

In the mountainous and hard-to-reach areas of Afghanistan, where the population is scattered and isolated from urban centres and public health facilities,



**172**  
Family Health Houses (FHHs)

supported by UNFPA have been providing invaluable life-saving care to mothers and children, particularly in Bamyan, Daykundi, Faryab, Herat and Ghor provinces.

Each FHH provides essential and life-saving reproductive, maternal, newborn and child care (RMNCH) services to about 1,500 to 4,000 people in a community. Family Health Houses are staffed by a **Community Midwife**, who is a resident of the community. Prior to deployment to an FHH, midwives are required to complete at least two years midwifery course, undergo a two-month internship in a hospital or health facility, focusing on the provision of Basic and Emergency Obstetric and Newborn Care (EmONC), as well as additional training on health facilities management.



**COMMUNITY  
MIDWIFE**

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- undergo a two-month internship
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**FAMILY HEALTH HOUSES ARE CRITICAL IN PROVIDING PRIMARY CARE LEVEL ACCESS TO COMMUNITIES IN THE SO-CALLED "WHITE AREAS" OR AREAS THAT DO NOT HAVE HEALTH FACILITIES AVAILABLE AT LESS THAN THREE HOURS WALKING DISTANCE.**

UNFPA conducted an analysis of the impact of the Family Health Houses on maternal mortality and other reproductive health outcomes in 2015-2019. The results presented in this policy brief, demonstrate the critical need to continue supporting FHHs in Afghanistan, to reduce mortality and morbidity for remote populations.

## ANALYSIS METHODOLOGY

The aim of this analysis is to estimate retrospectively the potential impact of the FHHs on key maternal and reproductive health outcomes between 2015 and 2019 using data on RMNCH service provision in the FHH Catchment Areas captured through the Health Management Information System (HMIS) and validated by UNFPA Country Office. The analysis was performed for a sample of FHHs from four provinces, where data quality and completeness on population served and service coverages were deemed appropriate to run the analytical models. Once the baseline coverage and yearend coverage rates for key maternal and reproductive health services were estimated for all four provinces, the increases in coverage that could be attributed to the operations of the FHHs were processed through the Lives Saved Tool (LiST) software to estimate impacts on key maternal and reproductive health outcomes.



## KEY ASSUMPTIONS



**POPULATIONS IN THE CATCHMENT AREAS OF THE FHH HAVE NO ALTERNATIVE ACCESS TO OTHER HEALTH FACILITIES:** FHHs are the main service provision points for the catchment areas



**SERVICES PROVIDED IN FHHS INCLUDE ONLY BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE (BEMONC) INTERVENTIONS FOR PREGNANCY AND CHILDBIRTH:** NOT included are safe abortion services, Caesarean-section deliveries and blood transfusion services



Key demographic data (e.g. number of live births expected in one year) for the catchment area populations were estimated by applying the Crude Birth Rate for the province where the FHHs are located, as identified in the 2015 Afghanistan DHS data.

## ESTIMATED DEMOGRAPHIC BASELINE AND ENDLINE DATA FOR FHHS AREAS, BETWEEN 2015 & 2019





*Table 1: Demographic data at baseline and modelled estimates for pregnancies and live births expected in catchment population in FHHs areas, 2015 and 2019*

FAMILY HEALTH HOUSES	KEY DEMOGRAPHIC DATA IN FHHS CATCHMENT AREAS, 2015 AND 2019											
	CATCHMENT AREAS TOTAL POPULATION			WOMEN OF REPRODUCTIVE AGE			ESTIMATED NUMBER OF PREGNANCIES			ESTIMATED NUMBER OF LIVE BIRTHS*		
	2015	2019		2015	2019		2015	2019		2015	2019	
Bamyan FHHS	47,763	52,800	+5,037	11,941	13,200	+1,259	2,023	2,211	+188	1,719	1,880	+161
Daykundi FHHS	111,427	127,600	+16,173	28,857	31,900	+3,043	4,441	5,433	+992	3,774	4,543	+769
Faryab FHHS	114,781	128,86	+14,085	28,695	31,721	+3,026	5,915	6,538	+623	5,027	5,558	+531
Herat FHHS	15,919	17,598	+1,679	3,980	4,399	+419	667	737	+70	567	626	+59

*\*Live births are estimated by applying miscarriage rates averages to the number of estimated pregnancies in the population (15%).*

In addition to estimating key demographic baseline and endline values for the areas where FHHs were in operation between 2015 and 2019, the coverage of key RMNCH services was also estimated, using HMIS and primary service usage data collected by project teams in the areas of operation of the FHHs.

