



UNFPA

UNFPA Afghanistan

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UNFPA,
The UN Reproductive Health
and Rights Agency

Annual Report 2019

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Preface

Despite the challenges, conflicts, insecurity and natural disasters in 2019, the United Nations Population Fund (UNFPA) in Afghanistan achieved outstanding results through bilateral cooperation with the Government of the Islamic Republic of Afghanistan and partnerships with donors, civil society, implementing partners, and communities where our work is focused on promoting reproductive health and rights for women and girls as well as the empowerment of young people.

UNFPA's 'three zeros' ambition – around ending the unmet need for family planning, maternal death, as well as gender-based violence and practices that harm women and girls, are the urgent tasks in the context of Afghanistan. UNFPA's reproductive health, gender, youth as well as population and data programmes work in humanitarian and development settings where they continue to make a difference in the lives of those we aim to elevate.

Afghanistan is still among the countries with a high maternal mortality, reproductive health remains challenging in the country and more efforts are required to address maternity services. UNFPA support helped to provide services in hard-to-reach areas of the country resulting in safe delivery of babies in remote areas through Family Health Houses (FHH) and strengthening referral pathways.

As the leading United Nations agency on prevention of Gender-Based Violence (GBV), UNFPA supported thousands of survivors in Afghanistan with services such as advocacy, psychosocial counselling, legal support, capacity strengthening, and awareness raising. Established mechanisms including case management, referral, family protection centres, women safe spaces, trainings, leading the national and sub-national GBV sub-cluster coordination provided a conducive environment for prevention and response to the needs of the GBV survivors.

Ensuring young people fulfil their full potential, is one of the top priorities of UNFPA. To meet this demand, UNFPA continued to support youth empowerment through different practices such as youth health line, youth health corners, youth pre-marriage counseling and youth parliament. Afghanistan is among the world's youngest population and investment on this generation helps youth engagement and participation which will result in the attainment of SDGs in Afghanistan.

The 25th anniversary of the International Conference on Population Development (ICPD25) was celebrated at the November 2019 Nairobi Summit. Afghanistan's strong commitment focused on finishing the unfinished business of the ICPD Programme of Action. Afghanistan is committed in turning the promise of the ICPD Programme of Action into reality – ensuring rights and choices for all, as voiced by H.E. Dr. Ismail Rahimi, Deputy Minister of Economy: "We commit to intensifying our efforts to mobilize the required financing to finish the ICPD Programme of Action and sustain the gains already made, by: 1) Using national budget processes, increasing domestic financing, and exploring new and innovative financing instruments and structures to ensure full, effective, and accelerated implementation of the ICPD Programme of Action in our country; and 2) Doing what is in our power to increase the percentage of Official Development Assistance (ODA) specifically earmarked to ensure universal access to SRHR to complement domestic financing for reproductive health programmes."

This annual report briefly showcases the achievements of UNFPA and its partners, both in government and non-governmental organizations, with the generous financial support of various donors. Our progress is undeniably owed to their enduring commitment to our joint cause.

Koffi Kouame
Country Representative

About the United Nations Population Fund (UNFPA)

UNFPA is the United Nations agency leading global efforts to ensure that every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

Globally, UNFPA supports reproductive health care for women and youth, to include the health of pregnant women, especially those who face life-threatening complications; promotion of birth spacing and reliable access to safe birth supplies; training of health workers to help ensure skilled attendants supervise childbirth; prevention of gender-based violence and harmful practices, including early and child marriage; delivery of dignity kits and other life-saving materials to survivors of conflict and natural disasters; and conducting censuses, data collection and analyses which are essential for development planning.

UNFPA is mandated by the International Conference on Population and Development (ICPD) – held in Cairo in 1994 – to reduce infant and child mortality, reduce neonatal and maternal mortality, and increase access to reproductive health services including family planning. The Cairo consensus placed population and development issues within a human rights-based framework, and UNFPA is committed to integrating human rights into its work globally.

The UNFPA Strategic Plan 2018-2021 is aligned with the 2030 Agenda for Sustainable Development. The goal is to “achieve universal access to sexual and reproductive health, realize reproductive health rights, reduce maternal mortality, and improve the lives of women, adolescents and youth, enabled by population dynamics, human rights, and gender equality”.

The new strategic plan has four outcomes:

Outcome 1: - Ensure every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Outcome 2: - Ensure every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Outcome 3: - Ensure gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Outcome 4: - Ensure everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

UNFPA is committed to the achievement of three people-centered transformative results towards the achievement of SDGs and the Agenda 2030 principles:

Result 1: Ending the unmet need for family planning.

Result 2: ending preventable maternal death.

Result 3: ending gender-based violence and harmful practices.



