# THE MATERNAL AND CHILD HEALTH CRISIS IN AFGHANISTAN

Jim Huylebroek/Save The Children

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**Image credits:** FC © Jim Huylebroek/Save The Children (Feb 2022) — mothers and their children are able to visit health professionals, doctors, and psychologists at Save the Children's Mobile Health Clinic, Jawzjan, Afghanistan; p7 © Sasha Myers/Save The Children (May 2022) — child receiving treatment for malnutrition and diarrhoea, Jawzjan, Afghanistan; p9 © 279photo Studio/Shutterstock — Taliban order Afghan women to wear all-covering burqa while in public; p18 © Jim Huylebroek/Save The Children (Feb 2022) — a street in Kabul, Afghanistan; IBC © Michal Przedlacki/Save the Children (Nov 2021) — a baby suffering from severe acute malnutrition (SAM) seeking aid at a clinical facility, Sar-e-pul, Afghanistan

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# EXECUTIVE SUMMARY

For two decades, the United States and other donors invested hundreds of millions of dollars in developing a system of primary and hospital care for the people of Afghanistan, who had long suffered from short life expectancy, staggering rates of death in childbirth, and very high infant and child mortality. Support to the Ministry of Public Health and partnerships with international and national non-government organizations opened community-based clinics and offered an essential package of health services, trained thousands of practicing health workers , and improved surveillance and management. Despite war, government corruption, and other enormous challenges, the results were remarkable. Rates of infant and child mortality the maternal mortality ration were cut in half. Even so, because of the extremely poor health of Afghans at the start of the initiatives, in 2021 health indicators in Afghanistan remained among the worst in the world.

The Taliban takeover of Afghanistan in August 2021 created an economic and health catastrophe as well as a political and human rights crisis. Donor governments that had invested heavily in building and strengthening the Afghanistan health system ceased all financial support of health programs operated through the Ministry of Public Health, imposed economic sanctions on the Taliban regime, and stifled the new government's ability to run its economy by refusing to recognize its central bank. The results of these policies severely damaged Afghanistan's economy, with 70% unemployment and tens of millions of people thrown into poverty and desperate hunger, and 20 million people in need of food aid. Only humanitarian and food aid avoided massive death from starvation and its associated diseases.

Funding for the primary and secondary care programs channeled through the government dried up. To address the crisis, donors including the United States and World Bank, as well as UN agencies and the International Committee of the Red Cross, provided emergency stopgap funding for primary and hospital care. But the economic sanctions and liquidity crisis produced by the strangling of the central bank made it difficult to pay health staff even when the funds were theoretically available to do so, decreased the availability of medicine and medical supplies, and impaired access to basic and specialty care and medication because of the widespread impoverishment of the population.

Taliban regime practices increased the severity of the crisis. Despite early rhetoric that it would respect women's rights, the Taliban has forbidden girls from attending secondary school, limited employment for women, re-imposed restrictive dress codes, and used violence and threats to enforce its rules against women walking or traveling unaccompanied by a male escort, or *Mahram*, especially in rural areas.

## Aims and methods

Given the reality described above, we aimed to learn about changes in working conditions, safety for practicing health workers and patients, access to and quality of maternal and child health care, and maternal and infant mortality since regime change in August 2021. We also sought to learn the perspective of Afghan health professionals on the impact of the Taliban rule and a lack of global financial support on educating the next generation of health professionals for the future of maternal and child health care in Afghanistan. To achieve this aim, researchers from the Johns Hopkins Center for

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Humanitarian Health and Center for Public Health and Human Rights collaborated with individuals in Afghanistan to survey health workers and an NGO providing health services in Afghanistan to conduct two surveys with health workers along with in-depth interviews of health professionals.

Between February and April, 89 Afghan practicing health professionals were interviewed ('respondents') associated with an Afghan group and 42 other health professionals with an NGO. The survey participants reported providing health care services in both public and private facilities and in urban and rural settings. In addition, interviews were conducted with ten individual health professionals with broad knowledge and experience in health care provision in various locations throughout Afghanistan. No identifying or personal information was collected from Individuals participating in the surveys and interviews.

The surveys were translated into Dari and Pashto and distributed through the group's membership network or in partnership with the NGO through an on-line secure platform. The in-depth Interviews were conducted from February to April 2022 via password protected Zoom accounts in participants choice of Dari, Pashto, or English. All participant's provided consent prior to completing the survey or interview. Completed interviews were transcribed and if necessary, translated into English for the analysis. The quantitative and qualitative data analysis was descriptive and focused on integrating the findings from the multiple data sources.

