**Afghanistan Challenges, Lesson Learn and Future plan for Ending Preventable Stillbirths: A Renewed Call for Collective Action**

Oct 21- 2020

**Stillbirth Present situation in Afghanistan:**

* Stillbirth rate in 2019: 28 per 1000 births or 35,384 stillbirths total (UN IGME estimates 2020).
* Stillbirth rate declined 1.4% annually 2000-2019
* Afghanistan is one of 194 countries that endorsed Every Newborn Action Plan target to reduce stillbirths to **12 per 1000** by 2030

**Challenges**

* Weak record keeping and data collection at facility level
* Weak quality of ANC services (63,8% AHS2018). And 4 ANC visit is not performed due to multiple reasons (20.9%). Lower awareness among mothers on care during pregnancy is the most valid reason
* High rate of home deliveries (42%) due to multiple reasons including security issue, cultural and gender barriers
* High fertility rate and close space between pregnancy and child birth
* Limited capacity especially knowledge and skill of health care providers on prevention of stillbirth especially in the rural areas
* No perinatal death review system is in place for stillbirth review at health facilities and community levels (verbal autopsy)

**Lesson learn:**

* A new initiative of MCH-HB as a home-based record that implemented by financial support of JICAL and UNICEF after pilot project in 2017 in the country will help mothers to identify the warning sign that cause stillbirth. We are in the second round of implementation of this project and it will be implemented all over the country up to end of 2021. The MCH-HB will help mothers to seek care while facing danger singe and anytime they are needed
* Only facility-level stillbirth is reported in the national HMIS in the country but there is no cause segregation. Inclusion of major cause of stillbirth in the HMIS indicators and expand reporting system up to community level
* Strengthening the healthcare providers knowledge of the importance of high-quality data collection

**Future Plans**

* Advocacy for the inclusion of stillbirth reduction indicator in the national RMNCAH strategies, policies and plans
* Policy-level efforts around reporting and raising the profile of stillbirth prevention at country level
* Assessment of facility constraints, health provider training needs, availability of newborn emergency services and improvements in documentation and monitoring of records and provide quality services
* Advocacy for institutionalization of perinatal death review at facility level
* Inclusion of stillbirth report in the monthly report of CHWs (HMIS system)
* Conduct verbal autopsy of stillbirth in the community level because it is not reported regularly.
* Capacity building of health care providers on the prevention of stillbirths
* Provision of respectful maternal care
* Provision of quality right based and voluntary Family planning counselling and services
* Introduction of preconception care in the RMNCAH services.
* Provision of quality ANC and intrapartum services