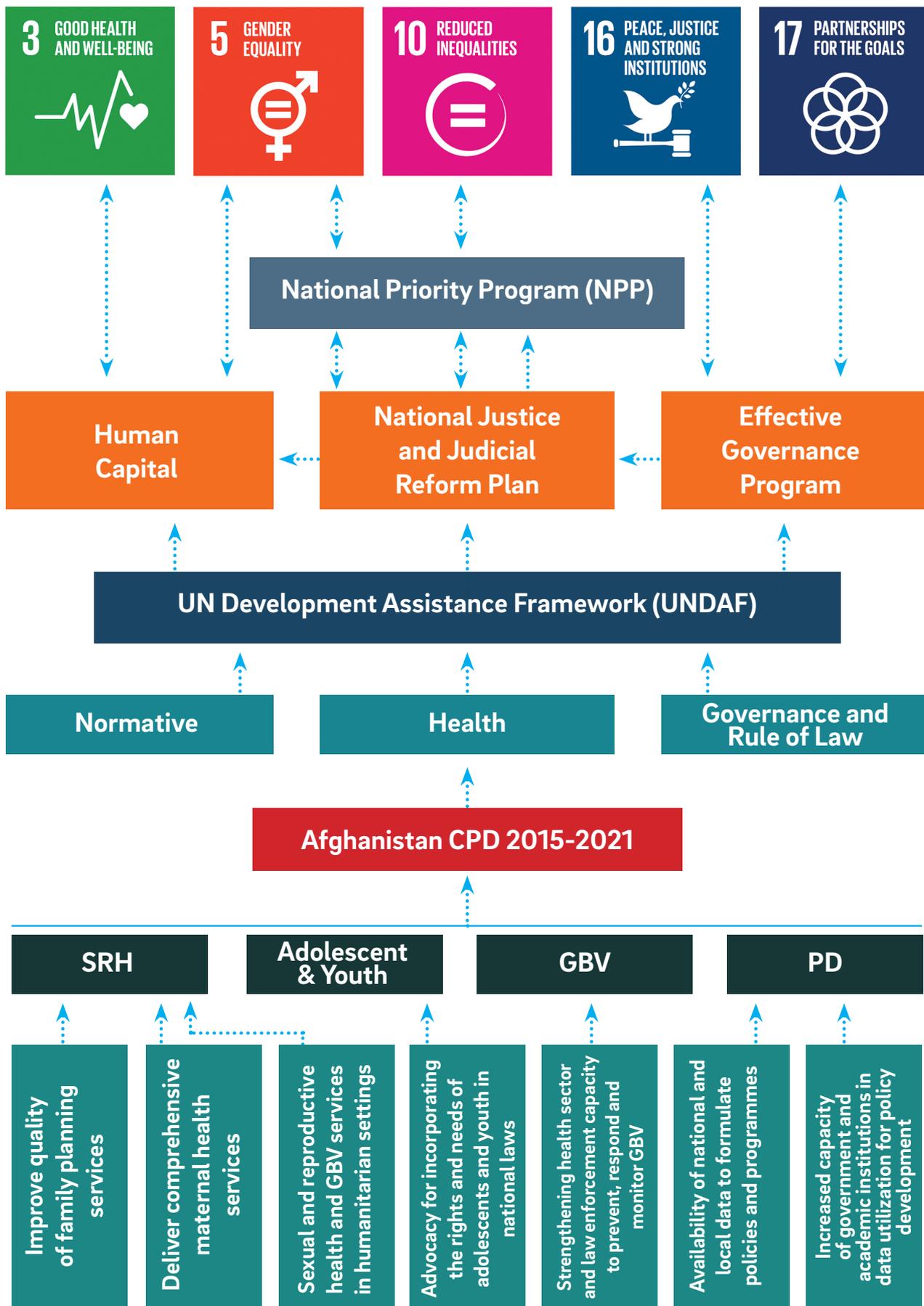
Fourth Country Programme (2015 – 2021)

“UNFPA Afghanistan Country Programme (CPD) 2015-2021: This is the 4th Country Programme (CPD) of cooperation between the Government of the Islamic Republic of Afghanistan (GoIRA) and the United Nations Population Fund (UNFPA) for the period 2015-2019 and extended for additional two years 2020-2021 as approved by the Executive Board.” The Action Plan resulting from the CPD was signed between the GoIRA, represented by the Ministry of Economy (MoEC) and the UNFPA Afghanistan Representative in 2015. The Action Plan operationalizes the commitments outlined in the Country Programme Document and contributes to the United Nations Development Assistance Framework (UNDAF) 2015-2019, and to the One UN Programme Document (2018-2021), which is jointly developed by UN agencies in Afghanistan in close partnership with and full leadership of the Government of Afghanistan. The CPD outputs are designed and realigned to contribute to and complement the national priorities outlined in the Afghanistan National Peace and Development Framework (ANPDF), National Priority Programmes (NPP), government sector policies and priorities and the Afghanistan Sustainable Development Goals (ASDGs).

