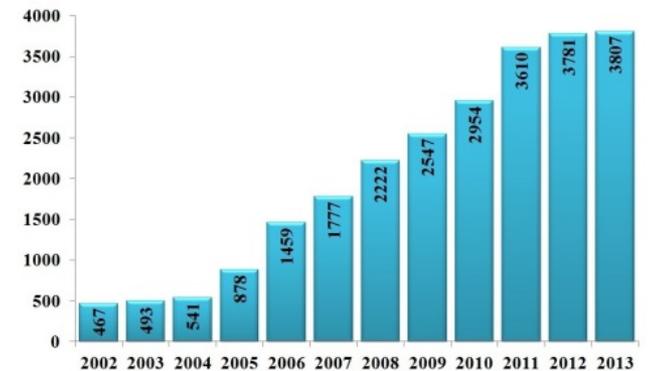
 Health facilities where midwives were deployed

 Selected IHS and CME schools

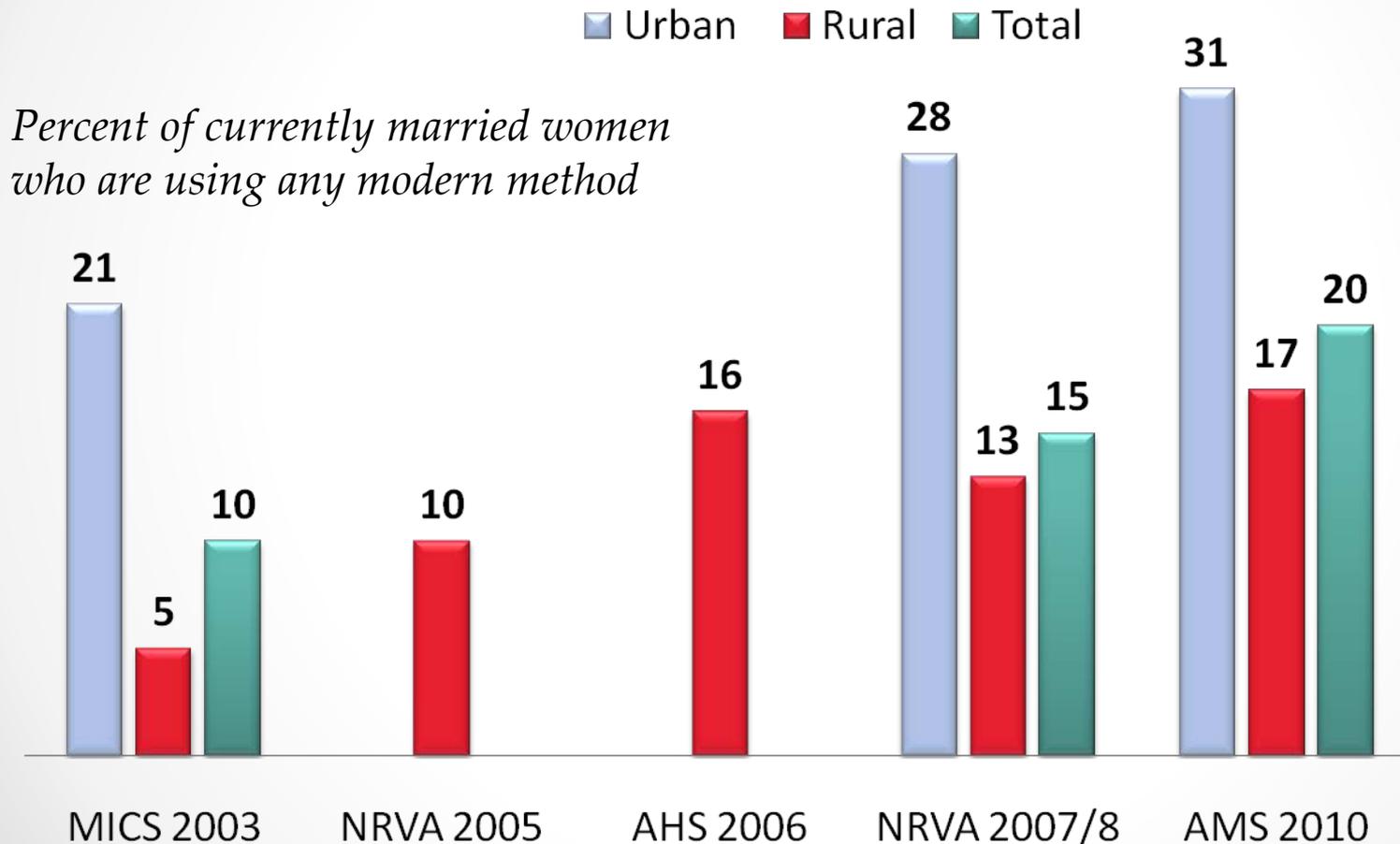
Population density color scale (thousands)



