

Goal 5. Improve maternal health

Target 6. Reduce by $\frac{3}{4}$, between 1990 and 2015, the maternal mortality ratio

■ Indicators

- 16. Maternal mortality ratio
- 17. Proportion of births attended by skilled health personnel

Indicators, data & best estimates

UNICEF's Best Estimates 2005 (In Draft)

16. Maternal mortality ratio

■ WHO 1997

- A national, estimate of 820 per 100.000. That estimate is based on the wider recognized, although not perfect, “Sisterhood Method” . Sisterhood method estimate reference period is more than 10 years before the survey.

■ Herat 2002.

- The Physicians for Human Rights (PHR) did a study in the province Herat. The study found that 593 maternal deaths occur for every 100.000 live births.

16. Maternal mortality ratio

■ SOWC

- UNICEF, WHO & UNFPA came with model estimates for the Maternal Mortality (Afghanistan is 820 per 100.000, SOWC 2003)
- 2005 SOWC these estimates adjusted. The estimate for Afghanistan: reported 1600, adjusted 1900 per 100.000, (also used by the World Bank) only Sierra Leone, with 2000 per 100000, has a higher estimate.

■ 1997 MICS

- 1997 MICS attempted to measure Maternal Mortality (not officially published) , without success. The method used does not work. The estimate is almost 400 per 100.000, the highest ratio of almost 600 is in Kandahar. Knowing that the method will give enormous sub estimates, gives estimates of the minimum level.

16. Maternal mortality ratio

- CDC-UNICEF 2002 - The most serious attempt to measure the Maternal Mortality to date, but only in 4 districts.
 - 418 in Kabul (urban area)
 - 774 in Alsiheng Laghman (rural, peri-urban)
 - 2182 in Mywand, Kandahar (rural)
 - 6507 in Badakhshan (remote rural)
- The Maternal Mortality estimate of 6507 per 100.000 births in a remote-rural Ragh District of Badakhshan is the highest ever recorded. . To show the number of 6500 in perspective: with a rural Total fertility rate of 8 it means that half the women will die due to pregnancy/ delivery related causes. With a TFR of six it still means that 40% will die.

16. Maternal mortality ratio

- To generate a national estimate all other provinces were assigned one of these 4 district MMR values depending on the similarity of population density @ provincial level.
- This rigorous study in 4 districts resulted in a national estimate of 1600 → 2200 per 100.000 (Excluding and including the Badakshan extreme value).
- The weighting of data from these 4 districts to produce a national estimate is very susceptible to huge biases in the national estimate of the maternal mortality rates.

16. Maternal mortality ratio

- U.N.'s estimated maternal mortality ratio in 2000 = 1900 per 100,000 live births.
 - Consistent with a middle of the range (1600-2200).
- Estimate used by UNFPA of 1700 per 100.000 which is the same as the estimate for Southern Sudan, one of the highest in the world.
- UNICEF *Best Estimate's* recommendation is 1600 per 100,000 live births.

17. Proportion of births attended by skilled health personnel

CSO/UNICEF MICS 2003

- 14.3 % of all last deliveries were assisted by skilled birth attendants (in preceding 2 years, June 2001-June 2003 period.)
- Urban areas 35%
- Rural areas only 7%.
- There exists some relation with age, the younger 15-19 old mothers were attended by skilled personnel for 17.7% of deliveries, but not huge difference, therefore not getting better fast.
- The regional variation is more significant: North = 4.7%, Hazara and Southern Region is 8,5%, East is 12,5%, West is 20% and Central Region is 29%.
- Afghanistan has very low skilled birth assistance rates but in Southern Sudan the percentage is just 5%. So the rural maternal mortality will be close to the one found over there. Triangulation for MMR. (Sudan = 1700, Afghanistan = 1600).

17. Proportion of births attended by skilled health personnel

- For this indicator we have also a MICS 2000, rural east, estimate. The overall estimate in 2000 was: (one year period): 12.4%. Very close to the 2001-2003 average, east is 12,5% .
- Useful in the 2000 rural East MICS: the data are per category. Almost 6% was assisted by a doctor , 4% by a nurse/midwife and 2.6% by an auxiliary midwife and only 13.5% by the traditional birth attendant.
- Conclusion: the MICS 2000 data confirm the MICS 2003 results and corroborate a high Maternal Mortality Rate.

| Year | MMR |
|------------|-----------|
| Present | 1600-2200 |
| 2015 (50%) | 800-1100 |
| 2020 (75%) | 400-550 |

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