The global UNFPA goal to achieve universal access to reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda is directly aligned with Sustainable Development Goals (SDGs) 3 and 5; which are good health & well-being and gender equality. In addition, UNFPA is working in the areas of SDG 10 (reduced inequalities), 16 (peace, justice and strong institutions) and 17 (partnership), which are key enablers for the organizational goals.

One UN for Afghanistan details the actions to be taken to help Afghanistan achieve certain outcomes outlined in the ANPDF and its associated NPPs. The work of UN agencies in Afghanistan is clustered in six thematic areas which contribute to various National Priority Programmes (NPPs) within the ANPDF, i.e. education; food security, nutrition and livelihoods; health; return and reintegration; the rule of law and normative work including human rights advocacy and protection, and promoting international regulations and guidelines. The UN’s ‘delivering as one’ approach in Afghanistan captured in the ONE UN document aims to ensure effective coordination by reducing duplication, cutting costs and promoting accountability.

The linkages between the UNFPA Country Programme results, the UNDAF-ONE UN document, the Afghanistan National Priority Programmes (NPPs) and the Afghanistan Sustainable Development Goals (ASDGs) are illustrated in the diagram below:





Attaining Zero Unmet Needs for Family Planning in a Challenging Context

In line with the Ministry of Public Health priority to deliver Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services in hard-to-reach areas, UNFPA has established Family Health Houses (FHHs), community-based health care initiative, where trained midwives provide reproductive health services including family planning to population living in very remote and hard to reach areas. UNFPA's family planning programme has actively promoted modern contraceptives focusing on long acting reversible contraceptives and conducted demand generation and advocacy for rights-based family planning and birth spacing across the country.

Policy & Advocacy

National Family Planning Summit: To mobilize and rally political commitment and leadership of government as well as renew the commitment of donors and all partners, UNFPA in collaboration with the Government of Afghanistan, World Health Organization (WHO), European Union, United States Agency for International Development (USAID), and other partners organized a national family planning summit in Kabul on 2 February 2019. The summit highlighted high-impact commitments, interventions, and experience sharing opportunities from other countries that have had innovative and successful FP programmes in diverse and dynamic contexts similar and relevant to Afghanistan. The National FP Summit resulted in mobilizing and rallying political commitments, elders, and religious leaders, and government's leadership for coordinated investments in the access, scale-up and quality family planning services in Afghanistan. A policy brief on Family Planning Cost-Benefit Analysis and a Demographic Dividend developed and disseminated through this summit.

Service Delivery

UNFPA supplies contraceptive commodities to government and non-governmental organizations and ensures availability of commodities and increased access to family planning. UNFPA donated contraceptives to the Ministry of Public Health (MOPH) and Afghan Family Guidance Association (AFGA). The donated contraceptives achieved 188,260 Couple-Years of Protection (CYP), averted 186,974 intended pregnancies and prevented 276 maternal deaths.



Additionally, through UNFPA support in 2019:

193

Health workers trained to provide family planning services that meet human rights standards and WHO criteria.

385

Community Male opinion leaders including religious leaders trained and mobilized to promote family planning.

Six Month

Radio campaign through the national and local radio channels were conducted and 4,050 spots broadcasted to promote family planning.

South-to-South Collaboration and Partnership

Five Family (FP) Planning master trainers from Kabul and Herat FP training centers and Medical University attended the Comprehensive, Rights-based Family Planning Training. The training was organized by the Centre of Excellence for Training on Comprehensive, Rights-based Family Planning, under the Faculty of Medicine at Gadjah Mada University of Yogyakarta, Indonesia, in collaboration with Indonesia center for international training and collaboration on population and Family Planning (BKKBN) As a result of this training Medical Universities FP curricula and syllabus revised by these master trainers.



Towards Zero Maternal Death in Challenging Settings

Maternal mortality in Afghanistan is the highest in the region. Recent estimates situate the maternal mortality ratio at 638 deaths per 100,000 live births in Afghanistan (UN, 2019).

Afghanistan, therefore, has an enormous need for more maternal health services – especially in remote and hard-to-reach areas – to improve access and public awareness on reproductive and maternal health care before, during, and after pregnancy.

The leading cause of maternal death is hemorrhage (%56), followed by, hypertensive disorders (%20), obstetric labour (%11), sepsis (%5) and other indirect and direct causes. To cover hard-to-reach and remote areas of the country, where significant portions of maternal, newborn and children morbidities and mortalities take place, UNFPA in close collaboration with the Reproductive Maternal Newborn, Child and Adolescent Health (RMNCAH), and the Community-based Health Care (CBHC) Departments of the Ministry of Public Health (MoPH) established the Family Health Houses (FHHs), a community-based and led health facility providing 7/24 SRH and child services.

