Resource Mapping

Resource mapping is currently underway in Afghanistan. The first phase of resource mapping focused on external financing for the health sector, and preliminary results have been analyzed. The second phase will focus on an inclusion of external financing at the sub-national level. Additionally, the expanded version of the investment case is in development and the second phase will also focus on identifying the financing gap for the investment case.

Country Focus Areas

- Achieve efficiency gains by better managing contracts with NGOs (moving from contract management to performance management).
- Reduce fragmentation of external resources by mapping and tracking of off-budget and on-budget resources to complement BPHS and EPHS contracts in a more aligned and coordinated manner.
- Adapt innovations to reduce material mortality and stunting and increase access to and quality of RMNCAH-N interventions such as family planning services.

RMNCAH-N Core Indicators

Maternal mortality ratio: Not available

Neonatal mortality ratio: 39 per 1,000 live births

Under-five mortality ratio: 68 per 1,000 live births

Adolescent birth rate: 63 per 1,000 women

Percent of births <24 months after the preceding birth: 32.4%

Stunting among children under 5 years of age: 36.6%

Moderate to severe wasting among children under 5 years of age: 5%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: $US2.94

Ratio of government health expenditure to total government expenditures: 2.01%

Percent of current health expenditures on primary/outpatient health care: 60.34%

Incidence of catastrophic and impoverishing health expenditures: 14.63% catastrophic, 4.32% impoverishing

Investment Case

Investment Case for RMNCAH-N or equivalent (e.g., national health plan)

Set of evidence based priorities identified

Development of a national health plan

Achieve efficiency gains

An inclusive country platform process with CSO engagement

Health financing reforms identified

World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Monitoring the Country-Led Process

Investment Case in Development

Set of evidence based priorities identified

Development of a national health plan

Health financing reforms identified

World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

**Meaning that funding was allocated, disbursed and released – payment done**

*** ANC4 = four antenatal care visits

** ART = antiretroviral therapy, ARV = antiretroviral, DPT3 = vaccination for Diphtheria, Tetanus, and Pertussis, ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission, PNC = postnatal care.**