## Findings

Four key findings emerge from the report.

**FIRST**, there has been a severe deterioration of conditions for providing maternal and child health

care in Afghanistan. Practicing health workers shared the draconian conditions under which they worked. Over 40% (43.8%) of respondents reported their working conditions as "worse" or "much worse" and more than half reported that they were not paid regularly since August 2021. Almost half of the respondents (46.6%) reporting decreased availability of essential medicines to meet patient care needs. Similar results were reported by NGO health staff in the five urban centers, as 42.9% reported a decrease in availability of essential medicines and supplies, and 28.9% reported a decrease in the functionality of equipment needed to provide quality care.

As they tried to remain at their posts and provide care despite these hardships, these health professionals experienced almost daily harassment and threats of violence by the Taliban if they traveled to work without a *Mahram*, or male escort. The majority (81%) of female health workers reported safety issues that included being stopped and harassed by the Taliban because they did not have a *Mahram*. The women shared stories of female health workers who were beaten for the offense of traveling unaccompanied by a male relative. They added that taking taxis is not often an option as drivers are afraid they will be stopped by the police for transporting an unaccompanied woman. Further, 80% of NGO staff working in urban private and public clinics described a decrease in morale and motivation since August 2021.

These factors combined to decrease the number of practicing health workers offering maternal, infant and child health care in urban, rural and semi-rural settings. The decline in working conditions and lack of regular pay led health staff to quit or stop coming to work regularly. In the five urban health centers, over half (57.1%) of the staff reported a decrease in work attendance, and the vast majority (81%) of respondents in public health facilities reported that work attendance had decreased since August 2021. The health professionals interviewed explained that many experienced health professionals have left Afghanistan and those who remain have ceased working because of lack of pay and/or risk of harassment and violence when leaving their homes.

**SECOND**, Since August 2021, there has been a severe decline in the availability and quality of care. Forty percent (40.4%) of respondents reported that the availability of maternal and child health care has "decreased a little" to "decreased a lot" in their community. Almost one-quarter (24%) of respondents reported that because of the worsening conditions in health facilities they were not able to provide care for mothers and children. The national economic crisis, in addition to the loss of skilled health staff, poor working conditions, limited resources and insecurity, has forced women and their families to delay accessing needed care or make the decision to deliver the baby at the home because they do not have the funds to pay for transport or care at a public or private health facility.

**THIRD**, the practicing health professionals perceived an increase in maternal, infant and child mortality. Specifically, more than one third (36.6%) of respondents reported that infant/child mortality has "increased a little" to "increased a lot." Approximately one-third (31.4%) of respondents perceive that maternal mortality has increased in their community since August 2021. In the five urban centers, 64.3% of staff reported the death of a mother and/or child in the last month in the facility where they work.

**FOURTH**, the health workers expressed great concern about the future of health care in Afghanistan. The health professionals we interviewed identified several factors that unless addressed immediately will likely result the loss of access to and provision of quality care leading to a national increase in maternal, infant and child mortality. These factors include the loss of donor investment in health care, lack of action on the economic crisis, prohibition of secondary education for girls, and the closure of health care and nursing educational programs.

## RECOMMENDATIONS

1. **The US government and other donors, along with UN agencies, should expedite the process, led by the WHO and UNICEF, for the development of longer-term health and health financing plan as part of potential new aid plans being discussed under the auspices of the UN Mission in Afghanistan.** The plans must be quickly developed and implemented to meet the challenge of sustaining the health system in Afghanistan, covering primary, secondary and tertiary care, while not channeling funds directly through the Taliban government. The plans should include mechanisms to ensure coverage of all Afghans, address issues of access and affordability in light of the ongoing economic crisis, support pre-service and professional education for women and girls to meet the health needs of the population, and means of financial and programmatic accountability for use of the funds.

2. **The financing and health plans should include collaboration and financial support for healthcare professional organizations and regulatory bodies in Afghanistan** as they are essential to ensure access to high quality services and education and ethical standard of practice for the next generation of female health workers.

3. **Three population-based health surveys that have been authorized to better understand the health situation within and across the 34 provinces should be carried out as quickly as feasible.** The survey results should be employed to structure health programs that the US and other donor nations use to make policy and funding decisions for health care support.

