## Breakdown of catalytic funding by priority area (US$ and % of budget)

<table>
<thead>
<tr>
<th>CRVS</th>
<th>MDSR</th>
<th>Monitoring Results</th>
<th>e-Health and Innovation</th>
<th>Resource Tracking</th>
<th>Reviews</th>
<th>Advocacy</th>
<th>Total distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,600</td>
<td>46,600</td>
<td>30,200</td>
<td>32,100</td>
<td>11,500</td>
<td>60,000</td>
<td>43,000</td>
<td>250,000</td>
</tr>
<tr>
<td>(10%)</td>
<td>(19%)</td>
<td>(12%)</td>
<td>(13%)</td>
<td>(5%)</td>
<td>(24%)</td>
<td>(17%)</td>
<td></td>
</tr>
</tbody>
</table>

## Progress Summary

### Achieved or on track

#### Civil registration, vital statistics (CRVS) assessment completed, plan developed
- A CRVS comprehensive assessment was conducted in December 2013.
- A vital statistics unit was established in the Ministry of Public Health (MoPH).
- Ten master trainers were trained on medical terminology, death reporting and ICD-10 coding.
- An ICD-10 summary list was integrated into the Patient Master Index as the basic and primary step towards establishing a mortality reporting system for hospitals.
- Approximately 100 Health Management Information Systems (HMIS) officers from health facilities were trained on birth reporting and coordination with the provincial statistics office.

#### Maternal death surveillance and response (MDSR) system in place
- The facility–based MDSR system was revitalised in most of the provinces.
- Work is in progress to train relevant staff at health facilities and to provide them with support and supervision.

#### Available core 11 indicators monitored
- The core 11 indicators are monitored and reported by the MoPH.
- Routine facility-based data is collected and reported by the MoPH/HMIS on an annual basis.
- The Afghanistan DHS is planned for 2015.

#### IHP+ compact or equivalent partnership agreement
- A Partnership Protocol for Health Sector Development between the MoPH, health sector donors and development partners was developed in March 2013.

#### National health sector review
- Reviews of the Reproductive, Maternal and Newborn Health programme and the Child and Adolescent Health programme are underway.

#### Political leaders engaged in RMNCH
- Advocacy activities are in progress for engaging Parliamentarians and other national political leaders on RMNCH issues.

### Continued efforts required

#### Country reporting on health expenditure by financing source
- The Afghanistan National Health Accounts (NHA) 2011-2012 report was published in summer 2013 and includes subaccounts on reproductive health.
- The new system for health accounts, SHA 2011, has been adopted and MoPH staff have been trained. SHA 2011 will be used in the next round of NHA.

#### National eHealth strategy
- A National eHealth strategy has been developed. However, little progress has been made in the implementation of its components.

### Work not prioritized / not begun

#### IHP+ compact
- Not planned.
**Future needs**

1. CRVS: develop a vital statistics strategy for the MoPH; pilot the reporting of cause of death in National Hospitals based on ICD-10; establish a Demographic Surveillance System.

2. MDSR: support required for MDSR capacity building for staff at health facilities.

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**Trends in maternal mortality ratio in Afghanistan, 1990-2013**


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**Trends in under-5 mortality rates, Afghanistan, 1990-2012**