Family Health Houses

To cover hard-to-reach and remote areas of the country, where significant portions of maternal, newborn, and children morbidities and mortalities take place, UNFPA in close collaboration with the Ministry of Public Health (MoPH) established the Family Health Houses (FHHs), a community-based and led health facility providing 7/24 SRH and child services.

Midwifery

UNFPA advocates for increasing the number of midwives in order to meet the human resource standards of WHO. The HR density per 10,000 populations for midwives is currently 3.5 in Afghanistan, while the one for developing and least developed countries is 16.1.

To strengthen the midwifery profession in Afghanistan, UNFPA-supports midwifery in three ways: 1) education through training of community midwives and Midwifery Helpline; 2) association through strengthening of Afghanistan's Midwifery Association; and 3) regulation through advocating and supporting of the Afghanistan's Midwifery and Nursing Council (AMNC). The Midwifery Helpline established in 2016 responds annually to around 12,000 questions and calls of midwives to provide online technical support to midwives throughout the country.

Obstetric Fistula

This tragedy is correlated with the increased risks associated with unintended and early pregnancy, poor quality of reproductive and maternal health services particularly Emergency Obstetric Neonatal Care (EmONC) and child marriage. These risks include maternal death, illnesses, and disabilities including obstetric fistula as well as complications which are attributed to unsafe abortions and sexually transmitted diseases (STDs).

Many women who survive childbirth suffer subsequently from morbidities such as Obstetric Fistula (OF), a direct consequence of obstructed labor. Obstetric Fistula (OF) has a devastating impact on the lives of girls and women, until most recently, been neglected as a significant medical and social issue. OF is a significant problem in Afghanistan. Low family planning prevalence, high fertility rate, malnutrition and anemia, poor quality and access to Emergency Obstetric Neonatal Care (EmONC), especially those in remote areas, contribute to women being more prone to pregnancy and delivery-related complications such as OF.

In Afghanistan the demographic health survey (DHS 2015) reported %3 women of reproductive age who have ever had a fistula.

UNFPA supports OF treatment centers in Kabul, Herat, and Nangarhar. These three OF centers provided treatment and rehabilitation services to 95 women suffering from OF and pelvic floor disorders.

Policy and Advocacy

Ongoing advocacy is being made by UNFPA and Global Affairs Canada (GAC), one of our donors, for full integration of FHHs into the health system structure and its integrated package of health services in 2020. To that effect, a workshop was held under the Ministry of Public Health (Minister and his Deputy). The participation of technical departments of MoPH involved in implementation of FHH, implementing partners, as well as UNFPA and Canada were all involved. The workshop resulted in the establishment of a committee, led by the Deputy Minister for Policy and Planning, to undertake a review, in terms of cost, sustainability, and organizational arrangements, of the FHHs and other low-level health facilities such as Health Sub-Centers (HSC) and Mobile Health Teams (MHTs).

Capacity Development

Capacity building activities continued in 2019 with the 35 girls from Herat and Ghor remote villages enrolled in Community Midwifery Education School of Herat completed the 3rd semester. They will graduate in March 2020 and be deployed as community midwives in 35 new FHHs in Herat and Ghor provinces.



Additionally, the previously 17 unemployed graduate Community Midwives, who were taking charge of 17 Family Health Houses, received a four months Community Midwifery Education Refresher training.

In addition, 29 new students were admitted in 2019 into the Community Midwifery School to be trained in the Community Midwifery Education program for 26 months and will be deployed to FHHs.

Service Delivery

In 2019, through UNFPA's support:

121

UNFPA supported 121 Family Health Houses in which 296 Community Health Workers and 266 Family Health Action Groups provided safe delivery and emergency obstetric care to women living in very remote and underserved areas of five provinces.

50,564

Women received antenatal, safe delivery and postnatal care through FHHs.

9,500

Safe deliveries took place with support of FHHs skilled Community Midwives.

148 Health Posts, with **296** Community Health Workers and **266** Family Health Action Groups Were functional in the FHHs and promoted the RMNCH standards that lead to enhancing the FHH utilization and service delivery.

Knowledge Management

The services data of FHHs are managed through the health management information system (HIMS) developed for FHHs where the data is regularly captured. The data, easily accessible, is used for planning, monitoring, and improvement of service delivery.

Within the framework of the expansion of the FHH, Community Assessment of five provinces were carried out and helped to select 115 locations for the establishment of new FHHs.



Reaching Zero Gender-Based Violence (GBV) and Harmful Practices

Gender-based violence is one of the most prevalent human rights abuses. In Afghanistan, one in two women has experienced physical or sexual abuse in her lifetime. According to the 2015 Afghanistan Demographic Health Survey, %52 of ever-married women have suffered from spousal violence.

%46 from physical violence, %6 from sexual violence and %34 from emotional violence.

%53 of women have experienced physical violence beginning at the age of 15.

The survey indicates that %16 of women aged 49-15 reported experiencing violence during pregnancy.