4. **The U.S government should continue negotiations with the Taliban to establish central bank functions to unlock the economy, subject to monitoring to prevent diversion or manipulation of funds.** The Biden Administration took a positive step in September 2022 by creating the 'Afghan Fund', based in Switzerland. It conducts transactions in lieu of Afghanistan's central bank and disburses its foreign currency reserves, steps which will improve liquidity and facilitate economic activities and delivery of humanitarian aid. However, a viable long term solution and Afghanistan's basic economic functions must address the central bank's status.

5. **The US and its allies should continue to use diplomatic means to pressure the Taliban to cease its breaches of women's human rights,** including limitations it has imposed on freedom of movement, education, employment, and access to health care.

# INTRODUCTION

When the Taliban first seized power in 1996, Afghanistan's healthcare system had already suffered from decades of war and limited investment by past governments.[1] The country had some of the highest rates of maternal, infant and child mortality in the world. During Taliban rule, morbidity and mortality for women, infant and children worsened.[2,3] Its prohibition on women working outside the home or attending school, including female healthcare professionals, also severely harmed the health of the nation's women and families.[2,3] After the Taliban regime fell in 2001, the Ministry of Public Health inherited a healthcare system characterized by a shortage of human resources, an infrastructure in ruins, and no sound data on populations health.[1] In response, European Union (EU), United States Agency for International Development (USAID), and World Bank provided sustained funding of hundreds of millions of dollars for health care and partnered with the Ministry in creating an effective system primary and secondary health care, training a new generation of healthcare professionals.[1,4]

## Donor support for private/public health care system

Initially, each donor provided the health service funding for an agreed set of provinces, but from 2013 to 2018, the System Enhancement for Health Action Transition project supported a basic package of health services and essential package of hospital services under one umbrella through the Afghanistan Reconstruction Trust Fund platform. It was administered by the Ministry of Public Health, which contracted with NGOs to provide services under strict standards it established.

As a result of the global investment and Afghan leadership, despite an ongoing war that included violence inflicted on health personnel and facilities, Afghanistan reduced maternal mortality from approximately 1,450 deaths per 100,000 live births in 2000 to 638 deaths per 100,000 live births in 2017.[5,6] Infant mortality was reduced from 88 deaths per 1,000 live births in 2001 to 45 deaths per 1000 live births in 2020.[5,6] Mortality for children under the age of 5 years was reduced from 125 death per 1,000 in 2001 to 58 deaths per 1000 in 2020.[5,6] Access to health care improved dramatically, with more than 3,000,135 functioning healthcare facilities.[7] These included primary health centers, district hospitals, provincial hospitals and specialized hospitals. Donor support continued under the Sehatmandi program launched in 2018. Prior to regime change in August 2021, the vast majority (87%) of the Afghanistan population could reach a healthcare facility within 2 hours.[7]

## US and international agency financial policies in the wake of regime change

After the Taliban took control of the country in August 2021, international donors initially declined to pay for any services channeled directly through the new regime, regardless of monitoring or accountability mechanisms put in place to ensure proper use of the funds. At the same time, the United States and many of its allies imposed tough economic sanctions on the Taliban. They also adopted financial policies that hamstrung the functioning of Afghanistan's central bank, thereby creating a liquidity crisis that brought the economy, based on cash transactions, to its knees. The crisis, exacerbated by severe drought, has led to unemployment exceeding 70%. Per capita

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gross domestic product declined 14–28% in a single year. A 35% increase in food prices[8] made food unaffordable, the threat of large-scale starvation and health system collapse loomed.[9] In an analysis conducted in early 2022, the UN's Food and Agricultural Organization reported that 20 million people were food insecure, with certain pockets of catastrophic food insecurity, all fueled by the economic crisis combined with the lingering drought.[10] In the year since the Taliban takeover, hospital admissions for severe acute malnutrition in children under five increased by 50%.[8]

In an effort to ease the suffering of Afghans, first in late 2021, and continuing throughout 2022, international donors provided direct humanitarian aid, including food aid, distributed through NGOs and UN agencies, and payments to NGOs operating health programs under the Sehatmandi program.[11] The US issued humanitarian licenses to permit activities otherwise prohibited by sanctions. By September 2022, the US contribution exceeded $1.1 billion, though officials have recognized that this level of humanitarian response is not sustainable. The World Bank released funds for education and health, including funding for a basic package of health services through 2023. In addition, individual money transfers from families and salary payments to some Afghan civil servants were approved.[11] The amounts provided, however, was a fraction of the large sums

donors provided for health care and other services to Afghanistan before the takeover.

