



Photo credit: GHSC-PSM



Saving Lives and Improving Health Outcomes in Afghanistan through Increased Access to Contraceptives

Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program—Procurement and Supply Management (GHSC-PSM) project.¹

With a population of nearly 35.8 million²—more than double what it was in 1990—the average woman in Afghanistan gives birth to 4.5 children in her lifetime.³ In 2019, approximately 28 percent of Afghan women had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.⁴

The maternal mortality ratio in Afghanistan is 638 per 100,000 live births, compared to 163 for South Asia, on average.⁵ The child mortality rate is 60 deaths among children under 5 per 1,000 live births, compared to 40 for the South Asian region.⁶

To address Afghanistan's maternal and child health needs, the Islamic Republic of Afghanistan is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 15.9 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷

Estimated health impacts from USAID procurement investments



¹Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²USAID. "Acting On The Call: A focus on the role of nurses and midwives (usaid.gov)" p. 35 (2020). Accessed December 3, 2020.

³Fertility rate, total (births per woman). [Fertility rate, total \(births per woman\) - Bangladesh, India, Afghanistan | Data \(worldbank.org\)](https://data.worldbank.org/indicator/SH.DYN.MORT). Accessed June 22, 2020.

⁴Family Planning 2020. "Afghanistan: FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report." [Afghanistan_2019_CI_Handout.pdf \(familyplanning2020.org\)](https://familyplanning2020.org/Afghanistan_2019_CI_Handout.pdf). Accessed December 3, 2020.

⁵World Bank. Maternal Mortality Ratio. <https://databank.worldbank.org/reports.aspx?source=2&series=SH.STA.MMRT&country=AF>. Accessed December 3, 2020.

⁶World Bank. Child Mortality Rate. <https://data.worldbank.org/indicator/SH.DYN.MORT>. Accessed December 3, 2020.

⁷Family Planning 2020, Afghanistan, 2018. [Afghanistan_2019_CI_Handout.pdf \(familyplanning2020.org\)](https://familyplanning2020.org/Afghanistan_2019_CI_Handout.pdf). Accessed June 22, 2020.

USAID Contraceptive Investment

In partnership with the Government of Afghanistan and other in-country stakeholders, USAID has supported the procurement and distribution of over 19,174,248 FP/RH products to USAID-supported facilities and organizations in Afghanistan from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 516,403 couple years protection⁸ and to help prevent:

- 176,000 unintended pregnancies
- 300 maternal deaths
- 107,000 abortions
- 2,200 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$7.5 million** in direct spending on healthcare—resources that can be reinvested in Afghanistan's health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Afghanistan meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

Contact Us

John Vivalo

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2165

Alan Bornbusch

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2159



“The Afghanistan Social Marketing Organization (ASMO) is the main private sector provider of quality short-acting contraceptive methods in Afghanistan. USAID played a critical role in supplying high-quality contraceptives to ASMO, enabling it to meet the expectations of its commercial supply chain partners and end users.”

—Dr. Shahla Amiri Wardak, specialist Obstetrics and Gynecology



Private sector provider counseling client on FP methods. Photo credit: Ahmad Samim Andari/ASMO

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Combined oral contraceptives	3.2M
Condoms	15.3
Injectable contraceptives	697K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	19,174,248
TOTAL VALUE OF COMMODITIES	\$1,920,151**

*Data through Q2 of FY 2020

**This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

⁸CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

⁹This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

¹⁰GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹¹<https://www.maristopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/>, Accessed March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)