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About BBC Media Action

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What Matters? Afghanistan Speaks!

Maternal, Newborn, and Child Health (MNCH): What are people's needs?

Data for this bulletin was collected between December 2023 and February 2024 as part of formative research through 13 focus group discussions (FGDs) with pregnant and lactating women, 30 in-depth interviews (IDIs) with mothers-in-law and husbands. We also conducted nine key informant interviews (KIIs) with implementing partners and other humanitarian organisations including World Vision (WV), Action Against Hunger (ACF), Agency for Assistance and Development of Afghanistan (AADA), International Medical Corps (IMC), and Nai Qala, across the project's target provinces - Badghis, Herat, Faryab, Daikundi, Badakhshan, Nangarhar and Ghor - and Kabul.

About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which shares how people are experiencing issues on the ground with the humanitarian community. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to **contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan**. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision (WV), Action Aid, Action Against Hunger (ACF), Afghanistan Women's Education Centre (AWEC), Agency for Assistance and Development of Afghanistan (AADA), BBC Media Action, and Nai Qala.

This bulletin is produced by BBC Media Action Afghanistan.

Mothers face multi-level barriers in accessing Antenatal Care (ANC) and Postnatal Care (PNC) check-ups and services

Individual level

- Women prioritise household chores over visiting clinics. They feel burdened with significant responsibilities in the home, managing large families and activities such as feeding, milking, and tending to livestock.
- Pregnant and lactating women (PLWs) believe that attending clinics for ante-natal care (ANC) check-ups is only necessary in the event of a serious health concern. Instead, they refer to traditional healers or

home treatment for issues that they perceive as minor, such as headaches, vomiting, and pain in hands, feet, or back. They treat these ailments with traditional and herbal medicine, and home remedies including ginger and petroleum jelly-based products. They hold the same belief regarding post-natal care (PNC), believing it to be necessary only in case of an urgent health difficulty.

- Pregnant women also lack knowledge about the ANC services available in clinics. The research found that where visits were made, these were to seek treatment for pain, vaginal bleeding, and child sickness, or where a caesarean section became necessary rather than for a check-up.



“ I do not have much information because I have not been to the hospital. I didn’t have a serious problem that required me to see a doctor. There’s a belief that even ultrasound scans can be harmful and can delay the due date for delivery. If it’s not a serious problem, then frequent check-ups may not be necessary. ”

Pregnant woman, Ghor province

Family level

- Pregnant women talked about how they are not allowed to leave the home without permission. Sometimes fathers-in-law forbid them from visiting clinics, while mothers-in-law prevented them from having PNC check-ups when there were no discernible health issues present.
- If women want to go to clinics, they require male family members to accompany them, but often these men are unavailable due to work commitments.
- Family members believe that traditional treatment such as using herbal medicine is enough to address health problems among lactating mothers.



“What are the danger symptoms to pay attention to during or after delivery? Dangerous signs such as bleeding, both types of blood pressure [high or low] which can even cause death.”

Mother-in-law, Herat province



- The preference for giving birth at home also affects decisions about attending ANC check-ups. Decision-makers think that if the pregnant woman goes for a check-up, it means they must also have the baby delivered at the hospital.
- Where there is a willingness to attend clinics for these checks, financial limitations for some families mean the households struggle to cover transportation expenses.

Community level

- Health facilities are often situated some distance from homes, requiring transportation to reach them. A lack of vehicles and the unaffordable transport costs present a barrier for many.
- During cold weather and winter snowfall, roads become damaged, preventing pregnant women from accessing clinics due to hazardous road conditions and route closures.
- Cultural norms and restrictions on women also present an obstacle. Where a husband or close relative is unavailable, other people are often prohibited from accompanying pregnant women to the hospital.



“I decided to give birth at home because the midwife was available, and the hospital was far. Until this moment, I have not faced any difficulty during the delivery. Delivery at home is much better than in the hospital. Even my mother-in-law and my husband also decided that the delivery take place at home.”

Lactating woman, Badghis province

Facility level

- There is a shortage of health facilities across provinces, many of which operate with limited resources.
- The lack of standard laboratory equipment in clinics for ANC check-ups poses a significant challenge, limiting the ability of staff to accurately determine the stage of pregnancy and assess the overall health of the unborn baby.
- Key informants note that health facilities are often overcrowded with long queues to see a doctor. The shortage of health staff exacerbates the wait times. If prescribed medication, patients need to purchase it from private drugstores due to shortages of medicines at the health facility. Ultimately many people say they cannot afford to purchase these treatments.
- Communities indicate that NGOs do not always provide necessary services, such as distributing micronutrient powder, although few were aware that other services such as folic acid tablets and vaccines should be available at ANC check-ups.





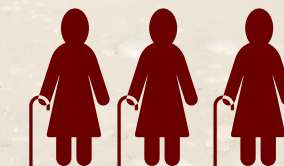
Birth preparedness is mostly limited to arranging clothes for the mother and unborn baby

Mothers-in-law prepare powder, nappies, shirts, and cloths for the baby and mother. They may also prepare rice, oil, and other food. However, there is little provision for transport to hospital or for emergencies, where money or blood donors may be required.

CLINIC



HOME



Though mothers predominantly prefer delivery in a health facility, home delivery is the norm

Pregnant and lactating women express a preference for giving birth in a clinic or hospital, aware that it offers access to medicine, doctors, midwives and equipment, particularly in the event of complications. However, delivery largely takes place at home for convenience, lack of transport, or due to costs associated with delivery in a facility. The availability of traditional healers, fear of clinic delivery, and influence of mothers-in-law who had given birth at home also contribute to the decision to deliver in the home.



“In our community, the majority of deliveries take place at home. However, if there are complications, families opt to go to the hospital. But hospital visits are rare due to the distant location and lack of vehicles. Delivering at home is more convenient.”

Pregnant woman, Badakhshan province

BBC Media Action welcomes collaboration with other organisations collecting feedback in areas where they work or who would like to contribute to the analysis and production of this bulletin. Please contact Mahdi Zaki at mahdi.zaki@af.bbcmediaaction.org

Sources of information

Pregnant and lactating women mainly get information from mothers, mothers-in-law, other in-laws and neighbours. Further sources are TV, radio, and social media. Those who do visit health clinics get information from doctors and vaccinators. Others mention receiving information through door-to-door services through NGOs' health staff, or books distributed to women after delivery in the health clinics.



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