To prevent complete collapse of the health system, donors, the UN and the International Committee of the Red Cross (ICRC) provided stop-gap funding for hospital services outside the Sehatmandi program. Donors supported operating expenses for 96 public hospitals and the ICRC supported an additional 33 hospitals. The World Health Organization provided funds to nine COVID-19 hospitals; two national hospitals in Kabul (Ata Turk Children's Hospital and the National Infectious Disease Hospital), and one emergency hospital in Panjshir province.[11] There has been progress in increasing the availability of medical commodities in recent months. Many health workers have left Afghanistan, though the UN Development Program has reported that the Ministry of Public Health says it hired and plans to hire more health workers.[8]

Even so, the medical system has been suffering shortages of medications and supplies, infection control, staffing and supervision, even as new epidemics, including a large measles epidemic, broke out. In April 2022, more than a dozen UN human rights experts noted that the modifications and donor support for the Sehatmandi program taken to date had done little to restore cash-flow and relieve the humanitarian crisis, with 95% of the population having insufficient food, leading to serious increases in child malnutrition.[8]

Currently, multiple health surveys are underway or planned. Discussions led by the UN Mission in Afghanistan to replace stopgap funding with a new aid architecture includes health services, led by the WHO and UNICEF, have recently begun, with a report due in December 2022. The plans would not channel funds through Taliban government institutions.

Despite the somewhat loosened rules and policies on money transfers, banks have been hampered in covering withdrawals because of lack of cash, even those based on electronic deposits and from humanitarian organizations.[12] Afghanistan remained cut-off from the international banking system, with dire consequences for the population. In September 2022, with cooperation from the Swiss government and others, the Biden Administration created the 'Afghan Fund', based in Switzerland, steps which will improve liquidity and facilitate economic activities and delivery of humanitarian aid. It will conduct transactions in lieu of Afghanistan's central bank and disburse its foreign currency reserves, while disallowing the Taliban government direct access to the funds. Negotiations with the Taliban to establish the central bank as a functional entity with appropriate controls have been difficult.

The economic crisis exacerbated the suffering not only of people needing health care but their caregivers.[13] In the months before the Taliban takeover, many health workers were not paid their salaries. When the liquidity crisis began and secure funding of health care ended, the at-best episodic nature of salary payments in the health sector continued, even after some interim funding for health services arrived and the restrictions on cash transactions eased in early 2022. Many practicing health workers left Afghanistan, exacerbating the stresses on health system functioning.

## Taliban restrictions on women's rights

Women provide the bulk of maternal and child health care in Afghanistan. When the Taliban regained control of the country, it professed to respect the rights of women and girls and allow their education to continue. Initially, the Taliban gave contradictory signals about whether education for women and girls would be permitted, which led some schools to close while others remained open. On March 21, 2022, the Taliban committed to reopen all schools later that week. But within a few days thereafter, it disallowed all secondary education for women and girls. At the same time, it reinstated restrictions on women's freedom of movement and enforced rules that women must be accompanied by a male escort, or *Mahram*, especially in rural areas.

# STUDY OF CHANGES IN AVAILABILITY AND QUALITY OF CARE AND HEALTH OUTCOMES

## METHODS

The study consisted of two surveys as well as in-depth interviews with practicing health professionals. One survey sought to learn the experiences and perceptions of practicing health professionals in public and private health systems in all of Afghanistan's 34 provinces; the other involved health workers practicing in NGO-supported public and private facilities in five urban centers. The surveys covered changes in working conditions, safety, maternal and child health access and quality, maternal and infant mortality as well as perceptions about the future of maternal and child health. The surveys were administered electronically with practicing health workers with access to secure internet connections. All participants provided informed consent. No personal or identifying information were included in the surveys for security reasons. The names of the cooperating organizations and individuals have been withheld for security reasons. Those answering the first survey are referred to as "respondents".

The surveys were conducted and interviewed completed between February and April 2022. A total of 131 health workers participated in the surveys, including 89 in the first and 42 in the second. 80% of the respondents were female. Two-thirds of those participating in the first survey through the local group practice in public health facilities. About 60% practice in rural or semi-rural areas. Half of those surveyed in the NGOs survey work in urban centers. And half work at public facilities and half in private ones.

Interviews were conducted on Zoom during the same period as the survey with healthcare professionals providing maternal and infant/child health care in public and private hospitals in five urban centers. The subjects including changes in working conditions, quality of care, and health outcomes since the Taliban takeover and their assessments in the likely impact of the Taliban rule and lack of global financial support on educating the next generation of health workers and the future of maternal and child health care in Afghanistan.