Table 2: Key RMNCH service coverage estimates for the catchment population in FHHs areas, 2015 and 2019

KEY RMNCH SERVICES ASSESSED	FHHs	CHANGES IN SERVICE PROVISION COVERAGE		
		2015	2019	% CHANGE
<div>Antenatal Care 1 Visit</div> <div> x1</div>	Bamyan	58.2%	59.6%†	+ 2.4%
	Daykundi	33.6%	94.2%	+ 180.3%
	Faryab	70.2%	80.8%	+ 15%
	Herat	N/A*	N/A*	-
<div>Antenatal Care 4 Visits</div> <div> x4</div>	Bamyan	19.6%	46.8%	+ 138.8%
	Daykundi	1.0%	62.1%	+ 6110%
	Faryab	20%	68.6%	+ 243%
	Herat	12.2%	N/A*	-
<div>Postnatal Care 4 Visits</div> <div></div>	Bamyan	44.3%	52.3%	+ 18%
	Daykundi	21.8%	76.2%	+ 249.5%
	Faryab	66.3%	85.1%	+ 28.3%
	Herat	57.1%	N/A*	-
<div>Births in health facility</div> <div></div>	Bamyan	25.1%	38.2%	+ 52.2%
	Daykundi	15.6%	66.8%	+ 328.2%
	Faryab	56.6%	69.3%	+ 22.4%
	Herat	53%	N/A*	-
<div>Modern contraceptive methods use</div>	Bamyan	15%	11%	- 26%
	Daykundi	8%	16%	+ 100%
	Faryab	16%	13%	- 18.75%
	Herat	2%	11%	+ 450%

In Bamyan, other services such as mobile health teams by UNICEF and other health activities by the Ministry of Health might have resulted in more opportunities to access services available for the population residing in the FHHs catchment area, thus potentially diverting them from FHHs services.

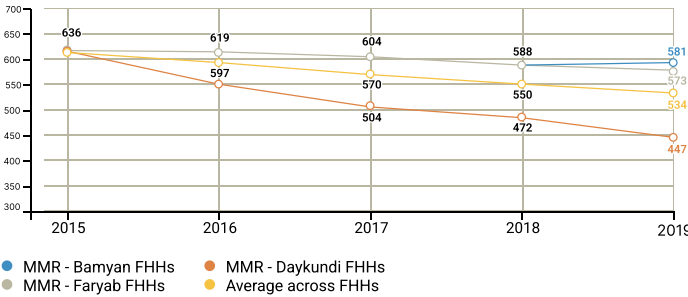
For Herat FHHs, data on number of services provided at baseline and endline did not correspond to the estimated number of demographic events (e.g. pregnancies and live births) expected in the catchment population, as numbers of services provided exceeded those expected in the catchment population. This might be due to different reasons: errors in data collection and recording, or the fact that more people outside of the catchment areas accessed health services provided by the FHHs. While more research is required to understand the reason for these discrepancies, it is likely that FHHs in Herat managed to provide services to people beyond their catchment areas – a testament to the critical need of FHHs in this area. For Herat, then, only modelled estimates for increase in modern contraceptive use are included in the results analysis section.

## KEY RESULTS: LIFE-SAVING IMPACT OF FAMILY HEALTH HOUSES

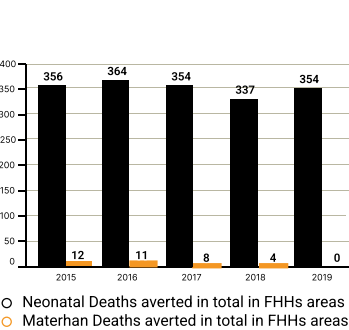
As shown in Table 2, for almost all key RMNCH services assessed in this analysis, service coverage rates in areas of FHHs operation across the four provinces increased dramatically between 2015 and 2019. The improvement in access to critical RMNCH services is particularly evident when looking at the provision of 4 antenatal care visits and the number of births happening in the health facility – both critical to reducing maternal mortality and morbidity. For modern contraceptive method use, the results are mixed, with lower usage estimated at endline than at baseline in some FHHs areas. However, often, modern contraceptive use increased in the initial years of operation of FHHs, and then declined after (as shown in the graphs below). More research is required to understand the reasons behind this decline in the areas of operation of the FHHs.