Cumulative number of midwives from 2002 to 2013

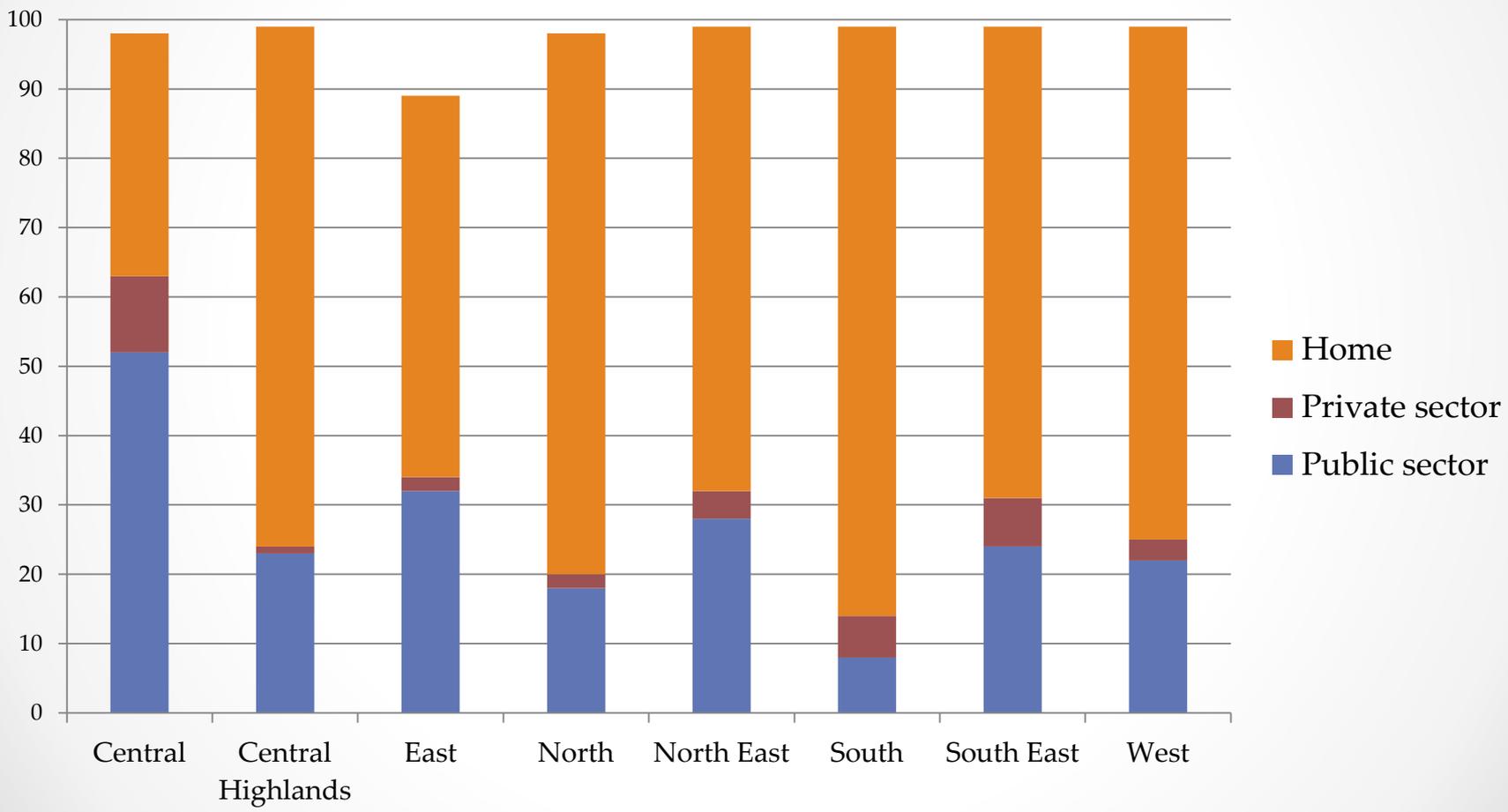


# Trends in Family