As with respect to the surveys, no identifying or personal information was obtained during the interviews. The interviews were conducted in the language chosen by the respondent. Interviews were translated into English and transcribed. The data were analyzed with the assistance of a software program, MAXQDA2020, using a descriptive qualitative approach, addressing themes concerning changes in working conditions, safety for practicing health professionals and patients, access to and quality of maternal and child health care, care, and maternal and infant mortality since the regime change. Two practicing health worker's survey responses were eliminated from the analysis because the participants had not practiced prior to or since regime change.

## FINDINGS

### 1. DETERIORATION OF CONDITIONS FOR PROVIDING ADEQUATE CARE

The surveys and interviews revealed severe deterioration of conditions for providing care in the year after the Taliban takeover and increased

children and maternal death. Almost half (43.8%) of the respondents reported that the conditions for providing care were "worse" or "much worse" since August 2021. Over 40% (41.6%) reported that changes in working conditions or closure of the health facility had resulted in them not being able to practice as a health worker.

They described four central reasons for the severe decline: lack of regular salary payments; lack of medical supplies and medication; restrictions and harassment by the Taliban; and stresses from the need to work under these conditions with fewer staff.

## Lack of consistently paid salary

Even after Western governments took steps to allow some cash financial transaction, almost all of the practicing health professionals were not paid regularly. Although the vast majority (89.8%) of respondents reported receiving some of their salary since August 2021, the majority reported only receiving 50% or less of pay they were entitled to receive. The health professionals we interviewed discussed how the economic crisis was having a significant impact on practicing health workers as they are now the only person in the household that is able to work.

As one health worker stated:

> And there is no one except her [health worker], that she's working to buy food, buy other things for the family, for the children, but you can imagine and, in that time [August–November 2022], she cannot receive any salary. So, it's really, really difficult.

Another said:

> And many hospitals and care facilities, they have not even received their salaries, almost 4, 5, or 6 months. So that, puts an additional burden on families and on staffing primary care facilities.

The restriction on money flows also had programmatic impacts. Health professionals we interviewed who had participated in USAID-funded health care system programs discussed job insecurity as the financial support from donors were month to month:

> So, the projects that USAID funded is going to be approved monthly, the work plan of project. So, it's really difficult for the person who is going to be working under this project. Every month, we are looking forward that our work plan is approved or not, do we receive our financial installment or not?

## Lack of supplies and medication

The health professionals we interviewed and other health professionals working in rural, semi-rural and urban public and private health facilities consistently confirmed other reports of the devastating impact of loss of donor funds and consequent reduction of MCH and needed supplies and medications essential for quality of care to patients and families.[12] Almost half of the respondents (46.6%) reporting decreased availability of essential medicines to meet patient care needs. Similar results were reported by health staff in the five urban centers, as 42.9% reported a decrease in availability of essential medicines and supplies, and 28.9% reported a decrease in the functionality of equipment needed to provide quality care.

A health professional we interviewed described how a lack of medicines can lead to a loss in patient confidence and affects quality of care:

> I will counsel her for better nutrition behaviors to fulfill the deficiency of iron, but she will not be convinced, not listen to me, she will say that I need medicine because I'm in the situation that I need medicine and when the medicine is not available at the health facility, the next time they will not come to get the counseling. So, these are the things that really affects the quality of work.

Another reported:

> A health worker told me that a mother was bleeding and dying, but she didn't have anything [no medicine]. She cannot do anything, she was just with the mother's family, just sitting and seeing that the mother is dying and we cannot do anything.

## Taliban restrictions and harassment

Female health workers experienced almost daily Taliban harassment of and violence or threats of violence against women. The intimidation even took place in meetings with Taliban officials. One of the health professionals interviewed described their first interaction with new Taliban leaders in the Ministry of Public Health:

> They ask why do you come here? Where is your *Mahram* (male escort)? Don't come anywhere? Where is your husband? You shouldn't come without *Mahram* to my office [Ministry of Health]. Very disrespectful with us [health workers]. So, all of this psychologically affects you a lot, that we are faced with such problems every day.

Almost three-quarters (73.3%) of respondents reported that they have not always been safe when going to and from work. Of these, the majority (81%) said the lack of safety included being stopped and harassed by the Taliban because they did not have *Mahram*. The harassment and threats took place in urban centers as well. The majority (57.7%) of the female staff identified a decrease in safety and security in urban centers. In some cases, female health workers were beaten for failure to have a *Mahram*.