%80 of ever-married women and %72 of ever-married men believed that a husband is justified in beating his wife under certain circumstances.

Elimination of gender-based violence, especially violence against women, requires a comprehensive and multi-sectoral prevention and response, including—and most importantly—through health sector and law enforcement agencies, which are considered as entry points for survivors of such violence.

Policy and Advocacy

UNFPA Afghanistan works to build institutional capacity for health and police sector responses to violence against women and girls in order to increase access and utilization of quality and institutionalized GBV prevention and response services. This has the added benefit of supporting advocacy efforts for the integration of GBV prevention and response services in the government system. UNFPA established GBV service hubs – Family Protection Centers (FPCs) – at the hospital level for the provision of survivor-centered GBV services in 22 provinces.

Twenty-Seven (27) advocacy events organized with Provincial Public Health Directorate, Women's Affairs directorate, AIHRC, and with the participation of Religious leaders, Islamic schoolers, women Shura members, community development committee members, Community Health Workers, health facility staff and teachers on the integration of GBV health sector response-GBV-HSR in 18 provinces.

UNFPA also supported the establishment of the High-Level Committee on Early and Child Marriages under the leadership of the Ministry of Women Affairs-MoWA, Deputy Ministry of Youth Affairs-DMoYA.

Per the global mandate, Afghanistan GBV Sub-Cluster (AfGBVSC) chaired by UNFPA. In addition to regular coordination functions, AfGBVSC have developed and disseminated GBV advocacy messages for donors, policy/decision-makers, communities, and civil society. AfGBVSC has also successfully completed the GBV services mapping across the country and updating regularly for quality GBV services information across the country. UNFPA Afghanistan successfully contributed to the Gender inclusion in the Ministry of Public Health (MoPH) through the placement of National Technical Assistance experts in the Gender Directorate in the MoPH. UNFPA supported the development of MoPH Gender and Human Rights strategy which is approved and implemented through the Gender Directorate.

Service Delivery

In 2019, UNFPA's technical and financial support enabled different projects across the country to deliver the following:

1,989

(703 females & 1,286 males)

Police/law enforcement personnel from Family Response Unit-FRU, Criminal Investigation Department-CID and the gender Human Rights Department were trained on training on GBV prevention, response and SoPs case management.

269

(55 females & 214 males)

Frontline police guards are sensitized on the specific manual on GBV

8,749

Gender-based violence cases referred to UNFPA FPCs from other entities.

8,731

Healthcare providers were trained in the health sector response to GBV, SOP/GBV data collection.

328

GBV cases referred from FRUs to the FPCs in 20 provinces.

42,556

GBV cases registered in Basic Package Health Services Facilities (District Hospitals and Comprehensive Health Centres) and Police/laws Sector.

63,694

GBV survivors and women who have accessed the essential services package including legal services at FPCs



Ensuring Reproductive Health Services in Humanitarian Situations

In 2019, the numbers of Afghan civilians affected by floods and drought significantly increased, putting a severe strain on Afghan authorities and relief organizations in coping with the emergencies.

According to the 2018 United Nations Humanitarian Needs Overview, an estimated 6.3 million people in Afghanistan needed some form of humanitarian and protection assistance in 2019. Of this number, 1.9 million needed health services in humanitarian settings. These included returnees and Internally Displaced Persons (IDPs) living in remote areas. Following the high trend of IDPs along with returnees from Pakistan and Iran, the past year was significant in terms of humanitarian service provision and addressing the major health gaps and needs of crisis-affected populations – particularly in areas with people and host communities in dire need of emergency health care services.

In 2019, through UNFPA's humanitarian support:

349,118

Internally Displaced People (IDPs), returnees, and host communities across the country were provided with health services and information.

7,656

Dignity kits were provided to affected women and girls in the 8 provinces (Kandahar; Nuristan, Farah, Herat, Nimrooz, Nangarhar, Kunar, Takhar province).

37,695

Afghan returnees from Pakistan and Iran received health services including SRH and GBV through static clinics in Herat, Nangarhar, Nimroz, and Kandahar provinces

211,759

IDPs, returnees, and host communities affected accessed health services including SRH and GBV through Mobile Health Teams and static health facilities in humanitarian settings

41

Health service managers and providers trained as trainers during the year on the minimum initial service package with support from UNFPA covering all the following areas, including:

- MISP overview and coordination
- sexual and gender-based violence
- HIV and STIs
- Adolescent SRH
- Maternal health and family planning
- Action planning



Empowering the Young Generation

UNFPA's youth programme worked closely with the Deputy Ministry of Youth Affairs, the Afghan Parliament and the Office of the Second Vice President, H.E. Sarwar Danish who chairs the Youth Inter-Ministerial Committee in the country to advocate for the rights of adolescents and youth.