Planning



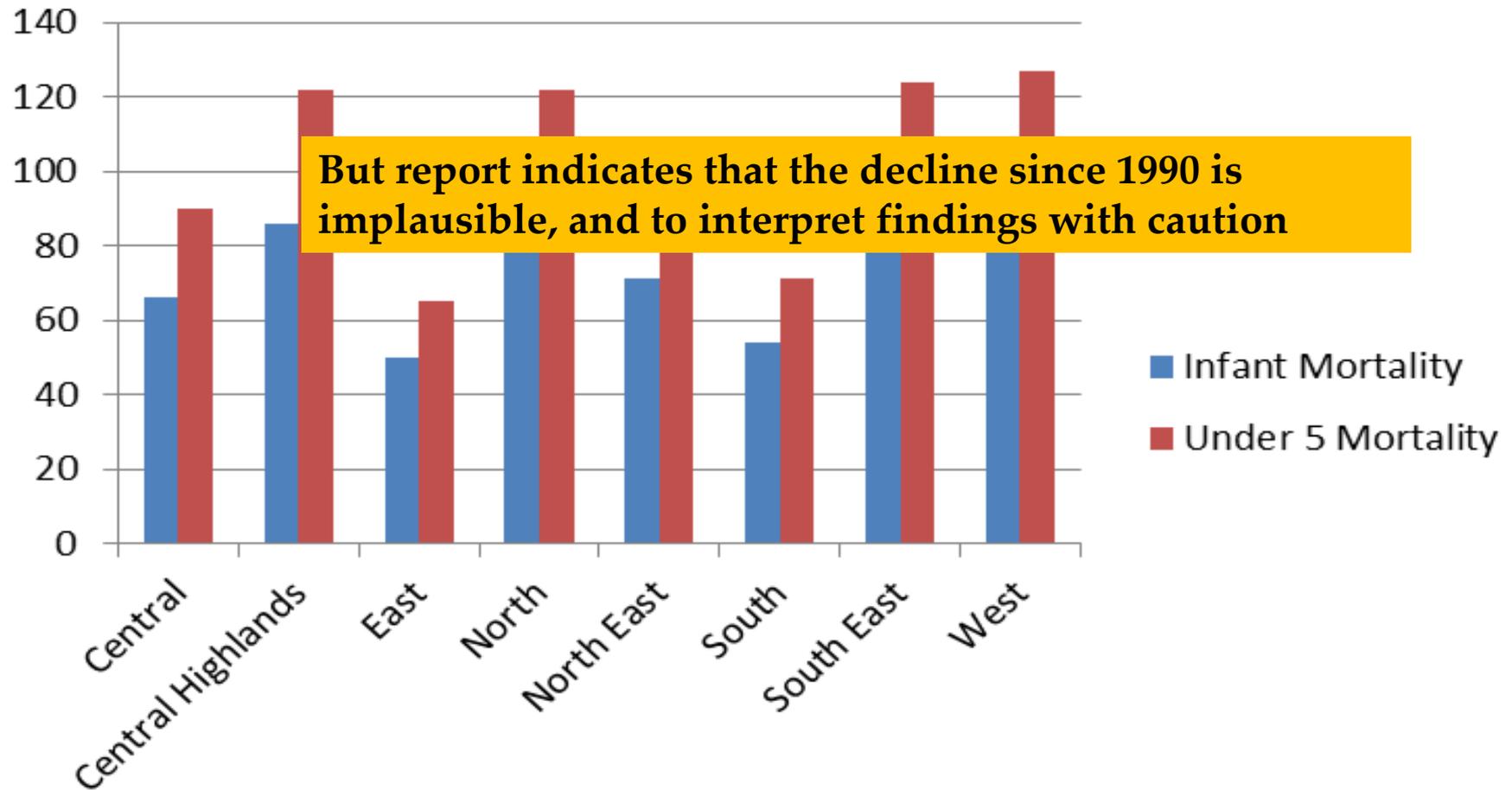
- Note: MICS 2003 urban and total refers to all methods.