One health professional said:

> In the beginning of the new regime, two health workers on their way to the Center were stopped by Taliban and they were asking where do you go and who are you? It was really very difficult for the health workers and everyone was scared of them [Taliban]. So, they said we are going to the hospital, we are health workers, but the two of them were beaten by Taliban because they did not have *Mahram* (male companion to accompany them to work), they did not have a Hijab. They [health workers] called me, I gave them off from work because they were not able to come to their center and provide health care to the patient."

When stopped by police, health workers described having to spend a significant amount of time trying to explain that they do not have a male escort in their home and that they are health workers and are needed at the health facility.

One health worker group leader stated:

> Now, the women are not allowed to get out of the house without *Mahram*. They [Taliban] are going to stop me on the street, I will show my ID card and that I'm working in hospital. Women who are jobless it is very difficult because when if they want to go to the clinic or the hospital if the Taliban stop and ask them for something, ID, they don't have anything to show them. So people are very afraid of the Taliban. Women don't want to be visible in the streets.

Another health professional said:

> I have more than 40 health workers on my staff. They are coming to the hospital, they are facing with this Taliban people. They [Taliban] say we are not welcome at whatever job, or you cannot come to work without *Mahram*. We are explaining that we are health providers, we must go to the hospital. They become very serious in their discussion. They didn't do any physical harm, but they shout at the health workers. We are praying.

Their situation has been especially precarious as more than half (51.4%) of respondents reported having to wait on the streets for long periods of time to get transportation to and from work. The long delay in getting transportation is a result of taxi and bus drivers fearful of picking up a woman without a male escort with Taliban patrolling the streets.

The harassment and lack of transportation sometimes resulted in being late to relieve colleagues or depriving women and children of care.

As one health professional noted:

> This is one of the really big problems especially for a woman because when I'm coming to the office, I am late every day. I am late even if I get out of my house one or two hours earlier, there is no taxi or, and any other car, no driver is ready to pick up a woman without *Mahram* or without any other person. So, I, I have to wait for a long time on the streets on the roads for a car. I have to be ready to pay the rent of two or three people (the entire cab) and sit in back of the taxi, there is no woman allowed by Taliban in front of car.

Since we completed study data collection the Taliban have imposed even harsher regulations and restrictions that may impact working conditions in health facilities, quality of care and ability for patients and health professionals to get safely to and from the health facility.[14,15] For instance, a recent Taliban regulation requires men and women patients be cared for in separate wards in rural provinces, and prohibits male physicians from providing care to women and vice versa, unless the care is an emergency.[15] There is little doubt these restrictions on care will further weaken maternal and child health and the future health of the Afghan women.[15]

## Workload stresses from lack of staff

The health professionals interviewed explained that many health workers have left Afghanistan and many others who remain have ceased working because of lack of pay or the harassment and violence they risk.

In addition, the decline in working conditions and regular pay led many health workers to stop coming to work regularly. In the five urban centers, over half (57.1%) of the staff reported a decrease in work attendance. The vast majority (81%) of providers in public health facilities reported that work attendance had decreased since August 2021. The findings were consistent across urban, rural and semi-rural settings. The stresses on those who came to work increased.

One health worker said:

> Some [health workers] leave their job, some expert went out of the country and in some of the facilities there is no health worker, no expert health worker.

Another reported:

> [Health workers] just write the prescription and nothing else, they don't have enough time to take care or to give them [patient] advice on what they need.

More than three-quarters (78.6%) of the staff in public and private facilities in the five urban centers described a decrease in morale and motivation.

> They [health staff] start at 4 pm, and they finish the shift at 8 am. So it's very long for one staff who is spending the night in the hospital for the patients. So in the morning, they will be really, really tired and they won't have any more energy to spend.
>
> They try their best. But although they are trying their best, I mean, there will be some impact on the patient and on the process.

## 2. SEVERE DECLINE IN AVAILABILITY AND QUALITY OF CARE

Not surprisingly, the stresses of providing care without adequate staff, pay, supplies, and medication, while also subjected to Taliban harassment, led to declines in availability and quality of care at facilities. Forty percent (40.4%) of respondents reported that the availability of maternal and child health care has "decreased a little" to "decreased a lot" in their community since August 2021. Half (50%) of the respondents practicing in semi-rural settings, 43.9% of respondents practicing in rural settings, and one third (33.3%) of respondents practicing in urban settings reported a decline in availability of services. Almost one-quarter (24%) of respondents reported that because of the worsening conditions in health facilities they were not able to provide care for mothers and children.

