# **Afghanistan**

# Country Focus Areas

- Achieve efficiency gains by better managing contracts with NGOs (moving from contract management to performance management).
- Reduce fragmentation of and tracking of off-budget and aligned and coordinated manner.
- 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: 62 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: US\$2.94

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

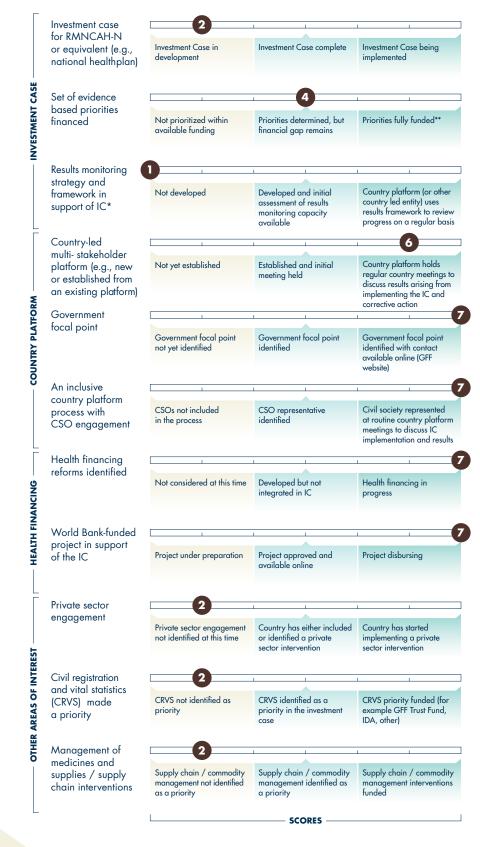
Percent of current health expenditures on primary/outpatient health care:

Incidence of catastrophic and impoverishing health expenditures: 14.63% catastrophic 4.52% impoverishing

# 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 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.

## Monitoring the Country-Led Process



- \* Both included in the IC document or a separate document
- \*\* Meaning that funding was allocated, disbursed and released payment done
- \*\*\* ANC4 = four antenatal care visits

ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

external resources by mapping on-budget resources to complement BPHS and EPHS contracts in a more

Adopt innovations to reduce maternal mortality and stunting and

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