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Afghanistan profile of the sexual and reproductive health services available at primary care level

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Assignment

Design your country profile of sexual and reproductive health services available at primary care level (The role of primary care in enhancing sexual and reproductive health – Laura Guarenti).

Introduction

After the establishment of the Islamic Transitional Government of Afghanistan in 2002, different development programs were created, which finally the assigned team proposed developing a Basic Package of Health Services (BPHS) to address the highest priority health problems with services and interventions that would be available to all Afghans. It was especially important for the BPHS to be provided to those living in remote and underserved areas. In March 2003 the MoPH ratified the first version of the BPHS which had been developed collaboratively with partner agencies. The purpose of developing the BPHS was to provide a standardized package of basic services that would form the core service delivery package in all primary health care facilities.[1]

The Afghanistan health care system

The 2006 Health Survey found that the number of female staff has increased. The number of graduated midwives has increased to 1961 in 2006 compared to 467 midwives in 2003[2.] There has been a gradual increase in the births attended by skilled birth attendants (SBAs). The Afghanistan house hold survey showed that 19 percent of births are attended by SBAs while National Risk and vulnerability Assessment shows that the overall proportion of women delivering with a skilled birth attendant is 24 percent.[3] Assessment of health services using the balanced scorecard (BSC) [4] found that women were more likely than men to access services.

The risk of maternal death was considerably lower in urban areas and increased with remoteness in rural areas. Two more recent global reviews estimated the 2008 MMR in Afghanistan at 1600 deaths respectively, although considerable uncertainty surrounds these numbers due to lack of data. The reviews make clear; however, that maternal mortality in Afghanistan remains extremely high by international standards even though there has been some progress since the year 2000. Much work remains to be done, despite significant efforts by the Reproductive Health Directorate of MOPH in the last seven years to prioritize maternal and newborn health and increase access to services.[3]

High infant mortality is also a concern in Afghanistan. The infant mortality rate (IMR) was estimated at 129 deaths per 1,000 live births in 2006, and the neonatal mortality rate at 60 per 1,000 live births in 2004.[1]

Total fertility rate is 6.6 and contraceptive prevalence rate (CPR) is 22.8%. The national household survey conducted by the Ministry of Public Health (MOPH) in 2006 reported that 33% of currently married women demonstrated knowledge of at least one modern method of contraception.[1]

Basic package of health care services

BPHS is implemented by NGOs through contracting-out and contracting-in mechanism. Contracting-out is a formal agreement between the two institutions; government and non-governmental organization (NGO), with clear objectives, targets, indicators, duration, and with agreed cost within a specific geographical area. In this agreement the government prepared the objectives and related documents and announces the project for bidding through national and international bidding process. A competitive procurement procedures need to be completed, then the qualified NGO is announced for implementation of the project. In the contracting-in the government has set up a project inside the ministry and hired the consultants for the management of this project. Then this project prepares proposals and implementing the projects on behalf of the ministry. Almost all the government procedures are applied by this project after the agreement of donors. In Afghanistan we are currently practicing both: contracting-out and in. In 31 out of 34 provinces of Afghanistan the implementation of the BPHS was contracted-out with the NGOs, but in 3 out of 34 provinces (Parwan, Kapisa and Panjshir) the BPHS is implemented by MOPH-SM (MOPH Strengthening Mechanism) through a contracting-in process. MOPH-SM was established in 2004, by hiring of eight consultants, two for each province (one technical and one financial consultant) and two more for Kabul based office to coordinate activities at the central level. Till now this project is implementing the BPHS in the above-mentioned provinces.[5]

The National Reproductive Health Strategy has contributed in improving the health of the people of Afghanistan, especially women and children, through implementing the basic package of health services (BPHS) and the essential package of hospital services.[6]

SRH services provided at PC level in Afghanistan

In the Basic Package of Health Services[5], seven elements have been highlighted as the top priorities at the PC level in Afghanistan:

- Maternal and newborn care.
- Child health and immunization.
- Public nutrition.
- Communicable disease treatment.
- Mental health.
- Disabilities and physical rehabilitation services.
- Regular supply of essential drugs.

These services are offered at six standard types of health facilities ranging from community outreach provided by community health workers (CHWs) (male and female) at health posts, through outpatient care at health sub centers and basic health centers (BHC) and provided by mobile health teams, to inpatient services at comprehensive health centers (CHC) and district hospitals (DH). All the above-mention services are free at the point delivery. Sexual and reproductive health services are provided by female health workers including female CHWs, female nurses, midwives, female doctors and obstetric specialists.[5]

Health care providers of SRH services

Competencies of these staff are different within the different categories of healthcare providers. For instance: almost half of CHWs are illiterate volunteers that received a short training

concerning preventive and curative issues, compared to female doctors and gynecologists who have adequate knowledge and qualification about sexual and reproductive health services.[2,3]

SRH services provided at different levels

At the level of Health Post (HP) distribution of condoms, oral contraceptive and Depot Medroxy Progestersone Acetate (DMPA) injections in addition to the health education and enhancing awareness of the communities regarding safe deliveries with a skilled birth attendant, danger signs of pregnancy, the need for urgent referral at the time of delivery and basic newborn care are provided by CHWs.[5]
At the level of Basic Health Center (BHC) services offered include antenatal, delivery, and postnatal care, newborn care, nonpermanent contraceptive methods, routine immunization, and Integrated Management of Childhood Illnesses (IMCI).[5]
At the level of Comprehensive Health Center (CHC): in addition to assisting normal deliveries, the CHC can provide services and handle certain complications related to childbirth.[5]
At the level of District Hospital (DH): patients referred to DH include those requiring major surgery under general anesthesia, comprehensive emergency obstetric care, male and female sterilization.[5]

Barriers to access SRH services

As per Afghanistan constitution all Afghans have the right to receive equitable and quality care without any exception. But the main challenges counted for SRH services are: quality of care, access to the SRH services, affordability, effectiveness, and acceptability of the services. Furthermore, most of afghan women are illiterate and have little knowledge about SRH services. The current insecurity is a great challenge not only for demand side but also for supply side as well. The shortage of female healthcare provides particularly in remote and rural areas negatively affected the quality of SRH services in Afghanistan.[2,3]

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