Policy and Advocacy

UNFPA supported Government of Afghanistan in different advocacy platforms, comprising the Employment & Youth Executive Committee, Youth Steering Committee and Adolescent Health Working Group which was established within the framework of Deputy Youth Ministry, MOPH and Chief Executive Officer's office to issue recommendations and practical solution for Youth and adolescent issues.

Youth and Employment Committee: UNFPA supported the government to conduct four meetings on the Youth and Employment Committee chaired by H.E CEO of Afghanistan, the stated commitment was co-chair by UNFPA. Meanwhile, 32 technical committee meetings were conducted aiming to prepare the technical materials and develop a road map for the recommendation from Executive Meetings. The key goals of the committee were advocating for greater emphasis of the Youth and Adolescent agenda into National Policies and support to wider Government institutions to enable the effective implementation of Adolescent & Youth (A&Y) related policies and programmes, voicing young people's needs when decisions affecting youth are being made within the various ministries. The committee managed below key interventions:

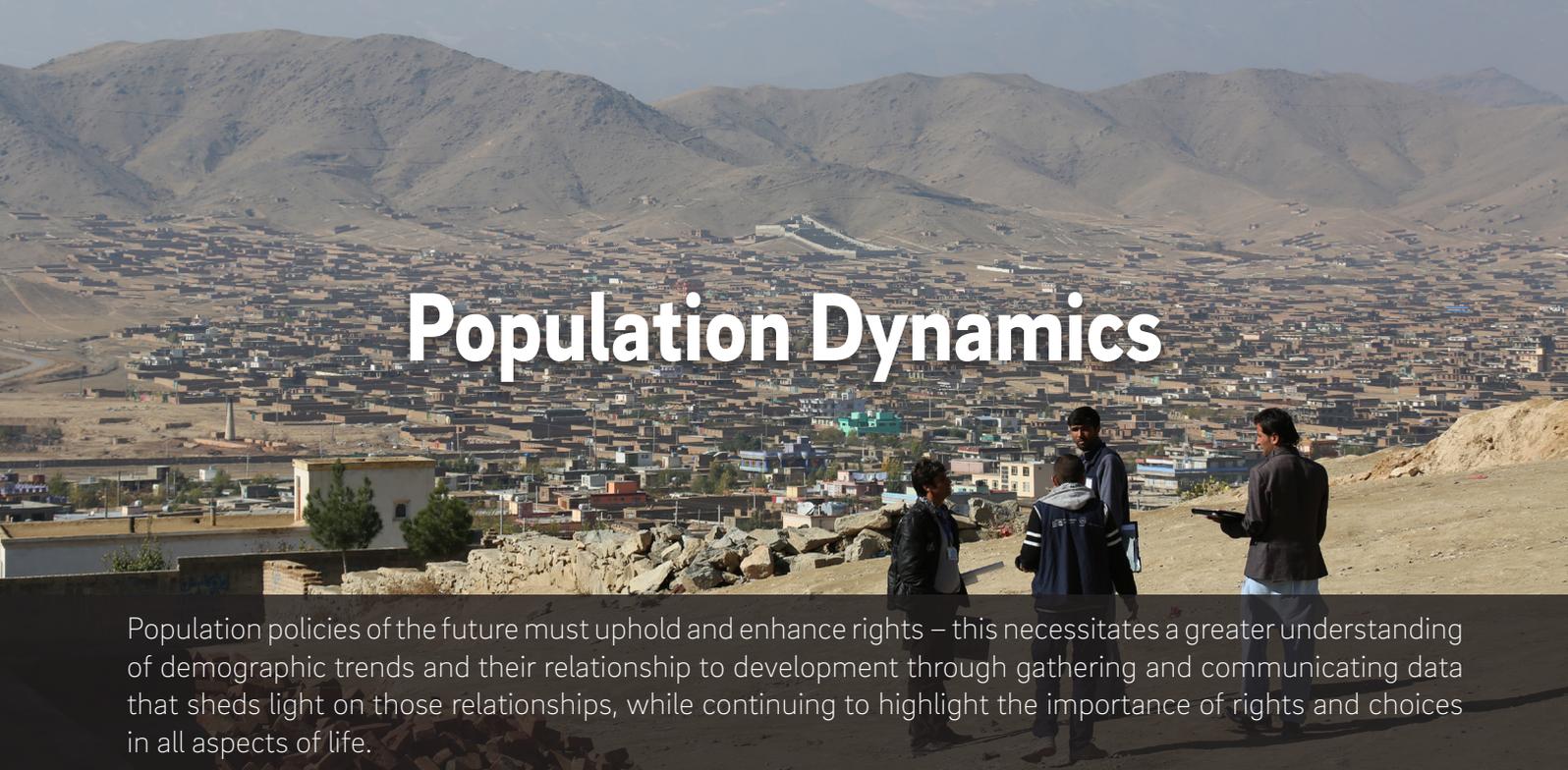
- Approved the National Youth Strategy
- Approved maintaining of the Youth Health Line
- Developed and approved the concept for intern program for new graduates
- Recommendation on girl's health in the health policy.
- Framework on higher education presented
- First draft of national employment policy
- Concept of startup for young people