Quality also suffered. About one-third (30.2%) of the respondents reported that the worsening of working conditions has negatively impacted their ability to provide quality care to women and children coming to the health care setting.

Health care staff working in the five urban centers also described a decrease in availability of maternal and infant/childcare, for example 42.9% of public and private health facility staff reported a decrease in availability of antenatal care. At the same time, these staff in reported greater need, as one-third (38.1%) reported an increase in sick child care needs, 57.1% reported an increase in malnutrition, and 26.2% reported an increase in obstetric and newborn complications.

These impacts were in addition to declines in access to care because of the economic crisis that led mothers not to seek care for themselves or their families because they could not afford to travel or pay more medication and the risk of Taliban harassment if they came unaccompanied by a male.

One practicing health worker explained:

> Resources are scarce and people prefer to take care of their patients at home. And when there are complications, that affects the survival.

Another said

> When a health worker is only able to get to the health facility once a week, then of course, maybe she is missing many mothers, mothers with complications or something that we don't even know.

Restrictions on movement have also affected women seeking health care.

As one health worker noted:

> The situation is really getting worse for woman day by day, day by day. There are different restrictions for the woman, The Taliban announced that even if the woman wants to get out of the house her *Mahram* should be with them. So, it's really difficult if she wants to move from the house and wants to go to the hospital or to the health center or to the office without *Mahram* is really difficult.

## 3. PERCEIVED INCREASE IN MATERNAL AND INFANT/CHILD MORTALITY

Several health professionals we interviewed noted during the interviews that surveillance systems established to monitor maternal and infant/child mortality are not functioning, so the true impact on morbidity is not known. There are current efforts to restore sound morbidity and mortality surveillance in Afghanistan but in the meanwhile, the perceptions of practicing health workers paint a disturbing picture.

More than one third (36.6%) of respondents reported that infant/child mortality has "increased a little"

to "increased a lot." A health professional explained:

> I have been in contact with health workers, there is malnutrition in children. Every day I'm visiting health facility or going to out to field. So, in ten children, five or six children are malnourished and also the women, the women breastfeeding and pregnant woman.

Approximately one-third (31.4%) of respondents perceive that maternal mortality has increased since August 2021. One health professional stated:

> I'm working in district hospital, but every week I'm the witness of at least two mothers that show up that are dying, we don't have enough drugs.

Another explained:

> Two months ago, one of the grandmothers told me that the health facility was near to her house, but because there was active fighting, her daughter lost twin babies. She was not able to go to health facility, so she delivered at home, she lost her two babies.

In the urban centers, 64.3% of staff reported the death of a mother and/or child in the last month in the facility where they work.

## 4. CONCERNS FOR THE FUTURE OF THE AFGHAN HEALTH CARE SYSTEM

Although stopgap measures have kept the Sehatmandi program and most government hospitals functioning, the health professionals we interviewed described the ongoing challenges of access, training, compensation, and freedom of movement. The lack of a plan for sustained US and other donor financial support and the ongoing sanctions and donor economic policies are crippling the country's economy. They concurred with other reports that without addressing these major impediments to health care women, infant and children will suffer, and many more lives will be lost.[14]

They also said that Afghanistan is facing a crisis in human resources for health as a result of lack of financial support for training and Taliban restrictions. The health professionals we interviewed emphasized that the new regime's restrictions, including prohibition of secondary educations for girls, will have profound long-term impact on the health care and health outcomes for Afghan women, infant and children, as it will block the pipeline for health care education and training.

As one health professional explained:

> So, the health services will be of very poor quality, and we lack financial support and that will affect health care, or we can say medical pre-service education, that in future we will have a shortage of medical professionals especially health workers.
>
> As right now, we don't have community health care programs, which is totally donor dependent program.

Another said:

> Similarly, in the government sector, the attrition or 'brain drain' is a big challenge in the entire country. Most of the experts and trained staff including nurses and health workers, and doctors have left the country.

# ANALYSIS AND A PATH FORWARD

This report suggests a deterioration of the safety of childbirth in a country with one of the highest maternal mortality ratios in the world, and the increasing risks of children to death from malnutrition and disease. Surveillance is needed to determine whether, and to what extent, the perceptions of the health workers and other health professionals who participated in the research are borne out.

It is clear, though, that since its takeover in August 2021, the Taliban have oppressed girls and women by denying them secondary education, ending support for health care professionalism, and routinely harassing and threatening violence against women. Inability to safely get to and from their jobs at health facilities to provide needed care to women and children, especially through Taliban restrictions in movement for women, have made the daily work of health care fraught with danger. These policies not only limit female facility staff members and female health professionals from providing care, but influence women's decisions to seek care for themselves and their children, potentially delaying access to care with negative outcomes including increased in maternal and infant/child mortality.