Overall, the impact of FHHs in the four catchment areas between 2015 and 2019 appeared to be very positive: modelled estimates suggest that 35 maternal deaths, over 1,750 neonatal deaths, and over 11,000 unintended pregnancies were potentially prevented in total in the five-year period. Maternal Mortality Ratio (MMR) on average was estimated to have declined overall by 16% from the 2015 national average baseline.

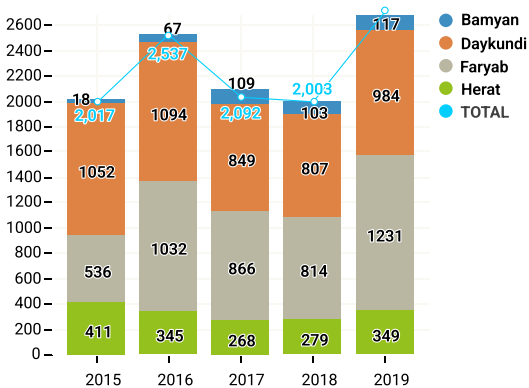
Graph 1: Maternal Mortality Ratio decline FHHs areas, 2015 to 2019



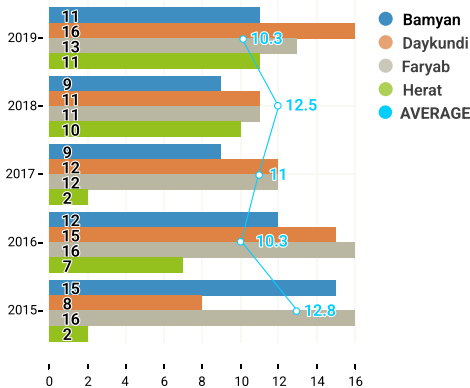
Graph 2: Maternal and Neonatal deaths averted in FHHs areas, 2015 to 2019



Graph 3: Total number of unintended pregnancies averted in FHHs areas through modern contraception use, 2015 to 2019



Graph 4: Trends in Modern Contraceptive Prevalence in FHHs areas, 2015 to 2019



## CONCLUSION

This analysis provided an overview of the impact of Family Health Houses on access to essential RMNCH services and increases in services coverage in selected areas of Afghanistan. Based on the modelled estimates, it appeared that:



INTERVENTIONS PROVIDED BY FAMILY HEALTH HOUSES IN BAMYAN, DAYKUNDI AND FARYAB CATCHMENT AREAS CONSISTENTLY INCREASED ACCESS TO HEALTH SERVICES FOR THE CATCHMENT POPULATIONS BETWEEN 2015 AND 2019.



MATERNAL HEALTH SERVICES (ANC, PNC, NUMBER OF DELIVERIES IN HEALTH FACILITIES) IN PARTICULAR WERE POSITIVELY AFFECTED BY THE PROVISION OF SERVICES THROUGH THE FHHs; FOR MODERN CONTRACEPTIVE SERVICES, RESULTS WERE MIXED, - WITH AN INITIAL INCREASE IN MCPR RATES IN SOME OF THE FHHs AREAS, FOLLOWED BY A DECREASE OR STABILIZATION.



IN THE CASE OF HERAT FHHs, THE NUMBER OF MATERNAL HEALTH SERVICES PROVIDED EXCEEDED THE NUMBERS OF ESTIMATED BIRTHS AND PREGNANCIES IN THE CATCHMENT POPULATION. WHILE MORE RESEARCH IS REQUIRED, IT IS LIKELY THAT HERAT'S FHHs PROVIDED SERVICES TO PEOPLE BEYOND THOSE IN THE CATCHMENT AREA, A TESTAMENT TO THE ESSENTIAL VALUE OF FHHs IN UNDER-SERVED AND REMOTE AREAS OF THE COUNTRY.

As such, continuing to invest in FHHs in remote areas of Afghanistan can prevent unnecessary mortality and morbidity among mothers and children, providing critical access to essential health services for otherwise underserved populations.