Adolescent Health Working Group: In total, 11 Adolescent Health Working Group meetings were conducted during the reporting period and UNFPA provided timely technical and logistical support. During these meetings, below key results achieved:

- Joint monitoring plan was developed and approved
- Revised check for YHC was developed and approved.
- Analytical report on youth health issue was developed and submitted to management in MOPH.
- Revised incentive plan for presented and approved for pre-marriage counselling.
- Action plan for school health was developed and submitted to president office.
- Family Life Education program was discussed and included in the Memorandum of Understanding between Ministry of Education and Ministry of Public Health.

Youth Parliament: Afghanistan convened the fourth session of the youth parliament from 29 -27 October 2019, in Herat province and the session was inaugurated by high-level governmental officials including deputy youth minister and governor of Herat. A total of 200 young people participated in the fourth sessions including 121 elected young men and women aged 30 – 18 from 34 provinces of Afghanistan. The Youth Parliament aimed to educate young people on the democratic processes taking place in the Parliament of Afghanistan; acquire democratic reasoning, leadership qualities and evidence-based discussion skills, i.e. rationale and peaceful discussions based on available information; and identify challenges and local solutions. The ultimate objective, however, was to involve youth in decision making that affects their lives including their reproductive lives and not only political endeavor.





Population Dynamics

Population policies of the future must uphold and enhance rights – this necessitates a greater understanding of demographic trends and their relationship to development through gathering and communicating data that sheds light on those relationships, while continuing to highlight the importance of rights and choices in all aspects of life.

The Government of the Islamic Republic of Afghanistan was supported in ingraining a culture of authentic data development and utilization. Technical and financial support was provided to the National Statistics and Information Authority (NSIA), the Afghan Parliament, Ministry of Economy, and Kabul University.

Additionally, UNFPA supported the Afghan government in policy and strategy development that is in line with national priorities, the Sustainable Development Goals, the Afghanistan National Peace and Development Framework (ANPDF) and the One-UN Document for Afghanistan. In 2019, UNFPA generated knowledge on population and development for evidence-based decision-making with the following results:

Policy & Advocacy

- The 25th anniversary of the International Conference on Population Development (ICPD25) was celebrated during the November 2019 Nairobi Summit. Afghanistan made a strong commitment focused on finishing the unfinished business of the ICPD Programme of Action. The Government committed to: 1) harness the demographic dividend through investing in adolescents and youth's education, employment opportunities and health, including family planning and reproductive health services, 2) ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning services, and the overall goal of zero or to a minimum level possible unmet need for family planning information, education and services and the availability of modern contraceptives, by establishing a General Directorate for Family Planning and a specific budget line in our national budget for the procurement of modern contraceptives, by no later than year 3, 2030) empowerment of all women by ensuring women's full and effective participation and equal rights in all fields and in leadership at all levels of decision-making by 2030, and 4) the overall goal of zero harmful practices, including child marriage.
- UNFPA established the Afghan Parliamentary Forum on Population and Development as a platform for policy and advocacy on key issues related to Population Dynamics. A briefing session on the Nairobi summit was conducted to the members of the lower house of the parliament. The session focused more on the objectives of the Nairobi summit, what exactly ICPD is about, its importance, and why it is still relevant today.

- UNFPA used its flagship events to mark the 25th Anniversary of ICPD & Nairobi Summit, e.g. 1) The 2019 State of World Population (SoWP) to promote the 25th anniversary of the ICPD/Nairobi Summit; 2) World Population Day; and 3) Youth International Day – notable for the events were the wider participation of government officials including parliamentarians, donor agencies, UN agencies, civil society, and non-governmental organization (NGOs).
- Media briefing was organized to explain to a circle of journalists what exactly ICPD was, its importance, and why it is still relevant today.
- The annual Programme Steering Committee of the 4th CPAP was convened as planned. A concept note was developed for the second phase remote sensing project and is being discussed with the development partners and donor community. Two Concept notes developed for the support of Population Development Interventions and shared with development partners including DFID, and EU.

Capacity Development

- A Four Day training on Basic demography modules for the Policy and Planning Directors of Ministries of Health, Economy, Education Statistics Office and the Deputy Ministry of Youth was organized.
- Established a GIS/Innovation Lab to coordinate and support activities within NSIA and relevant Government institution.

Knowledge Management

- The population projection for Afghanistan was conducted for the period 2019 to 2030 and its implication on key development sectors (Health, Education, Urban, Employment, etc.).
- Survey of Annual Family Planning Expenditure for 2018 was conducted.