The practicing health professionals expressed major concerns for the future of health care systems and the ability to educate the next generation of women and girls and female health professions in Afghanistan. The individuals especially noted that long-term impact of financial policies on their ability to educate women as health workers with the skills and independence to function in diverse practice settings.

Since completing study data collection (February to April 2022), the Taliban have imposed even harsher regulations and restrictions that may impact working conditions in health facilities, quality of care and ability for patients and health professionals to get safely to and from the health facility.[14,15] There is little doubt these restrictions on care will further weaken MCH and the future health of the Afghan women and population.[15]

International donors, led by the United States but including the World Bank and other governments, deserve credit for providing significant humanitarian aid over the past year both as stopgap measures to avert mass starvation and to keep health services from collapsing. The extraordinary commitments and resilience of health workers in Afghanistan, and the responsiveness of the International Committee of the Red Cross, the World Health Organization, and UNICEF, as well as some relaxation of sanctions rules to allow humanitarian aid, prevented many more deaths. Additionally, some health facilities may have planned for the potential of regime change. For example, one of the health professionals interviewed reported that their health facility had made plans and prepared for a potential change in the government as the security situation worsened in the months before the government's collapse by increasing their stock of needed supplies and essential medicines.

These measures also showed that financial support for health care in Afghanistan could be accomplished without channeling funds through the Taliban-controlled agencies. Similarly, the recently-begun process for a new aid architecture is encouraging, but must be brought to fruition with

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adequate funding for health care. Similarly, the establishment of the 'Afghan Fund' as a transition step toward re-establishing the central bank is important. The fund will likely help the economic situation but is not a permanent solution for addressing the status of the central bank, the functionality of which is vital to addressing Afghanistan's broken economy.

Today, more than 90% of the population faces food insecurity and half of the population is projected to face acute food insecurity in the remainder of 2022. Increased maternal and child mortality, reduction in access to maternal and children health preventative and curative health services, and marginalization of women and their rights continue. Practicing health professionals working in rural, semi-rural and urban public and private health facilities consistently described the devastating impact of lack of pay, medical supplies and medications on availability and quality of care, confirming findings by others.[13]

They also noted that deterioration of access to supplies and medication as well as less consistent salary payment began in the months prior to the government collapse. The worsening security situation in some provinces since the Taliban takeover resulted in the internal displacement of persons from provinces with ongoing conflict to provinces that were more peaceful. This development may have led to a weaker supply and could explain why the reports of lower access to medication and supplies after the Taliban takeover were not higher than the health workers reported.

What is needed now is a plan and funding or a sustainable health system, along with US and other donor financial support and economic policies, all with measures to keep funds away from the Taliban. Without addressing these major impediments to health care women, infant and children will suffer and many more lives will likely be lost.[14]

# LIMITATIONS

The situation of health access and practice may have changed since the data collection ended in April 2022. It is important to note that a sizable portion of the Afghan population does support the Taliban, especially in more rural areas of the country. For many, including health professionals, who have lived and been impacted by conflict, trauma and loss, the Taliban brings an "end to the war," so they are supportive of the regime. Further, there is a large and extensive intelligence network within the Taliban regime and even with the protections of an anonymous survey, there is likely a fear from some health professionals that may influence their responses on survey questions, such as not wanting to report information that could be considered negative towards the regime. Therefore, it is possible that some of the health professionals that answered questions about changes in maternal and child mortality may have chosen to select responses that are more positive than is the reality. In addition, we were not able to safely confirm information from the health professionals we surveyed and interviewed regarding conditions and practices at the facilities and communities where they work. Therefore the findings cannot be verified. Further, the qualitative and quantitative samples are limited and size and potential reach. For example, the health professionals who were interviewed were working in primarily urban settings, but did have ongoing contact with the other health professionals practicing across the 34 provinces so could provide details only based on discussions they were having with practicing nurses throughout the country. The survey was completed by 89 health professionals working in rural and urban areas across the country and by 42 health staff working with an NGO serving five urban centers. Thus the findings are not generalizable to the experiences of all practicing health professionals or health staff in rural or urban areas of Afghanistan. Notwithstanding these limitations, the findings are important as they present the reality on the ground from the health care providers whose care of patients and ability to provide accessible and quality care is directly impacted by the changes in US and other governments' policies.

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