# Place of delivery by region, AMICS, 2010/11



Source: Afghanistan MICS (AMICS), 2010

# Infant Mortality & Under -5 mortality by region, AMICS, 2010/11



# Maternal mortality data limited, especially in conflict areas

- AMS did in 2010, but report indicate that the data from the south is not of adequate quality.
- Including South: Pregnancy-related mortality ratio 327 (CI: 260-394)
- Excluding South: Pregnancy-related mortality ratio 315 (CI: 231-399)
- UN estimate = 460 (250-850)
  - [u\(http://www.unfpa.org/public/home/mothers/MMEstimates2012/\)](http://www.unfpa.org/public/home/mothers/MMEstimates2012/)

# Impact multi-sectoral:

- Reduced education, especially of girls in conflict areas
- Transport sector, including road construction
- Implementing partners reduce personnel presence
  - Decreased ability to provide technical oversight and guidance
- Concern in many provinces to leave the home, especially at night
- Army bases set up close to health facilities
- Threat to facility personnel

# Midwives' Barriers to Provision of Care/Challenges to Impact

- The respondents reported insecurity as a big impediment to their clients' access to care, as well as their own provision of care (particularly making home visits). Due to the re-emergence of anti-government elements, particularly in Southern Afghanistan, movement outside the homes, particularly for women, has been moderately to severely curtailed, decreasing their access to basic amenities including skilled birth attendants. Midwives' mobility is also limited in these cases to providing only institutional-based care.

"Midwives are the backbone of our health system": Lessons from Afghanistan to guide expansion of midwifery in challenging settings. In press, Journal of Midwifery



# Conclusions

1. Reliable data scarce, especially in conflict areas.
2. Quantitative data suggests impact on mortality.
3. Qualitative data tells us that Insecurity is a huge issue – impact on providers, supplies, women and their families, and mortality.



Photo credit: CBC

# Possible solutions

- Building on successes:
  1. Health education of men and women
  2. Midwifery program
  3. Local community based recruitment of any health personnel
  4. Utilization of health shuras / community councils
- Pilot programs:
  1. Family Health Houses
  2. Maternity Waiting Homes
- Additional possible strategies:
  1. Increased number of small clinics to reduce travel time
  2. Midwifery led maternity centers
  3. Agreements with the military, Taliban about moving women at night and identifying other innovative strategies to access emergency care.
  4. Other ways to get services to people in conflict areas: task shifting to lower level health providers, rotating staff into and out of insecure areas, husband wife teams, financial compensation, life or disability insurance.

# The End – Thank you.



Photo credit: UNICEF