Challenges

Security remained a key challenge and it further deteriorated in the country and limited proper presence of UNFPA personnel in the field to monitor the implementation of UNFPA supported interventions. UNFPA, in collaboration with UNDSS provided protection for UNFPA personnel in the field to the extent possible. Furthermore, UNFPA mobilized and involved government and Implementing Partners in-field monitoring missions. Additionally, deteriorating security situation at country level resulted in limited access to the conflict affected population and IDPs as well. However, UNFPA's partnership with implementing partners—who are well accepted in the communities—allowed for the facilitated access to IDPs settlements and affected areas.

Recurrent threats against health workers, particularly for female health workers in conflict areas has been another challenge. It has resulted in limited availability of qualified female health workers to deliver services in the conflict affected and host community areas. UNFPA has adapted various approaches to recruit female staff, such as the provision of transportation facilities in areas where accommodation facilities are not available. Similarly, recruitment of Mahram (husband, brother, father or uncle) to work along with the female staff has also been encouraged to continue working in the remote and isolated areas.

Women and girls are more vulnerable in conflict, post-conflict and drought situations, which is exacerbated by their poorly addressed SRH/GBV needs in humanitarian response planning. Thus, UNFPA advocated to incorporate women's need in the contingency planning. This issue is feeding the negative coping mechanism such as marrying off young girls as livelihood means for the families, that not only results in GBV but also cause reproductive health challenges for them as well.

There is a lack of unified multi-sectoral GBV data collection and reporting platforms among GBV actors for informed GBV program planning and response. GBV database in Afghanistan, 1) only focuses on the health sector with specific outlets to collect and report data in selected provinces, 2) the absence of police/legal sector database and 3) unified/agreed inter-sectoral data sharing protocols/SoPs. Even the health sector GBV database has operational and structural issues in terms of data collection, reporting, and analysis, including maintenance at the field and national level.





Lessons Learned

Involvement of female staff in Psychosocial Support Services (PSS) and RH community outreach interventions is essential. Blanket PSS services as community outreach is more critical as the country does not have community outreach services to provide PSS services. The interventions successfully increased access to services for women and girls who remained under-served due to cultural acceptability and traditional behaviors and perceptions. Integration of the health/SRH and the GBV services as an integrated approach (Health, PSS, and GBV services) is provided by mobile health teams and different service delivery points at the doorsteps of the beneficiaries.

There is a need for long-term investment in family planning (both demand and supply) including the youth health components to obtain desirable results of increasing contraceptive prevalence which has stagnated for the last five years in Afghanistan. Strengthening the supply chain for contraceptives and the human resource, especially to administer long-acting reversible contraceptives (LARC), are critical components that need further investments. Additionally, for the promotion of family planning and involvement of other sectors, the FP should be addressed not only from a health perspective, but it should be raised and discussed from a women's empowerment position, harnessing the demographic dividend and the protection of the rights of a women's perspective.

Family Health Houses (FHH) are a unique approach to reach the underserved areas to ensure no one is left behind; and ensure universal health coverage and access to RMNCH services for even the remotest persons. UNFPA shall promote the FHH concept at the global level to ensure Zero Maternal Death is achieved by 2030.

Involving communities and local authorities in the design and implementation of initiatives is very important. Additionally, involvement of all stakeholders, especially communities and local authorities, and concerned department of MoPH in design and implementation, as well as monitoring and evaluation of each project and program, whether on a small or large-scale projects, is critical for community buy-in and successful implementation.

This necessitates the inclusion of mobilizing social structures (Women civil society, Youth associations, journalists, and religious leaders) and family structures (especially men) given their socio-cultural influence on reproductive decisions are assets for increasing access and use of family planning services in Afghanistan.

Strategic engagement with the key government ministries for implementation of the Country Programme has enhanced UNFPA's engagement and visibility in advancing the ICPD agenda beyond 2015. Long-term and strategic partnership with Kabul University in the areas of population and demographic studies will provide long-term human resources for generating and utilizing data for development.

UNFPA Donors and Implementing Partners

A) Donors:

The achievements of UNFPA Afghanistan were supported by the following donors in 2019. Their financial contributions are essential to achieving our joint objectives and UNFPA expressed its gratitude:

- Department of Foreign Affairs and Trade of Australia (DFAT)
- Italian Agency for Development Cooperation (AICS)
- Republic of Korea (RoK)
- Department for International Development of the United Kingdom (DFID)
- Global Affairs Canada (GAC)
- European Union (EU)
- World Food Programme (WFP)



B) Implementing Partners:

The following partners supported services delivery of UNFPA Afghanistan programmes in 2019:

- Afghan Family Guidance Association (AFGA)
- Afghan Midwives Association (AMA)
- Agency for Assistance and development of Afghanistan (AADA)
- Health Net-TPO (HNTPO)
- International Medical Corps (IMC)
- MOVE welfare organization
- Afghan Red Crescent Society (ARCS)
- HEWAD reconstruction and health agency

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